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Developing a National Obesity Awareness Campaign Through Insights from a Multi-Sector Workshop and Communication Survey

Dan Ionut GHEONEA[1,2], Gindrovel DUMITRA[1,3], Liana GHEORGHE[2,4], Bogdan MATEESCU[4,5], Bogdan TIMAR[6,7], Dan GAITA[6,8], Carmen OANCEA[1,9], Teodor Cristian BLIDARU[4,10], Daiana BURDUSEL[1*], Catalina POIANA[4,11]

Abstract

Obesity is an escalating global health crisis with significant impacts on morbidity, mortality, and healthcare systems. In Romania, the number of obesity cases is steadily increasing, yet national prevention strategies and public education efforts remain underdeveloped. This study presents the findings of a multidisciplinary roundtable workshop conducted as part of the Craiova Connects 2025 Congress. The research combines survey data and expert discussion to identify key perceptions, contributing factors, and recommendations for designing a future national awareness campaign targeting obesity. Findings emphasise that stigma and traditional approaches undermine prevention efforts. Tailored messages and media strategies can support a more inclusive approach, making obesity a treatable, chronic disease and shaping national health policies.

Keywords: obesity, communication campaign, stigma, health promotion, Romania, public health strategy

[1]University of Medicine and Pharmacy Craiova, Craiova, Romania
[2]Society of Gastroenterology and Hepatology Fundeni Clinical Institute, Bucharest, Romania
[3]Immunization Working Group, Romanian National Society of Family , Bucharest, Romania.
[4]University of Medicine and Pharmacy Carol Davila, Bucharest, Romania
[5]Society of Digestive Endoscopy, University of Medicine and Pharmacy Carol Davila, 72437, Bucharest, Romania
[6]University of Medicine and Pharmacy Victor Babeș, Timișoara, Romania
[7]Society of Diabetes, Nutrition and Metabolic Diseases, Bucharest, Romania
[8]Member of European Heart Network, Brussels, Belgium
[9]Department of Community Projects,University of Medicine and Pharmacy Craiova, Craiova, Romania, Craiova, Romania
[10]Health Innovation Hub, University of Medicine and Pharmacy Carol Davila, , Bucharest, Romania
[11]Romanian College of Physicians, Bucharest, Romania

***Corresponding author:**
Daiana BURDUȘEL, University of Medicine and Pharmacy Craiova, 2-4 Petru Rares Street, 200349
E-mail: daiana.burdusel@umfcv.ro

INTRODUCTION

Obesity has evolved into one of the most pressing and complex public health challenges of the 21st century, and the world is far from prepared. According to the *World Obesity Atlas 2025*[1], nearly 3 billion adults are projected to live with a high body mass index (BMI) by the end of the decade, meaning half the world's adult population will be affected by overweight or obesity. This global epidemic is no longer limited to high-income countries; the most rapid increases are now seen in middle-income nations, where health systems are often insufficiently prepared to respond.

The consequences are astonishing. High BMI is already responsible for over 1.6 million premature deaths annually from non-communicable diseases such as type 2 diabetes, heart disease, and several cancers[2]. In one survey, 88 percent and 87 percent of respondents, respectively, named individuals and parents as responsible for addressing obesity in the United States, while fewer respondents named other actors, including health care providers (57 percent), the food and beverage industry (53 percent), schools (50 percent), and government (23 percent).[3]

In Romania, the number of obesity cases is steadily increasing, yet national prevention strategies and public education efforts remain underdeveloped[4,5]. As of 2022, approximately 57% of Romanian adults are classified as overweight (BMI 25–29.9 kg/m^2), and about 10% are obese (BMI ≥ 30 kg/m^2)[6]. This means that nearly seven in ten adults are affected by excess weight, a significant public health concern. However, public discourse in Romania often oversimplifies obesity, framing it as a matter of personal willpower or appearance rather than as a complex, chronic, and multifactorial condition.

To explore professional and public perspectives, a roundtable workshop was held in Craiova during the Craiova Connects 2025 Congress on Obesity. The event brought together 27 participants — medical professionals, journalists, and pharmaceutical representatives — to discuss attitudes toward obesity and priorities for a future national campaign. The discussions emphasized a multi-axial approach, addressing both individual behaviour and the structural and systemic drivers of the epidemic.

MATERIALS AND METHODS

Study Design and Setting

This cross-sectional study was carried out through a structured, mixed-method workshop organised on April 10, 2025, in Craiova, Romania. The event took place as the opening session of the Craiova Connects 2025 Congress on Management of Obesity. The aim was to gather professional perspectives on the framing of obesity in Romania and generate actionable input for designing a future national awareness campaign. The study combined qualitative dialogue with quantitative questionnaire-based data collection.

Participants

Participants were grouped according to their declared professional affiliation and role (Table 1). Due to the high diversity of job titles reported, domains were coded into broader categories: "Medical Field" (including physicians, coordinators, public health experts), "Pharmaceutical Company" (including various positions in access, public affairs, and commercial or market-facing roles), and "Press" (including journalists and editorial staff). Roles were similarly categorised into "Physician", "Public Health Specialist", "Journalist", "Coordinator" and "Medical Representative."

Professional exposure to obesity was widespread, with most participants indicating experience across clinical, policy, media, or educational domains. A large portion also reported active involvement in prevention or awareness initiatives, either directly or through integration into broader health communication work.

Domain	Role	Experience with Obesity Cases	Involvement in Education/ Prevention
Pharmaceutical Company	Public Affairs / Policy	13	9
Press	Journalist	7	3
Medical Field	Physician	5	4
Medical Field	Public Health Expert	2	3

Table 1. Participant characteristics based on consolidated domain and role categories, including experience with obesity cases and involvement in prevention or education initiatives.

Questionnaire

A semi-structured, self-administered questionnaire was developed specifically for this study. It included both

closed-ended and open-ended items and was designed to explore the following core themes: professional experience with obesity, perceptions of the disease and its risk factors, views on the effectiveness and tone of previous awareness campaigns, and recommendations for future messaging strategies.

The questionnaire consisted of four main thematic blocks. The first group of items investigated professional experience with obesity and perceptions of how the condition is currently understood and framed. The second section included a series of Likert scale questions designed to assess the perceived importance of contributing factors to obesity, such as poor nutrition, physical inactivity, and psychosocial determinants. The third section assessed the effectiveness of different campaign formats and emotional tones, using multiple-choice and ranking formats. The final section asked respondents to rank preferred media channels for outreach and to provide open-text suggestions for campaign messages or slogans.

Data Collection and Analysis

Questionnaire responses were collected digitally using Google Forms on tablets provided during the final session of the workshop. All data were submitted electronically and automatically anonymised at the point of collection. The digital format allowed for streamlined data entry and secure aggregation. Quantitative responses were analysed using descriptive statistics to identify frequency distributions and item rankings. Qualitative content from open-ended items was reviewed thematically to extract insights relevant to framing, messaging, and strategic communication.

Instead of including the full questionnaire in an appendix, key findings are integrated throughout the results and discussion sections to support interpretation. This approach ensures that quantitative and qualitative findings are presented in alignment with the study's structure and objectives.

RESULTS

A total of 27 participants completed the structured questionnaire distributed during the workshop. The results presented below reflect both quantitative ratings and open-text responses. The findings are organised into four thematic areas: perceptions of obesity as a disease, contributing factors, preferred campaign formats and tones, and recommendations for media channels and messaging content.

Perceptions of Obesity and Its Framing

Respondents expressed varied views on how obesity is currently seen in Romanian healthcare and media contexts. While a minority felt progress had been made toward medicalising the condition, most agreed that obesity is still largely seen as a lifestyle issue or personal failure. Notably, over 85% of participants agreed with the statement that obesity should be addressed as a chronic disease with complex causes and not just as excess weight.

There was also a shared concern that the Romanian health system currently lacks a suitable strategy for recognising and managing obesity at the national level.

Contributing Factors to Obesity

The distribution of responses across ten contributing factors to obesity in Romania was made based on a 5-point Likert scale ranging from 1 (not important) to 5 (extremely important). Most participants assigned the highest scores (4 and 5) to "Lack of nutritional education in school", "Unhealthy diet" and "Lack of physical activity", indicating strong agreement on their central role in the obesity epidemic. "Lack of national strategy" and "Aggressive marketing of unhealthy products" were also frequently rated as very important, highlighting structural barriers in prevention and support systems (Figure 1).

Other factors, such as "Limited access to counselling" and "Socioeconomic difficulties", were also perceived as relevant but with slightly more variation in responses, suggesting differentiated views on how these intersect with individual lifestyle behaviours. Interestingly, items like "Hormonal disorders", "Social pressure/lack of support" and "Psychological factors" received more distributed scores, indicating that while these are acknowledged as relevant, they may not be universally prioritised by professionals.

Participants also highlighted the interaction between socioeconomic determinants and health inequalities. Several noted that food insecurity, low access to healthy products, and financial barriers to lifestyle support services (e.g., gym access, counselling) represent ongoing challenges, especially in rural and underserved communities.

Preferences for Campaign Formats and Emotional Tones

When asked to assess different campaign formats, respondents favoured emotionally compelling and relatable approaches over didactic or clinical tones. As seen in Figure 2, the highest levels of perceived

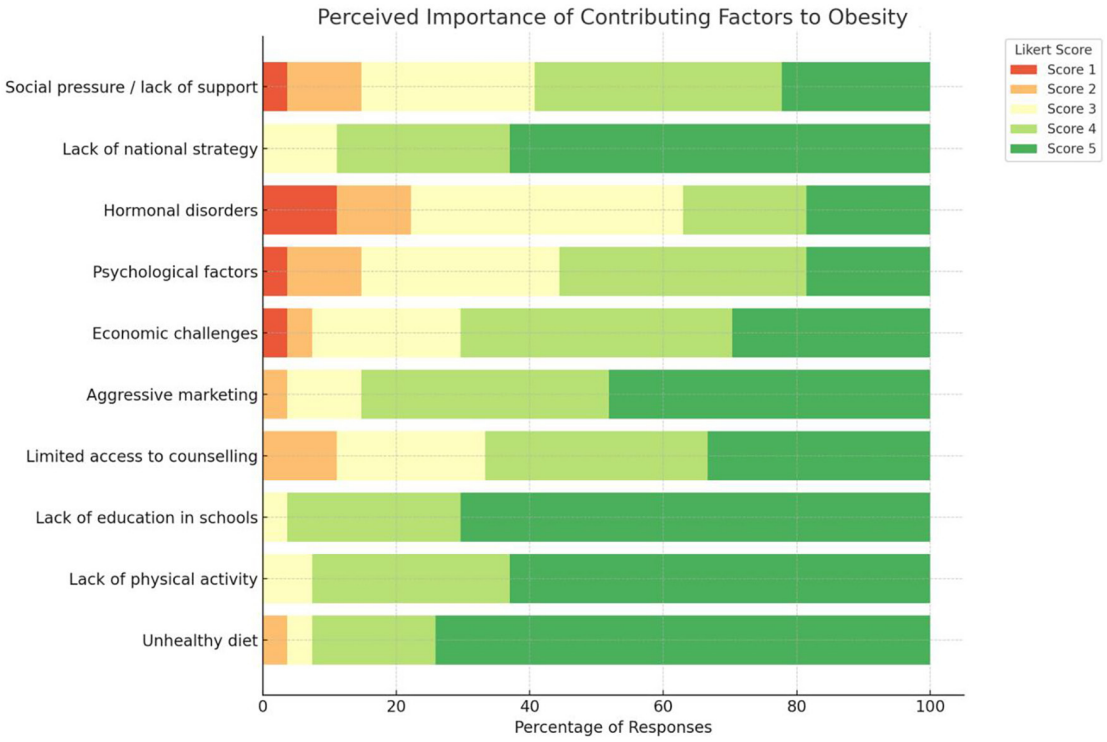

Figure 1. Perceived importance of contributing factors to obesity among workshop participants (N=27). Responses are presented as percentage distributions across a five-point range from 1 (Not Important) to 5 (Extremely Important), reflecting participants' average ratings of each risk factor.

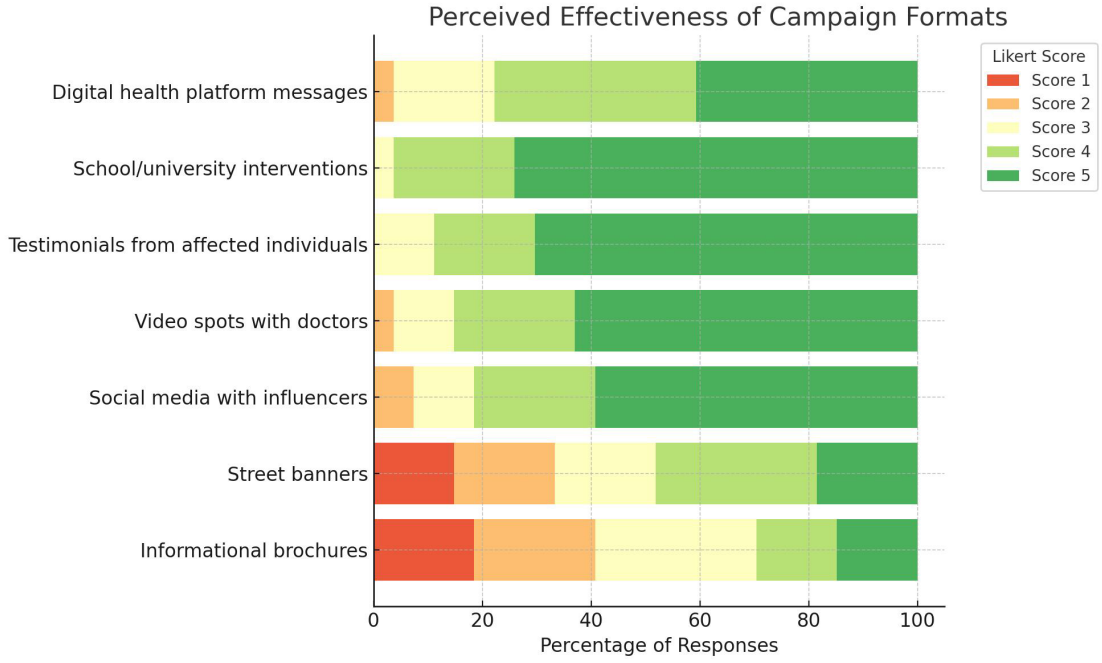

Figure 2. Perceived effectiveness of different public campaign formats (N=27). Data represent the distribution of Likert scale scores (1 = Not effective to 5 = Extremely effective) for each communication format assessed.

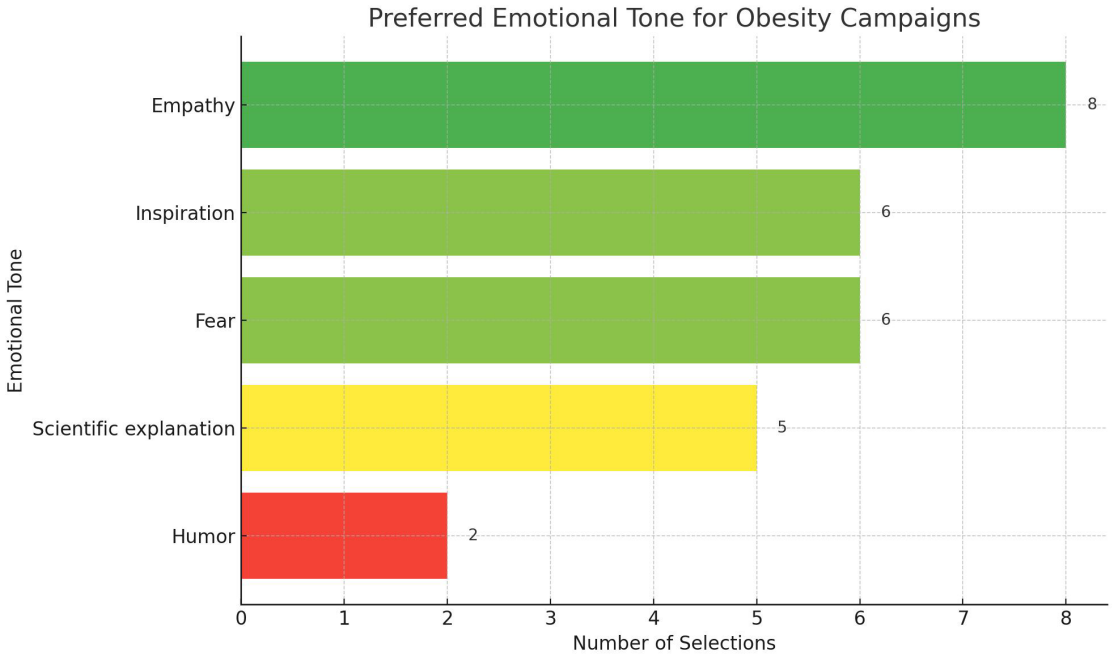

Figure 3. Preferred emotional tone for obesity prevention campaigns. Participants were allowed to select multiple options. Data reflect the total number of selections per emotional tone.

effectiveness were attributed to testimonial videos featuring people affected by obesity, digital posts featuring medical professionals or influencers, and educational interventions in schools or universities. Informational brochures in pharmacies and video/audio clips by doctors also received high marks, while street banners were rated as less effective by a majority of respondents. These preferences indicate a strong inclination toward formats that are personalised, engaging, and embedded in familiar media environments.

Participants were also asked to assess appropriate emotional tones for national health messaging. As shown in Figure 3, the most preferred emotional tones were empathetic, inspirational, and encouraging. These were followed by informative or serious tones. In contrast, tones perceived as moralising, ironic, or overly dramatic were far less selected, suggesting a shared preference for compassionate, constructive, and empowering public discourse.

Individual Factors vs Structural Factors in the Perception of Obesity

The scientific literature distinguishes between *individual factors* (related to personal lifestyle choices) and *structural factors* (related to social, economic, or political determinants that shape individual behaviours) in analysing perceptions of obesity (Table 2).

In the applied questionnaire, the items were classified as follows:

Category	Questionnaire Item
Individual factors	- Unhealthy eating and consumption of ultra-processed foods - Lack of physical activity
Structural factors	- Lack of nutrition education in schools - Limited access to nutritional/ psychological counselling - Aggressive marketing of unhealthy products - Economic issues (low income, limited access to healthy food) - Lack of a coherent national prevention strategy

Table 2. Classification of the individual and structural factors

To further explore differences across professional domains, we compared the belief in structural causes of obesity among respondents working in healthcare, media, and the pharmaceutical industry (Figure 4)

Media Priorities and Message Suggestions

Digital platforms were rated as the most impactful for outreach, a finding consistent with WHO's "Let's Talk About Obesity" campaign[2], which emphasises the role of social media and digital platforms for broad and rapid dissemination of health messages. Figure 5 shows that Facebook, TikTok, and YouTube received the highest ratings from participants in terms of communication

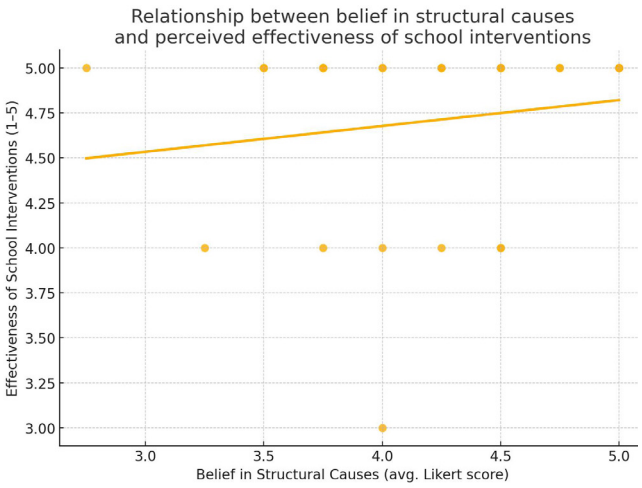

Figure 4. Belief in structural causes of obesity by professional domain (N=27). A high belief in structural determinants (average score ≥ 4) was reported by 71.4% of healthcare professionals (5 out of 7), 85.7% of media professionals (6 out of 7), and 61.5% of pharmaceutical industry participants (8 out of 13).

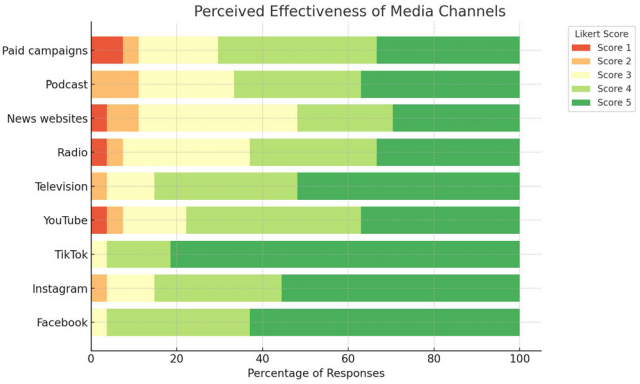

Figure 5. Perceived effectiveness of media communication channels (N=27). Distribution of responses across Likert scale scores from 1 (Not effective) to 5 (Extremely effective) for each media type included in the campaign assessment.

effectiveness, followed closely by Instagram and television. These preferences reflect the importance of bringing campaigns that match the media consumption patterns of different age groups. Traditional outlets such as print newspapers, podcasts, and radio were rated as moderately useful, with digital health platforms receiving more mixed evaluations.

Healthcare professionals (n=7) rated television (TV) and Facebook as the most popular, likely because they are used to traditional, established forms of communication for health messages. These channels are perceived as trustworthy and effective for reaching the public. Media professionals (n=7) showed a clear preference for social media platforms like Instagram and TikTok, reflecting their familiarity with digital communication channels and their ability to engage younger, digitally literate audiences. Pharmaceutical industry respondents (n=13) prioritised paid campaigns and TikTok, possibly because these platforms allow for targeted, data-driven campaigns that can reach specific consumer segments, aligning with industry goals of tailored communication. The differences between domains reflect the varying priorities and experience with different communication channels. Healthcare professionals tend to favour traditional, broad-reaching media, while media professionals are more inclined to embrace modern digital platforms, and pharmaceutical industry representatives focus on targeted, high-impact channels (Figure 6).

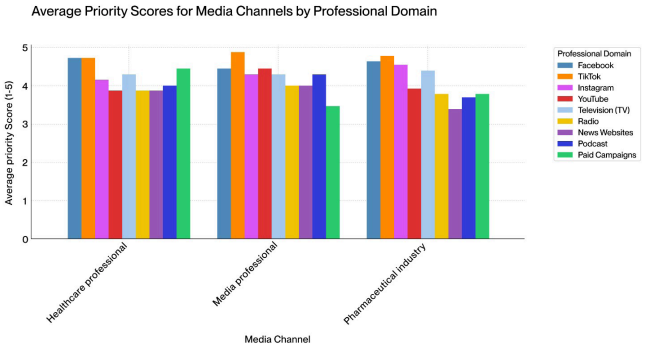

Figure 6. Average priority scores for different media channels by professional domain (N=27).Scores represent the average priority assigned by each professional domain (Healthcare, Media, Pharmaceutical Industry) on a scale from 1 ("Not effective") to 5 ("Extremely effective").

Respondents were invited to contribute potential core messages for a national campaign. Recurring themes included calls for action, normalisation of medical support, and empowering phrasing such as:

"Obesity is not your fault, and it is treatable."

"You are not alone; seek support."

"Obesity is a chronic, multisystem disease. Not a label, but a medical condition that can be treated."

"Obesity is a chronic disease, not a personal choice, and it can be managed with the right support"

"Understanding obesity is the first step towards effective care."

These suggestions reflect a desire to deconstruct stigma, centre empathy, and present obesity as a manageable chronic condition with support pathways available.

Professional Differences in Format Perception

Participants rated the perceived effectiveness of several communication strategies for obesity awareness

campaigns. The table below summarises the proportion of respondents who rated each intervention type as "Effective" or "Extremely effective" (score ≥4 on a 5-point Likert scale) (Table 3). Based on these results, the two most highly rated strategies, in school/university interventions and influencer-led social media posts, were selected for a detailed comparison across professional domains.

Intervention	Positive Responses	Total Responses	Positive (%)
School/university interventions	26	27	96.3%
Testimonials	24	27	88.9%
Social media posts with influencers	22	27	81.5%
App-based motivational messages	21	27	77.8%
Street banners	13	27	48.1%

Table 3. Positive perception rates (score ≥ 4) for various obesity communication strategies (N = 27). Values represent the percentage of respondents who considered the strategy effective or extremely effective.

For this analysis, we focused on the two most highly rated strategies, **school-based interventions** and **influencer-led social media campaigns**, to explore preferences across professional domains: healthcare, media, and the pharmaceutical industry.

Although school-based interventions appeared to be slightly more favoured than influencer-led campaigns — especially among media professionals — the differences across professional domains were not statistically significant (Kruskal–Wallis test: School Interventions, $p = 0.136$; Influencer Posts, $p = 0.152$).

As illustrated in Figure 7, medical professionals tended to rate school-based educational interventions more highly than other groups, while press representatives gave slightly higher scores to influencer-led social media content. These distinctions, although exploratory, may reflect underlying assumptions within each sector about message credibility, audience reach, and behavioural impact.

DISCUSSION

This study provides valuable insights into how professionals across the healthcare, media, and pharmaceutical sectors evaluate obesity and its communication

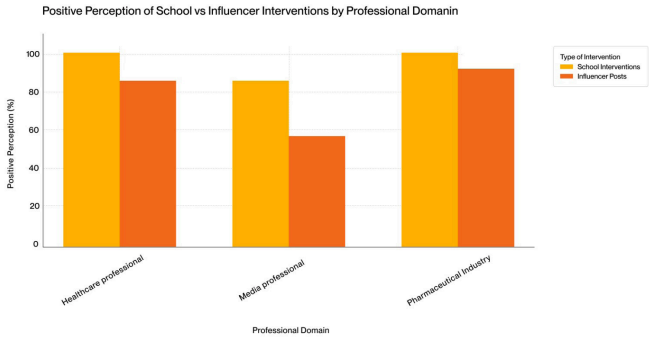

Figure 6. Positive perception of school-based and influencer-led interventions by professional domain (N=27). Healthcare professionals (n=7), 100% positively rated school-based interventions, and 85.7% positively rated influencer-led posts. In media professionals (n=7), 85.7% positively rated school-based interventions, compared to 57.1% for influencer posts. Pharmaceutical industry representatives (n=13), 100% positively rated school interventions, and 92.3% positively rated influencer posts.

challenges in Romania. The results highlight a strong consensus around the multifactorial nature of obesity, with participants emphasising the interplay between nutrition, sedentary behaviour, and social and psychological determinants. These observations align with global frameworks that advocate systemic, multi-level approaches for prevention and treatment.[7;8]

Participants expressed concern about the stigma that surrounds obesity, both within clinical settings and across media platforms. This finding mirrors international evidence that weight stigma acts as a barrier to care, undermining patient trust and engagement[9-12]. Similar observations have emerged from multi-stakeholder studies conducted elsewhere. In Kenya, a collaborative workshop emphasised nutrition education and environmental policies as priority areas for addressing obesity[13], while in Cambodia, stakeholder consultations emphasised the role of nutrition education and tighter policies around marketing and fast-food availability as central elements for systemic change[14]. In the United States, analyses of news media coverage have shown how framing obesity as a public health issue has evolved, highlighting the critical role of media narratives in shaping policy discourse and public understanding[15].

These examples, together with the findings of this study, evidence the limitations of traditional one-way campaign formats. Tailored, audience-centred messages, credible messengers, and the prioritisation of digital platforms align closely with WHO and UNICEF recommendations for effective health communication[2;4], underscoring the importance of evidence-based

communication strategies that build trust, engage communities, and foster behaviour change[16]. The increasing role of social media platforms such as Facebook, Instagram, and TikTok, combined with traditional media, can support the delivery of nuanced, stigma-free narratives that foster understanding and motivate action across diverse audience segments.

While the workshop approach enabled rich cross-sector dialogue, certain limitations must be acknowledged. The relatively small, professionally focused sample may not fully capture the breadth of national perspectives, and future studies should incorporate a wider range of stakeholders, including patient advocates and members of the public.

CONCLUSIONS

The results of the multi-sector workshop and survey provide valuable guidance for designing a national obesity awareness campaign in Romania. Participants largely emphasised the role of structural factors, such as the lack of nutritional education in schools, aggressive marketing of unhealthy foods, and insufficient national prevention strategies, as primary drivers of the obesity epidemic. This perspective suggests that public messaging should move away from narratives of individual blame and instead highlight systemic solutions, such as nutrition education, improved food policies, and stronger government initiatives, while also promoting the availability of effective treatments for those who need them.

When assessing communication channels, the findings support the implementation of a hybrid approach. Healthcare professionals tended to favour traditional platforms such as television and Facebook, perceiving them as effective and credible means of reaching broad audiences. In contrast, media professionals and pharmaceutical industry representatives expressed a stronger preference for digital platforms, including Instagram, TikTok, and targeted paid campaigns, as more suitable for engaging specific audience segments. These observations highlight the importance of combining mass communication with tailored digital strategies to effectively reach diverse demographic and professional groups.

The preferred emotional tone identified across participants emphasises empathy, optimism, and scientific clarity as central elements of campaign messaging. Fear-based or humour-driven approaches received lower levels of support, suggesting that narratives which acknowledge lived experience and foster trust are more likely to resonate.

Notably, when asked to select the most compelling imagery, nearly half (44.4%) chose a stark depiction of a young girl living with obesity, paired with the warning, "It's hard to be a little girl if you're not." This finding suggests that respectful, vulnerability-centred imagery, when framed sensitively, can foster a deeper emotional connection and more effectively draw attention to the complexities of the disease.

The results also underscore the importance of audience segmentation. Younger demographics are more likely to respond to tailored digital content and interactive platforms, while older adults, parents, and educators tend to favour structured, information-rich campaigns delivered via traditional media.

Together, these insights point to the value of a multi-channel, empathetic approach that prioritises understanding over judgment and promotes evidence-based narratives. By combining targeted media platforms with respectful, scientifically grounded messaging, a national campaign can help shift public perceptions, reduce stigma, and foster a more supportive environment for addressing obesity as a chronic, multisystem disease.

Ethics Statement and Conflict of Interest Disclosures

Financial support and sponsorship: All authors have declared that no financial support was received from any organization for the submitted work.

Ethics Consideration: The authors declare that all the procedures and experiments of this study respect the ethical standards in the Helsinki Declaration of 1975, as revised in 2008(5), as well as the national laws. Written informed consent was provided by the patient participant in this study.

This study was approved by the Institutional Research Board and Ethics Committee.

Conflict of interest: No known conflict of interest correlated with this publication.

Availability of data and materials: The data used and/ or analyzed throughout this study are available from the corresponding authors upon reasonable request.

Competing interests: The authors declared that they have no competing interests.

The use of generative AI and AI-assisted technologies: The authors did not use in this article generative AI and AI-assisted technologies.

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