**Body Confidence Campaign: Body Image as a Public Health Concern**

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Despite the historical divide between the fields of obesity and eating disorder research, empirical evidence points to the co-occurrence of eating- and weight-related problems, as well as to their shared risk factors (e.g., Fairburn et al., 1997; Field et al., 2003; Neumark-Sztainer et al., 2006; Neumark-Sztainer et al., 2007). In recognition of these findings, there have been some recent initiatives that have adopted an integrated approach to prevention (see Sanchez-Carracedo, Neumark-Sztainer, & Lopez-Guimera, 2012). Highlighted here is one uniquely informative and cross-cutting area of interest—body image—a critical consideration in the prevention of eating- and weight-related problems, and an important public health concern in its own right.

**Body image and disordered eating behaviors**

Body image is a key factor in the development of disordered eating (e.g. Keery, van den Berg, & Thompson, 2004; Stice, 2002; Stice & Shaw, 2002; van den Berg, Thompson, Obremski-Brandon, & Coovert, 2002). Body dissatisfaction, in particular, is a robust risk factor for eating disorder symptomatology (Stice & Shaw, 2002) and clinical eating disorders (see Jacobi et al., 2004) and predicts a wide range of disordered eating outcomes, including frequent dieting (e.g., Ackard et al., 2002; Neumark-Sztainer et al., 2006a), dietary restraint and bulimic symptoms (e.g., Cooley and Toray, 2001; Neumark-Sztainer et al., 2006b).

**Body image and weight-related problems**

Given the associations between low body satisfaction and attempts to regulate one’s body size (e.g., Ackard et al., 2002; Neumark-Sztainer et al., 2006a, 2006b), it seems plausible that body dissatisfaction may serve as a protective factor against overweight and obesity. However, body dissatisfaction in fact has been linked to weight gain over time, such that positive body image seems to be protective against increased BMI (van den Berg & Neumark-Sztainer, 2007). One possible explanation for this relationship is that body image also is associated with a number of health-related behaviors that may enhance or inhibit one’s ability to maintain a healthy weight over time. For instance, among adolescent boys and girls, dissatisfaction with one’s body predicts higher levels of unhealthy and extreme weight control behaviors, such as skipping meals, self-induced vomiting, and laxative use; among girls, body dissatisfaction also predicts decreased fruit and vegetable intake (Neumark-Sztainer et al., 2006). Evidence from correlational and prospective studies also suggests a negative association between body dissatisfaction and engagement in physical activity (e.g., Kavussanu & McAuley, 1995; Marsh, Hey, Roche, & Perry, 1997; Neumark-Sztainer et al., 2004, 2006). More research is needed to better understand these mechanisms; it may be that young people who do not feel good about their bodies are less likely to engaging in self-care behaviors.

**Body image and psychological health**

Body image has important implications for psychological outcomes, as well. As just one example, body dissatisfaction has been identified as a risk factor in the development of related psychopathology, including symptoms of depression (e.g., Paxton, Neumark-Sztainer, Hannan, & Eisenberg, 2006; Rierdan & Koff, 1991, 1997; Stice et al., 2000; Stice & Bearman, 2001). In addition, body dissatisfaction has been found to mediate the relationship between BMI and psychological health outcomes, including self-esteem (e.g., Mond et al., 2011; Wertheim et al., 2001) and depressive mood (Mond et al., 2011), such that the link between a person’s weight status and a person’s psychological health is accounted for by his or her level of body dissatisfaction.

**Implications for interventions**

Evidence from recent research on body image and the related topic of weight stigma provides several potential points of guidance for interventions. First, findings from longitudinal research suggest that body dissatisfaction is not merely a developmental phase, as is commonly believed, but in fact continues through adolescence into young adulthood (Bucchianeri et al., 2013). This finding underscores the need for addressing body image beyond childhood and adolescence. Second, bullying/harassment on the basis of weight is prevalent and on the rise (Puhl & Latner, 2007), poses serious risks for poor emotional and physical functioning (Eisenberg, Neumark-Sztainer, & Story, 2003; Eisenberg et al., 2006), and is strongly associated with weight status such that overweight and obese individuals are at significantly greater risk (Bucchianeri, Eisenberg, & Neumark-Sztainer, 2013; Griffiths et al., 2006; McCormack et al., 2011; Neumark-Sztainer et al., 2002; Puhl, Luedicke, & Heuer, 2011). These findings demonstrate a need for interventions and policies aimed at decreasing weight-related bullying and harassment. Third, obesity-related public health media campaigns perceived as most positive, least stigmatizing, and most motivating are those that make no mention of “obesity” and rather focus on health behavior change regardless of one’s body size (Puhl, Peterson, & Luedicke, 2012). Thus, in obesity prevention efforts, the focus should be on behavioral change and not on weight per se. If weight is discussed, it should be done in a sensitive and non-stigmatizing manner. In recent years, intervention efforts have begun to jointly target both obesity and eating disorders in an integrated fashion, such as the Healthy Buddies program (Stock et al., 2007). However, even programs expressly designed to address obesity can be enhanced through thoughtful attention to body image and promotion of healthy behaviors for participants of all shapes and sizes, such as New Moves (Neumark-Sztainer et al., 2010). A move toward programs that take an integrated approach to the prevention of a broad spectrum of eating and weight-related problems is warranted (Neumark-Sztainer, 2007, 2009, 2012).

**Recommendations for practice and policy**

Based on existing evidence regarding body image as a public health issue, the following recommendations are offered:

1. Health promotion efforts should be developed so as to minimize potential for weight-related bias, discrimination, and shaming.
2. In public health efforts addressing obesity, body image should be specifically addressed and evaluated to ensure that there have been no adverse effects and to assess for positive impact.
3. In supporting obesity-related research, funding sources should require that investigators clearly address the role of body image and potential adverse consequences, as well as how these factors are to be assessed.
4. Given the observed relation between body dissatisfaction and decreased engagement in physical activity, programs should simultaneously strive to increase physical activity and improve body satisfaction.
5. Training of healthcare professionals should include instruction on evaluating, addressing, and promoting body satisfaction in their work with patients/clients.
6. Healthcare professionals should provide guidance to parents aimed at promoting a positive body image and a healthy weight.
7. Given its strong support and high level of perceived potential impact within the general public, the implementation of anti-bullying policies should be adopted by schools.
8. School-based health curriculum and programs should include content aimed at promoting a positive body image to prevent both eating disorders and obesity.

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