CONTENT ANALYSIS OF WEIGHT-LOSS ADVERTISEMENTS: A COMPARISON OF AFRICAN-AMERICAN AND MAINSTREAM MAGAZINES

By

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A THESIS PRESENTED TO THE GRADUATE SCHOOL OF THE UNIVERSITY OF FLORIDA IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF ADVERTISING

UNIVERSITY OF FLORIDA

2010
To my husband John, who believed in me beyond reason and made me laugh daily and to my parents who guided and supported me throughout my life
ACKNOWLEDGMENTS

I thank my Lord, Jesus Christ, for too many blessings to count and for guiding my every step.

I thank my chair, Dr. Debbie Treise for her constant guidance. She is the reason I was able to complete this thesis and was always kind and understanding throughout the process. I also thank committee member Dr. Kim Walsh-Childers for her suggestions and attention to detail. I also thank committee member Dr. Mike Weigold, who helped me understand advanced methods clearly. He made the seemingly impossible possible. And I thank Jody Hedge who made the graduate school process pleasurable with an answer and a smile.

I thank my loving husband, John, for supporting me, believing in me and sacrificing so much of himself for this endeavor. He is the sole reason I took on the challenge of graduate school and I literally owe him everything. I love him so much.

I thank my daughter, Nadine, for making me laugh and for flashing that beautiful smile to brighten my day. She was a constant motivation for my success. I thank my daughter, Genevieve, who thoughtfully told me not to worry when things seemed beyond difficult. I hope that one day Genevieve and Nadine will read this and see that they too can accomplish anything that is in their hearts. I love them more than words can say.

I thank my mother, Laura, for an open mind and an open home. She took care of us in many ways and had numerous tea parties with her granddaughters so I could do schoolwork or spend time with my husband. Graduate school required an adjustment for her as much as anyone. I also thank my father, Riley Wright, who passed away while I
was in school. He made me realize at an early age how valuable education is. Because of him that family value will be passed down from generation to generation.
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A content analysis was conducted of diet advertisements in an African-American women’s magazine and a mainstream women’s magazine. A sample of issues between the years 2005 and 2008 yielded 41 advertisements. The ads were analyzed to determine the product type advertised and the techniques used in the ads. Also differences between the ads in the two magazines were analyzed. Findings revealed a higher frequency of diet ads in the African-American women’s magazine as well as significant differences between the two magazines. Differences were seen primarily in the use of testimonials, before-and-after techniques and the promotion of dietary supplements. Secondarily, sampled ads differed in size, product name/brand, race of most prominent model, presence of disclaimers, and the content of the disclaimers.
CHAPTER 1
INTRODUCTION

Purpose of the Study

The purpose of this study is to investigate how weight loss is presented to African-American women through advertising as compared to mainstream women. Kean and Prividera (2007) argue “mediated messages may impact nutritional choices made by African American women” (p.295) in addition to many cultural variables. And, overall, women rely on magazines for health information and information on food and nutrition (Jacobson, 2003).

Dieting In Our Daily Lives

Dieting is common in the United States. In fact, the prevalence of dieting has risen over the past 40 years. Reasons for dieting vary from general wellness (68%) to weight loss (57%) to maintenance of current health (34%) (Mintel, 2008).

Kim and Lennon (2006) define dieting as a “reduction in caloric intake to lose weight” (p.347); it “includes many different patterns of behavior, ranging from healthy changes in food selection to severe caloric restriction” (p.347). Diets are commonly used as a means for weight loss (O’Brien, Brehm, Seeley, Bean, Wener, Daniels, & D’Alessio, 2005), which is defined as a reduction in body weight (Mosby, 2008).

The Diet Industry

The diet industry has been thriving and capitalizing on society’s obsession with appearance since the late 1800s (Cleland, Gross, Koss, Daynard, & Muoio, 2002; Kim & Lennon, 2006; Mintel, 2008). In the early 1900s, the Federal Trade Commission (FTC) was forced to file its first case against a weight-loss advertiser, called McGowan’s Reducine (Cleland et al., 2002). The ads claimed that “excess fat is literally dissolved
away, leaving the figure slim and properly rounded, giving the lithe grace to the body
every man and woman desires” (Cleland et al., 2002, pp.25-26). Ads claimed that
“applying and patting it gently onto the parts of the human body which the purchaser
desires to slenderize, will thereby reduce any and every part of the body so treated,
…quickly, surely, and permanently” (Cleland et al., 2002, pp.25-26).

Recently, the industry briefly faced profit losses between 2003 and 2005, due in part to consumers’ distrust of diet products that contained ephedra, an ingredient the FDA banned in 2004 for posing serious health risks (Rados, 2004). In 2006 the diet industry saw an increase in sales (Mintel, 2008). However, now consumers have new reasons to distrust weight-loss products. According to an article in the Atlanta Journal Constitution, the FDA issued warnings in 2009 about “more than 70 ‘natural’ weight-loss supplements after sporadic testing by the agency found they were secretly spiked with a variety of pharmaceuticals. They ranged from the active ingredient in the prescription drug Meridia, to an experimental obesity drug currently undergoing clinical trials and lacking safety and effectiveness data, to potent diuretics and a laxative that is a possible carcinogen” (Atlanta Journal Constitution, 2009, para.6).

**Diet Advertising**

The poor reputation weight-loss products have acquired is problematic for advertisers. Cleland et al. (2002) argues, “If the entire field of weight-loss advertising is subject to wide-spread deception, then advertising loses its important role in the efficient allocation of resources in a free-market economy” (p.2). Deceptive weight-loss advertisements can lead consumers to believe that achieving unrealistic weight-loss goals are possible (Cleland et al., 2002). Because attractiveness is a goal most people
desire, it may be difficult for consumers to resist weight-loss messages that deceptive advertising communicates—that it is possible for almost anyone to look like an ultra-thin model.

**Dieting and Cultural Influences**

We live in a society that inherently associates weight with attractiveness. According to Pause (2006), we have even been taught by society to fear fat. The thinness we idolize is so engrained in our minds that it unconsciously becomes part of what we pass down to our children (Reese, 2008). According to Tiggemann (2006), appearances are simply a part of the fabric of our culture and are intensely present in the “core beliefs and assumptions about the importance, meaning, and effect of appearance in an individual’s life” (p.528). One of the main reasons women diet is to improve their appearance (Jacobson, 2003), adhering to social standards. And, Talleyrand (2006) states that concern with appearance is the “primary motivation” (p.340) in the onset of eating disorders.

According to the National Institute of Mental Health, there are three categories of eating disorders—anorexia nervosa, bulimia nervosa, and binge-eating (National Institute of Mental Health, 2008). Anorexia is defined as “a relentless pursuit of thinness and unwillingness to maintain a normal or healthy weight, a distortion of body image and intense fear of gaining weight” (p.5). Binge-eating is characterized by “episodes during which a person feels a loss of control over his or her eating” (p.12). Bulimia is characterized by “recurrent and frequent episodes of eating unusually large amounts of food (e.g., binge-eating), and feeling a lack of control over the eating. This binge-eating is followed by a type of behavior that compensates for the binge, such as purging (e.g.,
vomiting, excessive use of laxatives or diuretics), fasting and/or excessive exercise” (p.9). Even women who do not suffer from disordered eating may have a distorted view of themselves, although in one study “women with eating disorders were found to distort their body image to a greater extent” (Garner, Olmsted, & Garfinkel, 1983; Kim & Lennon, 2006, p.347). Eating disorders are commonly associated with unhealthy weight management tactics including “restrictive dieting, self-induced vomiting after eating, and abuse of laxatives, diuretics, diet pills, and exercise” (Levine & Murnen, 2009).

Dieting itself is not a disorder; however, there are some clear similarities between dieting and eating disorders—preoccupation with weight and body-dissatisfaction (Kim & Lennon, 2006). Body dissatisfaction appears to be the central theme that links idealized thinness, fear of being fat and the general perception of a socially acceptable appearance (Levine & Murnen, 2009). Talleyrand (2006) states that disordered eating and obesity are closely linked. Kim and Lennon (2006) have a similar viewpoint that dieting and various eating disorders exist on the same continuum ranging from no concern with weight to extreme concern with weight, with additional points where obesity, binge-eating, chronic dieting and other disorders appear.

Kim and Lennon (2006) state, “Although Western society idealizes an increasingly slimmer body than ever before, the prevalence of obesity and obesity-related health problems has been escalating” (p.345). This may be partially attributed to persistent dieting. It appears that the more we restrict our diet, the more opportunity there is for obesity to occur (Snow & Harris, 1986).

Dieting and weight loss seem to hold particular significance for female populations. Research shows that women are more knowledgeable about diet and nutrition than men
(Jacobson, 2003), women diet more than men to lose weight (Pause, 2007), are more concerned about weight than men and have a more negative body image than men (Cash & Henry, 1995). Reese (2008) adds that, for women, “yo-yo dieting…may lead to constant weight loss and gain in their effort to achieve thinness. This process of weight gain and loss induces weight gain over time” (p.4).

**The Cost of Obesity**

In 2000, the annual cost of obesity was $117 billion (Carmona, 2003). However, the cost to obese individuals is immeasurable. The Centers for Disease Control and Prevention (CDC) state that 34.3% of all U.S. adults over the age of 20 are obese and 32.7% are overweight (Centers for Disease Control and Prevention, 2008b). The CDC defines overweight as a body mass index (BMI) between 25 and 29.9, and obesity as a BMI of 30 or higher (Centers for Disease Control and Prevention, 2009e). “Since 1980, obesity rates for adults have doubled and rates for children have tripled” (p.2). Obesity rates have increased significantly for all people regardless of “age, sex, race, ethnicity, socioeconomic status, education level, or geographic region” (p.2). However, black women appear to be a particularly high-risk segment, with 80% of all black women over the age of 20 being overweight (Centers for Disease Control and Prevention, 2008a). This rise in the rate of obesity has created a national public health crisis. Possible influences on obesity operate at “social, economic, environmental, and individual levels” (Centers for Disease Control and Prevention, 2009e, p.2).

**Dieting and Obesity Among Black Women**

According to the 2000 U.S. census, African Americans are the second largest ethnic minority group, representing 13% of the U.S. population. This group also has the
highest prevalence of obesity in the U.S. and the most weight-related diseases (Centers for Disease Control and Prevention, 2009d). There seems to be a growing gap in health between whites and blacks (Centers for Disease Control and Prevention, 2009d), which can be explained in several ways. Resnicow, Jackson, Braithwaite, Dilorio, Bliss, Rahotep and Periasamy (2002) state that African Americans are far less likely to engage in physical activity than whites. Also, food preferences that are customary among many African Americans include foods with high fat, calorie and sodium content and a lack of fruits, vegetables, fiber and grains. Food consumption of this nature contributes to the health problems seen in this population (James, 2004). James (2004) concluded that many weight-related diseases could be alleviated by a modification in diet. The nutritional choices of African Americans are often steeped in history and tradition. “Soul food” comprises fried and boiled meats and vegetables—a food preparation style that has been passed down through generations. This makes the choice of foods and nutrition one that is more a decision of how a black person identifies himself/herself—either in accordance with black heritage or not. Following this way of eating means preserving the traditions of African Americans (James, 2004). Ultimately, poor eating habits will hinder progress toward healthy weight.

It is clear that because of high overweight and obesity rates among African-American women, negative health outcomes are likely to occur among them. These outcomes include an increased risk for developing “coronary heart disease, type 2 diabetes, cancers (endometrial, breast, and colon), hypertension (high blood pressure), dyslipidemia (for example, high total cholesterol or high levels of triglycerides), stroke, liver and gallbladder disease, sleep apnea and respiratory problems, osteoarthritis (a
degeneration of cartilage and its underlying bone within a joint) and gynecological problems (abnormal menses, infertility)” (Centers for Disease Control and Prevention, 2009e, para.1).

Davis, Clark, Carrese, and Cooper (2005) explain that black women are less likely to engage in dieting and less likely to have success as a result of dieting. Evidence suggests that binge-eating, an eating disorder, is found more often in black women than in white women and can lead to overweight, obesity and other health problems (Talleyrand, 2006). In a survey by Cash and Henry (1995), black women appeared to be satisfied with their appearance and less concerned about weight than white women. They value traditions far more than weight loss (Prividera & Goldbold Kean, 2008). “A more positive body image among African-American women occurs even at the heavier mean body weight that is typically observed relative to Caucasian women” (Cash & Henry, 1995, p.26). This may be linked to the preference of the opposite sex. Research shows that white men prefer a thinner figure, while black men prefer a more voluptuous figure in assessing attractiveness (Roberts, 1992). Talleyrand (2006) concluded that black women are somewhat protected against most eating disorders, which are motivated by a desire for thinness, because parameters of attractiveness in the black community do not include a thin female figure. Black communities are more accepting of overweight and obese people in part because binge-eating is an accepted practice (Talleyrand, 2006).

Talleyrand (2006) suggests that binge-eating may be a way of rebelling against the mainstream standard of beauty as thinness (Talleyrand, 2006). “Concerning African American women and eating disorders, theorists maintain that compulsive (or binge)
eating behaviors may be typical of African American women who internalize racial oppression or reject White cultural standards of beauty” (p.342).

In addition to racial stressors, black women also face socioeconomic challenges. A significant number of black women live below the poverty line. In the U.S., poverty is highest (35%) among unmarried black women with families. Only 19% of unmarried white women with families live in poverty (McKinnon, 2003). The effects of socioeconomic status (SES) on eating disorders among black women are contradictory. Some research states that no significant data connect the two variables. Other researchers have agreed there is a connection between poverty and obesity; black women living in poverty are at a higher risk for becoming obese (Talleyrand, 2006).

Research from Hall, Folta and Goldberg (2007) concludes that cultural differences between blacks and whites cause health disparities, especially those related to weight. These are “differences that shape food preferences, perceptions of weight and health, and attitudes toward physical activity and fitness, some of which are influenced by differences in media exposures” (p.37). African-American-targeted magazines that advertise alcohol, cigarettes, and high-fat foods at a higher frequency than mainstream magazines exemplify this difference in media exposure (Hall, Folta, & Goldberg, 2007). Kean and Prividera (2007) argue that “mediated messages may impact nutritional choices made by African American women” (p.295) in addition to the cultural variables previously discussed. Black women who use magazines as a source of information may be significantly influenced by “consumption advertisements” (p.295), which include “anything meant to be consumed, including food, beverages, vitamins, and supplements” (p.292).
The Influence of Women’s Magazines

Women’s magazines seem to be particularly influential; they fall in second-place for the highest readership of all magazine categories in the United States, behind General Editorial magazines (Magazine Publishers of America, 2008b). Naturally, magazines are image dependent and often suggest self-improvement tactics through the images; this can be problematic, however, because readers may be misled into thinking that losing weight and looking more like the models in the ads will produce higher self-esteem (Inch & Merali, 2006). Other research findings suggest that women believe their lives would actually change for the better if they looked more like the models generated by the media (Engeln-Maddox, 2006). Women who “internalized the media ideal of slender beauty tended to have greater body dissatisfaction” (Levine & Murnen, 2009, p.28). Reese (2008) explains further that women who compare themselves to media images of thin models are likely to experience body image “self-discrepancy” (p.5). In the comparison and evaluation of oneself against thin models, women are susceptible to developing a negative body image (Levine & Murnen, 2009). Ultimately, if women can overcome poor self-image and achieve high self-esteem, they will be less likely to “overestimate their size” (Reese, 2008, p.5; Swann, 2007).

Magazines tend to promote the thin ideal, and for many women, acceptance of the thin ideal is a predictor of eating disorders (Harrison & Cantor, 1997; Talleyrand, 2006). Some research suggests that weight-loss advertisements can lead to “unhealthy eating behaviors” (Kim and Lennon, 2006, p.346). Further, women who are already at a normal weight but are encouraged continuously to diet through the media may turn to “pathologic dieting behavior” (Jacobson, 2003, p.13).
Overall, the general population relies heavily on magazines to gain health information (Kean & Prividera, 2007). Therefore, magazines serve as a viable method for communicating positive messages to help women achieve and maintain a healthy weight without resorting to quick-fix solutions (Kean & Prividera, 2007). In the diet and health literature, media are highly criticized. Yancey, Leslie and Abel (2006) suggest that media influences are to blame for obesity rates due to the “smorgasbord of aggressively advertised, highly palatable, energy-dense but nutrient-poor foods” they present (p.233). Other studies suggest that black women are actually encouraged by the media to achieve a full, voluptuous figure (Mastin & Campo, 2006), while white women are encouraged to be slender (Talleyrand, 2006).

Cleland et al. (2002) summarizes from the Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity of 2001, “The media can provide essential functions in overweight and obesity prevention efforts. From a public education and social marketing standpoint, the media can disseminate health messages and display healthy behaviors aimed at changing dietary habits and exercise patterns” (p.30). And, if information is presented in a culturally appropriate way it may be more accepted by African Americans (Hall, Folta, and Goldberg, 2007).

Significance of the Study

This study examined a category of print magazines for which readership is equal among blacks and the general population. More specifically, the study focuses on women’s magazines, which are among the top three most-read categories for both blacks and whites, falling behind only news and entertainment weeklies and general editorial (Magazine Publishers of America, 2008a).
It is important to compare results of mainstream and African-American women’s magazines because historically there have been discrepancies between the two in advertising content (Yancey, Leslie, & Abel, 2006). Some studies have reported that unhealthy advertising messages, like those for cigarettes and alcohol, appear more frequently in African-American women’s magazines than in mainstream women’s magazines (Kean & Prividera, 2007). Research has concluded that African-American women’s magazines carry a lower frequency of weight-loss advertising than mainstream women’s magazines (Prividera & Goldbold Kean, 2008). Given that black women are the most at-risk segment of the U.S. population for being overweight and obese (Centers for Disease Control and Prevention, 2009d), it is important to identify and discuss how weight loss is presented to black women through advertising and with what frequency. Advertisers must be especially cautious when preparing ad messages for this population so they can create messages that promote good health for women. Advertisers must also take into consideration ideas about diet and food consumption that are so engrained in cultural traditions (Prividera & Goldbold Kean, 2008).

Further, as the African-American market grows, there is great opportunity to reach a larger number of African Americans. “The buying power of African Americans/Blacks rose 166% in 17 years, from $318 billion in 1990 to $845 billion in 2007. By 2012, the buying power of African Americans/Blacks is projected to grow to more than $1 trillion, according to the University of Georgia’s Selig Center for Economic Growth” (Magazine Publishers of America, 2008a, p.6). Advertisers are responding with an increase in spending to reach this growing market. “In 2002, advertisers spent $457.9 million to reach African Americans/Blacks through African-American/Black media properties. In
2006, that spending increased by 72.8%, totaling $791 million” (Magazine Publishers of America, 2008a, p.18).

**Social Learning Theory**

To explain the possible effects of advertising on an audience, this study will use Bandura’s (1977) Social Learning Theory (SLT). SLT explains that when people observe behavior, they learn from it and may mimic that behavior. This happens through a cognitive process that begins with observing behavior, then attaching meaning to the behavior and finally, deciding how the information may be used later to direct one’s own behavior. The cognitive models that are formed will determine how a person will act or behave based on what observations he or she has made (Bandura, 1977).

SLT tells us that we learn what to do or not to do based on a system of reward and punishment. In the context of diet advertising, images that show women being rewarded with a better life, better relationships, etc., because of losing weight invite female readers to perceive that they too will be rewarded by losing weight. Conversely, if an overweight person is shown in an advertisement as unhappy, unfulfilled, etc., readers may perceive that if they become overweight, they will be punished with these negative outcomes, too (Bandura, 1977). As Kim and Lennon (2006) explain, the “prevalence of thin women in the media may heighten women’s desire for thinness. Women may attain the cultural ideal of thinness by modeling what is portrayed as ideal in the media and thus become motivated to engage in disordered eating behaviors” (p.351).

When studying consumption behaviors of black women, SLT is particularly useful. In addition to mass media, African-American women have the additional influencers of family and cultural traditions relative to health and “consumption products” (Prividera & Goldbold Kean, 2008, p.53). “Moreover, social occasions, such as church, holidays, and
meals with friends, often lend themselves to increased food intake, which correlates with interpersonal closeness and rapport building” (Prividera & Goldbold Kean, 2008, p.53). For black women, the social reward (Kim & Lennon, 2006) may come from adopting the traditions of African-American heritage to gain the acceptance of family and peers.

Summary

Because of the prevalence of obesity among black women, it is important to determine what types of weight-loss products and services are currently being presented in magazine advertising, as well as the techniques used in African-American women’s magazines. Prividera and Kean (2008) argue that, advertisers should know if their audience is at a high-risk for unhealthy practices like disordered eating. Then they will be better equipped to design advertising messages to facilitate rather than hinder good health.

It is critical that strategies are developed to improve the health of those who are overweight or obese by making long-term weight loss success a reality. Even a small amount of weight loss is significant for improved cardiovascular health (Padwal, Li, & Lau, 2003). Cleland et al. (2002) state that while the eat-less-and-exercise model is logical, it does not have long-term success among the obese. It is a cognitive change that must occur for weight loss to be effective long-term (Cleland et al., 2002). “To lose weight and not regain it, ongoing changes in thinking, eating, and exercise are essential. Behavioral treatments that motivate therapeutic lifestyle changes can promote long-term success by helping obese individuals make necessary cognitive and lifestyle changes” (p.iv). The greatest long-term success involves an exercise plan that will operate in conjunction with the diet (Mintel, 2008). This perspective may be especially
valuable because anti-obesity drugs have not shown great long-term success (Padwal, Li, & Lau, 2003).

To explore weight-loss advertising messages between black women and the mainstream female population, this study examined ads for weight-loss products and services as well as techniques used for promoting these products and services in print magazine advertisements aimed at both the black female population and the mainstream female population. A content analysis was used to assess the frequency of weight-loss advertisements in a black women’s magazine and a mainstream women’s magazine. The goal is to examine how media communicate weight-loss messages to African-American females as compared to mainstream females.
CHAPTER 2
REVIEW OF LITERATURE

Definitions

To understand weight attitudes and eating behavior, first there must be some basic established definitions.

Overweight and Obese

This study will use the Centers for Disease Control (CDC) definitions of overweight and obesity. Overweight is defined as body mass index (BMI) between 25 and 29.9, and obesity is defined as BMI of 30 or higher (Centers for Disease Control and Prevention, 2009a).

Dieting

Dieting is defined as a “reduction in caloric intake to lose weight even though it includes many different patterns of behavior, ranging from healthy changes in food selection to severe caloric restriction” (Kim & Lennon, 2006, p.347).

Dieting is the tool many individuals use to conform to the standards of American culture. The prevalence of dieting actually exceeds that of overweight and obesity revealing the popularity of dieting among the masses (Kim & Lennon, 2006).

Eating Disorders

Defining eating disorders is more complex, and according to Levine and Murnen, (2009) involves “negative emotionality… and unhealthy forms of weight and shape management” (p.11). According to the National Institute of Mental Health, there are three categories of eating disorders—anorexia nervosa, bulimia nervosa, and binge-eating (National Institute of Mental Health, 2008).
Anorexia is defined as “a relentless pursuit of thinness and unwillingness to maintain a normal or healthy weight, a distortion of body image and intense fear of gaining weight” (National Institute of Mental Health, 2008, p.5). Binge-eating is characterized by “episodes during which a person feels a loss of control over his or her eating” (National Institute of Mental Health, 2008, p.12). It is described as “Eating, in a discrete period of time (e.g., within any 2-hour period), an amount of food that is definitely larger than most people would eat during a similar period of time in similar circumstances” (Spitzer, Yanovski, Wadden, Wing, Marcus, Stunkard, Devlin, Mitchell, Hasin, & Horne, 1993, p.139).

Bulimia is characterized by “recurrent and frequent episodes of eating unusually large amounts of food (e.g., binge-eating), and feeling a lack of control over the eating. This binge-eating is followed by a type of behavior that compensates for the binge, such as purging (e.g., vomiting, excessive use of laxatives or diuretics), fasting and/or excessive exercise” (National Institute of Mental Health, 2008, p.9).

**Negative Body Image**

There are likely many reasons women develop negative body image. Although in the context of dieting it is described as the common variable that links “idealization of slenderness and leanness; an irrational fear of fat; and a conviction that weight and shape are central determinants of one’s identity” (Levine & Murnen, 2009, p.11).

**Weight-loss/Diet Advertisement**

A weight-loss/diet advertisement is defined using a modified definition from Pratt and Pratt (1996). Such an ad is any form of market-related material to encourage the usage of products and services that state either explicitly or implicitly that the primary benefit is losing body weight. This includes “general advertisements, tear-out coupons
Influences of Weight on Women

Internalization and Body Dissatisfaction

Levine and Murnen (2009) state that idealizing thinness, fearing fat and the belief that a person’s weight determines who she is are all elements of body dissatisfaction. Women who internalize the thin ideal are generally more at risk of developing an eating disorder because they are more determined to achieve thinness (Roberts, 1989). A 2006 study revealed that women expect that if they lose weight, their lives will dramatically improve in a myriad of ways so they might be more “socially competent, successful, and well-adjusted” (Engeln-Maddox, 2006, p.263), as though they would be rewarded with a happy life if they looked like the thin, attractive models they see in women’s magazines. The women studied clearly believed that thinness would change their lives and also experienced greater dissatisfaction with their bodies. The study revealed that women believe if their appearance was a bit more in line with beauty standards set by the media, then they could be happier (Engeln-Maddox, 2006, p.264).

Further, individuals who internalize the thin ideal to a greater extent are more likely to be dissatisfied with their bodies. Internalization can predict “weight control behaviors” including dieting and bulimia (Levine & Murnen, 2009, p.29).

Women not only feel internal pressure to be thin but also receive pressure from outside sources who may be influenced by images in the media (Roberts, 1989). “Husbands, boyfriends, or family may compare the women to the images that they see and expect her to conform to these images. If she is aware of such expectations and is unable to live up to them, body dissatisfaction may result” (Roberts, 1989, p.49).
Contrarily, Cohn (1987) concluded in a study of body-figure preferences that college-age girls actually desired to be thinner than the figure their male counterparts deemed most desirable (p.279). This counteracts some research that bases female ideals on what males desire. “Girls acknowledge but seem to ignore boys’ preferences for figures that are heavier than their own ideal size” (Cohn, 1987, p.279). Nevertheless, the thin ideal is a part of our culture and is passed down from generation to generation (Orbach, 2005). Indeed, the thin body may be referred to as the ideal because it is difficult for most women to maintain a slender figure, which makes it rare and thus more valuable (Pause, 2007).

Certainly, society supports the thin ideal with the “socialization and treatment of women in Western society” (Kim & Lennon, 2006, p.347) pressuring women to achieve thinness that is not feasible for most women. The desire to be thin is what leads to dieting (Kim & Lennon, 2006). However, the belief that the body can be modified to fit any mold is ridiculous and can leave dieters feeling that they have failed (Kim & Lennon, 2006). Further, Wilson (1999) argues that we have come to accept that every woman has a responsibility to be thin. Wilson (1999) suggests that even thin women are expected to express their desire to be thinner. The perception that thin is beautiful encourages women’s desire to be thin and may subsequently influence “their own weight and body identity” (Pause, 2007, p.28). Reese (2008) suggests that women should evaluate their own body type without comparisons to the thin models seen in advertisements. Most women cannot achieve this level of thinness and are better left to “live outside of society's perceived notion of what is considered an acceptable, ideal body type for women” (p.4).
Fear of Fatness

A fear of fat is engrained in western society. Through social behavior, parents teach their children to avoid fat people. Pause (2007) demonstrates that this is a harmful “anti-fat attitude” (p.4) that affects all children, leading to hatred of self or others who are considered overweight. Typically, obese people are thought of as less successful and intelligent. In one study, college-aged participants said they would marry an embezzler, cocaine user, shoplifter, and blind person before marrying an obese person (Tiggemann, 1988, p.76).

Pause (2007) argues that this obesity stigma affects women more than men, largely because women seem to care more about what others think of their appearance, which plays a part in assessing weight identity. Pause (2007) also found that women are more conscious of issues related to dieting. More women than men are likely to become dissatisfied with their bodies because of their weight. Weight appears to be an issue for almost every woman, whereas for men, there is no accepted ideal weight, making weight an issue for fewer men. An abundance of research shows that most women feel the need to diet even if they are considered of normal weight (Pause, 2007). This is especially problematic for those individuals who are underweight and preoccupied with dieting (Kim & Lennon, 2006).

Tiggemann (2006) suggests that the general acceptance that beauty is defined by outward appearances is an issue. Kim and Lennon (2006) agree. Many already thin women diet and adhere to the thin ideal promoted by society and the media—motivated by appearances rather than good health. If people are motivated by appearance, they are more likely to practice unhealthy eating behaviors. Conversely, being motivated by
good health is likely to produce healthy eating behavior (Kim & Lennon, 2006). Ultimately, weight goals should be linked to health rather than “dominant culture standards of thinness” (Gore, 1999, p.78).

**Self-Esteem**

“In our American culture many women are ‘disordered’ about issues of self-worth, self-entitlement, self-nourishment and comfort with their bodies” (Reese, 2008, p.5). Women with low self-esteem are at a higher risk for developing eating disorders. They tend to believe that if they were thinner, they would be happier and more successful as well as beautiful—the way thin models are typically portrayed in the media (Roberts, 1989). In order to raise their self-confidence and self-esteem, women lose weight. However, after they lose weight, they may not feel better about themselves, and, they often attempt to lose more weight, which may lead to anorexia nervosa (Roberts, 1989). Further, women with low self-esteem are persuaded more easily by external influences and therefore more likely to be convinced to lose weight by diet ads (Roberts, 1989).

Levine and Murnen (2009) summarized these findings: women have disliked their bodies for so long that body dissatisfaction is now considered normal. An estimated 20% of women experience negative feelings about body image and disordered eating to the point of suffering, and concerns with weight begin in childhood. Further, a bias against fatness (celebrating thinness while featuring negative aspects of being fat) is found in people of all backgrounds (Levine & Murnen, 2009).

**Women of all Ages Experience Disordered Eating**

Factors related to disordered eating—body dissatisfaction, pressure to be thin and the pursuit of the perfect body are found to be very similar among young women and
middle-aged women aged 45 to 60 (Midlarsky & Nitzburg, 2008). One of every 10 women older than 40 is diagnosed with an eating disorder (Midlarsky & Nitzburg, 2008). Middle-aged women can either relapse from an eating disorder that developed earlier in their lives or they can develop eating disorders for the first time (Midlarsky & Nitzburg, 2008).

Women become increasingly concerned about body image when they enter midlife, which can trigger eating disorders (Saucier, 2004). Often, there is weight gain as the female body nears menopause; therefore, women are likely to become more concerned about being thin (Midlarsky & Nitzburg, 2008). In terms of media messages, “If these messages about thinness are powerful enough to affect the behavior patterns of many young people, it is also reasonable to assume that, when directed at older age groups, they can affect the attitudes and behaviors of middle-aged adults as well” (Midlarsky & Nitzburg, 2008, p.395).

Entering middle age can be very stressful for women and in this way is similar to entering puberty for teenage girls (Lewis & Cachelin, 2001). Further, it can be argued that middle-aged women actually experience more sociocultural stress to retain attractiveness as they age. An increase in anti-aging products and cosmetic surgery has exposed this age group to an increased susceptibility to disordered eating (Midlarsky & Nitzburg, 2008). Women are expected, more than men, to keep up an attractive appearance and are therefore subject to depression, low self esteem and anxiety if they cannot maintain the thin standard society perpetuates (Saucier, 2004). Additionally, if women are concerned with appearances at a young age, they are likely to transfer those attitudes into adulthood (Midlarsky & Nitzburg, 2008).
As Midlarsky and Nitzburg (2008) state, body dissatisfaction alone does not predict eating disorders; it is only one factor that is often evident when an eating disorder develops. Body dissatisfaction also does not necessarily diminish with age. Research suggests that body dissatisfaction remains constant across a wide range of age groups (Midlarsky & Nitzburg, 2008). Other variables that may influence the onset of eating disorders among women at midlife are “concerns about aging, life stress, and depression” (Midlarsky & Nitzburg, 2008, p.397), which are commonly experienced among women around midlife. Findings from Midlarsky and Nitzburg (2008) support that these variables were directly related to “eating pathology among middle-aged women” (p.401).

**Obesity and Disordered Eating: White Women versus Black Women**

In spite of the idealization of thinness in women, obesity has become an epidemic in the United States (Kim & Lennon, 2006). Much of the existing research agrees that obesity, anorexia and other forms of disordered eating are in part due to excessive dieting—defined as dramatically restricting one’s food intake. However, excessive dieting is encouraged by society and the media to achieve the unreasonable standard of thinness depicted in magazines (Snow & Harris, 1986). According to Love, Sterns, Spreen and Wysocki (2006), as obesity increases, the popularity of dieting is likely to increase. Additionally, “purchasing decisions and eating habits” (p.74) will likely be affected by the rise in obesity (Love, Sterns, Spreen, & Wysocki, 2006).

**Disordered Eating**

Black women have far higher rates of overweight and obesity than women in other ethnic groups. They also have fewer eating disorders (Pause, 2007). Some researchers
argue that black women are not exempt from disordered eating but engage more in binge eating (excessive overeating) as a result of “racism, sexism, classism, and acculturation” (Talleyrand, 2006, p.340). It is explained further “binge eating behaviors (e.g., excessive overeating) are assumed to characterize some African-American women’s responses to contextual stressors” (Talleyrand, 2006, p.340) and binge eating is thought to alleviate these social stressors in black women (Talleyrand, 2006).

Roberts (1989) explains eating disorders and cultural differences using four points of discussion: (1) white women suffer from body dissatisfaction more than black women, (2) cultural expectations can facilitate the development of eating disorders, (3) Individuals who are assimilated toward a culture that promotes thinness will be more likely to develop eating disorders, and (4) women with low self-esteem develop eating disorders more often than women with high self-esteem.

Protection

The term protection appears often in the research on black culture and eating disorders. It refers to the cultural barrier that prevents black people from acculturation into the white culture where eating disorders and body dissatisfaction are prevalent (Talleyrand, 2006). The protection takes the form of African-American traditions, and the harm from which it protects is body dissatisfaction and a risk of developing eating disorders, such as anorexia and bulimia (Talleyrand, 2006). It is thought that there is greater acceptance of larger figures in black communities, and that self-image is higher among black adolescents than white (Roberts, 1992). As stated earlier, self-esteem is highly correlated with eating disorders. Roberts (1992) offers two possible reasons for this protection. “The rarity of eating disorders in cultures and subcultures in which
heavier female figures are viewed positively and the increase in eating disorders within a culture as attractiveness norms move toward thinness” (Roberts, 1992, p.27).

The protection is founded on the idea that black women face less pressure to be thin and therefore have a lower likelihood of succumbing to external influences that reinforce thinness, which may in turn result in negative body image (Roberts, 1992).

**Self-esteem**

Roberts brings together several important points, especially that of race and self-esteem. It is possible that African Americans often experience higher self-esteem because they are less likely to blame themselves for failure. Instead, they may blame their failures on racial discrimination. Therefore, “external attributions for failure serve to protect the self-esteem” (Roberts, 1992, p.51). Conversely, African Americans may experience low self-esteem due to their use of unhealthy coping strategies in response to racism (Talleyrand, 2006).

**Racial Identity**

Talleyrand (2006) defines racial identity as the way a person “internalizes racial oppression” (p.344). Racial identity is thought to give researchers insight into the way black women perceive diets, eating disorders and body dissatisfaction (Talleyrand, 2006).

Black women are at a distinct disadvantage; being both black and female, they are in two categories of minority groups (Talleyrand, 2006). “Given the fact that African American women experience high rates of disease and chronic health conditions, it is imperative that mental health counselors understand how the interaction of racism and sexism may contribute to eating disorder symptoms in African American women” (Talleyrand, 2007, p.342).
Some suggest race is less of a factor in predicting disordered eating and that perhaps the variable that has the greatest effect on disordered eating is the level of acculturation into the mainstream culture (Smolak & Striegel-Moore, 2001).

**Acculturation**

Women who “most accept, and are part of, the dominant culture” (Roberts, 1992, p.48) are also likely to compare themselves to thin models in the media and suffer from body dissatisfaction as a result. Contrarily, women who are not assimilated are not affected because they “may view these images as not pertaining” (Roberts, 1992, p.49) to them.

White women are known to experience body dissatisfaction more often than black women or other ethnic groups (Pause, 2007). African-American women may experience less body dissatisfaction; however, “being acculturated to African American culture may be related to higher levels of binge eating behavior because this mode of coping with emotions is acceptable within the African American community and does not necessarily violate cultural standards of beauty” (Talleyrand, 2006, p.344). Black women who do acculturate into the mainstream standard of beauty are more likely to display the types of eating disorders and body dissatisfaction seen in white females (Talleyrand, 2006).

**Perceived Beauty**

In terms of beauty and perceived ideal weight, black and white women could not be more different. Essentially white women prefer an athletic figure and are vehemently opposed to obesity, while black women prefer a voluptuous figure and perceive obesity only as a threat to health, not to self-esteem, as with white women (Pause, 2007, p.24). While black women are concerned with appearance, they define beauty differently than
mainstream culture—they simply exclude weight (Prividera & Godbold Kean, 2008). They “see messages of reward in the fuller female form” (Kean & Prividera, 2007, p.290).

**Socioeconomic Status (SES)**

“Given the well documented relationship between social class and eating disorders, it is quite possible that eating disorder are rare among Blacks simply because there are relatively few middle and upper class Blacks” (Roberts, 1992, p.35). This reinforces other research that states the real driver of the onset of eating disorders may be class (Roberts, 1992). Higher economic classes of society would be more at-risk of having an eating disorder regardless of race. For example, middle-class black women who adopt the weight-related values of middle class white women are more likely to experience eating disorders like anorexia and bulimia (Talleyrand, 2006). Women with fewer resources are more likely to suffer from both “emotional overeating” (Talleyrand, 2006, p.342) and malnutrition. Women at a higher socioeconomic status (SES) are thought of as dieting more than women at a lower SES perhaps because lower SES women invest very little in weight loss (Pause, 2007).

As Talleyrand (2006) states, this is an issue that requires further study to understand more fully the relationship between poverty and disordered eating. For future research, Caldwell, Brownell and Wilfley (1997) suggest a comparison between black and white women at equivalent SES to eliminate the possible confound of race. “Because the pressure to be thin is greatest in women in high socioeconomic brackets, the ethnicity versus SES question may be addressed in part by comparing African American and white women in the upper classes” (p.128).
Nevertheless, research shows that a higher SES correlates with lower obesity rates while low SES correlates with high obesity rates. However, regardless of SES, obesity still appears to be consistently higher among black women (Caldwell, Brownell, & Wilfley, 1997).

Cultural Gap in Health and Nutritional Choices

Obesity is common among minorities and those in lower classes and less frequent among the educated and those in higher classes (Pause, 2007, p.3). Caldwell, Brownell and Wilfley (1997) say that black women are generally heavier but more satisfied with their bodies than white women. In a focus group conducted by Resnicow et al. (2000), overweight black women felt that it was advantageous to be “big” or “thick” as they were, but not “nasty fat,” which they describe as having fat that rolls over the waist (p.617). Overall, black women are less affected by eating disorders and are more likely to accept a full figure before a thin one (Caldwell, Brownell, & Wilfley, 1997).

Unfortunately, a full figure may correlate with being overweight, which can lead to serious weight-related health consequences. Obesity has been linked to diseases like hypertension, diabetes and some cancers (Hargreaves, Schlundt, & Buchowski, 2002). Weight-related health problems among blacks also may be attributed to attitudes about weight and health, food preferences, and attitudes toward exercise. These may all be directly related to traditions and culture in each ethnicity. Nevertheless, “differences in media exposures” (Hall, Folta, & Goldberg, 2007, p.37) are considered by some to be influential in shaping these attitudes and preferences.

In a focus group of black women, participants revealed their definition of healthy eating as having “three meals a day with foods from the four food groups” (Deitz, 2001, p.275). Barriers to healthy eating included “cost of foods (particularly fruits and
vegetables), the taste of foods, and the amount of time that was required to prepare a healthy diet” (p.275). Also, women listed hair care as a barrier to exercise because of the time and money invested in hair care for black women (Deitz, 2001). Nonetheless, women are considered by some to be ideal targets for initiatives to change dietary behavior among African Americans because they typically make food-purchasing decisions in a household (James, 2004). While dietary modifications are not perceived as critically important among most people (James, 2004), the benefits of a healthy diet are well understood by more women than men (James, 2004). And black women are more interested in creating positive change in their dietary habits than men, many being motivated to lose weight (James, 2004).

Other research agrees that it is difficult for blacks to eat healthfully because the healthy food that is available is often expensive. Fruits and vegetables are less available and more expensive in predominantly black neighborhoods. This could be attributed to fewer supermarkets operating in underserved locations (James, 2004). In addition, there are fewer healthy dining options and fewer safe places to get exercise (Yancey, 2006, p.233S), which could lead to more time spent watching television and in online entertainment (Pause, 2007; Yancey, 2006).

Nutrition

Research from Hargreaves et al. (2002) focused on the context in which African Americans select their food and how that is related to food intake among blacks. Results from the focus groups revealed two contexts that effect eating styles: personal and environmental.

Environmental contexts included those that characterize the American culture of abundance, such as access to fast food, vending machines, food stores open at all hours every day, take-out, microwave ovens, affordable restaurants and well-
stocked grocery stores. Personal contexts were characterized by individual responsiveness to the availability of preferred foods. There were attempts to eat ‘healthy,’ but these were overcome by traditions, social influences, habits, and price (Hargreaves et al., 2002, p.141).

Dietary habits among blacks often consist of “high fat diets; high calorie diets; low intake of fruits, vegetables, fiber, and grains; high sodium intake; and high intake of salt-cured, smoked, and nitrite-cured foods” (James, 2004, p.350).

African Americans have a rich history, including traditions regarding nutrition. James (2004) lists three cultural factors related to this history: “slavery, persecution, and segregation” (p.351). Africans who were brought to the United States as slaves combined their cooking styles with those of British, Spanish, and Native Americans, and the result was eventually named “soul food,” also referred to as Southern food (Poe, 1999). James (2004) explains that this cuisine involves “fried, roasted, and boiled food dishes using primarily chicken, pork, pork fat, organ meats, sweet potatoes, corn, and green leafy vegetables” (p.351). The term “soul food” also refers to nourishing the body, spirit and soul (James, 2004) and implies the rich heritage of black people. For one participant who was a college student, soul food reminded her of that rich heritage in spite of being at a low economic status (James, 2004). Traditions are not always displayed through conscious decision-making. They are handed down from generation to generation and taught to children through cooking methods (James, 2004).

Typical soul food includes “fried chicken, chitterlings (pig intestines), hog maws (pig stomach), barbecued (smoked) meats and poultry, collard greens, macaroni and cheese, cornbread, fruit pies, and cobblers (fruit pies without a bottom crust)” (James, 2004, p.361). It is typically high in “sodium, nitrates, sugar, fat, and/or cholesterol” (p.361), which is likely to lead to obesity and other weight-related health problems.
James also notes that the way food is prepared has a lot to do with how healthy or unhealthy it is. So there is a great possibility that culturally significant foods could still be eaten but prepared in a more healthful manner; for example, rather than frying meat, one could bake it. It should be noted that some soul food is considered very healthy; as James (2004) explains, collard greens can “enhance health” depending on how it is cooked (p.361).

Another part of African-American cooking traditions is the gathering of loved ones. Usually the gatherings are food-centric so that food and sociability are thought of as essential to one another (James, 2004). As James (2004) further explains, a guest may not want to offend his or her host(ess) by asking for healthy food and a host(ess) may first consider serving a crowd-pleasing meal rather than a healthy meal. These act as barriers to good health.

In creating positive health changes in black communities, convenience must also be considered. Participants of one study said churches and community centers were far more convenient to visit than health departments. So churches are a likely location to create positive change. People cannot be expected to travel to the local health department for weight management programs. Additionally, “a few women noted that certain products such as lean cuts of meat, egg substitutes, and lactose-free products were not always available at their local grocery store” (James, 2004, p.357). In the same study, participants revealed that their perceptions about healthy eating involved giving up their culture and adopting the mainstream “dominant” culture (p.357). Other responses included themes of sociability and tradition:

- ‘I know that some of our traditional foods are not full of nutrients but they bring back good memories of childhood and I'm not giving them up just because some researcher says they are bad.'
• 'Our food and our music are two things that we have to pass on to our children, and nobody is going to take them away from us.'

• 'The elders love to cook these foods for us and refusing to eat them is a sign of disrespect.'

• 'We expect our wives and girlfriends to be able to cook those foods. If not her mom needs to give her a crash course [laughter].' (James, 2004, p.358)

Another important point made focused on education about healthful choices. It is possible that people do not have the facts that enable them to make healthy choices, and participants of this study voiced the desire to know more about “appropriate serving sizes of foods from the different food groups, eating healthfully on a low budget, making healthful choices when dining out, modifying traditional recipes to make them healthier, using dietary supplements, evaluating health claims, and how to read and use food labels to make wise choices” (James, 2004, p.359). Those with higher incomes did not make healthier choices, and they frequently ate out at restaurants because they were too busy to cook at home. Participants revealed that a popular source for nutritional information is magazines, specifically *Essence* and *Ebony* (James, 2004).

**Media Responsibility**

At one time, the most outlandish claims in diet ads appeared only in the tabloids, but over time these ads have made their way in to most media outlets (Cleland et al., 2002). Given the high risk of overweight and obesity, magazines should be aware of the messages they send about diet, weight and overall health communication (Pratt & Pratt, 1996). It has been noted by some that black magazines contain far more ads for alcohol, cigarettes and high fat foods (Hall, Folta, & Goldberg, 2007; Pratt & Pratt, 1996). Specifically, Pratt and Pratt (1996) found that magazines aimed at black women (*Essence* and *Ebony*) contained significantly more alcohol ads than an equivalent

Research shows that, historically, black women have been depicted as overweight in magazines, while white women have been depicted as less so, possibly because in the mainstream culture overweight is unacceptable (Snow & Harris, 1986). Pratt and Pratt (1996) suggest that media influence the way people think about nutrition and that overweight black women are more likely to evaluate their weight against other overweight black women rather than against “a health-based ideal” (p.517) set forth by mainstream culture (Pratt & Pratt, 1996).

One study revealed that weight-loss claims would appear less often in magazines aimed at black women (*Essence*) than white (*Cosmopolitan*) (Kean & Prividera, 2007). In this study there were actually no weight-loss advertisements found in *Essence*. Weight-loss claims appeared in both magazines but less often in *Essence* (only 12% of advertisements in *Essence* versus 41% of advertisements in *Cosmopolitan*). This supports similar research that found magazines aimed at white women stress weight loss more than those aimed at black women. Kean and Prividera (2007) suggest the difference could be attributed to “the reduced concentration on weight loss in the African American community as compared to a larger societal viewpoint” (p.296).

**Obesity Prevention**

In order to prevent and treat obesity effectively, there needs to be an understanding that the “quick-fix” diets do not promote long-term efficacy. Drug therapy is considered by some to be a feasible remedy to obesity if it is married with other non-pharmacological methods of therapy (Padwal, Li, & Lau, 2003). This is due to the long-
term efficacy of weight-loss programs when combined with diet and exercise (Gong, 2007).

Nevertheless, it is the slow and steady progression of weight loss that appears to be most effective, adopting “lifestyles that balance caloric intake with caloric output” (Cleland et al., 2002, p.v) to create more permanent change in weight loss. A combination of caloric restriction, exercise and a change in thinking about body weight is required (Cleland et al., 2002). To “establish more healthful eating patterns and lifestyle choices” in black communities, ethnically targeted messages should be sent so that individuals “believe nutrition education and health messages are relevant to them and their loved ones” (James, 2004, p.365).

African Americans need to have health programs tailored for their specific needs. Related variables that may contribute to overweight and obesity are weight acceptance, eating habits and low rates of physical activity (Resnicow et al., 2000).

Davis suggests that for African-American women, health programs are needed that “prevent weight cycling and relapse” and “incorporate behavioral and psychological strategies” (Davis et al., 2005, p.1542). Davis also suggests spiritual incorporation into health programs and the conveyance of positive messages to children regarding “eating patterns, food selection, and body weight” (Davis et al., 2005, p.1542).

In a study by James (2004), participants stated that friends and family would likely not support a change in diet. In light of this, the greatest opportunity to see real change toward a healthy diet may be to influence groups of African Americans as in neighborhoods, community groups and churches (James, 2004). It seems the desire for change from one individual is not enough to influence the group or the individual—especially when it comes to diet. The church and its clergy have great influence among
congregations—especially in black congregations. “The clergy is well respected and serves as gatekeepers” (James, 2004, p.352). Therefore, James (2004) concludes that it is critical to gain the support of clergy when implementing health promotion programs (p.352).

Yanek, Becker, Moy, Gittelsohn and Koffman (2001) agree churches serve as a place for support and guidance for dietary issues in black communities. These findings were concurrent with similar research on programs through which members of predominantly black churches achieved weight-loss success through increased consumption of fruits and vegetables. Other health improvements were seen in CVD risk profiles. For example, “10% of participants in active church-based interventions achieved highly clinically significant improvements in CVD risk profiles one year after program initiation” (p.77). Yanek et al. (2001) concludes, “Having had this experience with several hundred women, we believe it is not possible to maintain a nonspiritual intervention within the African American church environment” (p.78). “Our church-based interventions can reach more people and sustain effects longer through the continual reinforcement of community systems” (p.80). Resnicow et al. (2002) states that targeting churches is likely to be an effective way to communicate health promotion messages. In fact, many predominantly black churches include health services as part of their ministry.

The Economics of Weight and Dieting

Costs of Obesity

In 2000, the annual cost of obesity was $117 billion (Carmona, 2003). However, the cost to obese individuals is immeasurable. The Centers for Disease Control and
Prevention (CDC) state that more than one third of all U.S. adults are obese (Centers for Disease Control and Prevention, 2009e). “Since 1980, obesity rates for adults have doubled and rates for children have tripled” (p.2).

Medicare and Medicaid have the highest costs attributed to obesity, “nearly ten percentage points higher than other insurance categories” (Finkelstein, Fiebelkorn, & Wang, 2003, p.W3 221). And as obese people age, the costs appear to rise more so than for people of normal weight. Further, “the public sector is responsible for financing nearly half of overweight- and obesity-attributable medical spending” (Finkelstein, Fiebelkorn, & Wang, 2003, p.W3 224). A 2009 federal study revealed, “Medical spending on conditions associated with obesity has nearly doubled in the past decade and is on track to reach $147 billion this year, according to researchers. That would be 9.1% of total medical spending, up from 6.5% in 1998” (Arnst, 2009).

**Consumer Spending on Weight-loss Products**

Americans keep spending on weight-loss products—more than $30 to $40 billion dollars per year (Dolson, 2003-04) on “books, videos, and tapes, low-calorie foods and drinks, sugar substitutes, meal replacements, prescription drugs, over-the-counter drugs, dietary supplements, medical treatments, commercial weight-loss chains, and other products or services related to weight-loss or weight-maintenance” (Cleland et al., 2002, p.2). According to Cleland et al. (2002), advertising for diet supplements rose sharply from 1992 to 2001, and was the most advertised type of weight-loss product in 2001. “Diet product companies now spend more than $100 million a year on infomercial time to advertise their products” (Bishop, 2001b, p.335) and many companies sell directly on the Internet (Bishop, 2001b).
Black Consumers

African-Americans populations are steadily increasing in the United States. “It has also been projected that, by the year 2060, the United States will have a minority majority, resulting in an unprecedented growth in the African American consumer market” (Pratt & Pratt, 1996, p.506). The African-American market “grew 26.8% between 1990 and 2007 (compared to the 20.9% for the overall U.S. population) and currently represents 13% of the U.S. population” (Magazine Publishers of America, 2008a). African-American buying power is expected to rise to $965 billion in 2009 from only $318 in 1990. This outdoes all other ethnic groups (Bailey, 2006; Humphreys, 2008).

African-American women appear to be zealous consumers. Feick and Price (1987) used the term “market maven” to distinguish those consumers who are “aware of new products earlier, provide information to other consumers across product categories, engage in general market information seeking, and exhibit general market interest and attentiveness” (p.93). Market mavens tend to be female, black and they tend to read magazines more than non-mavens (Feick & Price, 1987).

The Success of Diet Drugs

Zealous consumers contribute to the success of the weight-loss industry (Cleland et al., 2002). In 2000, weight-loss supplements alone accounted for $279 million in consumer spending (Cleland et al., 2002). In response to the obesity epidemic, companies have sought to provide over-the-counter remedies. Unfortunately, many of these companies have made false claims about their products, resulting in reports of abuse by product users (Gong, 2007). Many diet products advertised offer unrealistic outcomes at an unrealistic rate and “do nothing to address the nation’s or the
individual’s weight problem, and, if anything, may contribute to an already serious health crisis" (Cleland et al., 2002, p.vii). In spite of some negative health side effects of over-the-counter drugs, people still seem to be convinced of their effectiveness (Gong, 2007). An estimated $10 billion is spent on unproven health products, including those sold over-the-counter (Krupka & Vener, 1992).

**Regulations in Diet Advertising**

**Regulations**

Both the Federal Drug Administration (FDA) and the Federal Trade Commission (FTC) have authority in weight loss advertising and work together to adhere to similar standards (Cleland et al., 2002). The FTC regulates advertising for over-the-counter drugs and dietary supplements by using two principles: (1) it must be truthful and not misleading; and (2) advertisers must substantiate claims before the ad is released to the public. Any ad (including print, broadcast, infomercials, catalogs, direct marketing materials and internet advertising) that misrepresents the product to the consumer is considered deceptive (Federal Trade Commission, 2008, p.B1) To substantiate a claim the aspects below are considered by the FTC:

- **The type of product.** Generally, products related to consumer health or safety require a relatively high level of substantiation.

- **The type of claim.** Claims that are difficult for consumers to assess on their own are held to a more exacting standard. Examples include health claims that may be subject to a placebo effect or technical claims that consumers cannot readily verify for themselves.

- **The benefits of a truthful claim, and the cost/feasibility of developing substantiation for the claim.** These factors are often weighed together to ensure that valuable product information is not withheld from consumers because the cost of developing substantiation is prohibitive. This does not mean, however, that an advertiser can make any claim it wishes without substantiation, simply because the cost of research is too high.
• **The consequences of a false claim.** This includes physical injury, for example, if a consumer relies on an unsubstantiated claim about the therapeutic benefit of a product and foregoes a proven treatment. Economic injury is also considered.

• **The amount of substantiation that experts in the field believe is reasonable.** In making this determination, the FTC gives great weight to accepted norms in the relevant fields of research and consults with experts from a wide variety of disciplines, including those with experience in botanicals and traditional medicines. Where there is an existing standard for substantiation developed by a government agency or other authoritative body, the FTC accords great deference to that standard (Federal Trade Commission, 2008, p.B1).

It has been implied that dietary supplement companies have too much latitude and not enough restrictions when it comes to government approval (Gong, 2007). The FTC claims that its standards are flexible enough so that consumers benefit from emerging information but strict enough to promote consumer confidence in information that is provided in ads (Federal Trade Commission, 2008, p.B1). Further, “what constitutes a reasonable basis depends greatly on what claims are being made, how they are presented in the context of the entire ad, and how they are qualified” (Federal Trade Commission, 2008, p.B1).

False claims are still published in ads despite efforts to enforce FTC policies. Unfortunately, these ads can be found in credible publications like women’s magazines, which raise the credibility of the content and advertising within. However, Cleland et al. (2002) points out that there is hope in the standards of the magazines themselves. Good Housekeeping Magazine "has a policy of not running any advertisements containing facially false or dubious weight loss claims" (p.29). In a campaign from The Partnership for Healthy Weight Management, an initiative called Ad Nauseam sought to make publications aware of false claims in their ads. The efforts were in vain and publications did not respond to the campaign, nullifying the desired outcome of fewer weight loss ads with deceptive claims (Cleland et al., 2002).
The inability to completely eliminate deceptive advertising is unresolved. Governmental regulations for the media may not be a viable solution because efforts to set standards for the media have been unsuccessful (Cleland et al., 2002). But according to Miracle and Nevett (1987), self-regulation may be inadequate. Some publications police themselves but for this to be effective there must be consistency across many publications (Pratt & Pratt, 1996). An interview with Richard Cleland, senior lawyer at the FTC revealed, “There are a lot more of them than there are of us, and under no foreseeable circumstance is enforcement going to address this problem” (Winter, 2000, p.2).

The Legalities of Disclaimers in Weight-loss Ads

Although it could be argued that consumers are not likely to read disclaimers, it is important to address the legality of substantiating weight-loss claims. Typically, disclaimers, or substantiating statements, are the small, hard-to-read text at the bottom or side of an advertisement. Not all advertisements have disclaimers, and certainly not all diet ads have disclaimers. Researchers have found that many disclaimers are deficient in explaining to consumers that results depicted in diet ads are not typical (Cleland et al., 2002). For example, “A disclaimer telling consumers that ‘results may vary’ tells consumers almost nothing other than that everyone will not achieve 50 pounds of weight loss” (Cleland et al., 2002, p.11).

The point of a disclaimer is to substantiate a claim made in an advertisement. The FTC states:

Consumers would be less likely to rely on claims for products and services if they knew the advertiser did not have a reasonable basis for believing them to be true. Therefore, a firm’s failure to possess and rely upon a reasonable basis for objective claims constitutes an unfair and deceptive act or practice in violation of

The Federal Trade Commission regulates diet advertising under Section 5, 12 and 15 of the FTC Act. Sections 12 and 15 state regulations on misleading supplements/drugs/devices. The FTC states that disclaimers are necessary in ads when the information presented may be considered deceptive without a clear and direct statement clarifying the message. A clear statement would be one that adequately explains the statement in uncomplicated terms. Further, small text disclaimers and disclaimers placed in inconspicuous places within an ad are discouraged because consumers could too easily overlook them. The FTC recommends that disclaimers be placed near the corresponding claim being made (Federal Trade Commission, 2008).

Disclaimers used on product labeling are often reflected in the advertisement for that product. Under the Dietary Supplement Health and Education Act (DSHEA), supplement makers/marketers can make either health claims that are specifically approved by the FDA or nutrient claims. Nutrient claims refer to the supplement’s function on the body for good nutrition or health maintenance. The Food and Drug Administration Modernization Act (FDAMA) also allows statements that are authorized by “scientific bodies, such as NIH and the National Academy of Sciences” (Federal Trade Commission, 2008, ENDNOTES para.2). In addition to these restrictions, claims made in labeling cannot address “the diagnosis, mitigation, treatment or cure of a disease” (Federal Trade Commission, 2008, ENDNOTES para.2). If the FDA has not yet evaluated the claims made, the ad must explicitly state, “The claim has not been evaluated by FDA and that the product is not intended to diagnose, mitigate, treat, cure, or prevent disease” (Federal Trade Commission, 2008, ENDNOTES para.2).
If there is no disclaimer stated, the FTC believes that consumers should be able to reason that a claim is true. Further,

The Commission's determination of what constitutes a reasonable basis depends, as it does in an unfairness analysis, on a number of factors relevant to the benefits and costs of substantiating a particular claim. These factors include: the type of claim, the product, the consequences of a false claim, the benefits of a truthful claim, the cost of developing substantiation for the claim, and the amount of substantiation experts in the field believe is reasonable (Federal Trade Commission, n.d., para.5).

Revisions were made to the FTC’s Guides Concerning the Use of Endorsements and Testimonials in Advertising in 2009. Two important changes were made in the new version that differ from the previously updated 1980 version:

- Consumer testimonials are featured as typical when that is not the case will be required to clearly disclose the results that consumers can generally expect. The 1980 version of this rule stated that unusual results could be featured in a testimonial if the statement “results not typical” was included (Federal Trade Commission, 2009, para.3)

- Advertisers as well as celebrity or laymen endorsers can be held liable for misleading claims through the testimonial. And celebrities must be clear about the nature of their endorsement in all areas of media, even outside of advertising — like talk shows. The 1980 version of this rule did not adequately state liability of the endorser (Federal Trade Commission, 2009)

**Notable Changes in Diet Advertising**

In 1927 the FTC filed its first case against a weight-loss manufacturer in connection with a product called McGowan’s Reducine. Ads claimed that the product could be patted on the skin to dissolve excess fat. Cleland et al. (2002) reveals that since then, more than 160 cases have been filed “challenging false and unproven weight-loss claims” (p.26).

**A Change in Advertising Messages**

In the 1980s, companies like Weight Watchers and Jenny Craig saw a decline in sales when the diet product industry “was forced to acknowledge that most individuals
who went on so-called fad diets ended up regaining all or most of the weight they had lost" (Bishop, 2001b, p.334). People were fed up with fad diets. The industry responded to this by shifting their advertising focus away from dieting and aligning themselves with consumers by replacing diet and weight loss terms with ones like “weight management” to achieve good health (Bishop, 2001b). Jenny Craig used messages highlighting “high nutritional value and... a healthy lifestyle” (p.337).

Bishop (2001) suggests that this was a way for advertisers to distance “themselves from the kinds of risky behaviors scrutinized by Congress in the late 1980s” (p.349). Bishop suggests that the new messages highlight nutrition and healthy lifestyles but still carry the same idea—thin is better, making those who achieve thinness “more worthy of everything, from success in business, to stronger family relationships, to love” (Bishop, 2001b, p.338).

In order to survive and retain market share, advertising capitalizes on telling us what we want to hear, and if the latest trend is about health maintenance and nutritional value (Bishop, 2001b), we can expect to see advertising that reflects that which we have already accepted as true. “We have been congratulated for being able to spot fraudulent fad diets and then told to get back in there and keep dieting—this time to be healthy, not thin” (Bishop, 2001b, p.351).

Rapid Weight Loss

Bishop’s (2001b) research investigated diet advertisements before and after the FTC investigation. The 1990 investigation was a result of an inundation of quick-fix weight-loss ads containing false claims. The FTC urged advertisers to “abandon messages in their advertising about rapid weight loss” (Bishop, 2001b, p.336). The new ads that focus on a healthy lifestyle still retain certain characteristics of the old ads,
giving the same credence to the value of losing weight to be successful and accepted by others. “We are now told that this process of gaining acceptance is something we control. Dieting still makes us worthy of having these things, but we control how quickly we move down the path to worthiness” (Bishop, 2001b, p.339). Thinness is directly related to happiness, and it is suggested that diet ads simply persuade us to “carry out our cultural mission” (Bishop, 2001b, p.340) that is already engrained in all members of our culture. Advertisers were not the first to conceptualize the desire to diet—advertising simply suggests to consumers the tools to be used in achieving the thin ideal (Twitchell, 1996).

After the Dietary Supplement Health and Education Act of 1994, sales of dietary supplements increased (Chung, Hwang, & Kim, 2007; Commission on Dietary Supplement Labels, 1997). A requirement that the FDA approve all ingredients found in diet products no longer existed. Then in 1997, fenfluramine (used in the diet drug fen-phen) was found to cause serious health problems, and the public was outraged that the FDA had approved it (Bishop, 2001b). This was only a bump in the road because “one in four people takes a weight loss supplement” (Bishop, 2001b, p.335). For the most part, companies have withdrawn from claiming rapid weight loss but there are still other claims that consumers buy into. Overall we spend more than $6 billion per year on “fraudulent diet products” (Bishop, 2001b, p.335; Winter, 2000).

Fenfluramine or fen-phen was pulled from the market in 1997 due to harmful side effects. This was a time when “nonprescription pills, dietary supplements and other over-the-counter weight loss agents” (Winter, 2000, para.9) were popular, more so than low-calorie foods and beverages and weight-loss programs like Jenny Craig and Weight Watchers. In fact, from 1996 to 2000, diet pill sales quadrupled. Another report states
that diet pill usage among women rose from 3% to 7.9% from 1998 to 2001 (Celio, Luce, Bryson, Winzelberg, Cunning, Rockwell, Celio Doyle, Wilfley, & Barr Taylor, 2006).

**The Power of Magazines and Mass Media**

The very definition of attractiveness comes from the media—promoting an obsession with weight and thinness (Garner, Garfinkel, Schwartz, & Thompson, 1980; Jacobson, 2003). Magazines rely heavily on imagery promoting self improvement that aligns with the mainstream definition of beauty (Inch & Merali, 2006).

In one survey, 45% of girls age 11 to 19 said they used images in women’s magazines to motivate them to lose weight. Furthermore, the greater the frequency of seeing the images, the more likely the girls were to “think about the perfect body, to be dissatisfied with their own body, to want to lose weight, and to diet” (Field, Cheung, Wolf, Herzog, Gortmaker, & Colditz, 1999; Levine & Murnen, 2009). Some research suggests that magazines educate, and they frame eating disorders in an attractive way compared to textbook definitions of eating disorders. Individuals with bulimia appeared more successful and in control in the magazines and not so in the textbooks (Schulze & Gray, 1990). “Popular magazines may minimize the physical health consequences associated with eating disorders” (Inch & Merali, 2006, p.110). Some say the greatest aggressor in perpetuating the thin ideal is mass media (Kim & Lennon, 2006).

Magazines reinforce the thin ideal and promote thinness as attractive. Research has found that magazine headlines in women’s magazines have changed little since 1976. The messages consistently focus on “body image and sexual relationships” (Davalos, Davalos, & Layton, 2007, p.256). Negative perceptions about one’s body can arise when readers focus attention on magazine models and compare them against
their own bodies. Evaluating self against a model is a losing battle in many cases, partly because of the artificial nature of printed visuals. We cannot know what is real and how much a photo has been retouched, so the model looks thinner or more conventionally attractive (Wilcox & Laird, 2000). This is the conclusion of the vast majority of research that states mass media persuasively convey that the ideal is a level of thinness that is unrealistic for many women (Pause, 2007; Posavac, Posavac, & Posavac, 1998). Further, this constant stream of thin female imagery makes it difficult to accept one’s own body if it does not mirror female figures in mass media (Pause, 2007).

Magazines have been described as a mentor or “authority figure” (Davalos, Davalos, & Layton, 2007, p.250) that provide a way to “identify with other females in a way that is larger than personal relationships alone can provide” (Davalos, Davalos, & Layton, 2007, p.250). A substantial body of research has analyzed the conflict between media messages to lose weight juxtaposed with media messages to consume more. This may be contributing to obesity because if women continuously fail at dieting, they may give up and “indulge in ‘fattening’ foods because they cannot seem to lose weight when they restrict them” (Jacobson, 2003, p.13). The contradiction is problematic for those at risk of developing eating disorders. As women of normal weight are inundated with weight-loss messages, they may be persuaded to lose weight even though it is not appropriate for them (Jacobson, 2003).

The readership of magazines among blacks is equal to that of the general population (Magazine Publishers of America, 2008a). However, there is a substantial difference in the number of magazines aimed at black women versus all women. A 2005 article listed three magazines competing directly with Essence. They all targeted black women ages eight to 34 and included “Today’s Black Woman, Upscale and Hype Hair
Essence also competes with mainstream women’s magazines like Elle, Jane, Self, Marie Claire and Cosmopolitan (Cabell, 2005, para.11). Currently, there are 107 active magazines marketed toward women in general. They include those aimed at blacks, whites, and Latinas. However, according to Blacknews.com, there are only eight magazines aimed at black women: Essence, Ebony, Sister 2 Sister, Today’s Black Woman Magazine, Grace Today, Heart and Soul, Sheprenuer Magazine, and Shereese Magazine (Diversity City Media, 2008).

**The Power of Advertising Within Magazines**

Women’s magazines are full of messages promoting thinness but deficient in showing how to achieve a healthy weight and stay healthy (Kline, 2006). “Food advertisements do not conform to dietary recommendations, dietary supplement advertisements do not attend to safety issues, and alcohol advertisements outweigh healthful food product advertisements in African American women’s magazines” (Kline, 2006, p.49). Prividera and Godbold Kean (2008) found that nutritional choices are likely to be influenced by media—specifically by ads for consumption products. Prividera and Godbold Kean (2008) defined consumption products as “food, beverages, vitamins, and supplements” (p.52).

Advertising that does not adhere to regulations is problematic because consumers rely, in part, on advertising to make their decisions on products and services. Deceptive advertisements for weight loss products and services put all weight-loss advertising at risk of negative public perception. “If the purveyors of the ‘fast and easy fixes’ drive the marketplace, then others may feel compelled to follow suit or risk losing market share to the hucksters who promise the impossible” (Cleland et al., 2002, p.2). Winter (2000) states:
Diet industry groups and federal officials say the growing appetite for quick-fix weight-loss products gives rogue companies ever more incentive to stoke their claims. Each time a manufacturer succeeds with exaggerated promises, regulators say, several more follow suit, plastering the airwaves and the Internet with invitations to drop weight while driving, lose 10 pounds in a weekend and, of course, never diet again (p.1).

**Types of Weight-loss Products**

The frequency of weight-loss advertising more than doubled from 1992 to 2001 due in part to an increase in advertising of dietary supplements (Cleland, 2002). This research notes an important change in weight loss products advertised—in 1992, the most popular weight loss products were meal replacements like Weight Watchers and Ultra Slim Fast, and, in 2001, they were dietary supplements (Cleland et al., 2002). Overall, there were more diet products advertised in 2001 (Cleland et al., 2002). “Meal replacement products typically facilitate the reduction of caloric intake by replacing high-calorie foods with lower-calorie substitutes, whereas dietary supplements are commonly marketed (55%) with claims that reducing caloric intake or increasing physical activity is unnecessary” (p.ix-x).

Other differences in the 2001 analysis include greater frequency of before-and-after photos and the following claims: permanent weight loss, guaranteed weight loss, successful weight loss without diet or exercise, quick results, all natural ingredients, and implied safety (Cleland et al., 2002). Cleland et al. (2002) further states, “The 2001 advertisements appear much more likely to make specific performance promises that are misleading” (p.x). In this content analysis, several magazines and tabloids were examined for weight-loss advertisements known for containing false claims (*Cosmopolitan, Family Circle, Fitness, First for women, Glamour, Globe, Ladies Home Journal, Let’s Live, Marie Claire, McCall’s, National Enquirer, National Examiner,*...
Redbook, Rosie, Self, Soap Opera Digest, Star, Sun, Weekly World News, Woman’s Day, Women’s Fitness, and Women’s Own) (Cleland et al., 2002). This review of literature leads to the following research question:

RQ1: What types of weight-loss products and services were advertised in the leading African American women’s magazine and the leading mainstream women’s magazine from 2005 to 2008 and with what frequency did they appear?

**Weight-loss Advertising Claims/Techniques in Weight-loss Industry**

Deceptive advertising in diet ads not only hurts consumers, but also it hurts the entire weight loss industry. Deceptive ads turn the public off to all diet advertising—even legitimate advertising (Cleland et al., 2002). As stated, these deceptive claims put consumers in danger. Typically, those products most advertised are unproven and unsafe. “By promoting unrealistic expectations and false hopes, they doom current weight-loss efforts to failure, and make future attempts less likely to succeed” (Cleland et al., 2002, p.v). Some suggest media should be more responsible and to set higher standards, rejecting advertisements that contain deceptive claims (Cleland, 2002). Also implied is the importance of education consumers on how to maintain a realistically healthy weight. Likely, this is to give power to dieters and encourage them to use a skeptical eye when evaluating a weight-loss program.

In a 2004 study from the Federal Trade Commission (2005), three new claims were discovered in a sample of 293 ads: (1) Safety and efficacy claims (19%), which state that the product has been tested as safe and proven effective for losing weight, (2) diet and exercise disclosures (46%), which explain to consumers that in addition to using the product they would also have to exercise or diet, and, (3) testimonials (47%) in which endorsers represent the product and claim its effectiveness (Federal Trade Commission, 2005).
The 2005 study also showed a decrease in what is called “Red Flag Claims” (Federal Trade Commission, 2005, p.8). They are:

- Consumers who use the advertised product can lose two pounds or more per week (over four or more weeks) without reducing caloric intake and/or increasing their physical activity
- Consumers who use the advertised product can lose substantial weight while still enjoying unlimited amounts of high calorie foods
- The advertised product will cause permanent weight loss (even when the user stops using the product)
- The advertised product will cause substantial weight loss through the blockage of absorption of fat or calories
- Consumers who use the advertised product (without medical supervision) can safely lose more than three pounds per week for a period of more than four weeks
- Users can lose substantial weight through the use of the advertised product that is worn on the body or rubbed into the skin
- The advertised product will cause substantial weight loss for all users (Federal Trade Commission, 2005, p.3)

Advertising Claims/Techniques and Ethnicity

Advertisers use different techniques depending on their target market; ethnicity is one of these determinants. Claims and techniques may use tradition and culture, for example, to appeal to a particular ethnicity (Kean & Prividera, 2007).

This is precisely what Prividera & Goldbold Kean (2008) found in advertisements in Essence. The audience that Essence appeals to is African-American women, and the ads within relied on themes of “(a) family, culture and tradition, (b) product taste, and (c) messages on health” (p.52) while ads in Cosmopolitan aimed at white women contained ads with themes of “(a) weight loss, (b) eating/drinking to savor taste but focus on fewer calories or carbs, and (c) alcohol” (p.52). In some cases, more than one theme appeared in one ad. The difference in themes aimed at white and black women boils
down to health versus looks. *Essence* ads contained more themes of health and family whereas *Cosmopolitan* contained more themes of weight loss and beauty. Specifically, in *Cosmopolitan*, diet supplement ads focused on weight being bad, weight loss leading to personal success, and eating being “problematic” (Prividera & Godbold Kean, 2008, p.58).

Advertisers also typically use models who reflect the racial makeup of the magazine’s target audience. This illustrates the desire of advertisers to influence the audience to identify with their product or service. This is explained further by use of Social Learning Theory (SLT), which says this influence “enhances consumer identification and potential product purchases” (Prividera & Godbold Kean, 2008, p.52).

Prividera and Godbold Kean’s (2008) findings show that at least some positive messages appeared in *Essence*. While weight loss products did not appear in *Essence*, according to some research, there were messages that framed weight loss as desirable (Prividera & Godbold Kean, 2008). However, some potentially harmful products were advertised in both *Essence* and *Cosmopolitan*. In *Essence*, ads for fast food and regular soda appeared at a higher frequency, and alcohol ads appeared more frequently in *Cosmopolitan* (Prividera & Godbold Kean, 2008). Fast food is known to be high in fat and calories, and these establishments offer limited healthy options as an alternative to high-fat choices (Jeffrey & French, 1998).

While *Essence* highlighted “taste through advertising products such as chocolate, macaroni and cheese, cookies, crackers, butter, bacon, and ranch dressing” (Prividera & Godbold Kean, 2008, p.60), *Cosmopolitan* highlighted “low fat, low calorie, low carb, and diet soda” (Prividera & Godbold Kean, 2008, p.60). Central messages in the
Cosmopolitan ads linked dieting and appearance with self-esteem, successful relationships, and overall beauty and worth (Prividera & Godbold Kean, 2008).

These messages are well documented in past research and were confirmed by a study from Prividera and Godbold Kean (2008) that found women are still objectified in advertising and are still subjected to the thin ideal. An interesting finding from this research was that Cosmopolitan advertisements stressed “individual identity” (p.60) whereas Essence advertisements stressed “collective identity” (p.60). Overall, the few similarities found in Essence and Cosmopolitan are troubling. Both included many advertisements for snack foods and few for healthy foods. “In both media outlets, potentially healthy and high nutrient foods such as fruits, vegetables, fish, poultry, and whole grains appeared with low frequency” (Prividera & Godbold Kean, 2008, p.60). In talking specifically about the needs of black female audiences, Prividera and Godbold Kean (2008) suggest creating marketing initiatives that address nutritional needs focusing on “individual satisfaction with her own physical appearance as a result of healthy eating” (p.61). Marketing to white female populations should focus on accepting oneself while making healthy food choices (Prividera & Godbold Kean, 2008).

Kean and Prividera’s (2007) hypotheses regarding weight-loss products and claims were supported. One such hypothesis stated, “Weight-loss claims would be less prevalent in magazines aimed at female African Americans than in magazines marketed toward general female readers” (p.296). There were, in fact, no weight-loss ads found in Essence. Weight-loss claims, however, are a different story. Twelve percent of Essence ads contained weight loss claims, while 41% of Cosmopolitan ads contained weight-loss claims. These findings suggest that magazines target weight-loss messages to white female readers more than black female readers. Weight-loss products were scarce in
Essence as were “persuasive strategies focusing on weight loss” (Kean & Prividera, 2007, p.296). The lack of weight-loss imagery may tell black women that weight is not an issue for them (Kean & Prividera, 2007). This review of literature leads to explore the following research questions:

RQ2: What types of advertising techniques were used in the weight-loss advertisements analyzed in the leading African-American women’s magazine and the leading mainstream women’s magazine from 2005 to 2008 and with what frequency did they appear?

RQ3: How are the ads in the leading African-American women’s magazine and the leading mainstream women’s magazine different?

Theoretical Perspective

Social Learning Theory (SLT) offers insight into why and in what ways women are influenced by mediated messages pertaining to weight and eating behavior as well as eating problems (Kim & Lennon, 2006). The crux of SLT is how thought processes and social influences direct cognitive function (Bandura, 2001).

Self Evaluation

We evaluate ourselves on our ability to achieve goals and perform tasks. According to Bandura (2001), the perception of a future outcome will certainly influence present behavior. People are motivated by the goals they set for themselves. We set goals, try to achieve them, and then, in some cases, set higher goals—this success sustains our motivation to continue setting goals. Essentially, as humans, we like to keep raising the bar for personal success (Bandura, 2001). Self-efficacy “determines whether people even consider changing their behavior, whether they can enlist the motivation and perseverance needed to succeed should they choose to do so, and how well they maintain the changes they have achieved” (p.17).
People must also experience sufficient success using what they have learned to become convinced of their efficacy and the functional value of what they have adopted. This is best achieved by combining modeling with guided mastery, in which newly acquired skills are first tried under conditions likely to produce good results, and then extended to more unpredictable and difficult circumstances (Bandura, 2001, p.17-18).

When social approval is added to self-satisfaction, an action or behavior is likely determined. We depend heavily on reactions from others to guide our behavior (Bandura, 2001). However, if there are few or no “self-sanctions” (Bandura, 2001, p.7) to guide behavior, external forces are likely to influence a person more easily. The opposite holds true as well. If people have strong personal beliefs or moral standards, they are not likely to be influenced by external forces (Bandura, 2001).

**Vicarious Learning**

People constantly examine themselves and change their thinking and behavior. After evaluating a success or failure, they may decide to change their thinking and/or behavior in the future. Because we cannot experience everything firsthand, we rely on observing others. This is the crux of “vicarious verification” (Bandura, 2001, p.4). The “acquisition of new knowledge and competencies” is limited by “time, resources, and mobility” (Bandura, 2001, p.5). Basically, our survival as humans depends on learning through vicarious observances. For example, a person can watch or read about someone climbing into a lion’s den at the local zoo. If the event results in that person being harmed, then the observer knows that there is a risk attached to climbing into a lion’s den; we do not have to personally try it to know if it should be done. For this study, the significance of vicarious influences lies in the mimicry of emotions and attitudes of models in ads so that if a model fears something, we learn to fear it, too. "Values can
similarly be developed and altered vicariously by repeated exposure to modeled preferences” (Bandura, 2001, p.12).

**Learning from Models**

As Bandura (2001) states, advertising relies on “the social prompting power of modeling” (p.13). Models are motivators. We observe the behavior of others and are motivated either to use that same behavior or to avoid it. Modeling influences are more persuasive if they appear in greater numbers, such as through the use of a group of fashion models versus a single fashion model (Bandura, 2001).

Continuing on this vein of influence, Bandura (2001) defines “potential adopters” (p.15) as those who cautiously wait for “early adopters” (p.15) to display the benefits of a particular activity so they can then decide whether or not to adopt that behavior themselves. Through this logic, media are thought to influence even those who are not directly exposed to the media. Likely, they are influenced socially by early adopters and, therefore, are indirectly influenced by the media (Bandura, 2001).

**SLT Used in Similar Studies**

Many researchers have suggested that mass media transmit the thin ideal as the standard against which women are measured. As the thin ideal has become thinner, the prevalence of eating disorders has increased (Harrison & Cantor, 1997). Modeling explains the way mass media provide examples of how to get thin and the motivation to use “extreme dieting behavior” (p.44). Prevalence and incentives are two constructs that can explain the way media teach audiences about dieting. "Prevalence is defined as the relative frequency of an event" (Bandura, 1977; Harrison & Cantor, 1997, p.44) so the more something is observed, the more likely a person is to model it. The more diet and weight-loss cues there are in the media, the more influential they will be. *Incentives* are
the tools of persuasion through which modeling takes place. There are two types: external and vicarious. External incentives offer “anticipated rewards,” (Harrison & Cantor, 1997, p.45) that happen on a personal level such as being socially accepted (Bandura, 1977; Harrison & Cantor, 1997), whereas vicarious incentives occur as we watch people be rejected or accepted. We may see someone be ridiculed for a behavior and hence learn to avoid that behavior ourselves (Bandura, 1977; Harrison & Cantor, 1997). This vicarious incentive is most relevant to this study because the media act as the device through which people observe behavior vicariously. “If an actor on television is perceived to be rewarded for and satisfied with her lean physique, the observer may feel that she, too, will achieve reward and satisfaction by losing weight” (Bandura, 1977; Harrison & Cantor, 1997, p.44).

Harrison and Cantor (1997) posit that women’s magazines are particularly influential (more so than television) because of the limited competing messages and “dieting instructions” (p.45) available in women’s magazines. These magazines teach women how to acquire the thin ideal by limiting food consumption (Harrison & Cantor, 1997).

Women who are frequently exposed to the thin ideal through images of thin models and weight-loss products are more at risk of developing eating disorders. This frequency, or prevalence, may “heighten women’s desire for thinness” (Kim & Lennon, 2006, p.351). Women learn what is acceptable and attractive through the media portrayal of female imagery. Then, they attempt to make their bodies reflect what they see as ideal. To obtain the reward of thinness, some women are willing to practice disordered eating. Social rewards like “love, admiration, respect, success, and money are the sources of incentives for adopting the modeled behavior” (Kim & Lennon, 2006,
What weight-loss advertising in women’s magazines tell women is that they will be rewarded if they lose weight and reflect the ideal female body type in the media and they “show how easy it is to achieve the ideal body and what kind of rewards are associated with attaining it” (Kim & Lennon, 2006, p.351).

SLT also can explain eating and dieting behaviors of African-American women. In the same way all people learn about and choose behavior based on their observation, black women choose suitable behavior based on “exposure to ‘models’ within familial, social, and mediated contexts” (Kean & Prividera, 2007, p.289). People tend to model the behavior of those to whom they can relate (Prividera & Godbold Kean, 2008), and if a person feels rewarded, he or she will repeat that behavior and, conversely, will not repeat behavior that is negatively viewed (Kean & Prividera, 2007). As Kean and Prividera (2007) explain, black women have a unique perspective on nutrition and traditions as they relate to food. This has served as a determinant to eating behavior and perceptions of body weight (Kean & Prividera, 2007).

However, within the context of advertisements, things that can act as “models” for behavior are the “types of products, claims made regarding these products, and the visual images involved in selling these products” (Kean & Prividera, 2007, p.295). Some researchers conclude then that black female magazine readers are likely to adopt behaviors for which women like themselves are rewarded in the ads (Kean & Prividera, 2007). Print ads that feature women with whom the audience can relate are deemed persuasive, especially if they include a reward attributable to the product advertised. These ads “are more likely to be imitated through product liking and/or consumption” (Kean & Prividera, 2007, p.296). In black communities, a larger female figure is seen as
more rewarding than a thin figure, “and therefore they are more likely to model this image” (Kean & Prividera, 2007, p.290).

The very nature of advertising is to sell products by featuring either implicitly or explicitly the greatest benefit the consumer can receive by using the product or service. This serves as a way to persuade consumers, and imagery is paramount to that persuasion. “Social learning theory argues that these images provide consumers with models participating in behaviors that appear rewarding” (Prividera & Godbold Kean, 2008, p.53). And consistent with SLT, the images of people in ads are ones to which the audience can relate thereby creating role models the consumer can imitate (Prividera & Godbold Kean, 2008).

Summary

Through self-evaluation, SLT offers insight to dieting among women. When weight loss is achieved there is a great possibility that a new weight-loss goal will be set. This would perpetuate the weight loss and possibly lead to extreme weight loss. And, if a woman does not have strong personal beliefs, values or convictions regarding weight loss, it is more plausible that she will be influenced by mediated messages like diet ads. Lastly, external forces like compliments and other positive reactions as a result of weight loss will likely feed the desire to continue along the path of losing weight.

Vicarious learning helps explain that through diet ads women learn to fear getting fat. Further, it could be suggested that testimonials act as a tool for vicarious learning. A reader can immediately decide if a product will work for her based on the testimony of a celebrity or layperson endorsing that product.

Learning from models, as explained by SLT, refers to the influence that both models in ads and peers have in suggesting behavior. Women are likely influenced by
models that they can relate to, and these models have greater influence when
presented in greater frequencies. For example, if an African-American model is
presented in a diet ad, then it is likely that an African-American reader will be influenced
more so than a white woman.
CHAPTER 3
METHOD

Quantitative Analysis

This study used content analysis—a method widely used for health studies (Kondracki, Wellman, & Amundson 2002) as well as a variety of communications studies (Babbie, 2007). Kondracki, Wellman, and Amundson (2002) explain it as a method used “to develop objective inferences about a subject of interest in any type of communication” (Kondracki, Wellman, & Amundson, 2002, p.224). It involves the coding of communication “according to a classification scheme” (p.224). The process is useful for “organizing communication content in a manner that allows for easy identification, indexing, or retrieval of content” (p.224). Content analysis was, therefore, ideal to answer the study’s research questions and was utilized by employing a deductive approach to research beginning with research questions derived from a culmination of existing research (Kondracki, Wellman, & Amundson, 2002).

A quantitative content analysis was used to determine the frequency of diet ads, types of diet products/services and advertising techniques used in diet advertising in the leading mainstream women’s magazine and the leading mainstream African-American women’s magazine. The advertisements within these magazines served as the units of analysis. And in accordance with much quantitative research, this study used manifest content to code exactly what was presented in each advertisement. Manifest content is the “visible, surface content” (Babbie, 2007, p.325) and is suggested by Kondracki, Wellman, and Amundson (2002) for use with quantitative studies. Also, since two individuals coded data, the concrete, manifest terms simplified the process of achieving intercoder reliability (Babbie, 2007).
Use of Magazines

Current literary sources explain the practicality of using magazines for a study such as this. According to Magazine Publishers of America, Inc. (2008b), “magazines provide superior reach compared to TV programs for major target audiences, including…women 18-49” (p.67). And, Erdos & Morgan (2007) found:

- Magazines are considered the most “personal” and “relevant” medium
- Consumers are more likely to pay attention to an ad appearing in one of their favorite magazines than on their favorite TV shows or websites
- More consumers report that they purchase products as a direct result of magazine advertising than any other media measured (p.2).

Data were obtained from MRI (Mediamark Research and Intelligence) to compare overall circulation, readers per copy among women, proportion of female audience versus male audience, and age of female readership between mainstream and African-American women’s magazines.

The two magazines chosen for comparison, Essence and Cosmopolitan were examined across four years of issues, 2005 through 2008. Essence was selected first as the mainstream African-American-aimed women’s magazine that reaches the greatest number of African-American women in terms of readers per copy. Further, readers for Essence are mostly women (5,378,000) at a median age of 39. Essence readers’ median household income is $44,597 (see Table 3-1). The researcher considered Ebony as a possibility for the top African-American-aimed women's magazine because there were many similarities between Essence and Ebony. However, the readers per copy figure are slightly higher among female readers of
Essence. And, between the two, Essence is aimed primarily at black women, whereas
Ebony is aimed at both black women and men. According to MRI, Ebony makes no
mention of a female audience in its description:

Ebony is not just a "magazine" to Black America. It's a way of life. By using a
positive editorial focus, Ebony has cultivated an honest, open relationship with
Black consumers that no other publication can match.

For sixty years, Ebony has maintained its place, as the one indispensable medium
needed for reaching the majority of Black consumers. Readers trust our monthly
features on financial issues, beauty & style, health & fitness, parenting, travel and
cooking recipes, to name a few.

When our readers see your advertising messages in Ebony, it's like sending a
personal invitation to 12.6 million of your closest friends (Mediamark Research &
Intelligence, LLC, 2009).

Essence describes itself differently from Ebony by explicitly including women in its
target audience:

Essence is the premier lifestyle, fashion and beauty brand for African-American
women. Our motivating message, intimate tone and culturally relevant editorial
lineup celebrate, inspire, entertain and empower our audience. After more than 38
years, Essence continues to connect with and engage each reader. Essence is
your gateway to reach African-American women (Essence Magazine, 2008).

Cosmopolitan was chosen as the magazine aimed at mainstream women—a
comparable match to Essence. Readership for Cosmopolitan is mostly women
(15,440,000) at a median age of 30. Readers' median household income is $57,298
(see Table 3-1). This match was based on overall circulation, readers per copy among
women, proportion of female audience versus male audience and age of female
readership (see Table 3-1). Based on these criteria, the two women's magazines,
Essence and Cosmopolitan, were an appropriate match and suitable for this study
(MRI).
**Timeframe**

The study analyzed weight-loss advertising from 2005 through 2008. This time span was chosen because of the alarming rate of obesity from 2005 to 2008. The CDC states that in 2005, three states (Louisiana, Mississippi, and West Virginia) reported obesity rates of 30% or greater. And, by 2008, 32 states reported obesity rates of 25% or greater while six states (Alabama, Mississippi, Oklahoma, South Carolina, Tennessee, and West Virginia) reported rates of 30% or greater (Centers for Disease Control and Prevention, 2008a).

**Sample**

Based on the timeframe and magazine selection, it was determined that *Essence* and *Cosmopolitan* issues (2005 through 2008) would comprise the universe. Ideally, a census of the universe would provide the greatest validity when analyzing results; however, a census of 96 issues was determined to be unrealistic. Therefore, a sample was selected randomly from the universe.

The sample selection was a three-step process. First, the total number of magazines was counted from 2005 to 2008 (N=96). Both *Essence* and *Cosmopolitan* are printed and circulated each month; therefore, 48 issues of *Essence* and 48 issues of *Cosmopolitan* made up the total universe.

To control for consistency between analyzed publications, it was determined that identical months should be chosen for comparison. For example, if January issues were randomly sampled, then both *Essence* and *Cosmopolitan* January issues would be analyzed. Two months from each year, or 17% (16 of 96 issues) of the total population, were selected, which according to Neuendorf (2002) was sufficient for reliability, since a study may use as little as 10% of the population to achieve reliability. Random sampling
was then used to determine which two of the 12 issues in each year would be used for the final sample. Using a web-based randomizer (randomizer.org) developed by Urbaniak and Plous (2009), numbers two (February) and 12 (December) were randomly sampled from possible numbers ranging from one to 12. This meant that for each of the two magazines, February (2005, 2006, 2007 and 2008) and December (2005, 2006, 2007 and 2008) were analyzed (N=16). This gave the researcher two identical months to study to compare content accurately between Essence and Cosmopolitan and control for differences in publications from month to month.

Coders scoured the sampled magazines and analyzed each weight-loss ad for the month, year, brand name, size of the ad, product type, design of the ad (black and white or color), advertising technique(s), race of the most prominent model, and disclaimer/warning. The disclaimer/warning was transcribed for a qualitative review.

The conceptual framework required the use of two sets of categories, claims/techniques as well as weight-loss products, both based on a study by Cleland et al. (2002). Advertising claims/techniques refer to the technique “of manufacturing customers by producing systemized illusions of value or desirability in the minds of the particular public at which the technique is directed” (Rorty, 1934, p.ix). Consumer testimonials, before-and-after photos, claims of rapid weight loss, natural ingredient claims and doctor endorsements exemplified advertising techniques for this study.

Weight-loss claims/techniques included:

- Consumer testimonials
- Before-and-after photos
- Rapid weight loss claims
- Lose weight without diet or exercise
- Lose weight permanently
- No matter how many times you have failed before
Scientifically or clinically proven/doctor endorsed
Money-back guarantees
All natural claims
Safe/no side effects
Community/peer support

Weight-loss products were defined in this study as any product that exists primarily as a tool for weight loss, like exercise equipment and dietary supplements. Weight-loss product categories included

- Surgical procedure
- Meal replacement
- Exercise equipment
- Dietary supplement
- Hypnosis
- Topical treatment
- Wrap
- Plan/program/diet center

In developing the initial list of categories, the researcher reviewed related literature, culled the relevant content and added dimensions and indicators for exhaustiveness such as “other,” “not specified,” and/or “none” as well as the technique “community/peer support.” The decision to add this was based on a discussion in chapter two centered on effective advertising techniques directed toward African Americans.

Descriptive variables were also coded. These included month, year, brand name, size of the ad, design of the ad (black and white or color), race of the most prominent model, and disclaimer/warning. All definitions were defined in the codebook to help the coders understand each variable and consistently recognize weight-loss ads as well as weight-loss products and advertising techniques within the ads (see Appendix A). All advertisements in the magazines were counted but only weight-loss ads were coded and analyzed.
Both coders counted all the ads in their magazines. All traditional advertisements were counted as well as any nontraditional ads like inserts, booklets and special advertising sections. The coders were instructed to count ads using the guidelines below. While results varied between coders, the differences were slight (see Table 3-2).

- Count ads with only one or two brands advertised, not ads with three or more brands. (Count ads that promote the magazine with a sponsored event or any ad that features the magazine plus one other brand)
- A multi-page ad should count as one ad as long as it appears in succession
- Ads that do not appear in succession or ads separated by editorial content will be counted as two separate ads
- Count display ads only, not classified ads; however, display ads appearing in the classified section may be counted—it must appear as a display ad—textual classified ads are not to be counted
- Count advertorials (ads designed to look like editorial content). The word “advertisement” typically appears at the top of the page
- Do not count magazine subscription offers (this includes any promotion for the sole purpose of selling the magazine)

The coders were responsible for identifying an ad as a diet/weight-loss ad by examining each sampled magazine page by page. The researcher provided detailed instructions on identifying a weight-loss ad (see Appendix A). The coders were instructed to disregard food and beverage advertisements. Throughout this process, each coder had to question if the product being advertised was one used primarily as a weight-loss tool. The coders were encouraged to review the list of product types on the coding sheet and codebook to help make the decision on whether or not to code an ad as a weight-loss ad. The coders were also alerted to using the “other” product type category only if he/she had eliminated the possibility of using the other available options. So even if the coder did not see any of the available options being advertised, it
did not mean that the ad was not a weight-loss ad but that perhaps it was a weight-loss ad featuring a product that did not fit in one of the already available categories. The coders were instructed to ignore textual classified ads but to consider all other advertising including display ads within the classified pages as well as inserts, special advertising sections and other unconventional advertising placements within the magazines. Every display ad was to be considered for coding, regardless of size, design, number of or lack of models or placement within the magazine. Duplicate ads were counted as being present but not repeatedly analyzed. The content was merely copied from the first instance of the ad to the duplicate ad. Duplicate ads were defined as those “used multiple times in different magazines at different time periods with the same pictures, illustrations” (Gong, 2007, p.39), text and color scheme. Essentially, a duplicate ad had to be identical to another in order to be coded identically. The duplicate ads were assigned a unique identification number to count the presence of each diet ad reliably.

In addition to the product type and advertising techniques used, for each weight-loss ad, the month, year, brand name, size of the ad, design of the ad (black and white or color), race of the most prominent model, and disclaimer/warning were coded. The disclaimer/warning was transcribed for a qualitative review.

**Coders**

Two coders were used, one advertising graduate student and one non-student adult male, both trained in content analysis. Both coders had a background in advertising so they were assumed to be sensitive to both visual and textual cues for identifying weight-loss products and advertising techniques. Because one coder was female and the other male, a pretest was necessary to be sure the study could achieve
intercoder reliability, given that men are arguably less sensitive to weight-loss advertising aimed at women.

**Pretest**

The researcher conducted a pilot test of four magazines outside of the sample using *Glamour* magazine (January, February and March of 1999 and March of 2000). These were chosen because magazines printed between 1992 and 2001 were assumed to be rich in diet ads, as found in research from Cleland et al., (2002). This allowed coders to practice identifying weight-loss/diet advertisements and coding each variable. The pilot analysis identified six diet ads from the four issues of *Glamour* magazine. After the coders completed the pilot test, results were compared to determine the reliability of the codebook. Both coders found the same number of diet ads in those issues. During the pretest, the coders took the opportunity to ask questions regarding the coding of certain ads as weight-loss ads. For example, the second coder questioned the appropriateness of coding an ad for gym shoes as a weight-loss ad as well as the coding of classified ads. The researcher clarified that the gym shoe product would not qualify as a weight-loss ad because the ad did not indicate that the shoes were used primarily as a tool for weight-loss. The coder also clarified that classified ads were not to be included; however, if display ads appear on the classified pages of the magazine, they could be counted and coded. These issues were made clear in the codebook as well as issues resulting from disagreements in two other categories—advertising technique (consumer testimonials, rapid weight loss and community/peer support) and product type (meal replacement).

Three variables were disagreed upon in the advertising technique category: consumer testimonials, rapid weight loss and community/peer support. The second
coder came across two ads using celebrity endorsers, which he coded inconsistently. The researcher determined that celebrity endorsements can qualify as consumer testimonials if the celebrity appears to have used the product and is testifying to the effectiveness of the product. There should be no need to use the other category for celebrity endorsements/testimonials. Coders also disagreed on rapid weight loss. It was used implicitly in an ad, which brought to light the importance of clarifying this type of content. The ad read, “Carol Cooper lost 35 lbs. in 4 months with Jenny Craig and got a new look.” Also, this text referenced a disclaimer stating that results were not typical. This led the researcher to revise the codebook to redefine rapid weight-loss techniques as either an explicit reference for “rapid”, “fast” or “immediate” or an implicit reference that may include only a time reference. In this case each coder had to make a judgment to decide if the implicit reference is claiming that results of using the product will be fast. Finally, community/peer support was disagreed upon. In one ad for Weight Watchers, text referenced the support of peers at Weight Watchers meetings. One coder dismissed this as peer/community support when, in fact, it is ideal for this variable. This definition was restated in the codebook with the inclusion of this example.

One variable was disagreed upon in the product type category: meal replacement. The line between plan/program/diet center and meal replacement products was not clear. The researcher clarified this by including verbiage in the codebook specifying that plans/programs/diet centers typically include a coach/mentor/leader as well as a center/location where mentoring takes place whereas meal replacements offer low calorie meals that are part of an overall weight loss system. After the pilot test, disagreements between coders were addressed and the codebook (see Appendix A) was reworked to better define the variables and clarify instructions.
Final Coding

The first coder analyzed and coded the entire sample of 16 magazines. The second coder double-coded a reliability subsample of 25%—four issues. The February 2005 and December 2005 issues of both Cosmopolitan and Essence were chosen randomly for the second coder. Both coders were permitted to spend as much time as necessary to be sure all relevant data had been extracted from each magazine and weight-loss advertisement. From the four magazine issues, the co-coder found a total of nine diet/weight-loss ads to code. There was, however, one discrepancy between the coders, having to do with weight-loss ad identification. One ad for the CDC (centered on keeping children active) was coded by the primary coder but not by the second coder. This may have been due to the primary coder having greater sensitivity and awareness to the Centers for Disease Control and Prevention.

The codebook explicitly stated instructions for coders so they could act only on what they were trained to code rather than rely on personal biases or personal knowledge of diet products. Coders entered data into an Excel sheet (see Appendix B) rather than a hard copy to control for human error in the transcription of data from coding sheet to database.

Agreement

At the conclusion of the coding, a reliability assessment was used “to fairly represent the coders’ performance throughout the study” (Neuendorf, 2002, p.146). Overall intercoder reliability was found to be .87. Cohen’s Kappa (1960) was used to assess agreement because intercoder reliability is important “to provide basic validation of a coding scheme” (Neuendorf, 2002, p.142). The correct level of intercoder reliability has been debated in the literature, but coefficients of .75 to .80 are widely accepted.
Coefficients above .90 are ideal. Although Cohen’s Kappa (1960) was chosen for reliability, several other calculations were also employed for thorough comparison. ReCal2 (http://dfreelon.org), an online agreement calculator, compared Cohen’s Kappa (1960) with Scott’s Pi and Krippendorff’s Alpha and all calculations provided comparable results.

**Statistical Analysis**

Chi-square tests were used to examine frequencies of variables to compare data between *Essence* and *Cosmopolitan*. SPSS was used to calculate a Pearson’s chi-square so as to test the independence of the variables. Details on these statistical analyses are discussed at length in chapter four.
<table>
<thead>
<tr>
<th>Table 3-1. <em>Essence</em> and <em>Cosmopolitan</em> media match (MRI)</th>
<th>Essence</th>
<th>Cosmopolitan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Circulation (000)</td>
<td>1,122</td>
<td>2,632</td>
</tr>
<tr>
<td>Audience (000)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>2,031</td>
<td>2,892</td>
</tr>
<tr>
<td>Women</td>
<td>5,378</td>
<td>15,440</td>
</tr>
<tr>
<td>Readers per copy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>1.8</td>
<td>1.1</td>
</tr>
<tr>
<td>Women</td>
<td>4.79</td>
<td>5.87</td>
</tr>
<tr>
<td>Median age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>40.8</td>
<td>35.8</td>
</tr>
<tr>
<td>Women</td>
<td>38.7</td>
<td>30.3</td>
</tr>
<tr>
<td>Median HH income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>47396</td>
<td>69270</td>
</tr>
<tr>
<td>Women</td>
<td>44597</td>
<td>57298</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Table 3-2. <em>Essence</em> and <em>Cosmopolitan</em> counts of total ads between coders</th>
<th>Coder 1</th>
<th>Coder 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Essence</em> February 2005</td>
<td>102</td>
<td>103</td>
</tr>
<tr>
<td><em>Essence</em> December 2006</td>
<td>125</td>
<td>131</td>
</tr>
<tr>
<td><em>Cosmopolitan</em> February 2005</td>
<td>139</td>
<td>133</td>
</tr>
<tr>
<td><em>Cosmopolitan</em> December 2006</td>
<td>130</td>
<td>135</td>
</tr>
</tbody>
</table>
Final Sample

The primary coder counted all *Essence* ads (N=853) and *Cosmopolitan* ads (N=1038). There were 1,891 ads; however, coding yielded 41 weight-loss ads for the final sample. Of the 41 weight-loss ads, 25 came from February issues and 16 from December issues.

Coders were first tasked with recognizing a weight-loss ad. The codebook specified that each coder disregard food and beverage advertisements. Only products and services that existed primarily for weight loss were considered. For each weight-loss ad, the month, year, brand name, size of the ad, product type, design of the ad (black and white or color), advertising technique(s), race of the most prominent model, and disclaimer/warning were coded. The disclaimer/warning was transcribed for a qualitative review.

The results of the study indicated several differences between *Essence* and *Cosmopolitan*, including a difference in the frequency at which weight-loss ads appeared. Overall, 71% of the weight-loss ads coded were found in *Cosmopolitan* (N=29) and only 29% in *Essence* (N=12). Of all ads in *Essence* (N=853), only 1.4% of the ads were for weight loss while of all ads in *Cosmopolitan* (N=1038), 2.8% were for weight loss.

Years and Months of Weight-loss Ads

An interesting finding came from coding the month and year of the originating publication of each weight-loss ad. Identical counts of weight-loss ads were found in 2006 (N=6), 2007 (N=6) and 2008 (N=6) in *Cosmopolitan*. However, in 2005 there were
11 weight-loss ads (see Table 4-1). *Essence* weight-loss ads hovered between two and four ads in each of the four years (see Table 4-1). For both *Essence* and *Cosmopolitan*, the year with the greatest frequency of weight-loss ads was 2005.

**Brand**

Overall, several brands appeared repeatedly throughout *Cosmopolitan*; a different set appeared multiple times throughout *Essence* (see Table 4-2). In *Cosmopolitan*, these brands included Hydroxycut (N=6), Slimquick (N=3), RapidSlim (N=2) and Purinol (N=2). In *Essence*, Internalcleaning.com (N=4) and Alli (N=2) were found repeatedly. Further, Weight Watchers was the only brand whose ads appeared in both *Essence* and *Cosmopolitan*.

**Ad size**

Most of the ads in the sample were one-page (N=34). Only 10% (N=4) were ads of less than one page and 7% (N=3) were ads of two-pages. No weight-loss ads were more than two pages in size. *Essence* appeared to have a greater variety of ad sizes with four ads that were less than one page and two ads that were two-page spreads. All *Cosmopolitan* ads were one page, apart from one two-page spread (see Table 4-3). The total space dedicated to weight-loss advertising was 860.29 square inches for *Essence* and 2580 square inches for *Cosmopolitan*. This included both color and black and white ads. It should be noted that a one-page *Essence* ad was two square inches smaller than a one-page *Cosmopolitan* ad. This was due to a difference in dimensions of the publications. *Cosmopolitan* was .75 inches greater in height than *Essence*.

**Race**

Of the sampled *Essence* ads that included models (N=6), 83% of them included African-American models as the dominant model. Only one ad used a white model as
the dominant model and six ads had no models. Of the sampled *Cosmopolitan* ads that included models (N=28), 57% (N=16) of the dominant models were white, 36% (N=10) indeterminate, 4% (N=1) appeared to be of Asian descent, 4% (N=1) appeared to be of Latin descent. Only one ad did not include models. And, no ads used African-American models as the dominant model (see Table 4-4).

A difference in race was expected because a magazine aimed at African-American women would logically include more African-American female models than any other ethnicity. Magazines aimed at the mainstream female population would be expected to include either a greater frequency of white models or models of varying ethnicities.

**Design**

*Essence* was the only magazine that included black and white weight-loss ads. These were small ads in the back of the publication and were, in fact, identical ads placed four times throughout the sampled *Essence* issues. *Cosmopolitan* contained only full-color weight-loss ads (see Table 4-5). Also, as previously noted, the black and white ads in *Essence* were the only ads that were less than one page in size.

**RQ1**

What types of weight-loss products and services are advertised in the leading African-American women’s magazine and the leading mainstream women’s magazine from 2005 to 2008 and at what frequency do they appear?

Overall, the vast majority of weight-loss ads were for diet supplements (N=22). *Cosmopolitan* contained 19 while *Essence* contained only three. In this study, only 25% of all *Essence* ads advertised dietary supplements while 66% of all *Cosmopolitan* ads advertised dietary supplements (see Table 4-6).
Also, ads in which the product type was unclear (N=7) were found almost equally in both *Essence* (N=4) (InternalCleansing.com) and *Cosmopolitan* (N=3) (Hydroxycut and Purinol). Although Hydroxycut is a known diet supplement, the ad gave no clues as to what the product was and coders were trained to code only manifest content in the ads using no personal biases or personal knowledge of diet products. While differences in unsure product types were not significant, findings should be explained further. In *Essence*, a surprising 33% (N=4) of sampled ads fell into the “unsure” category for weight-loss products (see Table 4-6). These ads for Internalcleaning.com were identical and read, “Alva was trying to get rid of a headache & lost 20 pounds in 10 days.” They appeared with only a phone number and Web site with the phrase, “Call for a FREE brochure” (see Figure 4-1). It was impossible to ascertain the product type given the information in the ad. In *Cosmopolitan*, two ads for Purinol were coded as “unknown” for product type. While the ads talked at length about losing weight and ridding the body of toxins, it was not clear what the product was or how it was to be administered. Hydroxycut, in this ad, made no indication of the type of product—only that it was a weight loss formula.

Ads for plans/programs/diet centers (N=5) were found somewhat equally between the two publications. Jenny Craig (N=1) appeared in *Cosmopolitan* while Weight Watchers (N=2) appeared in both *Cosmopolitan* and *Essence*. Other plans/programs found in *Essence* included Heart & Soul and Medifast (see Table 4-6).

Types of products that appeared in lesser frequencies and only in *Cosmopolitan* included exercise equipment (N=2), surgical procedures (N=1), meal replacements (N=1), and topical treatments (N=1). Conversely, *Essence* carried ads for product types
not found in *Cosmopolitan* including one public service announcement for physical fitness sponsored by the CDC and one advertorial that also served to educate readers about general health/wellness.

**RQ2**

What types of advertising techniques are used in the weight-loss advertisements analyzed in the leading African-American women’s magazine and the leading mainstream women’s magazine from 2005 to 2008 and at what frequency do they appear?

The rapid weight-loss technique appeared numerous times (N=20) throughout both *Essence* (N=6) and *Cosmopolitan* (N=14) (see Table 4-7). These techniques were found in all sampled ads for exercise equipment and topical treatments.

Overall, in both magazines combined, testimonials and before-and-after techniques appeared equally (N=18). They were used with greater frequency in *Cosmopolitan* (N=16) (see Table 4-7) than *Essence* (N=2). And they appeared together in 68% (N=13) of the cases in *Cosmopolitan* and in 100% (N=2) of the cases in *Essence*. In *Cosmopolitan* there were only three ads that included a testimonial without a before-and-after image and three ads that included a before-and-after image without a testimonial.

The clinically proven/doctor endorsed technique appeared many times (N=17) in both *Cosmopolitan* (N=13) and *Essence* (N=4) (see Table 4-7). These techniques were found in 64% of all diet supplement ads.

1 The inclusion of the CDC ad into the sample could be debated because the ad is aimed at parents and speaks to parents about keeping their children active and fit. However, because the message focused on physical activity to gain physical fitness for overall health it was determined that the ad was appropriate for inclusion.
Whenever appropriate, an “other” option was used (N=11). “Other” advertising techniques appeared almost equally for *Cosmopolitan* (N=6) and *Essence* (N=5) (see Table 4-7). Overall, these ads were for two identical Weight Watchers ads (in the plan/program category), two ads in the “other” product type category (an advertorial and a public service announcement) as well as seven diet supplement ads (Hydroxycut, Sea Thin, CUUR, VivaBody and Alli). For *Cosmopolitan*, other techniques included getting energized, #1 selling, losing weight healthfully, and losing more weight than with diet or exercise alone. For *Essence*, “other” techniques included getting your children active, eating healthy and exercising, and losing weight healthfully.

Money back guarantees appeared in seven ads throughout both *Essence* (N=2) and *Cosmopolitan* (N=5) (see Table 4-7). This technique was found in every ad for exercise equipment and topical treatments as well as in three ads for diet supplements.

The “lose weight permanently” technique appeared in six ads overall—12% in *Cosmopolitan* and 2% in *Essence* (see Table 4-7). This technique was used in two diet supplement ads, one topical treatment ad, one diet plan/program ad and the two ads for Purinol in which the product type was indiscernible.

Techniques that used “no matter how many times you’ve failed before” (N=4) and “lose weight without dieting” (N=3) appeared infrequently but were found in both publications (see Table 4-7). These techniques were found in diet supplement and topical treatment advertisements.

Natural ingredient techniques appeared twice as did the safe/no side effect technique. These appeared only in *Cosmopolitan* (N=2) and appeared together in both
instances (see Table 4-7). These were for a diet pill called H57 Hoodia and a topical treatment called TrimPatch 24 Seven.

There were no instances of any techniques for community support/peer support. Community support/peer support was defined as using social relationships and references to tradition. These types of advertising techniques had been anticipated because black women appear to rely more on social influences than mediated messages. The only ad that came close to this was for Alli and featured a woman with a young girl who appeared to be her daughter and man who appeared to be her husband. The message was not explicit enough to be coded as focusing on peer support. There were no techniques that were coded as “unsure” and no ads found that did not include at least one advertising technique (see Table 4-7).

RQ3

How are the ads in the leading African-American women’s magazine and the leading mainstream women’s magazine different?

To investigate the differences in frequency of all variables, Pearson’s chi-square test was used. Results indicated frequency of ads for dietary supplements were significantly different between Essence (N=3) and Cosmopolitan (N=19). Cosmopolitan included far more ads for dietary supplements than did Essence ($\chi^2(1, N = 41) = 5.60, p > .05$). Results indicated Essence and Cosmopolitan to be significantly different in the use of testimonial techniques ($\chi^2(1, N = 41) = 5.11, p > .05$). Testimonials were more likely to appear in Cosmopolitan than Essence. Additionally, Essence and Cosmopolitan to be significantly different in the use of before-and-after techniques ($\chi^2(1, N = 41) = 5.11, p > .05$). Results indicated the design of the ads (whether the ad was black and
white or color) was significantly different between Essence (N=8) and Cosmopolitan (N=29). Cosmopolitan included only color ads while Essence included both black and white (N=4) and color (N=8) weight-loss ads ($\chi^2(1, N = 41) = 10.71, p > .05$). Results indicated Essence and Cosmopolitan to be significantly different in the race of the featured prominent model. African-American models appeared in Essence ads (N=5) frequently and did not appear in Cosmopolitan ads (N=0) at all ($\chi^2(1, N = 41) = 13.76, p > .05$). White models appeared in Cosmopolitan weight-loss ads frequently (N=16) and appeared in Essence weight-loss ads only once (N=1); ($\chi^2(1, N = 41) = 7.67, p > .05$). Cosmopolitan presented several (N=10) ads in which the race of the model was unclear. However, for Essence the race of the models was consistently identifiable in each ad in which models were present ($\chi^2(1, N = 41) = 5.47, p > .05$). Further, Essence contained several ads without models in them (N=4) while all Cosmopolitan weight-loss ads included at least one model ($\chi^2(1, N = 41) = 10.71, p > .05$).

The presence of disclaimers varied greatly between Essence (N=5) and Cosmopolitan (N=23). Disclaimers were more likely to appear in Cosmopolitan than Essence ($\chi^2(1, N = 41) = 5.55, p > .05$). In Essence, 42% of weight-loss ads included a disclaimer and in Cosmopolitan, 79% of weight-loss ads included a disclaimer (see Table 4-8). Further, the total number of words in disclaimers for Essence was 71 while disclaimers in Cosmopolitan totaled 1,334 words. Similar themes were found between disclaimers in Essence and Cosmopolitan. Overall, that is an average of 50 words per ad using a disclaimer. Both magazines included:

- Need for consumers to read the product before use
- Warnings of results that are not typical
- Warnings that the FDA has not approved the product
• Cautions to see a doctor before use
• Warnings that the product will not cure disease/illness

Disclaimers unique to Cosmopolitan included:

• Details of a clinical “8-week” study
• Specific lists of key ingredients (e.g. Garcinia cambogia extract, chromium polynicotinate, and Gymnema sylvestre extract)
• Warnings that exercise and nutrition are an important part of a weight-loss plan
• Statements about models being compensated for their presence in the ad

Overall, this study sought to identify differences between *Essence* and *Cosmopolitan* and found that significant differences exist in the promotion of dietary supplements, the use of testimonials and before-and-after techniques, all of which occur inside the pages of *Cosmopolitan* with greater frequency than in *Essence*. Other significant differences were found in the design of the ads, the use of disclaimers and the race of the most prominent model. Further, *Essence* contained weight-loss ads that did not include models/people at all while all *Cosmopolitan* relied on the presence of a model in every case except one—an ad for Weight Watchers that appeared in both publications, as previously noted.

While not tested for significance, ads did differ in size, in product name/brand (the only brand advertised in both magazines was Weight Watchers, which is surprising given the 2007 release of Alli), and the nature of the disclaimers used.
Figure 4-1. *Essence* February 2005 ad

Table 4-1. *Essence* and *Cosmopolitan* years of weight-loss ads

<table>
<thead>
<tr>
<th></th>
<th>Essence</th>
<th>Cosmopolitan</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>4</td>
<td>11</td>
<td>15</td>
</tr>
<tr>
<td>2006</td>
<td>3</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>2007</td>
<td>2</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>2008</td>
<td>3</td>
<td>6</td>
<td>9</td>
</tr>
</tbody>
</table>
### Table 4-2. *Essence* and *Cosmopolitan* brands of weight-loss ads

<table>
<thead>
<tr>
<th>Year</th>
<th>Essence</th>
<th>Cosmopolitan</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>CDC</td>
<td>Trimspa x32</td>
</tr>
<tr>
<td></td>
<td>American Heart Association/ Mrs. Dash</td>
<td>Hydroxycut</td>
</tr>
<tr>
<td></td>
<td>InternalCleansing.com</td>
<td>Zantrex-3</td>
</tr>
<tr>
<td></td>
<td>InternalCleansing.com</td>
<td>Cortislim</td>
</tr>
<tr>
<td></td>
<td>InternalCleansing.com</td>
<td>TrimZone</td>
</tr>
<tr>
<td></td>
<td>Medifast</td>
<td>VivaBody</td>
</tr>
<tr>
<td></td>
<td></td>
<td>UNSURE</td>
</tr>
<tr>
<td>2006</td>
<td>InternalCleansing.com</td>
<td>RapidSlim SX</td>
</tr>
<tr>
<td></td>
<td>InternalCleansing.com</td>
<td>Purinol</td>
</tr>
<tr>
<td></td>
<td>Medifast</td>
<td>SmartBurn with Hoodia</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Slimquick</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Winsor Pilates</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hydroxycut</td>
</tr>
<tr>
<td>2007</td>
<td>alli</td>
<td>RapidSlim SX</td>
</tr>
<tr>
<td></td>
<td>Akavar</td>
<td>Purinol</td>
</tr>
<tr>
<td></td>
<td></td>
<td>H57 Hoodia</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NutriSystem</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hydroxycut</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CUUR</td>
</tr>
<tr>
<td>2008</td>
<td>alli</td>
<td>Slimquick</td>
</tr>
<tr>
<td></td>
<td>Weight Watchers</td>
<td>Hydroxycut</td>
</tr>
<tr>
<td></td>
<td>Heart &amp; Soul</td>
<td>Jenny Craig</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Weight Watchers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hydroxycut</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sea Thin</td>
</tr>
</tbody>
</table>

### Table 4-3. *Essence* and *Cosmopolitan* ad size

<table>
<thead>
<tr>
<th></th>
<th>Essence</th>
<th>Cosmopolitan</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>One page</td>
<td>6</td>
<td>28</td>
<td>34</td>
</tr>
<tr>
<td>Less than page</td>
<td>4</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Two pages</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
</tbody>
</table>
Table 4-4. *Essence* and *Cosmopolitan* race of most prominent model

<table>
<thead>
<tr>
<th>Race</th>
<th>Essence</th>
<th>Cosmopolitan</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>1</td>
<td>16</td>
<td>17</td>
</tr>
<tr>
<td>Unsure</td>
<td>0</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>No models appeared in ad</td>
<td>6</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>African-American</td>
<td>5</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Asian</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Latino</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Table 4-5. *Essence* and *Cosmopolitan* design of ads

<table>
<thead>
<tr>
<th>Design Type</th>
<th>Essence</th>
<th>Cosmopolitan</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full color ads</td>
<td>8</td>
<td>29</td>
<td>37</td>
</tr>
<tr>
<td>Black and white ads</td>
<td>4</td>
<td>0</td>
<td>4</td>
</tr>
</tbody>
</table>

Table 4-6. *Essence* and *Cosmopolitan* products/services

<table>
<thead>
<tr>
<th>Product/Service</th>
<th>Essence</th>
<th>Cosmopolitan</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dietary supplement</td>
<td>3</td>
<td>19</td>
<td>22</td>
</tr>
<tr>
<td>Unsure</td>
<td>4</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>Plan/program/diet center</td>
<td>3</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Exercise equipment</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Surgical procedure</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Meal replacement</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Topical treatment</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Hypnosis</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Wrap</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Table 4-7. *Essence* and *Cosmopolitan* advertising techniques

<table>
<thead>
<tr>
<th>Technique</th>
<th>Essence</th>
<th>Cosmopolitan</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rapid weight-loss</td>
<td>6</td>
<td>14</td>
<td>20</td>
</tr>
<tr>
<td>Consumer testimonials</td>
<td>2</td>
<td>16</td>
<td>18</td>
</tr>
<tr>
<td>Before-and-after photos</td>
<td>2</td>
<td>16</td>
<td>18</td>
</tr>
<tr>
<td>Scientifically proven</td>
<td>4</td>
<td>13</td>
<td>17</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
<td>6</td>
<td>11</td>
</tr>
<tr>
<td>Money-back guarantee</td>
<td>2</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>Lose weight permanently</td>
<td>1</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>No matter how many times you have failed before</td>
<td>1</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Lose weight without diet or exercise</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Natural ingredients</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Safe/no side effects</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Community/peer support</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Unsure</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>No technique used</td>
<td>0</td>
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Table 4-8. *Essence* and *Cosmopolitan* presence of disclaimers

<table>
<thead>
<tr>
<th>Disclaimer</th>
<th>Essence</th>
<th>Cosmopolitan</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disclaimer</td>
<td>5</td>
<td>23</td>
<td>28</td>
</tr>
</tbody>
</table>
CHAPTER 5
DISCUSSION AND CONCLUSION

Goals of the Study

This study sought to answer questions regarding the differences in frequency of weight-loss advertising, the types of weight-loss products that were advertised and the types of advertising techniques used in the leading African-American women’s magazine and the leading mainstream women’s magazine. Much of the previous literature has indicated that weight-loss products are likely to be advertised at a greater frequency in mainstream women’s magazines than in magazines aimed at African-American women. This study confirmed that finding and revealed some other significant differences between the chosen publications—Essence and Cosmopolitan. Differences were seen primarily in the use of testimonials, before-and-after techniques and the promotion of dietary supplements. Secondarily, sampled ads differed in size, product name/brand, race of most prominent model, presence of disclaimers, and the content of the disclaimers themselves.

Frequency of Weight-loss Ads

This study found the frequency of weight-loss ads was far greater in Cosmopolitan than Essence, which is congruent with the literature. Prividera and Goldbold Kean (2008) found that African-American women’s magazines carry a lower frequency of weight-loss ads than mainstream women’s magazines. Overall, the small number of ads found in the sample was unexpected. Perhaps this study shows that advertising is only one voice that contributes to the way women think about dieting. Other contributors are more likely to be influential in shaping ideas on weight, dieting, eating and exercise.
Across the four-year sample, frequencies of weight-loss ads were highest in 2005. It is difficult to explain this result for two reasons. First, the 2004 ban of ephedra, an ingredient used in many diet supplements and known to cause serious health risks (Rados, 2004) would likely have resulted in a decrease in advertising, but here we see just the opposite. Second, in 2006 the diet industry saw an increase in sales (Mintel, 2008). Perhaps lasting effects from an elevated frequency of weight-loss ads in 2005 resulted in higher sales in 2006. Another explanation may be that advertising dollars were shifted from print media to the Internet since advertising online is far less expensive than advertising in print. This finding is supported by social learning theory—a message becomes more persuasive the more prevalent it is. Additional research is needed to investigate the reason for the 2005 anomaly.

For both Essence and Cosmopolitan there were more weight-loss ads found in February issues than in December (see Table 5-1). This may be due to advertisers desire to attract consumers after the holiday season has passed. During the holidays people typically over-consume food. And often in January many people are likely to make resolutions—probably to lose weight or get in shape and are therefore more likely to be open to weight-loss messages and products.

**Dietary Supplements**

The first research question required an examination of weight-loss products and services advertised in both Essence and Cosmopolitan. Overall, diet supplements appeared far more frequently than any other product category. This could be labeled one of the most high-risk product types for consumers given the well-documented deceitful claims by diet supplement advertisers (Cleland et al., 2002). Advertising for diet supplements rose sharply from 1992 to 2001 and was the most frequently
advertised type of weight-loss product in 2001 (Cleland et al., 2002). Findings in this study reflect that of Cleland et al. (2002), which found meal replacement ads to be very low in frequency and diet supplements to be the most frequently advertised product. Unfortunately, this high prevalence of dietary supplement ads may increase a woman’s desire to be thin and serve as a constant reminder that thinness is the goal to be achieved by use of a diet pill. Considering the past research, the findings in this study are not surprising but they are still useful. They suggest that the trend in diet supplement frequency may not have seen significant variance from 2001 to 2008. The findings here also suggest that mainstream magazines may stress weight loss through dietary supplements more than magazines aimed at black women.

**Testimonials & Before-and-After Advertising Techniques**

For *Cosmopolitan*, testimonials and before-and-after advertising techniques were used far more often than any other type of technique. In *Essence*, however, rapid weight loss, healthy eating and active living were the most frequently seen advertising techniques. This finding suggests that overt testimonial techniques and images of thinness for weight loss may not be considered effective when advertising to black women, but instead, messages promoting good health in general and healthy eating habits may be more persuasive in promoting weight loss. The more overt pictorial “after” images for weight loss appeared in *Cosmopolitan*. Overall, the visual persuasion of before-and-after imagery offers the perceived rewards of high self-esteem and personal achievement (Inch & Merali, 2006). A study from Inch and Merali (1999) stated that 45% of girls age 11 to 19 say they used images in women’s magazines as motivation to lose weight. This may mean that testimonials and before-and-after imagery could be particularly damaging and contribute to body dissatisfaction among young girls. When
they evaluate themselves against models in magazines, it is typically a losing battle because it can be assumed that all images of models are subject to some retouching, thereby artificially increasing their attractiveness. This finding is congruent with research from Cleland et al. (2002), which found consumer testimonials and before-and-after techniques to be used with greater frequency than other techniques coded in that study.

**Race**

A key finding in this study centered on race. There were more African-American models seen in *Essence* and more white models seen in *Cosmopolitan*. Research shows that black women in magazines have typically been depicted as overweight (Snow & Harris, 1986). The researcher observed informally that many of the models in the *Essence* ads had relatively normal to large figures and few would fit into the category of “thin,” whereas models in *Cosmopolitan* could be described as not only thin, but often emaciated. These findings could be explained by advertisers recognition that 80% of African-American women are overweight or obese (Centers for Disease Control and Prevention, 2008a). Perhaps advertisers try to entice *Essence* readers to buy the advertised brand through the use of full-figured models, knowing that readers are likely to be full-figured as well. If readers relate to these models, they may come away with a feeling that the advertised brand is for them and expect similar outcomes as the model depicted in the ad. It is possible that body types of the readers contribute to advertisers’ decisions to place full-figured models in the ads.

*Essence* contained weight-loss ads that did not include models/people at all, while all but one *Cosmopolitan* ad relied on the presence of a model. This finding suggests that *Cosmopolitan* advertisers rely more heavily on photos of models to whom the reader can relate. These images aim to grab the attention of potential consumers—
perhaps to capitalize on some women’s need to see positive outcomes vicariously before they will take action for themselves. *Essence* appears be less dependent on models in weight-loss ads. Perhaps black women do not feel pressure to be thin when exposed to mediated models.

Similar to findings from Prividera and Goldbold Kean (2008), *Essence* ads in this study were focused more on health, whereas in *Cosmopolitan*, themes of weight loss and beauty were observed as being prominent. Perhaps ads focused on health contribute to a full figure and ads focused on appearance contribute to thinner figure (Gore, 1999; Kim & Lennon, 2006; Tiggemann, 2006). In a study by James (2004), African-American participants said family and friends would not likely support a change in their diet. That may be true; however, in spite of that, an ad for Alli depicted a woman with what appeared to be her husband and daughter. This depicts the opposite of James (2004) finding. Perhaps advertisers, in this case Alli, are aware of the social and familial challenges of black women and are attempting to depict that which may seem impossible to black women—families creating healthy changes together. This could be an effort to increase sales of Alli by suggesting that the whole family will be encouraging and involved through the process of a woman’s weight loss or that her weight loss will benefit her family too.

**Presence of Disclaimers**

This study found disclaimers to be more prevalent in *Cosmopolitan* ads. Overall, disclaimers appeared in more than half of all sampled ads. Both magazines included ads with a variety of warnings to readers. Disclaimers that reminded readers about the importance of reading the instructions before use, seeing a doctor before starting a new weight-loss regimen and warnings that the product would not cure a disease appeared
in both *Essence* and *Cosmopolitan*. Other disclaimers, included statements that results depicted in models are not typical and warnings that the FDA had not approved the featured product. These were seen in both *Essence* and *Cosmopolitan*. So, while the prevalence of disclaimers is significantly different between *Essence* and *Cosmopolitan*, there appears to be no measurable difference in content—they both included a variety of disclaimers.

Some ads did not have disclaimers (Sea Thin, H57 Hoodia, Windsor Pilates, TrimZone, CDC, American Heart Association/Mrs. Dash, InternalCleansing.com and both Weight Watchers ads). There may be several explanations for this. First, the FTC states that an ad must include a disclaimer only if the claims made in the ad could be perceived as deceptive without further explanation in a disclaimer (Federal Trade Commission, n.d.). Further, it has been found that many disclaimers are deficient in explaining to consumers that results depicted in diet ads are not typical (Cleland et al., 2002). In fact, in 2009 the FTC decided that “results not typical” does not qualify as a sufficient clarification of a claim. So, even though a disclaimer may appear, it does not necessarily indicate the full and honest disclosure of the effects of a product. Most ads in the sample did have disclaimers. Ads that included disclaimers likely included substantiation because the advertisers felt that the claims could not stand alone and still be truthful. For example, many ads included disclaimers encouraging consumers to read product packaging before use, warning that results are not typical, encouraging consumers to see a doctor before use, warnings that the FDA has not approved this product, warnings that the product will not cure diseases, promotion of exercise and nutrition as important components for healthy weight loss, and notifications that the
model was compensated for endorsing the product. Additionally, the details of clinical studies and ingredients of products were often disclosed. These disclaimers appear to be helpful additions to the ads that help clarify the intended purpose, use and limitations of the products and services.

Cleland et al. (2002) suggests that the slow and steady loss of weight appears to be effective for permanent weight loss—when proper nutrition and exercise are incorporated. This was reflected in the disclaimers found in this study. Many of the disclaimers featured weight-loss products as a complement to a diet and exercise plan. Perhaps this indicates advertisers’ greater sensitivity to the need to present a realistic solution to permanent weight loss. Or it may be that advertisers were simply responding to FTC regulations or may actually believe proper diet and exercise to be essential to weight loss and they simply want to communicate that effectively.

Several practices observed in this study were inconsistent with FTC regulations. However, this is likely due to the timeframe of the reported regulations. Some of these regulations were implemented in 2009, outside the timeframe of this study. The observed inconsistencies included small, hard-to-read text used in the disclaimer as well as the placement of the text being spatially dissociated with the claim(s) being made. The FTC encourages advertisers to place disclaimers as close to the associated claim as possible and to use a text size that is easy to read. Other ad elements that were congruent with FTC regulations included statements disclaiming that the product could cure a disease and admissions that the FDA had not yet approved a product. It appears that the majority of advertisers made an effort to substantiate claims made in their ads.
A frequently observed disclaimer, “results not typical,” was prevalent in the observed testimonials, likely because that was the only substantiation required for testimonials prior to 2009. Also, prior to 2009, celebrities shared no liability with the advertiser in regard to the claims made in reference to the product. So celebrity endorsers in this study, like Valerie Bertinelli, Daisy Fuentes and Anna Nicole Smith, shared little responsibility for the advertising messages because the ads appeared between 2005 and 2008. In the future, the new mandate may discourage celebrities from making endorsements for diet products.

Implications and Recommendations

Findings in a study such as this are valuable to weight-loss product makers/marketers and black and white female consumers. African-American women experience the greatest levels of overweight and obesity in the United States. And they are also considered “market mavens” (Feick & Price, 1987)—consumers who are “aware of new products earlier, provide information to other consumers across product categories, engage in general market information seeking, and exhibit general market interest and attentiveness” (p.93). Because of the nature of this group, black women have the greatest potential to impact the diet industry. A focus on proper nutrition is important, along with the incorporation of exercise. False claims and unrealistic outcomes could contribute to the already serious health crisis within black female populations (Cleland et al., 2002).

Limitations

This study has some limitations inherent to every study. The breadth of the study could have been expanded to include other women’s magazines—specifically Latino women’s magazines, given that obesity is a growing concern for this population.
Further, the small sample size was limiting. Ideally, a census of the universe (all ads in *Essence* and *Cosmopolitan* between 2005 and 2008) would produce more valuable, valid results.

**Future Research**

This study provided a platform for furthering the exploration of weight-loss advertising effectiveness on women of different ethnicities, but there is much more to learn. The point was to gain insight into differences in messages aimed at white women and black women. Future research could investigate how these differences in messages impact differences in health.

The literature review touches on many aspects related to obesity and disordered eating among all women. Several directions of research could be explored related to this literature. Roberts (1989) states that women with low self-esteem are easily persuaded by external influences and are more likely to be coerced into losing weight by weight-loss ads than women with high self-esteem. Therefore, future research could test the relationship between self-esteem and the likelihood of being persuaded by weight-loss ads. In other words, does self-esteem predict the persuasiveness of weight-loss ads in women?

An increase in anti-aging products and cosmetic surgery has exposed middle-aged women to an increased susceptibility to disordered eating (Midlarsky & Nitzburg, 2008). Therefore, future research could address the nature of middle-age women’s eating behavior versus that of adolescent girls. How does eating behavior change in women across age groups and how does advertising contribute to that? Perhaps a study of female magazine readers age 15 to age 60 would be appropriate to begin to respond to these questions. The study could compare female magazine readers age
15-25 to readers age 26-35. Does their self-esteem fluctuate with their usage of magazines? Results might confirm research from Midlarsky and Nitzburg (2008) and point to middle-aged women as having similar feelings and susceptibility to eating disorders as adolescent females.

Snow and Harris (1986) posit that society and media encourage excessive dieting and Wysocki (2006) suggests that as obesity rates increase, so too will the popularity of dieting. Future research should investigate a possible positive relationship between frequency of diet advertising and prevalence of obesity among women. How does the frequency of diet ads contribute to the obesity rate, given that greater levels of obesity will likely contribute to an even greater popularity of diet products? To explore this topic, research could begin with comparing the weight and body type of readers of women’s magazines against the weight and body type of the models portrayed within the magazines—in advertising and editorial content. Are these readers overweight? Are they satisfied with their bodies? What are their food preferences? What are their attitudes toward exercise? Do they experience disordered eating? And are women’s magazines still a popular source for nutrition as suggested by James (2004)? And could imagery of women on editorial pages have as much or more impact on readers as models within ads? Finally, what positive impact do women’s magazines have on readers? For example, what attributes of women’s magazines can be identified and coded that may promote good health and longevity?

**Conclusion**

This study focused on the 2005 to 2008 time frame to update weight-loss advertising data in light of certain developments, like the 2007 introduction of Alli and the ever-increasing obesity rate. The discoveries here confirm past literature and
suggest that not much has changed for weight-loss ads in recent years. This is troubling because the obesity rate continues to climb. It is critically important that we begin to understand more thoroughly how advertising can contribute to stopping this alarming trend.

Women are considered to be ideal targets for initiatives for changing dietary behavior among African Americans because they typically make food purchasing decisions in the home (James, 2004). Marketing to white female populations should also be approached with great sensitivity. The potential for disordered eating among this group is high so advertisers should center their advertising messages on accepting oneself and making healthy food choices (Prividera & Godbold Kean, 2008).

Finally, in order to reverse the trend of climbing obesity rates in the United States, there should be the general understand among consumers that quick-fix diets do not work to promote long-term results, contrary to advertiser claims (Gong, 2007). This will likely be easier to understand if advertisers are willing to communicate that proper nutrition and exercise are likely to be a winning combination for long-term weight-loss and weight maintenance.
Table 5-1. *Essence* and *Cosmopolitan* months of weight-loss ads

<table>
<thead>
<tr>
<th></th>
<th>Essence</th>
<th>Cosmopolitan</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>February</td>
<td>7</td>
<td>18</td>
<td>25</td>
</tr>
<tr>
<td>December</td>
<td>5</td>
<td>11</td>
<td>16</td>
</tr>
</tbody>
</table>
**APPENDIX A**

**CODEBOOK**

**Identifying a “weight-loss” advertisement**

First, the coder must determine if the advertisement is advertising a weight-loss product or service. If the ad is for a beverage or food, immediately disregard. The only products and services to be considered are those that exist primarily for weight loss. Become familiar with the product types below. If you can identify one of those product types in the ad then it is certainly a weight-loss ad. However, even if none of the product types below are in the ad, the ad could still be considered a weight-loss ad. Again, the question to consider is “is the product or service advertised primarily as a weight-loss product?” Each ad must be evaluated as a whole to determine if the ad includes a product or service for the primary purpose of losing weight.

**Month and Year of Publication:**

The publication, month and year should be recorded for each ad. For example: “02” (for February) and “2005” (the year) should be listed for each coded ad so that each ad correlates to a specific issue of each magazine (Gong, 2007).

**Unique Ad Number:**

The unique ad number should be assigned ad by ad (Gong, 2007). A unique code will be assigned to each ad and include one letter with seven-digits following. The letter is either “C” (for *Cosmopolitan*) or “E” (for *Essence*). Next, the first two digits represent the month published (e.g. 02), the next two represent the year (e.g. 05) and the remaining three digits will be reserved for the ad number, which begins at 001 and may continue to 999, if necessary. An example of a unique ad number would be “C0105001”. There are two databases to use, one for *Essence* and the other for *Cosmopolitan*. The three digits at the end of the identification number will be unique to each issue of each publication. For example, “001” will be used repeatedly as the same three ending numbers for each issue.

**Product Name:**

Write the brand name of the product being advertised.

**Ad Size:**

If the ad is less than one page you will have to measure the size of the ad with a ruler, in inches. The width is the measurement of the ad from left to right while the height of the ad is measured top to bottom. The measured space should include the entire purchased ad space including borders, white or otherwise. After the width and height is noted, multiply the width and height to get the total ad size in square inches. For example, if an ad 2.5 inches wide by three inches high, the total ad size would be 7.5 inches. This is the only number (total ad size) that needs to be recorded in the ad size field. If the ad is two half pages ads (on facing pages) they should be measured and calculated the same way as an ad that is less than one page (width x height).

**Product Type:**

The product type describes the type of product presented to the reader. There are many different product types and some ads may advertise more than one product (a weight-loss meal advertised in tandem with exercise equipment). If that is the case, check as many product types as presented. If the type of product is not mentioned in the ad, check “unsure” or “other” as needed. If “other” is checked, the coder must write the product type in the field provided.

**Surgical procedure**

Examples include ads that sell Gastro-intestinal bypass surgery, gastroplasty (stomach stapling), and jaw wiring. Cosmetic surgery ads in general do not qualify as a weight-loss ad. The ad must contain some verbiage to indicate
the procedure is for weight loss.

**Meal replacement product**

Meal replacement products typically facilitate the reduction of caloric intake by replacing high-calorie foods with lower-calorie substitutes (Cleland et al., 2002). These products are advertised as meals and are distinct from plans and programs by the nature of a program—a center or coach is likely to be part of a program or plan and not part of a meal replacement product.

**Exercise equipment**

Exercise equipment like treadmills, dumbbells, etc. The ad must contain some verbiage to indicate the equipment will result in weight loss. If the ad suggests the result of using the product is a better body, the ad should be included.

**Dietary supplement**

A product intended to supplement the diet that bears or contains a vitamin; mineral; herb or other botanical; amino acid; dietary substance for use by man to supplement the diet by increasing the total dietary intake; or a concentrate, metabolite, constituent, extract, or combination of any of these ingredients (Cleland et al., 2002). It may take the form of a pill or powder.

**Hypnosis**

Refers to an altered state of consciousness. The ad must contain some verbiage to indicate the service is for weight-loss.

**Topical treatment**

A product intended for weight loss where the active ingredient is absorbed through the skin like a patch or cream (Cleland et al., 2002).

**Wrap**

Bandages often soaked in solutions. Sometimes sold through spas or salons. The ad must contain some verbiage to indicate the product is for weight loss.

**Plan/program/diet center**

A product and/or service that often include required meetings with an advisor or purchasing meals through a company that facilitate weight loss. This cannot be something that an individual can do him/herself. Examples include Jenny Craig and Weight Watchers.

**Design of ad:**

Specify whether the ad is in color or black & white.

**Type of Advertising Technique:**

Advertising technique refers to how the advertisement convinces the consumer to purchase the product or service. Check all that apply, many ads will use more than one advertising technique. If none of the techniques listed are used, select “other” and indicate in the space provided the techniques(s) used in the ad. Select “unsure” if it cannot be determined or “no technique used” if there are no techniques used in the ad.

**Consumer testimonials**

This advertising technique is based on a specific person’s experience/story with the product. For example, “I exercise, eat right, but still overweight… until I took _________” is a testimonial. There must be some sort of “testimony” or story about how they used the product (Cleland et al., 2002; Gong, 2007). It will likely include some verbiage in quotes or be stated in the first person. This may include celebrity endorsements if it seems as though the celebrity has used the product or service.
Before-and-after photos
Both FULL BODY and ISOLATED BODY PARTS are acceptable and count as before-and-after photos (Cleland et al., 2002; Gong, 2007).

Rapid weight loss
The focus is to promote the product by using words like RAPID, QUICK, IMMEDIATE and/or FAST weight loss results (Cleland et al., 2002; Gong, 2007). These may be implicit references and have a time span listed like “lose 20 pounds in 10 days.” Often just a time span is given without an explicit indication that weight loss is rapid. Overall, there should be an indication that the product will work quickly.

Lose weight without diet or exercise
Focus is to promote substantial weight loss without the use of diet or exercise. Verbiage may suggest loss of weight WITHOUT DIET or EXERCISE. The ad communicates that users do not need to alter diets or increase levels of exercise (Cleland et al., 2002; Gong, 2007) to achieve weight loss.

Lose weight permanently
Focus is to promote the product with an indication that weight loss is permanent. “Take it off and keep it off” is an example of a permanent weight-loss message (Cleland et al., 2002; Gong, 2007).

No matter how many times you have failed before
Focus is to promote the product with a statement that implies the user will not fail if he/she uses the product. The text may say something like “no matter how many times he/she has failed in the past.” These ads are often empathetic and assure the reader their failures to lose weight are not their fault (Cleland et al., 2002; Gong, 2007).

Scientifically proven/doctor endorsed
Gives empirical evidence of the effectiveness through specific statistics, clinical trials or doctor endorsement. The claim/technique typically includes statistics based on studies or research (Cleland et al., 2002; Gong, 2007).

Money-back guarantee
Focus is to guarantee consumer satisfaction through a money-back offer (Cleland et al., 2002).

Natural ingredient claims
Natural ingredient claims state the product has natural attributes or ingredients (Cleland et al., 2002; Gong, 2007). If any NATURAL ingredient is featured it qualifies for the natural ingredient technique.

Safe/no side effects
Emphasizes how safe/low risk of side effects the product is. The advertisement makes a point to highlight the safety of the product.

Community/peer support
A focus on social support should be apparent in either the text or imagery. Support from others is obvious and may also have implicit references to tradition (Prividera & Godbold Kean, 2008). An example would be a reference to the peer support a person receives when they take part in support groups or meetings associated with a diet program or plan. A mere image of a model with a person who may appear to offer support is not sufficient. The ad must have clear verbiage that centers on a type of social support.

Race of people in Ad
The single-most prominent individual in the ad should be considered. Prominence can be determined by the size and location of the model. The model whose photo or image is larger or more centered on the page should be considered the most prominent. If two or more individuals appear to be of equal prominence, code the character on the left. Race should be coded as African American, Asian, White, Latino, unknown or no model appears (Kean & Prividera, 2007).
If there is any case where two or more individuals appear to be of equal prominence, code the individual on the far left.

**Warning/Disclaimer**

Coder must type the entire disclaimer. This will often include a warning. The only portions of the disclaimer that do not have to be recorded are those that do not specifically pertain to the product itself. Verbiage regarding licensing of the product/service, special promotional offers, and verbiage about the availability in specific states are not to be recorded. Also, verbiage on coupons should not be recorded. Type the disclaimer in the space provided on the coding sheet EXACTLY as it is written in the ad.

**Counting all the ads in each magazine**

The coder should count “general advertisements tear-out coupons with advertisements, freestanding inserts, recipe booklets with advertisements, and full-page corporate image advertisements” (Pratt & Pratt, 1996, p.510).

- Count ads with only one or two brands advertised, not ads with three or more brands. (Count ads that promote the magazine with a sponsored event or any ad that features the magazine plus one other brand)

- A multi-page ad should count as one ad as long as it appears in succession

- Ads that do not appear in succession or ads separated by editorial content will be counted as two separate ads

- Count display ads only, not classified ads, however, display ads appearing in the classified section may be counted—it must appear as a display ad—textual classified ads are not to be counted

- Count advertorials (ads designed to look similar to editorial content)—The word “advertisement” typically appears at the top of the page

- Do not count magazine subscription offers (this includes any promotion for the sole purpose of selling the magazine)
### Unique ad number

#### Issue of publication
- □ Month
- □ Year

#### Product or service name (write in space provided)

### AD SIZE

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</tr>
<tr>
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<td>1 page</td>
</tr>
<tr>
<td>2</td>
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### PRODUCT TYPE

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<td>Meal replacement</td>
</tr>
<tr>
<td>3</td>
<td>Exercise equipment</td>
</tr>
<tr>
<td>4</td>
<td>Diet pill or supplement</td>
</tr>
<tr>
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<td>Hypnosis</td>
</tr>
<tr>
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<td>Wrap</td>
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### DESIGN OF AD

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### TECHNIQUE TYPE

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<td>Before-and-after photos</td>
</tr>
<tr>
<td>3</td>
<td>Rapid weight-loss claims</td>
</tr>
<tr>
<td>4</td>
<td>Lose weight without diet or exercise</td>
</tr>
<tr>
<td>5</td>
<td>Lose weight permanently</td>
</tr>
<tr>
<td>6</td>
<td>No matter how many times you have failed before</td>
</tr>
<tr>
<td>7</td>
<td>Scientifically or clinically proven/doctor endorsed</td>
</tr>
<tr>
<td>8</td>
<td>Money-back guarantees</td>
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### RACE OF MOST PROMINENT MODEL IN AD

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<tr>
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<td>Other (write in answer in space provided)</td>
</tr>
<tr>
<td>6</td>
<td>No people appear in ad</td>
</tr>
</tbody>
</table>

### WARNING/DISCLAIMER (write in space provided)
LIST OF REFERENCES


BIOGRAPHICAL SKETCH

Sarah Rice came to the University of Florida for the Master of Advertising degree bringing with her, richly diverse experiences from her advertising agency and nonprofit corporation endeavors.

Her education began in St. Augustine, Florida at Flagler College where she received a B.A. in Graphic Design with a focus on advertising and fine arts. After receiving her undergraduate education, she held positions as Art Director with several advertising and non-profit agencies—Willman & Company, Girl Scouts of Gateway Council and Affiliated Advertising. In 2003, Sarah formed S.A. Rice Design & Advertising catering to non-profit agencies. This enabled her to develop new skills in account management as well as gain in-depth knowledge of the non-profit industry. Her multidisciplinary design skills have enabled her to produce award-winning design solutions to various creative projects. Her skill set includes all capacities of art direction including directing copywriters, photographers, and freelancers as well as handling print buying, and overall project management. She has served clients such as Jacksonville Museum of Modern Art, Girl Scouts of Gateway Council, Jacksonville & the Beaches Convention and Visitors Bureau, The Loop Pizza Grill, Women’s Center of Jacksonville, YMCA of Florida’s First Coast, United Service Organization (USO), and many others.

During her time in graduate school, Sarah was the instructor of record for a design and copywriting class for undergraduates. This proved very rewarding and ignited a desire to continue teaching as a full-time career in the advertising and design arena.

Sarah is a wife to John and a mother to Genevieve and Nadine—the two smartest, most beautiful and hilarious girls in the world.
"African-American magazines tend to embrace a mission of advocacy for the African-American community, but if you're not covering evidence-based weight-loss strategies, you're not really helping your community." Fad diets were promoted as legitimate strategies in 15 percent of weight-loss stories in the African-American magazines, compared to only 5 percent in the mainstream magazines. Fad diets, defined as diets that may work in the short term but often do not result in sustained changes, included the Dick Gregory Bahamian Diet, the South Beach Diet, the Hilton Head Diet, and the Atkins Diet. Mainstream magazines offered more strategies per article than African-American magazines. A content analysis of advertisements in three well known magazines targeting African Americans (Jet, Ebony, and Upscale, April 1993 issues) found no written forms of AAVE phonology or grammar, supporting the notion that written language is more formal than oral speech acts. There were two cases of limited dialect differences in vocabulary: written reference to McDonald's restaurant as "Mickey D's" (Jet) and a Nike ad which encourages fathers not to "sweat" their sons (Ebony). Despite the fact that the majority of African Americans speak AAVE, it would be a mistake to assume the black subculture is entirely homogeneous. One subsegmentation strategy is based on the intensity of ethnic affiliation. Deshpande et.al.