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Bridging the gap in obesity messaging: Insights from urban Malaysians on culturally resonant communication

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Abstract

Obesity remains a significant public health issue in Malaysia, with government-led campaigns frequently relying on standardised messages to promote healthier eating. However, such messages often fail to reflect the cultural and socioeconomic realities of Malaysian communities. This qualitative study examined public responses to obesity prevention communication through three focus group discussions involving sixteen adults in Putrajaya. Five key themes emerged: practical disconnect from daily food routines, emotional resistance triggered by judgmental tones, perceived irrelevance due to message repetition, discomfort with perceived interference in cultural norms, and a desire for more respectful and realistic communication. Participants reported that messages targeting traditional foods such as *nasi lemak* and *roti canai* often failed to resonate, provoking defensiveness or disengagement. These findings underscore the need for more culturally sensitive and contextually grounded health communication. Bridging this communication gap through culturally resonant strategies may improve acceptance and effectiveness in national obesity prevention efforts.

Keywords: Obesity Prevention; Cultural Relevance; Health Communication; Message Fatigue; Behavioral Insights

1. Introduction

Obesity has become a pressing public health challenge in Malaysia, with prevalence rates rising steadily over the past two decades. According to the National Health and Morbidity Survey (NHMS) 2023, 54.4% of Malaysian adults are classified as overweight or obese, with particularly high rates observed in urban and administrative centres such as Putrajaya, where access to food, sedentary lifestyles, and constant information exposure are prevalent [1]. In response, the Ministry of Health has intensified communication efforts promoting dietary moderation, physical activity, and healthier lifestyle behaviours. These efforts typically rely on mass communication channels, including posters, infographics, video campaigns, and social media content disseminated through clinics, public institutions, and community outreach initiatives.

Despite sustained investment in these strategies, behavioural outcomes have remained modest. One key concern raised by academics and practitioners alike is the lack of contextual sensitivity in how health messages are designed and delivered. Obesity prevention campaigns in Malaysia often frame common local foods, such as *nasi lemak*, *roti canai*, and local desserts, as calorie-dense items to be avoided or heavily restricted [2]. While nutritionally accurate, such framing frequently disregards the social, emotional, and economic significance these foods hold in everyday life, especially among the Malay majority and working-class populations. This disconnect may diminish message salience and public receptivity, particularly when health messages fail to reflect lived experience. Further compounding this issue is the phenomenon of message fatigue, a state of emotional and cognitive exhaustion triggered by repeated exposure to health messages across multiple platforms [3]. So et al. argue that fatigue arises not only from repetitive content, but also from the convergence of similar messages across communication environments such as social media,

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workplace programmes, television, and clinical settings, collectively exceeding the audience's cognitive bandwidth [4]. In Malaysia, where public health messaging is often centralised and disseminated with little adaptation, this risk is pronounced.

This broader mismatch between message content and audience context reflects a persistent structural issue in Malaysian health communication. Although culturally relevant and audience-specific messaging is well-supported in the literature [5], its implementation remains uneven. Public campaigns continue to favour a top-down approach embedded in biomedical discourse, assuming homogenous knowledge levels, equal access to healthy options, and readiness for behavioural change. As Airhihenbuwa has argued, health interventions that fail to engage with the cultural logic of communities are likely to be ineffective, especially when Western paradigms are applied to non-Western contexts without adaptation [6]. Yet, limited research has examined how Malaysian communities interpret, negotiate, or resist these messages within the constraints of daily life. This study aims to explore how members of the Malaysian public perceive and respond to obesity prevention messaging, with a particular focus on cultural relevance, emotional resonance, and perceived source credibility. Understanding these dynamics is crucial for the development of public health communication strategies that are not only evidence-informed, but also embedded within the social and cultural contexts of the communities they seek to serve.

2. Materials and Methods

2.1. Study Setting and Participants

The study was conducted in Putrajaya, a federal administrative territory where exposure to health campaigns is typically high due to the concentration of civil servants, government-linked institutions, and national-level health initiatives. This setting was chosen to reflect a population familiar with mainstream health promotion efforts. Purposive sampling was employed to recruit Malay adults from diverse socioeconomic backgrounds within the B40 and M40 income categories, as these groups are frequently targeted by obesity prevention campaigns. Recruitment was facilitated through community WhatsApp groups, local health volunteers, and snowball referrals. A total of sixteen participants (10 women, 6 men), aged between 21 and 48 years, took part in three separate focus group discussions (FGDs). All participants were residents of Putrajaya and self-identified as Malay. Inclusion criteria were as follows: (1) Malaysian citizenship; (2) current residency in Putrajaya; (3) age 18 years and above; (4) prior exposure to government-led or community-based obesity prevention messages; and (5) willingness and ability to participate in a group discussion. Individuals with formal training or employment in health promotion or nutrition were excluded to minimise professional bias.

2.2. Data Collection

Data were collected between February and April 2025. Each FGD was conducted in a neutral and private community space and lasted between 60 and 90 minutes. Discussions were facilitated by a trained moderator using a semi-structured guide designed to elicit participants' views on various topics, including recall of obesity messages, emotional and cognitive responses, message relevance, source credibility, and cultural appropriateness. The discussion guide was piloted prior to data collection to ensure clarity and flow. All sessions were conducted in Bahasa Malaysia, with natural code-switching into English permitted as needed. With informed consent, all discussions were audio-recorded and later transcribed verbatim. Field notes were also taken by an assistant moderator to capture non-verbal cues, group dynamics, and contextual observations. Each participant was assigned a pseudonym to protect confidentiality. Ethical approval was obtained from the Universiti Putra Malaysia Research Ethics Committee. Written informed consent was obtained from all participants before participation.

2.3. Data Analysis

Thematic analysis was conducted following Braun and Clarke's six-phase framework. This process involved: (1) familiarisation with the transcripts; (2) line-by-line initial coding; (3) generation of potential themes; (4) review of themes for internal consistency and coherence; (5) naming and defining of final themes; and (6) report writing. An inductive approach was used, allowing codes and themes to emerge directly from the data rather than being informed by predefined categories. Transcripts were read repeatedly for immersion and manually coded by the lead researcher. Microsoft Excel was used to manage and organise the data, allowing for the sorting, grouping, and comparison of codes across participants and groups. Each transcript segment was entered into rows and assigned corresponding codes in adjacent columns. A second coder independently reviewed a portion of the dataset and suggested additional codes. Coding discrepancies were resolved through discussion, and thematic boundaries were refined collaboratively. Manual coding was prioritised over CAQDAS software to enable closer engagement with the small dataset.

As part of reflexive practice, the lead researcher maintained a field journal throughout the data collection and analysis phases. Given the researcher's professional background in public health communication, reflexivity was used to bracket preconceptions and document interpretive decisions. This process ensured that the analysis remained grounded in the participants' voices and perspectives. Verbatim quotes were selected to illustrate each theme and demonstrate variation in viewpoints. English translations are provided alongside the original Bahasa Malaysia excerpts to preserve linguistic and cultural nuance, and to ensure participants' voices are conveyed with authenticity and respect for their lived context.

3. Results and Discussion

This section presents five interrelated themes that emerged from the focus group discussions. The themes illustrate how participants engaged with obesity prevention messages within the context of their daily routines, food culture, emotional responses, and perceptions of tone and source credibility.

3.1. Practical Disconnect from Daily Food Routines

Participants frequently expressed that messages advising them to avoid traditional foods such as *nasi lemak*, *roti canai*, and local desserts felt detached from their lived experience. *Nasi lemak* is a fragrant rice dish cooked in coconut milk, often served with sambal, boiled egg, peanuts, and anchovies, while *roti canai* is a flaky, pan-fried flatbread commonly eaten with curry in Malaysia. These foods were not merely cultural preferences, but affordable, accessible, and time-saving staples, especially for working adults with long commutes and limited time for food preparation.

- "Tell us not to eat *nasi lemak* or *roti canai* that it's not healthy, but that's our normal breakfast."
(*Cakap jangan makan nasi lemak, roti canai, tapi itu sarapan yang biasa kita makan.*) (male, age 45)

Many participants noted that these meals were available near workplaces or schools, required no cooking, and were significantly cheaper than so-called healthier alternatives. This reflects a broader issue of practical relevance in health messaging. Participants did not reject the goal of eating healthily but felt that messages lacked empathy for their socioeconomic routines and failed to provide feasible, accessible alternatives. Some referenced government materials, visual guide, which categorises many traditional high-fat foods as "to be avoided," often without culturally appropriate substitutions [7]. This perception aligns with existing literature on cultural framing, which suggests that health advice is more effective when it resonates with the lived realities, constraints, and values of its intended audience [3]. Without this alignment, even accurate messages may be cognitively acknowledged but practically dismissed.

3.2. Emotional Resistance to Judgemental Messaging

Participants reported emotional discomfort with the tone of some obesity prevention messages, describing them as moralising, directive, or shaming. Rather than motivating behavioural change, these messages often triggered defensiveness or guilt, particularly among those already self-conscious about their body size.

- "When I hear the message, I feel like I'm being judged for my size."
(*Bila dengar mesej tu, rasa macam orang kutuk kita sebab badan.*) (Female, age 21)

Such reactions reflect psychological reactance, a motivational response to perceived threats to autonomy or personal dignity [2,4]. In collectivist societies like Malaysia, where food is central to family routines and social harmony, messages perceived as overly directive may be interpreted as disrespectful or intrusive. These reactions should not be interpreted as ignorance or resistance to health advice, but rather as signals that tone and delivery play a critical role in message acceptance. Emotional defensiveness can obscure message content and erode trust in the source, reducing the likelihood of meaningful engagement.

3.3. Saturation and Repetition Leading to Message Fatigue

Participants across all groups expressed frustration with the repetitive nature of obesity prevention messages. They recalled common slogans and visuals, but said they had become desensitised due to overexposure.

- "It's always the same points, don't eat oily food, sugar, all that. So I don't really pay much attention anymore."
(*Asyik benda sama je, jangan makan berminyak, gula semua tu. Jadi saya tak ambil kisah dah.*) (Female, age 36)

This response is consistent with message fatigue; a phenomenon whereby repeated and unvaried exposure leads to disengagement and avoidance [5]. Participants also noted that messages were rarely adapted for different age groups, cultural backgrounds, or life circumstances. So et al. argue that fatigue is not just a function of frequency, but also of message convergence, when similar messages appear across platforms and settings without variation [6]. In the Malaysian context, where health messaging is often centralised and replicated across clinics, workplaces, and media, even well-designed campaigns can lose their effectiveness when perceived as monotonous or disconnected.

3.4. Perceptions of Overreach in Personal Food Choices

While participants recognised the government's role in public health education, some expressed discomfort with what they perceived as interference in personal or cultural eating habits. Messages that singled out traditional foods were sometimes interpreted as patronising or authoritarian.

- “They keep telling us not to eat *nasi lemak*. But it feels like they're interfering with our way of life. It doesn't feel linked.”
(*Asyik kata jangan makan nasi lemak. Rasa macam kacau cara hidup kita. Rasa tak kena*) (Female, age 28)
- “It sounds like the government is trying to educate us like school kids.”
(*Macam kerajaan nak ajar kita macam budak sekolah.*) (Male, age 45)

These interpretations reflect a deeper tension between message authority and audience autonomy. When health messaging is perceived as a top-down directive rather than community-driven guidance, it can be met with resistance, particularly when it contradicts cherished cultural practices. Similar concerns have been raised in other Malaysian studies, where weight-related messages were seen as moralising or lacking empathy [1]. The challenge is not the health message itself, but how it is framed and who is seen to be delivering it.

3.5. Desire for Respectful, Practical, and Culturally-Tuned Messages

Participants were not dismissive of obesity prevention as a public health goal. On the contrary, many offered constructive suggestions for making messages more relatable and actionable. They advocated for the use of respectful language, practical recommendations, and culturally relevant imagery.

- “They should just say ‘eat *nasi lemak* less often’ or ‘choose smaller portions’. Not make it sound like a sin.”
(*Cakap je makan nasi lemak kurang sikit, atau ambil sikit-sikit. Jangan bagi rasa macam berdosa sangat.*)
(Female, age 30)
- “If the message sounds like it understands our life, then I will listen. Not everyone can afford oats and quinoa.”
(*Kalau mesej tu faham hidup kita, saya akan dengar. Bukan semua orang mampu beli oats dengan quinoa.*)
(Female, age 35)

Several participants noted that messages would be more effective if delivered by trusted community figures such as nurses, teachers, or religious leaders, rather than anonymous officials. These reflections reinforce the importance of co-design in public health messaging. When messages are developed in collaboration with target communities, they are more likely to reflect local values, constraints, and communication norms [10]. From a behavioural insight's perspective, these findings align with the COM-B model, which suggests that behaviour is influenced not only by knowledge and capability but also by perceived opportunity and motivation [8]. Moreover, principles from the EAST framework, Easy, Attractive, Social, and Timely - highlight that message must be contextually resonant and simple to act upon if they are to shift habits and routines [9]. Mass campaigns that disregard these behavioural levers or that fail to account for social norms and emotional cues, risk provoking resistance rather than change. In contrast, messages that feel practical, respectful, and locally grounded are more likely to generate trust and gradual behaviour shifts.

3.6. Summary of Findings

Together, these themes reveal a layered form of disengagement with obesity prevention messaging. Public resistance was not driven by apathy or misinformation, but by a perceived mismatch between message content and lived experience. Factors such as affordability, cultural identity, message tone, and delivery format all shaped how the public engaged, or failed to engage, with health advice. These findings underscore the importance of moving beyond generic, top-down health campaigns and toward communication strategies that acknowledge complexity, embrace empathy, and co-create meaning with the intended audience.

4. Conclusion

This study reveals a persistent cultural and emotional disconnect between national obesity prevention messaging and the lived experiences of urban Malaysians. Participants valued healthy eating but perceived many public health messages as impractical, repetitive, and misaligned with their daily food routines, work patterns, and cultural norms. Traditional foods such as *nasi lemak* and *roti canai* were seen not only as affordable and convenient, but also as deeply embedded in personal and cultural identity. When these foods were categorically framed as unhealthy, without contextual nuance or feasible alternatives, responses often included confusion, guilt, or disengagement. Importantly, message rejection was shaped less by apathy or misinformation than by how the messages were framed and delivered. A judgemental tone, repeated phrasing, and perceived irrelevance undermined credibility. In contrast, participants consistently called for messaging that is respectful, empathetic, and grounded in real-world constraints, communication that acknowledges limitations, promotes small achievable changes, and avoids moralising. To improve the effectiveness of obesity prevention efforts, public health communication must embed cultural sensitivity, emotional intelligence, and co-design with the communities it seeks to serve. Messages should be empowering rather than punitive, with delivery led by trusted local figures and flexibility for local adaptation. From a behavioural insight's perspective, these findings reinforce frameworks such as COM-B and EAST, which emphasise the need for interventions that are not only informative, but also emotionally engaging, socially contextual, and easy to act on. Messages that ignore behavioural, cultural, and environmental realities risk rejection, regardless of scientific accuracy. This study reinforces the importance of bridging the gap between national health objectives and the lived realities of urban Malaysians, highlighting the potential of culturally resonant communication to foster more persuasive, inclusive, and sustainable obesity prevention strategies.

Compliance with ethical standards

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Disclosure of conflict of interest

We declare no conflict of interest.

Statement of ethical approval

Ethical approval for this study was sought from the Universiti Putra Malaysia Ethics Committee. Prior to the participation, all respondents were provided with a comprehensive explanation of the study's objectives, including any potential risks and benefits.

Statement of informed consent

Informed consent was obtained from participants through a designated consent form. Participation was entirely voluntary, and individuals have retained the right to withdraw from the study at any point without penalty.

Article Information

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