Butterfly

Bayside Health

Bayside Health and Butterfly Foundation Project

Summary Report

Brief

Bayside Health Peninsula is a major public health service for Frankston and the Mornington Peninsula and is one of Victoria's leading health organisations. They are responsible for delivering programs that aim to support "healthy eating" and "active living" but also recognise that these messages can cause unintentional distress and harm for people with eating disorders, disordered eating, or body image concerns. Bayside Health Peninsula is interested in understanding the best way to talk about food and nutrition, bodies, and active living in a way that does not trigger or distress people living with/recovered from an eating disorder, people with disordered eating, or those at risk. Given that the Department of Health fund Bayside Health Peninsula, there is an expectation they will support people and settings to increase fruit, vegetables, legumes, and whole grain cereals and reduce high fat, high sugar and high fat foods. Typically, in health promotion messages foods have often been labelled as "healthy", "not healthy", "every day and sometimes foods", and "junk food". Additionally, promoting physical activity is also commonly labelled as "exercise", or "move your body", for example. The aim of this project is to understand how people with lived or living experience of an eating disorder feel about health promotion messaging and language in relation to food and movement. The Bayside Health Peninsula Health Promotion Team is interested in what words and phrases feel supportive and helpful, rather than those that elicit shame and judgement. They want to understand whether it is possible to communicate health promotion messaging in a neutral way without moralising food and movement.

Methods

Study design

This project facilitated by Butterfly Foundation employed both focus groups and surveys to understand what individuals with lived/living experience thought about certain public health words and phrases when promoting food and movement.

Participants

Participants from Butterfly Foundation's online lived experience network, the Butterfly Collective, were recruited in October. All members from the Butterfly Collective were eligible participants, and there were no restrictions on participants' locations, however Victorian participants were encouraged.

Data collection

Survey: Participants from the Butterfly Collective were invited to complete a 15 minute survey which comprised of a series of self-reported questionnaires adapted for the current study. The questions explored how participants felt when they heard/read certain words and messages about food, eating, and movement. The survey included both multiple-choice and open ended-questions such as "how do messages about 'healthy eating' impact your relationship with food?", "when campaigns promote 'choosing carefully' or 'limiting' certain foods, how does this language make you feel?", and "below are some alternative phrases to 'healthy eating'. Which of the below words feel most inclusive and supportive of your wellbeing?" The survey was reviewed by a psychology researcher and expert in the eating disorder space to ensure the questions were appropriate and clear. Surveys were administered via Survey Monkey and were available on any electronic device. Participant responses were anonymised for analysis to ensure confidentiality.

Focus groups: Two semi-structured, audio-recorded focus groups (one online and one in person) were conducted in November 2025 and were facilitated by KM and CT. The aim of the focus groups was to gain insight into what participants thought and felt about certain health promotion messages. The interview guide was developed using the project brief and the expertise of the Butterfly team. The first section explored participants' views on food language, where participants were asked to categorise terms such as "healthy eating", "food and nutrition", "foods for nourishment", and "healthful foods" into the categories: feels supportive/safe, unsure, and feels unhelpful/triggering. Similarly, this was conducted for language around movement. Terms such as "physical activity", "exercise", "move your body", and "keeping fit" were categorised into the same three categories. The final section required participants to think about what value-based and size-inclusive messaging meant to them and what values should guide Peninsula Health when developing health promotion campaigns.

Data analysis

Survey: Descriptive analyses were performed using Survey Monkey's automatic analysis features, where n (%) are presented for demographic and scale related questions. Open-ended questions were analysed by CT, where survey responses were manually coded in Google Sheets. Summaries for each question were generated first, followed by overall themes based on the findings from both surveys and focus groups.

Focus group: Focus group interviews were transcribed via Microsoft and were analysed using a thematic approach. Interviews were on average 1hr 30 mins. Interview transcripts were first read in order to become familiar with the data, preliminary labels and codes related to the aims of the project were applied to both transcripts manually. Preliminary themes and subthemes describing patterns and meanings across codes were identified, discussed, and are presented below.

Results

Participant characteristics

Participant characteristics for the survey and focus groups are presented in Table 1 and 2 respectively. The final sample for the survey included 82 participants from the Butterfly Collective, where the majority of participants were between 26 – 35 years (31.4%), identified as female (88.4%), and 29.1% were from Victoria. Over 30% of the sample also identified as neurodivergent, and over 20% as living with a disability. The final sample for the two focus groups was 18 participants (8 online and 10 in-person). Participants were aged between 19 and 43, were mainly from Victoria (55.5%), and identified as female (55.5%).

Table 1
Survey participant demographics

Variable	Categories	N (%)
Age	16-25	19 (22.1%)
	26-35	27 (31.4%)
	36-45	20 (23.4%)
	46-55	13 (15%)
	56-65	7 (8.1%)
State/Territory	Victoria	25 (29.1%)
	New South Wales	32 (37.2%)
	Queensland	11 (12.8%)
	Australian Capital Territory	0
	South Australia	3 (3.5%)
	Western Australia	15 (17.4%)
	Northern Territory	0
Gender	Female	76 (88.4%)
	Male	3 (3.5%)
	Non-binary	7 (8.1%)
Intersectionalities	Aboriginal and/or Torres Strait Islander	1 (1.2%)
	LGBTQIA+	19 (22.3%)
	Neurodivergent	31 (36.5%)
	Living with a disability	20 (23.5%)
	Culturally linguistic background	8 (9.4%)
	Prefer not to say	4 (4.7%)
	None of the above	32 (37.6%)
Lived/living experience	Eating disorder	76 (88,4%)
	Disordered eating	50 (58.2%)
	Body image concerns	65 (75.6%)
	None of the above	0
	Other	5 (5.8%)

Table 2
Focus group participant demographics

Participant number	Age	State	Gender	Focus group
P1	32	VIC	Male	In-person
P2	33	VIC	Non-binary	In-person
P3	34	VIC	Female	In-person
P4	19	VIC	Female	In-person
P5	36	VIC	Female	In-person
P6	37	VIC	Female	In-person
P7	37	VIC	Female	In-person
P8	43	VIC	Female	In-person
P9	35	VIC	Male	Online
P10	36	NSW	Non-binary	Online
P11	38	VIC	Male	Online
P12	31	SA	Female	Online
P13	28	VIC	Female/Non-binary	Online
P14	34	NSW	Male	Online
P15	36	NSW	Male	Online
P16	34	NSW	Female	Online
P17	19	TAS	Male	Online
P18	37	NSW	Female	Online

Themes

Combining the results from the focus groups and survey, two themes were generated with six correlating subthemes. The two themes are related to challenges of health promotion language around food and movement and recommendations for improvement. Each theme and subtheme are described below with corresponding quotes, as well as descriptive data from the survey to support findings the discussions.

Theme 1: Challenges of health promotion language around food and movement

Subtheme 1.1: Moralising language reinforces shame and restriction

When participants were asked about the current health promotion language related to food, participants consistently described it as instructive and compliance-focused. Many participants felt that prescriptive language such as "healthy vs non-healthy" was seen as inappropriate for population-level campaigns where individual needs, capacities, and contexts vary widely. Messaging that tells people what they "should" do was experienced as judgemental, deficit-based, induced shame and guilt. For example, 83.6% of participants who completed the survey felt that labelling foods as "good or bad" was very unsupportive and stigmatising. Participants also felt that the term "junk food" (67.2%) and "discretionary foods" (53.7%) were unhelpful and stigmatising. This binary framing of food and movement (e.g., fit/unfit bodies, exercise vs inactivity, good/bad foods) was harmful and encouraged all-or-nothing thinking and rigid rules. Additionally, several participants spoke about the internalisation of health promotion messaging, where they always tried to choose "healthy" food options, out of fear they would feel guilty or shameful about choosing "unhealthy" foods. Participants felt pressure and overwhelmed when making food and movement decisions as they did not want to be judged by others. Overall, this framing of food and movement was linked to shame and self-blame amongst participants.

Subtheme 1.2 Creates challenges to eating disorder recovery

Participants also described how health promotion language describing food and movement created challenges to their eating disorder recovery. Over 80% of survey participants found current public health campaigns to be distressing or triggering to their eating disorder as the framing and messaging often reinforced restrictive eating and over-exercising behaviours. For example, participants acknowledged how the moralisation of food and movement (as described above) can create rules, which contributed to thoughts and behaviours around restriction and/or compensatory exercise. Majority of survey participants agreed that terms such as "choosing carefully" or "limiting" certain foods was not supportive of their lived/living experience of their eating disorder and triggered unhelpful thoughts. Participants described that their recovery included trying to increase and improve their food intake and seeing these messages in health promotion messaging was often challenging.

Subtheme 1.3 One size does not fit all

Whilst many participants acknowledged that certain terms are widely used in society and difficult to avoid in public health messaging, many highlighted that food and movement language often lacked context and assumed access, capacity, time, energy, and physical ability. Participants commonly described health promotion language as ableist and ignored factors such as disability, chronic illness, pain, fatigue, or neurodivergence. The advice was also seen as disconnected from important social determinants such as cost, housing, work, caregiving, and culture. Participants described how what was considered "healthy" in one context may substantially differ to another depending on a range of factors such as the type of eating disorder, stage of recovery, co-existing conditions, socioeconomic status, cultural backgrounds. Further, health promotion language and messaging that include numerical targets and standardised benchmarks (e.g., steps per day, minutes of activity, amounts of food), increased pressure and promoted a one-size fits all approach to food and movement. Participants described how this could create internal comparison and feelings of failure when they were unable to meet these benchmarks. Therefore, participants highlighted the importance of remaining proactive and continuing to engage with a range of communities to ensure language was safe and supportive and did not use prescriptive language.

Table 3
Participant quotes for Theme 1

Subtheme	Participant quotes
Subtheme 1.1 **Moralising language reinforces shame and restriction**	• "I think the problem occurs when we start labelling foods which society deems as junk food or unhealthy and putting them as a label as we should avoid them." • "I could be exercising four hours a day and you say exercise more — actually, I'm harming myself." • "You need to have X amount of steps a day, am I a failure because I can't achieve that?" • "'Keeping fit' is the one that is least motivating and positive... something about like having to maintain this standard." • "I roll my eyes wherever I see like a food like healthy eating or physical activity campaign, because I think it centres around shame, and like you're trying to shame someone into a behaviour change, which, in this context, is quite harmful."
Subtheme 1.2 **Creates challenges to eating disorder recovery**	• "It encourages my eating disorder voice to become louder, leading to harsher restrictions that feel like the right thing to do." • "I don't like the word 'limit' at all. Restriction and bingeing can be a terrible cycle that occurs because you are trying to 'limit' certain foods. It also hits too close to an eating disorder, which thrives on rules such as limiting or restricting certain foods." • "My eating disorder absolutely latches onto that as approval to remove food from my diet, because if it's being promoted to do this by official bodies, then it must be healthy"
Subtheme 1.3 **One size does not fit all**	• "The accessibility to be able to get fresh food can be limited." • "Something that would be completely healthy and in fact beneficial and maybe recommended for some people could be really, really harmful and unhealthy for others." • "Joyful movement just makes me... it's like an eye roll movement for me... because I think that it's often used in contexts that can be quite ableist." • "That's ableist number one, especially because there's so many people living with disability who rely on these sorts of foods."

Theme 2: Promoting food and movement without harm

Subtheme 2.1 Promoting foods in a supportive way

Participants expressed a desire to continue promoting nutritious eating, however acknowledged the importance of being mindful and reflective about how the messaging is framed. It is important to avoid moralisation of food and creating rigid food rules that could be misinterpreted. When survey participants were asked what words felt more supportive than "healthy eating", over 40% identified "foods for nourishment" and "nourishing foods" as suitable alternatives. While these words are less harmful than "healthy eating", several participants from the focus groups acknowledged that this term could change from person to person and could be interpreted differently. For example, one participant described that "all foods contain nourishment in different ways" and "what is nourishing for you one day can be totally different the next". Therefore, it is important to provide examples and context in health promotion messaging to ensure it is safe for different communities. Other alternative terms identified included "variety of food" (38.8%), "food for health and wellbeing" (28.4%), and "eating for wellbeing" (28.4%). The main reason participants preferred these terms were because they were more neutral overall and acknowledged that people eat differently. As such, these terms were more suitable to individual needs. Participants felt that these terms did not place moral value or judgement onto food, did not label food, and did not moralise food. Regardless of the language and messages chosen, it is important for campaigns to continue being reflective and mindful of how certain phrasing can trigger eating disorder thoughts/behaviours.

Subtheme 2.2 Promoting movement to emphasise enjoyment and connection

When participants were asked about what languages and messages were safe and supportive and caused the least amount of harm, the key focus was to promote enjoyable movement that encouraged feeling good in our own bodies, social connection, and community engagement. Survey participants identified "movement" (66.7%) and "joyful movement" (39.4%) as the most suitable phrases to describe physical activity. Focus group participants stated that language that promoted joy, was a more effective motivator than health promotion messaging that elicited fear, guilt, or pressure. Movement practices that promoted safety, comfort, and were capacity-aligned were more likely to be sustained. Participants acknowledged that movement is different for everyone, and messaging should promote and demonstrate a range of different physical activities. Messaging should also focus on promoting the benefits for mental health and wellbeing and should not focus on movement to change appearance or reduce weight. Importantly, participants highlighted the importance of also promoting rest, flexibility, and the ability to disengage when needed.

Subtheme 2.3 Inclusion, autonomy, and accessibility as key priority values

When participants were asked what values Peninsula Health should prioritise and lead by, the most common were accessibility and inclusivity. They acknowledged that effective health promotion should prioritise inclusion over precision or optimisation, and that feeling seen, respected, and not judged was described as the most meaningful outcome, rather than health itself. Autonomy and choice were also identified as particularly important for people with lived experience. As such, health promotion messaging should continue to acknowledge and include the voices of individual's with lived/living experience of an eating disorder to ensure language does not perpetuate stereotypes and stigma about weight, food, and movement. Importantly, it should not promote the idea that being in a smaller body is healthy, that weight defines your worth, and that there is only one way to eat and move.

Table 4
Participant quotes Theme 2

Subtheme	Participant quotes
Subtheme 2.1 **Promoting foods in a supportive way**	• "The accessibility to be able to get fresh food can be limited." • "Having a variety of foods is important for health I think and eating for wellbeing to me acknowledges that everyone's needs, and diets may be different, and you need to do what's right for you." • "They highlight how different people need different diets and amounts and they don't force everyone to eat the same foods." • "Words like nourishment, supportive and accessible nutrition/foods are more welcoming, less guilt ridden. It's meeting the person where they're at, and focusing on what's possible and feasible when it comes to exploring our food intake, and what is still going to bring joy/energy/etc." • "I picked the three phrases which used "wellbeing" in them, because to me food is for mental and physical wellbeing not just physical health, and food can be healthy if it helps your mental health, like chocolate is not nutritionally healthy but on your period or on a bad mental health day it may help change your mental and brain to feel happier."
Subtheme 2.2 **Promoting movement to emphasise enjoyment and connection**	• "She did it because she loved it, not because it was exercise." • "Doing things for enjoyment instead of driving your body into the ground; focus on how movement supports injury prevention, joints, bone and muscle health etc, as opposed to how it effects physical appearance and weight." • "Move your body for enjoyment and to keep active in a healthy way because you feel like it, not because you're being told it's healthy and doing it for the wrong reasons. Tune in and listen to your body and rest if you need to." • "I would love to see campaigns that celebrate incidental movement. Walk to work, work in the garden, dance to music, run and play with kids, go swimming at the beach on a hot day. We tend not to recognise the benefits of these bits of movement and so many people think exercise can only be achieved with a gym membership." • "Movement for joy, it's about connecting with your body, and moving because it is nourishing you, and making you feel good. It is unique to the individual, and it does not have to look like slogging it out sweating in the gym. It's not about punishing yourself or burning calories to earn your food."
Subtheme 2.3 **Inclusion, autonomy, and accessibility as key priority values**	• "More inclusive, accessible, that people need different lives, have different capacities, different abilities, and there's not a one size fits all to put there". • "Everyone should be able to access resources to help them make educated decisions on what to put into their body and understand how to look after their body." • "Acknowledging the human variation and challenges people face, provide more accessible and cost supported access to support and treatments."

Summary of Considerations

While there was variability among participants, and regardless of the language chosen, below is a list of considerations that participants believe would make health promotion messaging more supportive and safer.

Table 5

Considerations for health promotion messaging

Area	Food Considerations
Food language	• Not associating food with weight or appearance • Not labelling foods as "good" or "bad or promoting how people "should" be eating • Promoting eating for joy and social connection • Educate individuals on the benefits of certain nutrients • Education about the function and purpose of foods • Focusing on what to add rather than what to restrict and/or limit • Not moralising food
Movement language	• Focus on the benefits for physical, mental, and social health and wellbeing • Does not focus on altering appearance or weight • Promoting movement for joy • Promote a range of different physical activity types • Encourage individuals to appreciate and have gratitude for their bodies

Conclusion

Overall, participants strongly advocated for a shift away from health promotion messaging and language that was prescriptive and employed a one-size fits all approach. Rather, it should employ compassionate methods to discussing food and movement, and should constantly prioritise language that is safe, supportive, and inclusive of individuals with lived/living experience of an eating disorder.