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Culture and public health: the case of nutrition policy

Owen Thomas, MSc, DPhil (University of Oxford)[1*]
Independent Researcher, United Kingdom

Abstract

Background Public health policies are deeply shaped by cultural norms, values, and understandings of responsibility. Culture operates both as a constraint on policy feasibility and as a justificatory resource for legitimising interventions. Despite growing recognition of these dynamics, few analyses systematically examine the mechanisms through which culture mediates nutrition policy design and public acceptability.

Purpose This commentary argues that culture plays a central role in shaping how nutrition policies are framed, justified, and perceived across different contexts. It draws on comparative examples from France, the United Kingdom, the United States, and Pacific Island countries to illustrate the analytical structure of this relationship.

Scope The analysis examines two interconnected dimensions: culture as a constraint that determines the moral and political boundaries of acceptable intervention (the Overton Window), and culture as a resource mobilised to legitimise and frame health policy. A comparative table and conceptual framework illustrate variation in cultural framing, policy instruments, and acceptability rationale across four policy contexts.

Conclusion Recognising the reciprocal relationship between culture and policy is essential for developing ethically defensible, context-sensitive, and effective public health interventions. Policies attuned to existing cultural values are more likely to gain acceptance and, in turn, to reshape cultural norms sustainably.

Keywords public health policy; nutrition; culture; food policy; obesity prevention; health behaviour; intervention acceptability; nanny state; Overton Window; policy framing

***Correspondence:** owenthomas@oxon.org | ORCID: 0009-0007-5238-9627
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1. Introduction

Public health policy arises within, and is influenced by, surrounding culture. Cultural norms, values, traditions, and collective understandings of health, behaviours, and responsibility play a decisive role in shaping both what kinds of policies are considered acceptable and how they are justified [1,15]. Culture operates in different interconnected directions. On the one hand, it constrains and structures policymaking by setting the moral and political boundaries of what is feasible—sometimes referred to as an Overton Window. Each culture conveys its own understanding of the role of policy, including when it comes to the scope of what governments ought to address [2]. On the other hand, cultural ideas are often actively mobilised as a justificatory resource, used to legitimise interventions, frame health problems, and secure public support [1]. In that sense, public health policy is both partly determined by culture and justified through its lens. Culture does not merely influence public attitudes after policies are introduced, but shapes the language, aims, and ethical framing through which health issues are defined and addressed. This relationship helps explain why similar public health problems generate markedly different policy responses across countries, and why certain interventions succeed in some contexts while failing in others [16,17]. This commentary explores this idea, drawing on the case of nutrition-related policies.

2. Culture as a constraint on policy: moral acceptability and feasibility

One of the most significant ways in which culture affects public health policy is by determining what

kinds of interventions are perceived as morally acceptable or politically legitimate [2,15]. As noted by Kahan and Braman, culture is prior to facts in the cognitive sense that what citizens believe about the empirical consequences of policies derives from their cultural worldviews [3]. Cultural attitudes—including to risky health behaviours [4], individual responsibility, and state authority—shape how populations respond to regulatory measures. The Nuffield Council on Bioethics formalised this insight through the concept of the intervention ladder, which ranks policy measures from least to most intrusive and argues that the further up the ladder the state climbs, the stronger the justification must be [15]. Cultural context determines precisely where this justificatory threshold is perceived to lie.

For instance, there is a visible contrast in nutrition-related policies between countries like France or Italy and the United States (US) or United Kingdom (UK). In France, food is widely understood as a collective and cultural matter rather than a purely individual choice. Meals are embedded in traditions, social rituals, and national identity. As a result, policies aimed at protecting children from unhealthy food environments —such as bans on vending machines in schools or the ban on refills of sugar-sweetened beverages—have been more readily accepted [1,7]. When implemented, these interventions were not framed solely as technical responses to obesity, but as measures to preserve a particular food culture centred on structured meals, culinary quality, and moderation [8]. The cultural significance of food provided a moral foundation for intervention, making restrictions appear protective rather than intrusive.

By contrast, in the UK, debates around food policy have tended to place greater emphasis on individual choice and personal responsibility. British policymakers often avoid explicit claims about what people ought to eat, instead framing interventions in terms of enabling or empowering healthier choices [1,5]. This cultural emphasis on choice helps explain why UK policies have frequently relied on nudges, information provision, and environmental changes—such as restrictions on the placement of foods high in fat, salt, or sugar (HFSS) in supermarkets—rather than stricter approaches [5,10]. Even when policies are interventionist in practice, their justification is carefully aligned with cultural sensitivities around autonomy.

The United States offers an even clearer example of cultural constraint. Strong cultural commitments to individual liberty and scepticism towards government intervention have made more radical food and health policies particularly difficult to implement [16]. Even relatively modest interventions can provoke accusations of “nanny-statism” and trigger psychological reactance [13,14], as illustrated by the various attempts at curbing sugar consumption in New York City—including the contested restrictions on large sugar-sweetened beverage containers (which failed to be implemented) and awareness campaigns which were heavily criticised in the media [1,6]. In this context, policymakers have often relied on information campaigns rather than structural regulation [18]. Here, culture not only shapes public reaction but actively limits the range of policies considered politically viable.

Table 1 summarises these cross-national variations, illustrating how cultural framing shapes both the type of policy instruments adopted and the rationale through which their acceptability is constructed. The analytical implication column identifies the mechanism through which culture mediates each policy context.

Table 1. Comparative overview of cultural framing, policy instruments, and analytical implications across four nutrition policy contexts.

Country / Region	Cultural framing of food	Dominant policy approach	Key policy instruments	Acceptability rationale	Analytical implication
France	Collective heritage; national identity; structured meals	Structural regulation	School vending machine bans; SSB refill bans; national meal standards [1,7,8]	Protective of culinary tradition; preserving shared identity	Culture provides moral foundation; restrictions framed as cultural protection, not paternalism
United Kingdom	Individual autonomy; fairness norms; pragmatic caution	Nudge-based; environmental restructuring	HFSS placement restrictions; advertising limits; soft drinks industry levy [5,10,11]	Empowering choice; supporting families	Cultural emphasis on autonomy requires policy to avoid explicit prescription; framing as

					enablement
United States	Liberty; personal responsibility; anti-statism	Information provision; minimal regulation	Labelling; awareness campaigns; contested local beverage taxes [1,6,16]	Preserving consumer freedom and market choice	Strong Overton Window constraints; structural intervention triggers political backlash [13,14]
Pacific Island Countries	Communal wellbeing; indigenous food traditions; post-colonial identity	Import regulation; cultural revalorisation	Tariffs on imported processed foods; traditional diet promotion [9]	Defending indigenous practices against globalisation	Culture mobilised to frame NCDs as consequence of external disruption [19,20]

3. Culture as a justificatory resource: legitimising and framing health interventions

While culture frames the context of policy, it is also relied on to legitimise public health interventions. Policymakers frequently draw on shared values, traditions, and collective identities to frame health issues in ways that resonate with the public [1,17]. Cultural arguments can help explain why an issue matters, why state intervention is appropriate, and how a policy aligns with broader social goods.

The French case again offers a clear illustration. Policies aimed at improving diets and reducing childhood obesity have often been justified not only on health grounds, but as defences of national food culture. Protecting children from highly-processed foods or aggressive marketing is presented as preserving culinary heritage and social practices associated with shared meals [7,8]. In this way, cultural arguments reinforce health justifications, portraying intervention as safeguarding valued ways of life rather than imposing new norms.

Similar strategies can be observed in other contexts. In Pacific Island countries (which have some of the highest obesity rates in the world), public health concerns about non-communicable diseases have been framed in relation to the cultural disruption caused by globalisation and the erosion of traditional diets [19,20]. Policies targeting imported, highly processed foods have been justified by appealing to the value of indigenous food practices and communal wellbeing . In this case, culture highlights the moral urgency of health intervention and situates health harms within a broader narrative of social change.

Even in the UK, where policymakers are more cautious about invoking substantive cultural ideals, cultural arguments remain present in a different form. Government justifications for HFSS marketing restrictions often emphasise ideas of fairness, and supporting families and children to make health choices [10,11]. These appeals draw on widely shared cultural commitments to child welfare and equity, even when avoiding explicit claims about national food culture. Culture thus operates implicitly, shaping which values are foregrounded in policy.

Overall, culture plays a crucial role in how health problems themselves are defined. What counts as a policy problem, whose behaviour is seen as problematic, and which outcomes are prioritised are all influenced by cultural assumptions. In more individualistic cultures, health issues (particularly NCDs linked to lifestyle habits) are often presented as a matter of personal failure, leading to policies focused on education and self-regulation [12]. In contexts where food is understood as socially embedded, obesity is more readily framed as a collective problem linked to food environments, marketing practices, and cultural change [1,17]. This framing makes structural interventions more intelligible and defensible. Figure 1 illustrates this bidirectional relationship conceptually.

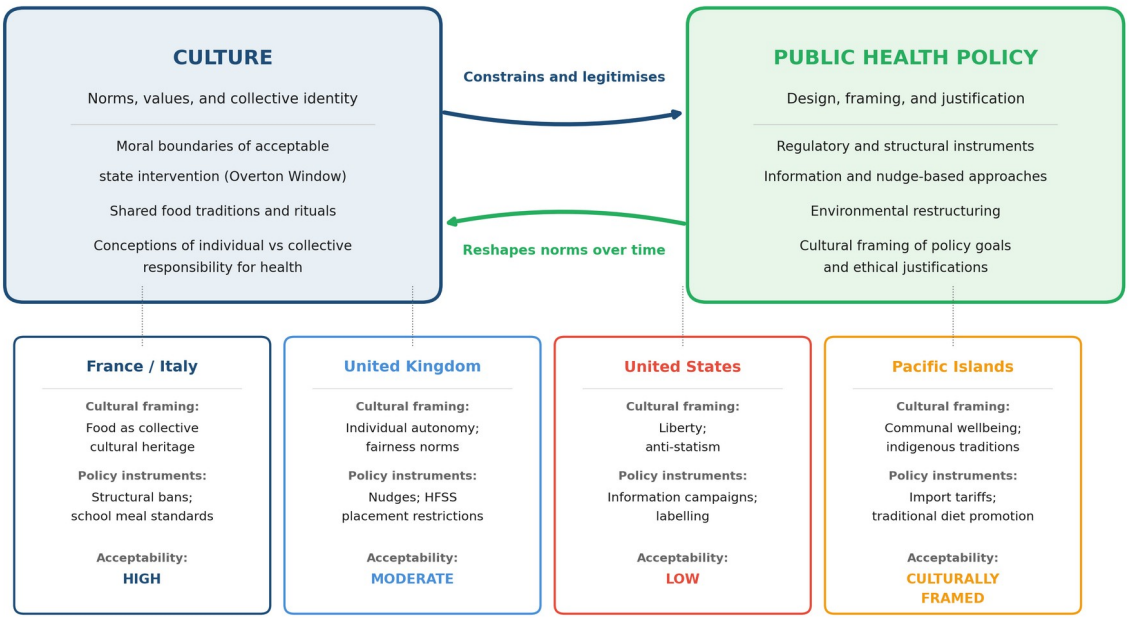

Figure 1. Bidirectional relationship between culture and public health policy: conceptual framework with illustrative country examples.

4. The reciprocal relationship: policy shaping culture

Importantly, the relationship between culture and public health policy is not one-directional. While culture shapes policy, policy can also reshape culture over time (Figure 1). Repeated exposure to regulations, public messaging, and environmental changes can alter social norms and expectations, gradually transforming what is seen as normal or acceptable [16,18]. Restrictions on advertising, changes to retail environments, and nutritional labelling contribute to shifting cultural understandings of food and health. Over time, these policies can help normalise healthier practices and weaken the cultural dominance of specific products and behaviours.

This relationship reinforces the importance of cultural awareness in policymaking. Policies that are well attuned to existing cultural values are more likely to gain acceptance and, in turn, to influence cultural change in a sustainable way. Conversely, policies that ignore cultural context risk resistance or reactance [13,14], backlash, or ineffectiveness [1]. The evidence from comparative nutrition policy suggests that the most effective interventions are those that work with, rather than against, prevailing cultural logics—either by framing structural measures in culturally resonant terms or by building coalitions of support around shared values such as child welfare, fairness, or cultural preservation.

5. Conclusion

Culture plays a central role in public health policy, both as a constraint on what is morally and politically feasible and as a resource for legitimising intervention. The examples discussed demonstrate that cultural norms shape policy design, framing, and justification, while cultural arguments help explain why certain health issues demand collective action. At the same time, public health policies can reshape culture by influencing norms, expectations, and shared understandings of health and responsibility. Recognising this reciprocal relationship is essential for developing ethically defensible, context-sensitive, and effective public health interventions.

Abbreviations

HFSS — High in fat, salt or sugar
NCD — Non-communicable disease
SSB — Sugar-sweetened beverage
UK — United Kingdom
US — United States
WHO — World Health Organization

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Author details

[1] Independent Researcher, United Kingdom.

ORCID iDs.
Owen Thomas: https://orcid.org/0009-0007-5238-9627

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