



Know the Facts

Health



A Glimpse on Discrimination: Stigmatization of Overweight and Obesity

Definition of Obesity

Overweight and Obesity affect more than 2 billion adults globally. Obesity is considered one of the leading metabolic factors, that increases the risk of non-communicable diseases (NCDs), such as diabetes, cardiovascular diseases (heart attack and stroke), some type of cancers, respiratory diseases (asthma, chronic obstructive pulmonary disease, sleep apnea) and mortality.

People who have obesity are also at increased risk of many serious health conditions, such as: Hypertension, Dyslipidemia, Gallbladder disease, Osteoarthritis, Body pain and difficulty in physical functioning, Mental illness (like depression, anxiety) and reduced quality of life.

Obesity is a chronic disease with a complex etiology of genetic, physiological, psychological, environmental and behaviors factors and usually is a lifelong condition for most obese persons.

Definition of weight bias and obesity stigma

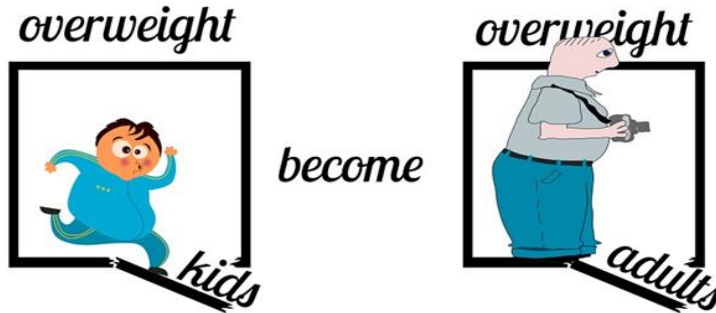
Throughout history, disease stigma, ranging from cholera to syphilis and HIV/AIDS occurred when groups were blamed for their illnesses, as being immoral, unclean or lazy. Disease stigma has also impaired the efforts to prevent the progression of these diseases.

Weight bias is defined as negative attitudes towards others solely because of their weight and can lead to *Obesity stigma*, which is the social label attached to the individual who is the victim of prejudice. These negative attitudes are stereotypes implying that obese individuals are lazy, unsuccessful, unintelligent, lack self-discipline, have poor willpower and do not comply with weight-loss treatment.

According to the World Health Organization (WHO), obesity stigma involves actions against overweight people that can lead to exclusion and marginalization. Fifty-four percent of adults with obesity are stigmatized by co-workers.

Individuals with obesity experience stigma in multiple domains of living, including the workplace, health care facilities, educational institutions, the mass media and even in interpersonal relationships from family and friends or among children ages as young as 3 years old.

Although the prevalence of obesity has nearly tripled over 40 years and weight discrimination has increased by 66% over the past decade, obesity stigma does not receive the same recognition or intervention as other disease stigmas.



Societal perception of obesity

Actually obesity stigma is a compelling social problem where the prevailing societal notion is that obesity is perceived as a matter of personal responsibility.

Society often regards obese individuals personally responsible for their weight and health problems caused by factors within personal control, such as: laziness, overeating, lack of exercise and lack of willpower.

Therefore there is a common perception that weight stigmatization is justifiable and that obesity stigma may motivate obese persons to adopt healthier life-style behaviors (healthy diet patterns and regular physical activity).

However, the heart of the stigma is the failure to recognize and treat obesity as a chronic complex disease and understand that obesity stigma is not a beneficial public health tool to reduce obesity.

On the contrary, stigmatization of obesity poses serious risks to the psychological and physical health of obese individuals, generates health disparities and interferes with the implementations of obesity prevention efforts.

Women and obesity stigma

In Western societies, females are usually addressed with the message that thinness is beauty, self-efficacy, power and success. Being overweight or obese is one of the most socially suffering and stigmatized conditions among children, young people and adults, especially women.

According to the World Health Organization (WHO), women experience more obesity stigmatization and internalize weight bias more than men. This notion results in women holding negative beliefs about themselves due to weight (*internalized weight-bias*) and experiencing more eating pathophysiology.

Even in academia, weight bias has an impact on the credibility of overweight female academics, who often must be confronted with both gender and obesity stigma. One of the stereotypes regarding fat academics is the lack of competence and confidence in and out of the classroom. The pressure for overweight women in the academy is to be more understanding, humorous and intelligent.

Children and Obesity stigma

Research shows that school-aged children with obesity have a 63% higher chance of being bullied or victimized because of their weight by peers, family and friends. They can experience verbal threats and physical assaults, such as: being spat on and having property stolen or damaged.

Weight-based victimization can also trigger feelings of shame, low-self-esteem and poor body image, which in turn can lead to lower participation in physical activity and avoidance of eating in public for fear of public humiliation.

Children and young people with obesity can also experience social isolation by being excluded from social activities or ignored by classmates. Stigmatization of obesity among children is also associated with reduced educational attainment and lower educational outcomes.



Weight-based teasing and stigmatization among overweight youths has been linked with lower levels of physical activity and negative attitudes about sport. It can increase the risk of unhealthy eating behaviors and eating disorder symptoms, such as binge-eating or bulimia and mental disorders, such as depression and even suicide.

Public health professionals and obesity stigma

Research has shown that health care settings are a significant source of obesity stigma, which can affect the quality of care for patients with obesity, contributes to reduced health care use and increases the risk of mortality and disability.

Negative stereotypes and attitudes in health care settings include views that overweight people are lazy, dishonest, annoying, lacking in self-discipline and noncompliant with treatment.

In response, obese patients report negative experiences with health professionals, such as: feel disrespected, perceive that their weight is blamed for all their medical problems, feel that they will not be taken seriously because of their weight and therefore are reluctant to address their weight concerns to health providers.

The role of Media and the complex etiology of obesity

In addressing obesity, the media seem to play a negative role as, besides projecting other body-type prototypes, they emphasize that both the cause and the solution for obesity reside within the individual.

Research studies in the US show, that 72% of media images stigmatize obese persons and that a high percentage of discussions in social media, are of fat shaming nature. Fat-shaming messages or criticizing people about their weight or eating patterns are often used by media to motivate people to change their behavior.

However, those prevailing messages do not reflect the science. According to CDC (Centre for Disease Control) apart from the genetic and biological factors that regulate body weight, multiple social and environmental factors promote and reinforce obesity, including food marketing and promotion.

Our physical environment has decreased opportunities for healthy lifestyle decisions through factors, such as urban design, land use, public transportation availability and lack of sidewalks or safe bike trails.

The relatively high prices of healthy foods (e.g. fresh fruits, vegetables, fish and dairy products) combined with the excessive advertising of unhealthy energy foods and beverages contributes to the increasing consumption of fattening products.

Relating to the stigmatization of obesity, it is apparent that people and families make decisions based on their environment or community rather than lacking self-control and willpower.

Therefore, sustaining such a discussion on creating environments that promote physical activity and healthy eating patterns is essential to the solution of obesity.





Pathophysiology of Obesity and the relation between Obesity stigma and BMI

Emerging research suggests that the high degree of psychological stress experienced by an obese person, as a result of obesity stigma, contributes to the pathophysiology associated with obesity. Many of the adverse biochemical changes that are associated with adiposity are activated by a particular physiological mechanism that can increase appetite, fat retention and food intake.

Obesity is often defined as excessive adiposity and a focus solely on body-mass index (BMI)-used for screening and population measurement - exacerbates the misunderstanding and stigma.

Research also shows that even modest weight loss improves health indices, such as: glycaemia, blood pressure, lipids, mobility and quality of life. These are benefits that are unlikely to alter appearance for most obese persons, as they do not require a return to the normal BMI (weight in kilograms divided by height in meters squared).

There is also recognition in the scientific community about the difficulty of achieving significant long-term weight loss, for obese persons. Existing dietary programs and medications can produce an average of 10% reduction in total body weight, which means that obese persons will remain overweight and continue to be vulnerable to weight stigma.

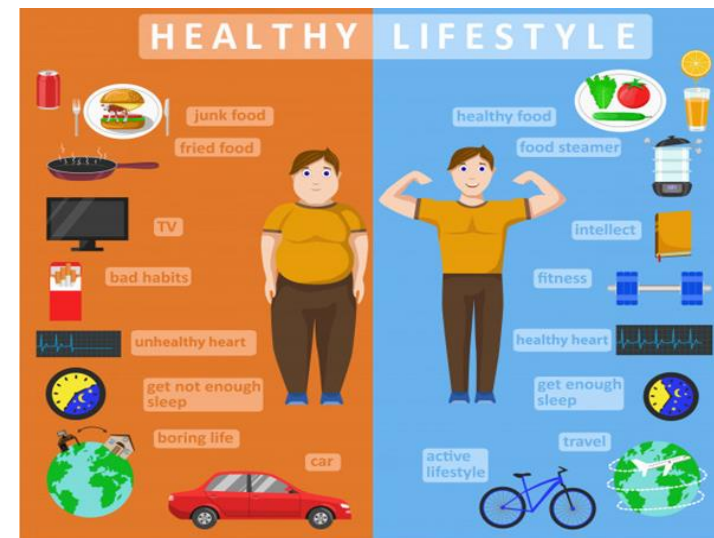
Furthermore, the fact that many patients with obesity have tried to lose weight repeatedly is equally concerning. Most dieters have a high rate of weight regain following weight loss and that constitutes another reason contributing to maintaining the weight stigma and discrimination.

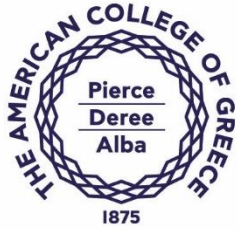
The consequences of weight bias and Obesity stigma

Obesity stigma generates social and health inequities and like other forms of discrimination (on the grounds of race, gender and sexual orientation) is associated with significant physiological and psychological consequences, such as the following:

- Poor body image and body dissatisfaction
- Low self-esteem and self-confidence
- Feelings of being unworthy and loneliness
- Psychological and mood disorders, like depression, anxiety, suicidal thoughts and acts
- Avoidance of physical activity and medical care
- Refusal to diet
- Stress-induced pathophysiology
- Maladaptive health behaviors

Evidence shows that *internalized weight bias* leads to self-directed shaming and can in turn cause poor health outcomes (like poor health-related quality of life, reduced health care use) and maladaptive health patterns, such as binge eating.





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Proposals and specific actions that should be taken to address Obesity stigma

The WHO has acknowledged that discrimination against children, young people and adults with obesity by health care professionals and others is unethical and violates patients human rights and thus stigmatization and bullying should be addressed. Evidence highlights the importance of addressing obesity stigma as both a social justice issue and a priority for public health where specific actions should be taken.

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- **Increase public awareness** and education about the complex etiology of obesity within and beyond the public sector: through anti-bullying programmers and training for education and health care professionals.
- **Incorporate anti-stigma messages** in interventions for youths or in the media. This can be implemented: by avoiding photographs that isolate a person's body parts (abdomen or lower body to emphasize excess weight) or perpetuate a stereotype (obese individual eating junk food) or images that show individuals from the neck down for anonymity reasons
- **Create family-centered school health approaches** that strengthen mental health resilience and promote body positivity among children, young people and adults with obesity
- **Develop primary health care models** and services that support the needs of people with obesity
- **Adopt people-first language** in public health care settings, such as "patient with obesity" rather than "obese patient"
- **Strengthen person-centered care** within the health care services and consider all the factors (social, biological, environmental) that drive obesity
- **Understand the significant obstacles** present in efforts to achieve sustainable weight loss and emphasize the importance of realistic behavior change (by focusing on meaningful health gains)
- **Sensitize population**, health professional and educators to the impact of obesity stigma on health and well-being

Pictures: https://www.freepik.com/free-vector/obesity-health-concept_3797711.htm, <https://pixabay.com/illustrations/obesity-health-fitness-identify-3217137/>, https://www.freepik.com/premium-vector/body-positive-happy-plus-size-girls-active-healthy-lifestyle_5324995.htm, https://www.freepik.com/premium-vector/healthy-lifestyle-infographics_4367563.htm, <https://pixabay.com/illustrations/remove-overweight-children-adults-1050369/>

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