Addressing weight stigma and misconceptions about obesity in Europe: Considerations for policymakers

Weight stigma is an important public health concern with wide-reaching causes and impacts. In this briefing, we will focus on the implications of weight stigma on public policy specifically and how policymakers can address this. This briefing has been written for policymakers, civil society organisations (CSOs), and other stakeholders to highlight the policy opportunities for helping to reduce weight stigma and bias. Particular attention is given to actions in three settings – healthcare, education and workplace. This briefing supplements the evidence provided by systematic reviews, case studies, language and imagery guidelines, and other reports which have been compiled in the World Obesity Federation’s policy dossier. The briefing presents an introduction to weight stigma, the causes, and the consequences, before focusing on stigma in three specific settings of interest. A number of considerations for how policies can be used to address weight stigma are highlighted, and a number of actions for addressing weight stigma are showcased. More information can be found here.

INTRODUCTION

What is weight stigma?

People living with overweight, and obesity are often subjected weight stigma. Weight stigma includes the negative social stereotypes and misconceptions surrounding people living with overweight and obesity and is a harmful manifestation of social inequity. It includes a range of negative behaviours and attitudes that are directed towards individuals solely because of their weight and/or body size.

Inaccurate stereotypes associated with obesity include depictions of laziness, lack of willpower, a lack of moral character, bad hygiene, low levels of competence, unintelligence, and unattractiveness. These stereotypes play an integral role in the creation and perpetuation of weight stigma and bias.

The World Health Organization (WHO) estimates that globally (as of 2016), 2.1 billion people (almost 39%) are living with overweight or obesity, of which 650 million are affected by obesity (over 13%). Overweight and obesity, and specifically physical and mental health challenges that are often associated with them, are therefore often considered public health priorities and are frequently the focus of political interventions and policies. However, weight stigma is a major obstacle in preventing and addressing rising obesity prevalence and commonly results in the implementation of dispersed, ineffective policies and a lack of prioritisation.

Key definitions

Implicit weight bias refers to unconscious assumptions and attitudes about people living with obesity. For example, studies show that healthcare professionals often hold implicit negative attitudes towards people with obesity and associate them with stereotypes such as being lazy, unmotivated, or lacking willpower.

Weight stigma: involves societal devaluation and stereotypes about people with obesity, including views that people with obesity are lazy, unintelligent, lacking self-discipline or willpower, having no self-control, worthless, sloppy, non-compliant with treatment. These stereotypes and labels can lead to unfair treatment, discrimination, and weight-based inequities for people who have obesity.

Weight discrimination: When people are treated differently due to their weight.
How prevalent is stigma?

Weight stigma is one of the most common forms of discrimination in modern societies, alongside racism and sexism. It has been argued that weight stigma is the last socially acceptable form of stigma. It is a global phenomenon, present in many countries around the world, with differences based on geography and culture, and is estimated to be experienced by 19-42% of adults.

Weight stigma has been well documented in a large variety of societal domains, such as education, the workplace, healthcare, and the media, and affects both adults and children. Although both men and women are subject to high levels of weight-based stigmatisation, women experience a higher prevalence of stigma, higher levels of mental health effects associated with it, and an increased risk of internalising weight bias when compared to men. In addition to gender-based inequalities, people living with overweight and obesity of a racial minority experience compound stigma.

Attitudes towards weight and obesity vary substantially around the globe and may vary between and within countries of different income levels and geographies. Evidence of obesity stigma is well documented from regions such as North America, Australasia, and Western Europe. However, evidence of stigma in lower income countries is less well documented. Obesity stigma has been long regarded as a problem of the global north, while historic ethnographic studies of the global south and within certain ethnic groups in all countries demonstrate that many groups regard high body weight as a positive asset, often viewed as a symbol of goodness, wealth, beauty, care, and effort. However, a 2018 study from Brewis et al investigated weight stigma as a globalising health challenge, noting the rising evidence of obesity stigma in less developed countries. The study highlighted the fact that, as efforts to address rising obesity prevalence in less developed countries are rolled out, care must be taken to ensure that these campaigns do not result in further new stigma in public health efforts.

What drives weight stigma?

The underlying cause of weight stigma is rooted in a widespread misunderstanding about the drivers of obesity. Decades of research have shown that obesity is an extremely complex medical condition which results from multifaceted interactions between a range of factors. However, these root causes are often dismissed, leading to an oversimplification of the prevailing narrative surrounding obesity commonly focused on ‘personal responsibility.’ This view places blame on the individual for their weight status and perpetuates negative and inaccurate stereotypes about those living with overweight and obesity, contributing to weight stigma.
What are the consequences of weight stigma for those living with overweight and obesity?

The consequences of weight stigma are wide-reaching. Stigma is a central cause of health inequalities and results in a variety of emotional, behavioural, physiological and social outcomes. For instance, weight stigma can have a wide range of psychological and emotional effects such as anxiety, low self-esteem, poor body image, social isolation, stress and suicidal thoughts. The stigma experienced within healthcare settings can result in individuals avoiding or delaying care. Widespread weight stigma can also lead to internalised weight stigma and bias. In all of these cases, the impact of weight stigma can lead to worsening obesity and physical and mental health outcomes amongst people living with obesity.

Furthermore, and of relevance to this briefing, weight stigma and misunderstanding about obesity often lead to ineffective public policies which focus on shaping individual choices instead of addressing the deep-rooted systemic barriers and drivers of obesity, and on providing support for people living with obesity. Even where there has been the best of intentions, policies meant to address obesity have often been implemented in such a way that they are only minimally effective. Understanding the wide range of drivers of obesity and implementing a package of policies that address all of the different components of obesity – from prevention through to treatment, throughout the life course – can help in preventing, managing and treating obesity, while also sending a message about obesity which can help to reduce stigma.

The World Obesity Federation ROOTS framework for action (Figure 1) provides suggestions for obesity policy and advocacy that can be adapted to different national settings. Read more here.

POLICY CONSIDERATIONS FOR ADDRESSING WEIGHT STIGMA

Despite the wide body of evidence of the harmful effects of stigma, public health efforts globally do not recognise stigma-reduction as a key component in addressing obesity and improving mental and physical health. Public policy can play an important role in shaping the obesity narrative, improving quality of life and outcomes for patients. Weight discrimination is rarely included in national discrimination laws which thus fail to protect people living with obesity from bias and further contributes to increasing inequalities.

The policy process often overlooks the importance of including people living with obesity in the design, development and implementation of relevant policies. Including people with obesity is an important consideration in its own right and requires investment in public funds to build and support a community of people who can help challenge weight stigma in policy. Not only can this help to address stigma and bias, but it can also provide insight to the experiences and perspectives of those affected by obesity, whether it be their experience in getting access to the support they want, or their local experience of the food environments and food marketing.
Several opportunities for reducing weight stigma in obesity policies are available:

1. Develop and implement policies which recognise obesity as a disease, and recognise that preventing obesity is an environmental/social issue, rather than being down to individual behaviour.
2. Develop and implement more nuanced policies that are based on contemporary evidence about the link between weight and health, including moving away from broad brush policies that equate overweight and obesity with poor health outcomes but don’t address the highly heterogenous experience of developing obesity and any related health impacts.
3. Develop and implement policies which take a systems approach, focused on addressing the multiple drivers and solutions of obesity. This can help shift the narrative away from individual responsibility and blame.
4. Policies should focus on addressing obesity through the entire continuum of care, from prevention to treatment and management.
5. Public health campaigns and policies should focus on promoting health for all rather than focusing solely on weight.
6. Include overweight and obesity in anti-discrimination legislation and policies.
7. Training on weight stigma should be encouraged in both healthcare and policy settings.

**BOX: Stigma and COVID-19**

The COVID-19 pandemic has resulted in unprecedented disruptions to everyday life. As well as the obvious direct impacts such as health and financial consequences, the COVID-19 pandemic has had a multitude of indirect consequences such as changes in eating habits and increased physical inactivity and sedentary behaviour. Evidence suggests that these lifestyle changes may increase obesity prevalence. This has caused a rise in casual comments being made about weight gain in personal and social settings, such as the trending topic of the “quarantine-15” (referring to pounds gained during lockdown). This could subsequently trigger an increase in the levels and perceived acceptability of weight-based stigma and discrimination.

Obesity has been in the media spotlight for the past 18 months due to the elevated risk of adverse outcomes in those living with obesity when infected with the virus. Coverage and public health campaigns following the ‘personal responsibility’ discourse during this time have contributed to weight stigma. It is positive that governments are paying increasing attention to obesity because of the COVID-19 pandemic and recognising the need to address it urgently as a public health priority. However, an increased focus on obesity as a public health issue has not necessarily translated into better, tailored services for those living with obesity.

**STIGMA IN HEALTHCARE**

Negative weight-related attitudes and stigmatisation towards patients living with overweight and obesity are well documented among healthcare professionals (HCPs) in higher income countries. Quality of healthcare received can also be impacted by weight stigma in those settings where there is bias against overweight. Reflecting overall societal attitudes and subconscious bias, HCPs may hold stigmatising, negative beliefs and attitudes about patients living with overweight and obesity which can potentially influence interpersonal behaviour and decisionmaking.
Very few HCPs are trained to understand the complexity of obesity during medical school and after, and in many parts of the world, obesity is not understood as a condition of its own, meaning people are not treated until they present with a co-morbidity. Healthcare professionals may hold inaccurate beliefs about obesity, including that body weight is a matter of personal responsibility and accountability, that individuals living with overweight, and obesity lack self-control, and that they will not comply with treatment plans.\textsuperscript{16,20} Unfortunately, it has also been documented that even healthcare professionals specialising in obesity treatment/management display high levels of weight stigma.\textsuperscript{27}

It is estimated that 64\% of adults with obesity have experienced weight stigma from healthcare professionals.\textsuperscript{1} Fear of discrimination is a major factor in patients’ avoidance of treatment. This avoidance can impact the frequency of screening and can result in delays in the detection of conditions such as cancer and other NCDs.\textsuperscript{16} Stigma may also discourage parents of children living with obesity from seeking healthcare, due to the ‘blame the parents’ narrative.\textsuperscript{22} OECD countries will spend on average USD PPP 209 per capita annually on treating obesity and its related conditions\textsuperscript{23}, and delaying healthcare also incurs further economic consequences.

It is also documented that HCPs spend less clinical contact time with those living with overweight and obesity and patients with obesity have poorer treatment outcomes.\textsuperscript{16}

Another source of stigma within healthcare comes from the insurance sector and funders of healthcare. Medical insurers and funders perpetuate stigma through a common lack of obesity pharmacological and surgical treatment coverage, demeaning the legitimacy of medical treatment of obesity.\textsuperscript{5}

Decreasing stigma in healthcare will empower individuals to seek help and support care when they need it, reduce treatment drop-out and increase patient satisfaction.

\textit{Policy opportunities to address stigma in healthcare}

1. Provide training on weight stigma and weight bias to HCPs – make it a requirement for any HCP who is involved in providing health advice or treatment relating to obesity or overweight.
2. Provide obesity-focused training to HCPs to understand the complexities of obesity and its drivers.
3. Develop guidance to support HCPs in diagnosing and treating individuals with obesity, how to discuss weight with their patients, the role of diet and physical activity, and the root causes of obesity.
4. Provide more equitable coverage of obesity treatment therapies within policies and include explicit recognition that obesity is a disease.
5. Develop policies to ensure the appropriate tools/equipment are available to treat individuals living with overweight and obesity in healthcare settings and to support them to achieve their health goals – not just focussing on weight loss.

\textbf{STIGMA IN EDUCATION (CHILDREN AND ADOLESCENTS)}

Weight stigma and weight-related discrimination in educational settings often manifest through verbal, physical and indirect bullying/harassment due to an individual’s body weight and physical appearance.\textsuperscript{24} Children with obesity reportedly experience a 63\% higher risk of being bullied in comparison to those without obesity.\textsuperscript{25}
Students living with overweight/obesity are more likely to experience threats, physical victimisation, and social exclusion in addition to weight-based teasing in comparison to those without overweight and obesity. A review found that there is a common perception amongst teachers that students with overweight and obesity are less academically capable, and that their weight status is a personal cause within their control.

Weight stigma in education is associated with a multitude of negative outcomes. In the immediate term, weight stigma is also associated with reduced educational attainment. Young people who are subject to weight stigmatisation in education have reported increased symptoms of depression and higher levels of disengagement. Young people living with overweight and obesity also experience poorer peer relations and are significantly more likely to experience social isolation. Young people who experienced weight-based stigma and discrimination are also at higher risk of developing mental health conditions. Weight stigma in education also leads to the perpetuation of obesity in adulthood.

Evidence in low- and middle-income countries is scarce, and a more representative availability of literature is needed for a more complex and culturally nuanced view.

Policy opportunities to address stigma in education

1. Staff in education settings should be required to do the weight bias test and undergo training on the health impacts of weight stigma.
2. Weight-based discrimination should be integrated into existing anti-bullying frameworks and treated as equally serious as other forms of discrimination such as racism or sexism.
3. Health curriculums should focus on health rather than bodyweight; educators should be trained on the drivers of obesity and the use of non-stigmatising language and imagery.

STIGMA IN THE WORKPLACE

Weight stigma in the workplace begins as early as the hiring stage. Within the workplace, weight-based stigma and discrimination have been evidenced through inequalities within salary, individuals being deemed ‘less qualified’, individuals being less likely to be invited to interview and less likely to be hired. It has also been demonstrated that weight stigma reduces opportunities for employment, career progression and income. Employers perceive those living with overweight and obesity as possessing less leadership potential.

In a recent study, 54% of adults with obesity reportedly experience stigma from co-workers. Another study estimated that individuals with a BMI over 35 were 84% more likely to experience discrimination at work than those living with an average weight. Literature has continuously demonstrated the influence of physical appearance and body weight on attitudes and behaviour towards individuals within the workplace.

There is little legislative protection against weight stigma in the workplace and this should be addressed to protect the human rights of those living with overweight and obesity.
Policy opportunities to address stigma in the workplace

1. Overweight and obesity should be included in workplace equality, diversity and inclusion policies, antibullying and anti-discrimination policies and frameworks, and staff training.
2. Ensure that any employee health and wellbeing practices are non-stigmatising towards employees living with obesity.
3. It is an employer’s responsibility to ensure that working conditions are appropriate and accessible for those living with obesity. This must be carried out in a non-stigmatising manner.

CONCLUSIONS

Weight stigma is pervasive and has a significant impact on public health, including for people living with obesity. While there are variations by geography and cultural context, the general impact of weight bias against people living with obesity has serious implications. We all have a role to play in spotting, calling out, and ending weight stigma and several opportunities exist to reduce weight stigma in key sectors such as workplace, education, and healthcare.

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Spotlight 1: Public support for laws and policies addressing weight-based discrimination

Current legislation surrounding discrimination generally prohibits discrimination based on race, religion, sex, and national origin – however neglects the inclusion of weight-based discrimination, despite the pervasiveness of the issue. Only a handful of laws specifically addressing weight-based discrimination exist worldwide, predominantly in certain localities of the US.

There are several ways in which weight-based discrimination legislation can be introduced, literature generally suggests: (1) Inclusion of body weight in civil rights law for protection from weight discrimination (2) Consideration of obesity as a disability within current discrimination legislation – therefore providing the same legal protections and benefits for people with obesity as for people those with disabilities (3) Employment-specific antidiscrimination laws or policies such as legalities surrounding discrimination in hiring, wages, etc based on body weight.

Public support is generally strong in the enactment process of antidiscrimination laws, and a handful of studies exist which investigate public support for weight-based discrimination specifically.

In a 2017 study investigating public support in Germany – comparing to the USA and Iceland - over half of the German sample (51.1%) were in favour of the introduction of weight-based antidiscrimination policies, with increased support for employment specific laws (59.5%) than general antidiscrimination measures. Thich is in line with findings from Iceland and the US, who were similarly more supportive of employment-specific legislation. A high proportion of individuals in all three of the countries supported antidiscrimination laws or policies addressing assignment of lower wages to qualified employees because of body weight (65.1% in Germany, 79.6% in US, 80.2% in Iceland). Individuals were similarly supportive of the introduction of legislation prohibiting termination of employees due to body weight (62.2% in Germany, 74.1% in US, 75.2% in Iceland). Laws that suggested extending the same protections to those living with obesity as people with physical disabilities received the least support, indicating that individuals may not be supportive of the consideration of obesity as a disability.

One study investigating the US specifically found at least 71% of participants expressed support for weight-based antidiscrimination laws.

Another study assessed public support for potential laws to prohibit weight-based discrimination across the USA, Iceland, Canada and Australia and found that: “the majority of participants in the United States, Canada, and Australia agreed that their government should have specific laws in place to prohibit weight discrimination. At least two-thirds of the participants in all 4 countries expressed support for policies that would make it illegal for employers to refuse to hire, assign lower wages, deny promotions, or terminate qualified employees because of body weight.”

It has also been evidenced that beliefs about the causes of obesity are correlated to levels of public support for weight discrimination laws – again highlighting the importance of educating against the ‘personal responsibility’ narrative.

We see that there is a body of evidence of the public support for legal measures to prohibit weight-based discrimination across the world, especially within employment. This is important information for policymakers internationally. Public support is essential in harnessing the political will to enact legislation against weight-based discrimination.
Spotlight 2: Stigma in the media & image banks

The way in which overweight and obesity are portrayed in the media is extremely influential in forming public perceptions and beliefs about those living with overweight and obesity. The media reinforces the personal responsibility narrative and perpetuates stigma in a number of ways, including through: the idealisation of thinness, under-representation of individuals with overweight and obesity and, when included, a stereotypical depiction of such individuals as weak-willed or otherwise to blame for an illness whose drivers are largely outside their own agency.

A study from the US found that almost three quarters of imagery included in news reports in the US were stigmatising (72% of images and 77% of videos).

The language used in the media is also often stigmatising, for instance by not using people-first language, through the use of derogatory and pejorative labels, through inaccurate or misplaced use of medical jargon, and through oversimplification of the causes of obesity.

There are a range of image banks now available which provide alternative images and guidelines to support journalists and editors in the way they frame stories. More information is in the policy dossier here. The use of sensitive, non-stigmatising visual content is vital in reducing obesity-related stigma and discrimination, especially in the media.

World Obesity Federation have developed our own image bank, intended to combat weight stigma in the media. Our image bank provides a selection of free-to-use non-stigmatising portrayals of those living with overweight and obesity in a number of settings.

A multitude of other useful image banks exist, including

1. ECPO image bank
2. Obesity Canada image bank
3. The UConn Rudd Center for Food Policy & Obesity media gallery
4. The Obesity Action Coalition image gallery
Spotlight 3: Weight Stigma Working Groups

World Obesity has launched a new weight stigma & Bias Working Group to (i) identify the common understanding of bias and gaps in knowledge regarding its role in obesity in different populations and geographies (ii) propose processes for reviewing the role bias and stigma may play in different audiences and geographies through a position paper to help address the stigma faced by people living with obesity.

Weight stigma is a significant issue for many living with obesity. The position paper will build upon previous work and cover a range of topics relating to weight bias and stigma, including an understanding that weight stigma is more prominent in certain countries and cultures.

The Working Group, Co-Chaired by Ximena Ramos-Salas (Director of Research & Policy of Obesity Canada) and Dr. Christine Chin (Director of the Healthy Caribbean Coalition and Obesity Specialist), is divided into sub-groups and comprised of an international team of patients, advocates, academics, and healthcare professionals working in the fields of communication, clinical management, obesity research, and education.

The subgroups address:
1. The overall obesity narrative
2. Obesity through the life course
3. Scientific and public-facing language
4. Food and physical activity

The group has been formed because urgent action is required to address high levels of weight stigma experienced by people living with obesity in different parts of the world.

Read more.
References


