World Health Organization
REGIONAL OFFICE FOR Europe

Weight bias and obesity stigma: considerations for the WHO European Region

What is weight bias and obesity stigma?

- Weight bias is defined as negative attitudes towards, and beliefs about, others because of their weight.[1] These negative attitudes are manifested by stereotypes and/or prejudice towards people with overweight and obesity.
- Internalized weight bias is defined as holding negative beliefs about oneself due to weight or size.[2]
- Weight bias can lead to obesity stigma, which is the social sign or label affixed to an individual who is the victim of prejudice.[3]
- Obesity stigma involves actions against people with obesity that can cause exclusion and marginalization, and lead to inequities[4] – for example, when people with obesity do not receive adequate health care or when they are discriminated against in the workplace or in educational settings.

Where do people experience weight bias and stigma?

- Obesity stigma is ubiquitous. Detailed studies reporting on the situation in Europe are generally lacking, but a recent study from one country in western Europe found that 18.7% of people with obesity experienced stigma. For people with severe obesity, the figure was much higher – 38%.[5]
- There is a lack of multinational studies comparing weight-biased attitudes, but a recent study involving the United States, Canada, Iceland and Australia concluded that levels of weight-biased attitudes are similar across countries.[6]
- Individuals with obesity experience stigma from educators,[7] employers,[8] health professionals,[9] the media,[10] and even from friends and family.[11]
- Data from the Rudd Center for Food Policy and Obesity indicate that:
  - school-aged children with obesity experience a 63% higher chance of being bullied;
  - 54% of adults with obesity report being stigmatized by co-workers;
  - 69% of adults with obesity report experiences of stigmatization from health care professionals.[12]
- Although both men and women experience obesity stigma and pressures, women experience more eating-related psychopathology, report experiencing more obesity stigmatization, and internalize weight bias more than men.[13]
- Popular narratives around obesity may contribute to weight bias by oversimplifying the causes of obesity and implying that easy solutions will lead to quick and sustainable results ("eat less, be more active"), thereby setting unrealistic expectations and masking the difficult challenges people with obesity can face in changing behaviour. Additionally, such narratives often focus discussion around individual behaviours and perceived failures, while neglecting to take into consideration important biological, social and environmental factors.[14]
- The media often perpetuate stereotypical portrayals of people living with obesity and reinforce the social acceptability of weight bias.
  - US studies show that 72% of media images and 77% of videos stigmatize individuals with obesity.
  - European studies show that media framing of obesity places great emphasis on individual responsibility and may contribute to a culture of weight bias and stigma.[11]
  - Research shows that a very large percentage of discussions about obesity on social media, especially Twitter and Facebook, are of a fat-shaming nature.[15]
  - Shaming, harassing or criticizing people about their weight and/or eating patterns is often used in the media to motivate people to change their behaviour. Research shows that fat-shaming has the opposite effect.[16] Fat-shaming causes stress and may lead to people overeating and avoiding physical activity.[17]

What are the consequences of weight bias and stigma?

- Stigma is a fundamental cause of health inequalities and an added burden that affects people above and beyond any impairments they may have.[18]
- Not unlike other forms of stigmatization (on the grounds of race, class, ability, gender, sexual orientation, etc.), obesity stigma is associated with significant physiological and psychological consequences, including increased depression and anxiety, disordered eating, and decreased self-esteem.[19]
- Obesity stigma can also affect the quality of care for patients with obesity, ultimately leading to poor health outcomes and increasing risk of mortality.[20]
- Specifically, weight bias and obesity stigma have been associated with:
  - poor body image and body dissatisfaction;
  - low self-esteem and self-confidence;
  - feelings of worthlessness and loneliness;
  - suicidal thoughts and acts;
  - depression, anxiety and other psychological disorders;
  - maladaptive eating patterns;
  - avoidance of physical activity;
  - stress-induced pathophysiology;
  - avoidance of medical care.
- Increasingly, evidence shows that individuals with obesity may internalize weight-biased attitudes, leading to self-directed shaming and stereotypes about themselves. Weight-bias internalization can also cause harm such as poor self-reported health and health-related quality of life, binge-eating and maladaptive health behaviours.[21]

What can be done to address weight bias and obesity stigma?

The WHO Commission on Ending Childhood Obesity recognized that obesity among children is associated with stigmatization and reduced educational attainment.[25] The Commission also affirmed that government and society have a moral responsibility to act on behalf of children to reduce the health and social consequences of obesity. Failing to act on childhood obesity and to address obesity stigmatization and its associated morbidities will affect the social and health capital of future generations and increase inequity. In endorsing the Commission's report and adopting its recommendations by means of a World Health Assembly resolution, Member States have acknowledged that discrimination against children with obesity by health care professionals and others is unacceptable and that stigmatization and bullying should be addressed.

The WHO Regional Office for Europe can work with Member States in many different ways and through several policy frameworks to ensure that weight bias and obesity stigma among children and adults are addressed appropriately in national public health activities. This can be achieved, in particular, through:

- **research:** collaborating with researchers and experts to identify and validate approaches to reduce weight bias and obesity stigma;[26]
- **exchange:** sharing knowledge and best practices at national and local levels ;[27]
- **prioritization:** exploring ways to elevate concerns about weight bias and obesity stigma in various arenas, including public policy, education and health care.[28,29]

Some examples of how Member States might address the issue of weight bias and obesity stigma are outlined in the table below.

Public health objective	Specific action on weight bias and obesity stigma
Take a life-course approach and empower people.	• Monitor and respond to the impact of weight-based bullying among children and young people (e.g. through anti-bullying programmes and training for education professionals). • Assess some of the unintended consequences of current health-promotion strategies on the lives and experiences of people with obesity. For example: - Do programmes and services simplify obesity? - Do programmes and services use stigmatizing language? - Is there an opportunity to promote body positivity/confidence in children and young people in health promotion while also promoting healthier diets and physical activity? • Give a voice to children and young people with obesity and work with families to create family-centred school health approaches that strengthen children's resilience and consider positive outcomes including but not limited to weight.[30] • Create new standards for the portrayal of individuals with obesity in the media and shift from use of imagery and language that depict people living with obesity in a negative light.[31] Consider the following: - avoiding photographs that place unnecessary emphasis on excess weight or that isolate an individual's body parts (e.g. images that disproportionately show abdomen or lower body; images that show bare midriff to emphasize excess weight); - avoiding pictures that show individuals from the neck down (or with face blocked) for anonymity (e.g. images that show individuals with their head cut out of the image); - avoiding photographs that perpetuate a stereotype (e.g. eating junk food, engaging in sedentary behaviour) and do not share context with the accompanying written content.[32]

Strengthen people-centred health systems and public health.	• Adopt people-first language in health systems and public health care services, such as a “patient or person with obesity” rather than “obese patient”. • Engage people with obesity in the development of public health and primary health care programmes and services. • Address weight bias in primary health care services and develop health care models that support the needs of people with obesity. • Apply integrated chronic care frameworks to improve patient experience and outcomes in preventing and managing obesity. In addition: - recognize that many patients with obesity have tried to lose weight repeatedly; - consider that patients may have had negative experiences with health professionals, and approach patients with sensitivity and empathy; - emphasize the importance of realistic and sustainable behaviour change – focus on meaningful health gains and - explore all possible causes of a presenting problem, and avoid assuming it is a result of an individual’s weight status. • Acknowledge the difficulty of achieving sustainable and significant weight loss.
Create supportive communities and healthy environments.	• Consider the unintended consequences of simplistic obesity narratives and address all the factors (social, environmental) that drive obesity.[33, 34] • Promote mental health resilience and body positivity among children, young people and adults with obesity. • sensitize health professionals, educators and policy makers to the impact of weight bias and obesity stigma on health and well-being.

Case example

Research shows that 47% of girls and 34% of boys with overweight report being victimized by family members.[22] When children and young people are bullied or victimized because of their weight by peers, family and friends, it can trigger feelings of shame and lead to depression, low self-esteem, poor body image and even suicide. Shame and depression can lead children to avoid exercising or eating in public for fear of public humiliation. Children and young people with obesity can experience teasing, verbal threats and physical assaults (for instance, being spat on, having property stolen or damaged, or being humiliated in public). They can also experience social isolation by being excluded from school and social activities or being ignored by classmates.

Weight-biased attitudes on the part of teachers can lead them to form lower expectations of students, which can lead to lower educational outcomes for children and young people with obesity.[23] This, in turn, can affect children’s life chances and opportunities, and ultimately lead to social and health inequities.[24] It is important to be aware of our own weight-biased attitudes and cautious when talking to children and young people about their weight. Parents can also advocate for their children with teachers and principals by expressing concerns and promoting awareness of weight bias in schools. Policies are needed to prevent weight-victimization in schools.

Acknowledgements

This brief was prepared for the WHO Regional Office for Europe by Ximena Ramos Salas , with additional input from Jo Jewell and João Breda. The technical review on issues relating to gender, equity and rights was provided by Åsa Nihlén and Isabel Yordi, also of the WHO Regional Office for Europe.

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