

Obesity, Weight Stigma and Discrimination

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Editorial

Rises in obesity prevalence over recent decades have corresponded with increasing stigmatisation of, and discrimination against, individuals living with obesity. Widespread stereotypes characterise people with obesity as lazy, less competent, lacking in self-discipline, non-compliant, sloppy, and worthless [1–4]. These stereotypes are highly prevalent and rarely challenged in Western society. Weight bias has been documented among health professionals including doctors, nurses, and psychologists [1,5], and in employers and co-workers [6], teachers [7,8], landlords [9], peers [10], parents [6,11], and children as young as three [12]. As a result, individuals with obesity encounter pervasive prejudice and discrimination across a number of domains, including healthcare, employment, and interpersonal relationships.

Health professionals typically report feeling that treating obesity is professionally unrewarding [13–17]. Among patients with severe obesity awaiting bariatric surgery, 78% report having always or usually been treated disrespectfully by the medical profession because of their weight [18], while more than 70% feel that most doctors do not understand how difficult it is to be overweight [19]. In the workplace, stereotypes see 26% of individuals with moderate obesity (body mass index [BMI] 30-35) and 31% of those with severe obesity (BMI ≥ 35) being discriminated against as a result of their weight or appearance [20]. People living with obesity report not being hired for jobs, being passed over for promotions, and wrongful termination [21]. Experimental research confirms that job applicants who are overweight are viewed less favourably in hiring and employment decisions [22]. In addition, experimental studies indicate that obesity negatively affects women's dating prospects. One demonstrated that personal advertisements that described a woman seeking a dating partner as "fat", "overweight", "full-figured", or "obese" were evaluated unfavourably relative to an equivalent advertisement with no weight descriptor [23]. Another found that fewer men responded to a personal advertisement that identified a woman more obese than responded to one in which a woman disclosed having a history of drug addiction [24].

National surveys in the UK and US have highlighted just how widespread issue weight discrimination is. In the English Longitudinal Study of Ageing, 6.6% of individuals with moderate obesity (BMI 30-35), 24.2% of those with severe obesity (BMI 35-40) and 34.8% of those with extreme obesity (BMI ≥ 40) reported having been mistreated because of their weight [25]. In the National Survey for Midlife Development in the United States (MIDUS), lifetime experience of weight discrimination in any of 11 situations (e.g. not being promoted, being provided inferior medical care) was reported by 14.2% of individuals with moderate obesity (BMI 30-35) and 42.5% of individuals with severe obesity (BMI ≥ 35) [26]. Weight-related discrimination is the fourth most prevalent form of discrimination in the US, after sex, age, and race discrimination [21], and has increased more than any other form of discrimination between 1995 and 2006 [26].

The stigmatisation of obesity has important consequences for health and wellbeing. The psychological consequences are well-documented: people who experience weight stigma and discrimination are at increased risk of depression and anxiety disorders [27–29], low self-esteem and self-acceptance [20,27] and body image dissatisfaction [27,30,31], and report poorer life satisfaction and quality of life [32]. There is also emerging evidence for physiological effects, with weight discrimination having been shown to be related to increased blood pressure [33], chronic inflammation [34], greater disease burden [35], worsening physical health [35], and even increased risk of mortality [36].

There is a common perception that weight discrimination might encourage individuals with obesity to lose weight [37], and this is often used to justify stigmatising and discriminatory behaviour. However, a growing literature suggests the opposite to be true. Studies have demonstrated that independent of BMI, people who experience weight-related discrimination are actually more likely to engage in behaviours that promote the onset and progression of obesity, including disordered eating [27,38–40], refusal to diet [6,41], increased energy intake [42,43], and avoidance of physical activity [30,44], and are more likely to gain weight over time [45,46]. As such, in addition to its harmful effects on emotional wellbeing and physical health, weight stigma may contribute to further increases in the prevalence and severity of obesity through a vicious cycle of weight gain and discrimination.

There is a clear need for efforts to tackle the issue of weight stigma and discrimination in society. There have been calls for legal measures to address weight-based inequities in the same way as those based on other characteristics, such as age, sex and race [47], and recent surveys indicate substantial and growing support for policies and legislation prohibiting weight discrimination [48,49]. As researchers in the field of obesity, we should lead by example and not only be respectful of participants in our studies but be conscious to avoid weight stigma in our writing. We should all be mindful of using people-first language for obesity, which puts individuals before the disease (see www.obesityaction.org/weight-bias-and-stigma/people-first-language-for-obesity). For example, rather than talking about “obese people” use people-first language such as “people with obesity” or “people living with obesity”. This is standard practice in other diseases and if we are to address the problem of weight stigma it is important that obesity be given the same respect.

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