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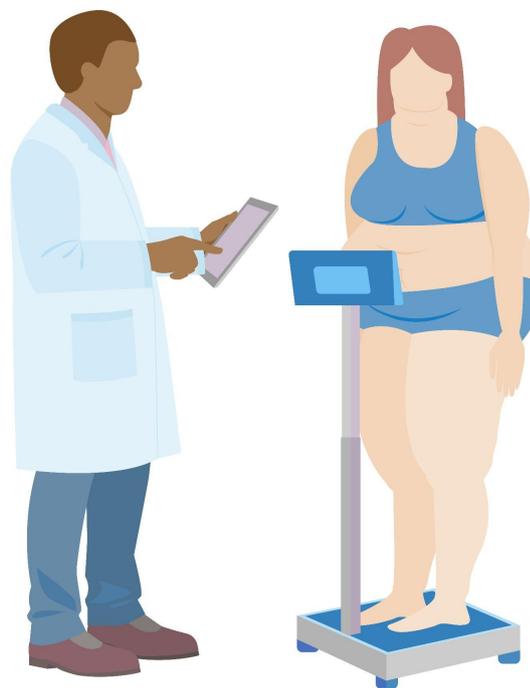


## TRAINING CONTENT

### 1.2. Weight-related inequalities

Weight-based discrimination and prejudice are a rising phenomenon in Western societies. It is estimated that over the past 10 years, their incidence **has increased by about 66%** (Andreyeva et al., 2008), and is comparable to rates of racial discrimination, especially among women (Puhl et al., 2008). The prevalence of weight-based perceived discrimination in various areas of life, such as employment, school, healthcare, and interpersonal relationships, ranges from 19.2% to 41.8% depending on the BMI range (Spahlholz et al., 2016).

Weight discrimination manifests itself in many environments, including the media and how people living in large bodies are represented (Greenberg et al., 2003), and its consequences are far-reaching. All of the factors associated with discrimination and prejudice result in **inequalities in the workplace, educational institutions, and healthcare settings** (Obesity Action Coalition, n.d.).



Source:

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### ***So, where do weight discrimination and prejudice stem from?***

A major cause of weight discrimination and prejudice are the pervasive **negative stereotypes** that portray people living in large bodies as being lazy, sloppy, less competent, and have a lack of motivation. Unfortunately, these assumptions are rarely challenged, and people living in large bodies are increasingly subjected to social injustice and consequently face a poorer quality of life due to the aforementioned stigma (Teachman et al., 2003).

Over 20 years ago, a review of several decades of research was published that documented the biases and stigma against people living in large bodies. This review was created by Puhl and Brownell (2001) and addressed weight stigma in areas such as employment, healthcare, and education.

Based on the list, we can conclude that people living in large bodies are highly susceptible to many forms of unfair treatment. Also, there are large gaps in the research on the nature and extent of weight stigma in various environments, including the lack of information and research regarding the emotional and physical health consequences associated with weight stigma, and the lack of sufficient interventions to reduce this negative phenomenon (Puhl & Brownell, 2001)

As mentioned earlier, stigma and discrimination based on weight occur in a variety of environments and are very common. In this chapter we will look at weight bias in three different areas: work, education and health care.



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### **What biases and forms of weight discrimination may be encountered at work?**

According to information that was adapted from the Obesity Action Coalition (n.d.), there is a great amount of evidence to suggest people living in large bodies are stigmatised or discriminated against in the workplace. It appears that such individuals are perceived by employers and coworkers as lazy, undisciplined, and less competent. These attitudes have a large impact on decisions about the employment status of employees living in large bodies. It is very common that due to harmful stereotypes, people living in large bodies are less likely to be promoted at work, and their overall compensation is also affected.

What's more, according to experimental studies, people living in large bodies are less likely to be hired than people of average physique (even if they have the same qualifications). In addition, there is an upward trend in the number of lawsuits in which employees living in large bodies are victims of wrongful dismissal or suspension.

In summary, in the workplace, people living in large bodies may face:

- hiring bias - perception of candidates living in large bodies as lazy, less ambitious,



- less chance of promotion - people living in large bodies have less chance of promotion compared to people of average physique, they also have less chance of being employed at higher positions,
- pay inequality - according to research, women living in large bodies earn 12% less than those who have an average physique,
- unfounded dismissal - there are many cases where people in large bodies have been unfoundedly dismissed despite good or excellent job performance.

### **What biases and forms of weight discrimination may be encountered in the education sector?**

According to the Obesity Action Coalition (n.d.), unfortunately, even in the education sector, people living in large bodies will face a lot of discrimination and prejudice because of their weight. Students in schools very often face harassment and rejection. A large percentage of those bullied are students living in large bodies. It is disturbing that stigmatisation of students begins as early as kindergarten. According to research, preschool children associate their peers living in large bodies as being mean, ugly, and having no friends.

But as it turns out, it is not just students who discriminate against their peers at school. Weight bias is also seen on the part of teachers, who not infrequently disapprove of individuals living in large bodies, manifested through lower college acceptance rates or unfair dismissals from schools.



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Behaviours associated with weight bias in education:



- exclusion - negative attitudes begin at preschool age, children living in large bodies are less likely to be chosen as playmates, in later years, this behaviour contributes to social exclusion,
- victimisation - according to research, 30% of girls and 24% of boys living in large bodies are bullied at school,
- teacher bias - a large number of teachers view students living in large bodies as messy, and more emotional individuals. They also believe that people living in large bodies are less likely to succeed in school.

### **What biases and forms of weight discrimination may be encountered in healthcare?**

It would seem that healthcare and the entire medical sector should be places where every patient feels safe both physically and mentally, regardless of their weight, religion, background, etc.

However, this is not the case. Weight stigma does also exist in healthcare facilities and this can have a large impact on the quality of healthcare for people living in large bodies. According to the scoping review by Alberga et al. (2019), seven studies indicate that people with obesity are reluctant to seek medical care, and there are times when they delay important preventive screenings, all because of negative previous experiences of discrimination based on their weight. Some of the most common observations of implicit and explicit weight bias in healthcare settings, are the following:

- Medical facilities, in most cases, are not adapted to the treatment of people living in large bodies. As many as 46% of women who are affected by obesity say that doctor's offices have examination tables that are too narrow and medical equipment that is inappropriately sized (Amy et al., 2006). And 35% said they were embarrassed during their doctor's visit because of their weight, which was a major barrier to accessing healthcare (Amy et al., 2006).
- Physicians are also affected by the stereotypical beliefs that are promoted by our society and perceive people living in large bodies, as “weak-willed, ugly, and awkward” (Maddox and Liederman, 1969), as having a “lack of self-control,” and being “lazy” (Desmond et al., 1987). It has been documented that negative attitudes and distancing behaviours of physicians are heightened in proportion to body size (Hebl and Xu, 2001; Harvey and Hill, 2001).
- According to the results of two studies which explored nurses’ attitudes towards people with obesity, 31% of them would prefer not to care for people affected by obesity (Maroney and Golub, 1992), and 12% of them “would prefer not to touch people affected by obesity” (Bagley, 1989).
- An exploratory study by Cori et al. (2015) has shown that dietitians perceived people with obesity as greedy (67.4%), unattractive (52%), ungainly (55.1%), with lack of willpower (43.6%), and lazy (42.3%).



- Research by Schwartz et al. (2003) explored both implicit and explicit bias of healthcare professionals (including psychologists) and showed that they perceived people living in large bodies as lazy, stupid, and worthless. In addition, an empirical study by Davis-Coelho et al. (2000) demonstrated that psychotherapists were more likely to diagnose an eating disorder for people living in large bodies as well as to set as treatment goals the "improvement of body image" and "increase of sexual satisfaction", even when their patients did not mention any similar concerns.



Source: [https://www.freepik.com/premium-photo/woman-doctor-is-taking-notes-symptoms-patient-which-is-obese-woman-before-analyzing\\_23615734.htm#query=obesity%20doctor&position=43&from\\_view=search](https://www.freepik.com/premium-photo/woman-doctor-is-taking-notes-symptoms-patient-which-is-obese-woman-before-analyzing_23615734.htm#query=obesity%20doctor&position=43&from_view=search)

We have to acknowledge the fact that health professionals may experience increased vulnerability to adopt the stereotypical beliefs that perpetuate weight bias, since they are much more frequently and intensively exposed to possibly weight-stigmatising information even during their academic studies. Fat-phobic comments in combination with the ignorance of the complexity of weight control can generate or increase weight bias among healthcare students and even induce or reinforce the existence of already internalised weight bias. That is why healthcare students could be an important target-group for educational interventions that aim to decrease weight bias (Poustchi et al., 2013).

Taking all the above-mentioned into consideration, it seems that discrimination against people living in large bodies **begins in early school years and is prevalent in many**



**areas of life.** Negative attitudes towards people living in large bodies are very often justified by the perceiver's belief that people have a large body by choice and that their weight is caused by overeating (we will talk about the most common misconceptions about people living in large bodies in the next sub-module). It is also worth mentioning that weight-related stigma is experienced not only by people living in large bodies, but also by individuals of all body sizes (Prunty et al., 2020).



## EXTERNAL RESOURCES

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