

Bias keeps women with higher body weights away from the doctor: study

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A study out of Drexel University's Dornsife School of Public Health linked past experiences with bias and discrimination and avoidance of doctors in women with higher body weights.

Most studies that look into [body weight](#) and its effect on [healthcare](#) visits don't consider the experiences of weight stigma or patients' feelings about their own bodies. But the lead author of this study, Janell Mensinger, PhD, wanted to look into these factors because she believes that the way the United States health system currently views body size could be actively hurting patients.

"What is important here is that women with higher [body mass index](#) tend to avoid healthcare and the reasons for that are often due to their experiences of weight discrimination," said Mensinger, an associate research professor in the Dornsife School of Public Health. "We need to help healthcare professionals understand that seeing a provider is highly charged with stress and anxiety, and there are methods to reduce those feelings."

That understanding could come through what's been termed the "weight inclusive approach," which seeks to eliminate biases that doctors might carry into interactions with their patients. Currently, most United States doctors follow what's been termed the "weight normative approach," in which benchmarks are set for body size and lead to specific advice and action.

Instead, Mensinger and others hope to implement the "weight inclusive approach," which would include training for health professionals to combat biases against individuals with higher weights and put a halt to unprompted discussions of [body size](#).

"Weight is a data point, but that is it," Mensinger said. "Tracking how it changes might provide clues to things going on in someone's life and body, but it is much more complicated than we are made to believe."

Mensinger's study, published in the June edition of the journal *Body Image*, sought to provide a research-backed reason for why the weight

inclusive approach would help.

For the study's survey, more than 300 women participated. It recorded data used to calculate each participant's body mass index (BMI, weight in kilograms divided by height in meters squared), and any experiences or feelings of weight stigma, body shame, body guilt, healthcare stress, and healthcare avoidance.

Although BMIs are considered problematic by many, including the metric in this study is necessitated because, despite its problems, it is still measured and used by healthcare providers to dictate treatment.

"We worked in the reality of what is happening, not what should be happening," Mensinger said. "Of course, we wish BMI were not considered, but the aim of this study was to understand the mechanisms connecting an existing relationship that has long been established in healthcare settings."

Data from Mensinger's survey showed significant associations that progressed between each factor that was measured, moving from higher BMIs to, eventually, avoidance of doctor visits.

"Experiences of weight stigma often lead to self-directed stigma. Self-directed stigma tends to lead to body-related shame and guilt, which then leads to stress regarding the healthcare encounter," Mensinger explained. "And people who are stressed about the encounters tend to avoid them."

In the "weight normative approach," benchmarks for BMIs are generally set and lead to specific advice and action. For example, a BMI of 25 or above is considered "overweight", and often leads to unsolicited weight counseling during visits. A BMI of 30 or more is often met with indiscriminate prescriptions for weight loss through calorie restriction and exercise. Assumptions are made about what and how much the

person is eating and whether or not the person is exercising.

Mensinger believes her study shows that this type of approach in healthcare settings is doing more harm than good.

"We're talking about a vulnerable population and we're putting them at a greater risk," Mensinger said. "We need to be aware of these system-level problems that are keeping people from going to appointments that would be saving lives."

More information: Janell L. Mensinger et al, Mechanisms underlying weight status and healthcare avoidance in women: A study of weight stigma, body-related shame and guilt, and healthcare stress, *Body Image* (2018). [DOI: 10.1016/j.bodyim.2018.03.001](https://doi.org/10.1016/j.bodyim.2018.03.001)

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