

# International study of weight stigma reveals similar, pervasive experiences

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Over 50% of adults surveyed across six different countries report experiencing weight stigma, and those who engage in self-stigma and self-blame for their weight are more likely to avoid healthcare, obtain

less frequent checkups, and perceive less respect from doctors, according to two new studies from the UConn Rudd Center for Food Policy and Obesity. These studies, which compared experiences of adults in Australia, Canada, France, Germany, the UK, and the US are the first multi-national studies to examine the link between weight stigma and negative healthcare encounters.

Across each of the six countries investigated, participants who had experienced [weight stigma](#) reported more frequent judgment from doctors due to their weight and felt that their doctors less frequently listened carefully to them or respected what they had to say. The researchers also found that internalization of weight bias may be especially detrimental for healthcare behaviors like obtaining less frequent checkups and avoiding healthcare altogether.

"Despite decades of studies on weight stigma, international comparative research is lacking," says Rebecca Puhl, lead author of the study and deputy director at the Rudd Center. "The time is overdue to recognize weight stigma as a legitimate social injustice and public health issue in many countries around the world, and multinational research can inform efforts to address this problem on a global scale."

Building on a 2020 international consensus statement calling for the elimination of weight stigma, supported by more than 100 medical and [scientific organizations](#) worldwide, researchers partnered with WW International, Inc., a global behavioral weight management program, to survey 13,996 of its members in six Western countries about weight stigma, internalized weight bias, and healthcare experiences.

Key findings include:

- At least half (56-61%) of people in each country reported they had experienced weight stigma.

- High percentages of participants in each country experienced weight stigma from [family members](#) (76%-88%), classmates (72%-81%), doctors (63%-74%), coworkers (54%-62%), and friends (49%-66%).
- In all countries, weight stigma experiences were most frequent in childhood and adolescence, with associated distress highest during these time periods.
- Across all six countries, those with higher levels of self-blame for their weight were more likely to avoid healthcare, obtained less frequent checkups, and perceived their healthcare quality to be lower.

Study findings, published in the *International Journal of Obesity* and in *PLOS ONE*, highlight that there are many more similarities than differences across countries in the nature, frequency, and interpersonal sources of people's experiences of weight stigma, with clear consistencies in stigma experienced in both [close relationships](#) and across different settings, such as healthcare and employment.

"The fact that family members are such common sources of weight stigma across these countries indicates a collective need to address weight stigma within the family environment, and to help families engage in more supportive communication with their loved ones. For many people, these experiences begin in youth from parents and close family members, and they can last for many years and have long-term negative consequences," says Puhl. "Our results also provide a compelling reason to step up international efforts to reduce weight biases held by [medical professionals](#). We must prioritize efforts to establish a [healthcare](#) culture free of [weight stigma](#), and we also need to work collaboratively to develop supportive interventions to help people when they do experience this stigma."

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Study co-authors include Leah Lessard of the Rudd Center for Food Policy and Obesity at the University of Connecticut, Mary Himmelstein of Kent State University, Rebecca Pearl of the University of Pennsylvania, and Gary Foster of WW International.

Provided by UConn Rudd Center for Food Policy and Obesity

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