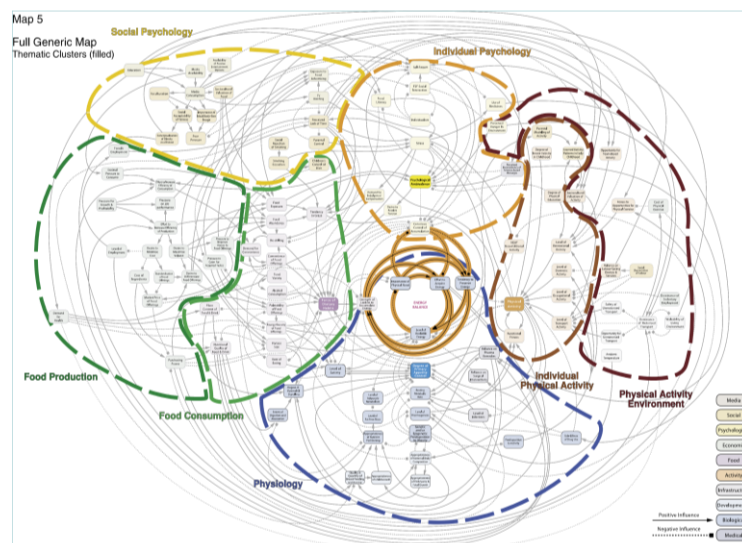


Ending weight-related stigma as the lynchpin for tackling obesity: comment on the contribution of the UK's policy response to obesity in the COVID-19 pandemic

Weight-related stigma is a serious public health issue. If, as the latest UK policy paper suggests, we are to 'Tackle obesity' by 'empowering adults and children to live healthier lives' it is imperative that we face head-on the challenge of transforming the damaging narrative on obesity, in which a simple equation ('eat less, move more') is applied to all individuals to achieve and maintain weight reduction. Way back in 2007, the Foresight report ¹ brought attention to the myriad of bio-psycho-social influences that contribute to the development and maintenance of obesity (see Figure 1). Since then, experts have long since conceptualised obesity as a chronic, relapsing and multi-faceted health condition; the language used to describe the condition has changed so that those living with obesity are not defined by their condition and 'lifestyle' is no longer considered directly synonymous with 'behaviour' ^{2,3}. This is in contrast to popular discourse on obesity, where words such as 'fat' and 'lazy' are still often used to describe the relationship between excess weight and personal characteristics; and which still largely considers obesity to be a result of poor individual 'lifestyle' choices. This discourse has given rise to an incredibly negative and stigmatising narrative that leads to shaming and blaming people living with obesity. Experiencing weight-related stigma and discrimination is extremely damaging for people living with obesity and has detrimental physiological and psychological consequences, which have been found to actually *predict* weight gain ⁴. As Health Psychologists, we are ever-mindful of the omission of the bio-psycho-social determinants of health in research, policy and practice; and the limited understanding of health and disease within a systems-based approach ⁵. Promoting understanding of obesity in terms of the complex interplay between biological, psychological and sociological systems (to which we would now add a further layer of influence in the COVID-19 era, the socio-political context) is imperative for weight-related stigma to be challenged and changed. This would require everyone within the system to acknowledge, assimilate and act upon, such complexity.



In the wake of the COVID-19 outbreak, a plethora of evidence strongly suggests that obesity is a key risk factor for COVID-19 complications, including hospitalisation and ventilation⁶ and that people living with obesity are at greater risk of dying from COVID-19⁷. Those who fall into a classification of seriously overweight are advised to shield on health grounds⁸. Part of the response by the UK government has been the publication of a policy paper that launched a public health campaign focused on 'getting active and eating better' along with a restriction on food advertising⁹. Although this promotes a welcome (if long-overdue) renewal of dialogue in the public domain focused on obesity, there is a great risk of people living with obesity being stigmatised further if the perception remains that there is a simple link between COVID-19 and 'lifestyle' factors. The UK government has essentially called for people living with obesity to make a choice to lose weight by changing their lifestyle. Unchallenged, this ingrained belief is likely to create a blame culture that will increase stigma, increase shame around body weight (especially in those who are advised to shield), increase psychosocial distress, including mental health issues and disrupt weight management behaviour.

Weight-related stigma is pervasive across generations, societies, and cultures: as the world recovers from the COVID-19 pandemic, we believe this is a unique opportunity to reshape the entrenched public discourse around obesity. There is a need for urgent action to begin to create a worldwide culture change that instigates a new discourse about obesity that does not use stigmatising language and imagery; that does not frame obesity as a simple 'lifestyle choice' and that is informed by psychological evidence¹⁰. We reiterate the importance of taking action in relation to reducing stigma, outlined in recent expert reports^{10, 11} as a matter of priority, to shape government policy on tackling obesity. In the current context, it is clear that detailed information will be required by the government to guide the development of interventions that are innovative and responsive to the needs of people living with obesity in the aftermath of COVID-19. We call on the government to urgently fund researchers in the field to focus efforts on better understanding the unique stigma experiences of groups of different genders, cultures, religions and sexual orientations, as well as the additional impact of COVID-19 on these experiences. Weight stigma is unacceptable and it is imperative that people living with obesity are not stigmatised, and harmed further, as a result of the misrepresentation of the complex relationship between COVID-19 risk and obesity.

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