

Weight stigma in Australia: a public health call to action

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Key points

- Weight stigma is harmful to mental and physical health and is present across most areas of public health
- The public health focus on individual responsibility has inadvertently contributed to developing and maintaining weight stigma attitudes and discriminatory behaviours
- Addressing weight stigma should be a public health priority and requires comprehensive and multidisciplinary action

Abstract

People living with obesity experience weight stigma in most social settings. This has a negative impact on their health and quality of life. A primary contributor to weight stigma is the misconception that obesity is caused by factors solely within an individual's control. However, this disregards the complex and multifaceted nature of obesity. Weight stigma is perpetuated by the media, healthcare practitioners and researchers, and even public health campaigns and policies designed to help people living with obesity. This perspective article is a public health call to action to address weight stigma in Australia. We provide key recommendations for public health researchers, practitioners, and policy makers.

What is weight stigma?

Weight stigma and discrimination refer to the negative stereotypes about, attitudes towards and the resulting negative behaviours and treatment of individuals who are affected by overweight or obesity.¹ At the core of weight stigma are beliefs that the causes of obesity are completely under an individual's control.² As one of the few remaining socially acceptable forms of stigmatisation, weight stigma is pervasive. Individuals living with obesity experience weight stigma across many social contexts, including at home, schools and education centres, workplaces, social media, and in healthcare. Weight stigma attitudes develop due to consistent and continuous exposure to stigmatising, stereotypical and often disrespectful framing and portrayal of people living with obesity in the media.³ The simplistic framing and rhetoric in obesity prevention campaigns and policies that adopt approaches that

focus solely on personal responsibility contribute to weight stigma.^{4,5} Such policies also implicitly attribute the responsibility for broader societal impacts associated with obesity to people living with obesity.⁶ Community interventions similarly reflect the 'personal responsibility' narrative and largely continue to focus on the 'eat less, move more' mantra in the pursuit of weight loss.

Individuals living with obesity often internalise weight stigma, directing these stigmatising attitudes and beliefs towards themselves, devaluing themselves and their role in society.⁷ In this perspective article, we: a) outline the challenges to reducing weight stigma and b) provide recommendations for action for public health researchers and practitioners, as well as our broader communities, to begin the crucial task of reducing weight stigma in our society.

What are the consequences of weight stigma?

Weight stigma is a primary social and psychological contributor to the ongoing weight-related behaviours and health challenges experienced by people living with obesity.⁸ Indeed, experiences of weight stigma are associated with physical and mental health concerns, including depression, body image concerns, reduced quality of life, and increased mortality risk.^{9,10} Additionally, and in contrast to the common misconception that experiences of weight stigma are beneficial to inciting behaviour change, these experiences lead to maladaptive behavioural responses. These include avoidance of physical activity settings, disordered eating behaviour and avoidance or disengagement from healthcare, which in some instances may also lead to weight gain.

Furthermore, current policy, media portrayal and widespread societal attitudes that focus on individual responsibility and simplistic rhetoric surrounding obesity have the unintended consequence of worsening health outcomes for these individuals directly (e.g. lower motivation to exercise, higher binge eating) and indirectly (e.g. avoidance of healthcare).¹¹ This limited public health approach ignores the genetic, psychological, environmental, economic and social determinants of obesity and overlooks the changed biology of individuals living with obesity. Likewise, considerable evidence also shows negative beliefs about and attitudes towards individuals living with obesity exist in many healthcare settings.¹² While healthcare professionals aim to provide the highest quality care, stigmatising attitudes about obesity can negatively affect their provision of care and, as a result, the associated health outcomes of their patients. Therefore, weight stigma in healthcare negatively affects those it is purported to help. Given that weight stigma is experienced in many societal settings, interventions to address these attitudes and beliefs are urgently needed.

Why is weight stigma challenging to change?

While current measures to investigate and define weight stigma are developing and evolving,¹ the evidence is clear that stigmatising attitudes, deeply rooted in cultural and social norms in Western societies, are an intractable problem.¹³ People are bombarded with messages that health is inexorably tied to our weight and any deviation from the 'slim and healthy' images depicted in the media is 'fat and unhealthy'. The media also presents a skewed portrayal of weight and health via fad diets, influencers, and social media.¹⁴ This perpetuates weight stigma and misleads people living with obesity to believe they cannot benefit from specialised and nonstigmatising medical support to improve their health. These messages are reinforced through the media, where individuals living with obesity are dehumanised (e.g. portrayed as headless bodies), stereotyped to be lazy or gluttonous and subjects of ridicule, and where the core discourse is the idea that the consequences of obesity have the potential to prompt people to take action about their weight.⁶ Irrespective of these pervasive messages, it is well known that long-term weight change is extremely challenging and is much more complex than simply adopting a healthier diet or increasing energy expenditure.²

What do we need to do about weight stigma?

Action is required at levels addressing individuals (e.g. internalised weight stigma, the judgement of others), interpersonal and society (e.g. the narrative of personal responsibility, the link between weight and health), healthcare (e.g. health system harms and education) and public health policy. We echo the recommendations of the Weight Issues Network (WIN),¹⁵ a collaboration of people living with obesity, calling to address weight stigma by reframing the narrative around the causes of obesity, with a particular focus on public health. These recommendations align with an international consensus statement to end the obesity stigma.² Most importantly, we call on Australia's leading public health authorities to commit to reducing weight stigma across all sectors of society and to challenge the conventional emphasis on personal responsibility. This emphasis misrepresents the evidence on the causes of obesity, and potential care options, appreciating that there is no 'one size fits all' approach for overweight and obesity. It is important to change the oversimplified narrative that obesity is the direct result of individual behaviour alone. In the long term, changes in this public health narrative can have positive consequences, including improved and more inclusive media portrayals of people living with obesity and educating healthcare professionals and the public on the negative impacts of weight stigma. Such changes

may lead to decreases (and hopefully elimination) of correlates of experienced stigma, such as internalisation of stigma and other biopsychosocial outcomes. However, because the strategy to change the public health narrative is long-term, it is important to note short- to medium-term changes that also must be implemented (see Box 1).

Box 1. Key recommendations to address weight stigma

1. Public health researchers must engage with people living with obesity
2. Public health practitioners must implement and promote weight-inclusive policies
3. Public health campaigns must lead the changing discourse around obesity and weight stigma.

First, engaging individuals with lived experience is an essential step in combating weight stigma. Researchers and practitioners need to ensure that the perspectives and priorities of those with lived experience inform future efforts to address weight stigma. This will increase the likelihood of research findings translating into meaningful public health policy recommendations that facilitate positive change in our communities. In 2020, the WIN released a report highlighting the personal cost and experiences of weight issues in Australia.¹⁵ The report emphasised an unequivocal call for clear anti-stigma policies delivered via multilevel approaches: downstream interventions (e.g. education) targeting different settings coupled with broader upstream policy initiatives that tackle systemic, societal weight-based discrimination.

Second, public health practitioners must commit to practices that are weight inclusive, and policies that may promote weight stigma should be replaced with strong policies that prohibit weight-based discrimination. Ongoing weight stigma education should exist alongside lifestyle and clinical training related to obesity to ensure healthcare professionals, including students, are mindful of and committed to reducing weight stigma in their practice.

Third is a commitment to designing health campaigns that change the public discourse on obesity and weight stigma. This policy approach is essential to reducing weight stigma, and as Puhl¹⁶ reported, there is strong public support for these policies. Despite its undeniable role in promoting weight stigma, social media presents an opportunity to build public support and lobby and engage policy makers to introduce such policies that have potential to change the public discourse around weight stigma.

While further research is always beneficial, especially evaluations of initiatives to address stigma¹⁷, there is now more than sufficient evidence to provide a catalyst

for change in public health through our communities, healthcare professionals, public health campaigns and health policy. Weight stigma is a blight on public health practice and policy. Although there will be challenges, it is time for serious and concerted action to address this insidious social injustice issue.

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Author contributions

All authors contributed to the development and several revisions of the manuscript.

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