



# HEALTHY VOICES

youth driving change

WORLD  
OBESITY



## Addressing weight stigma and misconceptions about obesity:

Building a youth-led response



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## Definitions

**Implicit weight bias:** refers to unconscious assumptions and attitudes about people living with obesity. For example, studies show that healthcare professionals hold implicit negative attitudes towards people with obesity and associate them with stereotypes such as being lazy, unmotivated, or lacking willpower.

**Weight stigma:** involves societal devaluation and stereotypes about people with obesity, including views that people with obesity are lazy, unintelligent, lacking self-discipline or willpower, having no self-control, worthless, sloppy, non-compliant with treatment. These stereotypes and labels can lead to unfair treatment, discrimination, and weight-based inequities for people who have obesity.

**Weight discrimination:** When people are treated differently due to their weight <sup>4</sup>

# Introduction

With the prevalence of overweight and obesity rising globally, people living with obesity are constantly shamed and blamed for their disease. But like other chronic diseases, the root causes of obesity run much deeper and can be genetic, psychological, social, cultural, economic and environmental.

Weight stigma is a global phenomenon that remains too often absent from conversations. It includes all the negative social stereotypes and misconceptions surrounding people living with overweight and obesity.<sup>1</sup> Often, it leads

to an increase in social inequities.<sup>2</sup> Negative and inaccurate stereotypes of people living with obesity includes depiction of laziness, lack of willpower, lack of moral character, bad hygiene, low levels of competence, low levels of intelligence and unattractiveness. Weight stigma is the last form of socially acceptable discrimination. Globally, 19-42% of adults experience weight stigma.<sup>3</sup> Furthermore, the Rudd Center for Food Policy and Obesity found that school-age children living with obesity had a 63% higher probability of being bullied.<sup>4</sup>

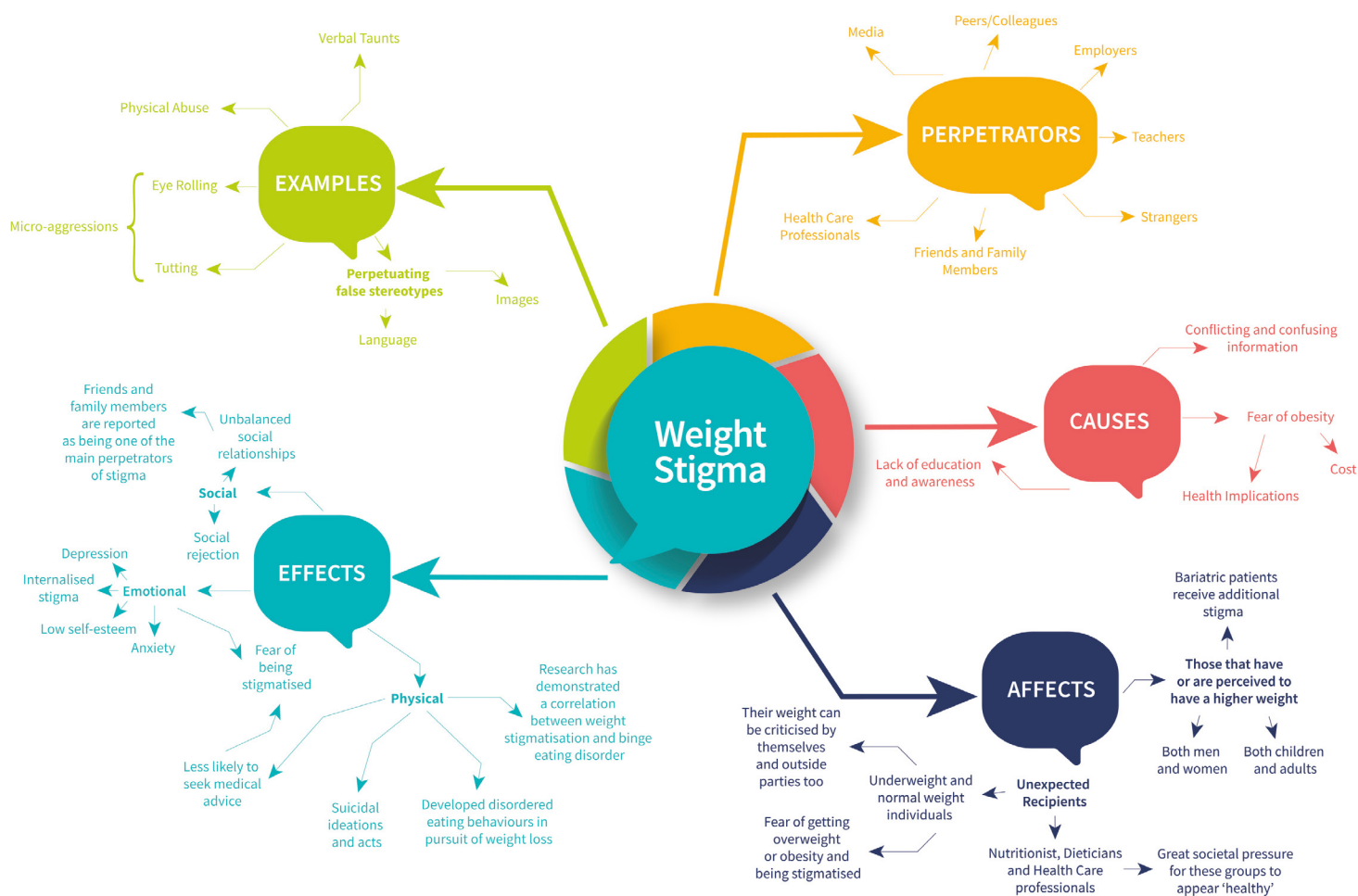
## Did you know?

Stigma doesn't only have **emotional effects**. It can sometimes have severe **physical repercussions** due to individuals avoiding seeking care or receiving poorer treatment outcomes due to stigma.

It can impact people's **social lives and relationships** by pushing individuals to **self-isolate**.

People can start to **internalise these stereotypes** and believe them to be true.

**The media** plays a key role when it comes to the **stigmatisation** of weight. Many stories shared by the media contains **negative language and imagery** associated with people living with obesity.



## What are some of the drivers and consequences of weight stigma?

The underlying cause of weight stigma is rooted in a widespread misunderstanding about the drivers of obesity. Too often, people consider obesity as a result of individuals eating too much and moving too little. The root causes of the disease are often dismissed, leading to an oversimplification of obesity narrative which often focuses on the notion of personal responsibility. This places the blame on individuals for their weight. As a result, governments tend to develop and implement policies aimed at changing food environments and ignore some of the deeply rooted systemic challenges surrounding obesity.<sup>5,6</sup>

Weight stigma has wide-reaching consequences and is a central cause of health inequalities.

It also leads to a number of emotional, behavioural, physiological and social outcomes. Experiencing and internalising weight stigma is harmful and is associated with a plethora of negative outcomes including:

- **Physiological and emotional effects**

such as anxiety, low self-esteem, poor body image, social isolation, stress and suicidal thoughts

- **Behavioural effects** such as individuals avoiding or delaying treatment or care, or internalising weight stigma and bias.

Ultimately, the impact of weight stigma can lead to worsening obesity and physical and mental health outcomes among people living with obesity.

- **Avoidance of healthcare** Negative weight-related attitudes and stigmatisation towards patients living with overweight and obesity are well documented among healthcare professionals (HCPs) in higher income countries. Quality of healthcare received can also be impacted by weight

stigma In those settings where there is bias against overweight. Reflecting overall societal attitudes and subconscious bias, HCPs, may hold stigmatising, negative beliefs and attitudes about patients living with overweight and obesity which can potentially influence interpersonal behaviour and decisionmaking.

## Policy considerations for addressing weight stigma

Despite the clear negative consequences of weight stigma, public health policies often fail to recognise it as a key element when addressing obesity. Public policy can play an important role in shaping the obesity narrative and transform the perceptions of obesity globally. A number of opportunities exist to reduce the impact of weight stigma in obesity policies:

- Develop and implement policies which recognise obesity as a disease, obesity as an environmental/societal challenge rather than an individual one and the broader systems and structures that maintain and perpetuate stigma.
- Develop and implement policies which take a systems approach, focused on addressing

the multiple drivers and solutions of obesity. This can help shift the narrative away from individual responsibility and blame.

- Policies should focus on addressing obesity through the entire continuum of care, from prevention to treatment and management.
- Public health campaigns and policies should be carefully framed to avoid appearing 'anti-obesity' and focus on promoting health for all rather than focus solely on weight
- Include overweight and obesity in anti-discrimination legislation and policies.
- People living with overweight and obesity should be involved in the development of obesity-related policies.

## Understanding obesity

Obesity is a chronic disease that independently contributes to poor health outcomes and mortality but also increases the risk for other chronic diseases such as cardiovascular diseases, diabetes, and some forms of cancer. Increasingly, it also has been shown that childhood obesity:

- Can impact a person's mental health and lead to lower levels of self-esteem, and higher likelihood of being bullied.
- Has psychological impacts including poor

body image, anxiety, stress, and depression.

- Has psychosocial consequences and can lead to the perpetuation of weight stigma
- Can impact a child's educational situation with poorer school attendance levels and poorer school achievements.

When experienced during childhood, many of the above-mentioned psychosocial consequences often persist into adulthood, severely impacting the quality of life of individuals.

# Case study: Stigma in the media

The media has been identified as one of the key perpetrators of weight stigma. A study from the US found that almost three quarters of imagery included in news reports in the US were stigmatising.<sup>7</sup> With obesity identified as a key risk factor for worst outcomes in cases of illness due to COVID-19, media reports on obesity have increased during the pandemic and led to a flooding of stigmatising headlines such as “why lockdown is bad news for our kids’ waistlines” and other negative comments framing obesity as a “societal burden.”<sup>8</sup>

The way in which overweight and obesity are portrayed in the media is extremely influential in forming public perceptions and beliefs about those living with overweight and obesity.<sup>9</sup> The media tends to idealise the concept of thinness, under-represent individuals with overweight and obesity and, when included, depict them in a stereotypical way.

## Imagery

Many images commonly used in the media reinforce many of the stereotypes about obesity and suggest that people with obesity are lazy, greedy or lack willpower. Many images also overemphasise specific behaviours such as sedentary activity or excessively consuming junk food. Depersonalising obesity by showing isolated body parts and depicting people with obesity in a negative context are also common practices.

As part of efforts to reduce weight stigma, it is important that we all consider the images we attach to obesity. This includes avoiding the use of pictures which focus on specific body parts with the head removed and instead use pictures with the whole body. Images that show people with obesity engaging in regular day-to-day activities are also encouraged. People with obesity should be depicted in a non-stigmatising manner, devoid of stereotypical and discriminatory components that contribute to weight-based stigma. When using pictures

to accompany any of your work on obesity, consider the following:

- Use positive images which accurately support individual’s stories without exacerbating misconceptions about people with obesity.
- Pictures of people with obesity should include their whole body rather than specific body parts with the head removed.
- Images that perpetuate stereotypes, such as people with obesity, being sedentary, looking sad or isolated from other people, should be avoided.
- Call out the use of negative images, particularly in the media.

## Language

Language used by the media is also often problematic. Often, they use language that doesn’t put the person first or use derogatory and pejorative labels to talk about people living with obesity. Furthermore, the overall narrative fails to acknowledge the wider context regarding causal aspects of obesity.

To help increase understanding and awareness about the complexities and multiple drivers of obesity, as well as reduce weight stigma, we should all consider the language that we use and the way that we present obesity.

- Use people first language.
- Adopt positive language about obesity and people with obesity.
- Avoid the use of language that is derogatory or pejorative.
- Use easy to understand language to illustrate that obesity is a health condition.
- Recognise the wider causes of obesity where relevant.
- Avoid the use of language that implies individual blame.

Read World Obesity’s [language](#) and [imagery](#) guidelines and access our [image bank](#).

# What can you do to advocate?

Everyone throughout society has a role to play in helping to end obesity stigma including the media, health care professionals, teachers, youth and employers. The complexity of the disease, the challenge of developing long-term sustainable solutions and the burden associated with weight stigma means that we need to work together to address the challenge of obesity.

Through coordinated activities, advocates can promote behaviours and policies that support positive choices and behaviours to encourage healthier lifestyles. No single intervention will put an end to weight stigma. With COVID-19

putting obesity at the forefront of health and political agenda, governments have a renewed opportunity to address this important health challenge and need to maintain the momentum on action to address weight stigma. Youth can play a substantial role in helping to reduce weight stigma. Below are some tips to support your advocacy work with governments, media and other key stakeholders and ensure they step up their commitments, adopt a comprehensive set of actions to ensure we put an end to weight-based discrimination.

**1**

## Identify the issue that you want to focus on. It might be useful to conduct research to understand the scope and extent of the issue.

### Suggested guiding research questions:

- What is the prevalence of weight stigma in your country of interest? Are national guidance/guidelines available?
- How has the landscape evolved over the past decades? What are some of the policies in place to halt the impact of weight stigma? What are some of the factors that could be challenges to the successful integration of stigma in policies/guidelines/interventions? What about enablers?
- What is the social, cultural, and economic context for your population of interest?

### To get started, consult:

- Existing resources (secondary data), such as the World Obesity Federation's policy dossier on [weight stigma](#).
- Consult with local experts from organisations who have worked on these issues.
- Collect information from your stakeholders (primary data) for example, through interviews, questionnaires, surveys, and/or focus groups.

**2****Work with your team to set goals and objectives.****3****Develop an implementation plan:**

- Identify who will do what, by when, and to what purpose.
- Allocate the budget lines for each activity and other support you need (human and materials resources).
- Identify the resistance you might face and develop a strategy to overcome the resistance.

**4****Create a stakeholder map to identify the beneficiaries of your advocacy work and to identify allies who can support your advocacy.**

This can include parent groups, businesses, news outlets, schools, youth groups and civil society organisations.

**5****Create a communication plan and develop key messages that are clear, supported by fact and engage your target audience.**

- Provide a snappy, attention-grabbing opener
- Provide fast facts to frame the problem
- Provide a solution
- Finish with a call to action

**6****Create a plan to track progress: are activities on time, on budget, reaching their audiences, and affecting stakeholders?**



## Resources to get started

World Obesity Federation's [policy dossiers](#) include research, studies, statements, and case studies to support advocacy and program planning on a variety of topics ranging from implementation of front-of-pack labelling to school-based interventions to address obesity.

This resource from World Obesity Federation provides data on a variety of topics ranging from policies implementation to drivers of the obesity epidemic. Consult the [Global Obesity Observatory](#).

This resource from [Youth Leaders for Nutrition](#) provides further guidance on advocacy.

Here are some resources from the World Health Organization (WHO) on [Nutrition for adolescent health](#) and [Guideline: implementing effective actions for improving adolescent nutrition](#).

## Endnotes

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Healthy Voices provides young people with the knowledge and advocacy tools to promote their positive engagement to address health-related challenges. Owned by World Obesity and born out of the work of two EU-level projects – STOP and CO-CREATE – it is an educational and capacity building platform and provides a space for blogs and discussions. It aims to provide young people with some tools and expertise about how to become actively involved in shaping their environments and become agents of change.

More info on the about this site page at [www.worldobesity.org/healthy-voices/about-this-site](http://www.worldobesity.org/healthy-voices/about-this-site)

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