

Weight Stigma in Leeds: The consequences of weight stigma and implications for policy and practice.

Introduction

Weight stigma refers to the discriminatory ideologies affixed to an individual's weight and size⁽¹⁾. It has been associated with significant functional and emotional consequences, including increased anxiety, depression and disordered eating⁽²⁾. Weight related bias and discrimination describes the negative attitudes and inequitable actions towards an individual due to their weight and size⁽³⁾. For instance, the delivery of inadequate health care, working environments and/or schooling due to an individual's weight and size. Weight related bias and discrimination has been associated with decreased self-esteem, avoidance of physical and social activities as well as suicidal thoughts and acts⁽⁴⁾. Therefore, it is essential that weight related bias, discrimination and stigma are identified and addressed to positively strengthen individuals internalised beliefs, improve health systems and create encouraging and healthy environments.

This report examines the results of a Leeds local survey regarding individuals personal experiences with weight related bias and discrimination. It identifies ages of experiencing weight related bias and discrimination and the regularity of these incidents. It describes individuals personal experiences and internalised beliefs with regards to weight related bias and discrimination and highlights problems with weight stigma in different institutional settings. It features engagement levels with tiered weight management service support and underlines the consequences of weight related bias, discrimination and stigma. Finally, it offers approaches in which healthcare professionals can improve their services and attitudes to reduce the negative implications of weight related bias, discrimination and stigma. Overall concluding that healthcare professionals need to adapt their approach to acknowledge and empathise with the long-lasting emotional trauma caused by weight stigma whilst supporting individuals to access appropriate services.

Summary of Key Findings

- Over half (55%) of the responders felt they had experienced weight related bias and/or discrimination.
- Individuals who had experienced weight related bias and/or discrimination were more likely to have accessed tier 3 and 4 weight management services.
- Individuals who had experienced weight related bias and/or discrimination were more likely to actively pay for goods and services regarding weight management.
- They were also more likely to have sought/ needed multiple levels and types of support.
- 90% of participants were not okay with their individual weight independent of their experience with weight related bias and/or discrimination.
- Weight related bias and discrimination enhanced weight anxiety and lowered confidence regarding weight, in social settings.
- Weight related bias and discrimination affected individuals priorities and beliefs regarding the importance and value of their weight within society.
- Over 90% of participants that experienced weight related bias and/or discrimination felt they had been negatively judged because of their weight.
- 45% of individuals stated that their first experience of weight bias and/or discrimination was before they were 16 years old in a school setting either from a classmate or teacher.
- 54% of individuals experienced weight bias and/or discrimination within General Practice settings.

- 45% and 50% of individuals conveyed that the weight bias and/or discrimination was expressed by GPs and healthcare professionals respectively.
- When visiting the GP or healthcare professional's individuals felt that every health problem was blamed on their weight, even those not related to weight such as a sore throat.
- Individuals felt that GP's and healthcare professionals need to demonstrate more compassion towards weight issues.
- Participants believed to feel comfortable with their weight they 'needed to lose weight' and 'improve mental health', independent of experience with weight bias and discrimination.
- Weight related bias and/or discrimination made individuals feel that they could not manage their weight on their own and that they required assistance from healthcare professionals to become comfortable with their weight.
- Weight related bias and/or discrimination had a long-lasting impact on individuals leading to preventable behaviour disorders such as agoraphobia, binge eating and drug abuse.
- Healthcare professionals should develop their consideration towards the psychological impact of weight management.
- Healthcare professionals should better support and encourage the use of beneficial weight management pathways.

Supporting Evidence

169 Leeds Locals completed a survey regarding their personal experiences with weight related bias and discrimination. The survey went out to tier 2 and tier 3 weight management service participants in Leeds. These were split into 2 cohorts. Those who had experienced weight related bias and/or discrimination (55%, n= 93) and those who had not experienced any weight related bias and/or discrimination (45%, n=76).

Weight related bias and discrimination

Participants that had acknowledged they had experienced weight related bias and/or discrimination were asked an additional 10 questions relating to their personal experiences with bias and discrimination because of their weight, outlined in table 1.

Table 1: Questions asked relating to participants experiences with bias and discrimination

Questions	
1	How often have you felt bias or discrimination because of your weight?
2	What types of weight related bias and/or discrimination have you experienced?
3	Can you expand on your experiences with weight related bias and/or discrimination?
4	In what settings have you experienced weight related bias and/or discrimination?
5	Who have you experienced weight related bias and/or discrimination from?
6	What age group were you in (approximately) when you first experienced bias or discrimination because of your weight?
7	How recent was your last experience of bias or discrimination towards you because of your weight?
8	What setting was your last experience of bias or discrimination towards you because of your weight in?
9	Describe how experiencing weight bias or discrimination has affected your life, health and wellbeing.
10	Describe how experiencing weight bias or discrimination has impacted your thoughts and behaviours towards weight management (i.e., weight loss, preventing weight gain)?

Of those participants who had experienced weight related bias and/or discrimination, 66% had their first experience before they were 25 years old, and 89% had their first experience before they were 45 years old. 45% were under 16 years of age. This suggests that weight bias and discrimination can start early on in life. Moreover, 79% of participants who had experienced related bias and/or

discrimination felt these pressures of bias and/or discrimination on at least a monthly basis, implying the copious nature of weight bias and discrimination within Leeds.

Over 50% of participants who experienced weight related bias and/or discrimination received it in forms of teasing (65%), unfair treatment (52%) and verbal abuse (58%), and over 90% received weight related bias and/or discrimination through negative judgements towards their weight. Key settings that this weight bias and discrimination occurred included: bars/restaurants (60.2%), the workplace (57%), shopping centres & supermarkets (56%), General Practices (54%) and schools (47%). This suggests that weight related bias and discrimination is prominent within social and institutional settings.

Additionally, just under 50% of those participants who had experienced weight related bias and/or discrimination received it from GPs (45), healthcare professionals (50%), family members (46%) and classmates (50%).

Personal experiences

Personal experiences described by participants regarding weight related bias and/or discrimination were predominantly depicting verbal abuse, bullying and judgement. Common responses referred to comments on individuals weight such as

“You could do with missing a meal”
“Who ate all the pies”
“Your coat looks more like a rug/tent”
“If you lost weight, you would be beautiful”
“Crikey you’re a big unit”
“You take up too much room”

With common vulgarity including ‘massive, ugly, gross, disgusting’. Individuals also shared experiences with sexual assault, heckling and targeted abuse.

Reduced self-confidence are illustrated by participants with reoccurring comments including:

“Always feel uneasy and unfit”
“I’m described as lazy and unmotivated”
“I constantly feel inadequate in situations”
“Drug addicts get less judgement”

Additionally, participants felt that their weight made them an ‘easy target’ for judgement. Individuals avoided socialising, eating in public and exercising because of their experiences with weight related bias and/or discrimination.

Participants who had experiences with weight related bias and/or discrimination described several experiences regarding the behaviour of healthcare professionals. Responses described a lack of compassion towards the complexity of weight, with comments such as:

“Doctors think I’m lazy or just eat takeaways”
“I was ridiculed by a dietitian for only losing 6lbs in one week”
“Health care professionals have judged me quite harshly because of my weight, it has made me feel bad about myself and made me believe it’s completely self-inflicted”
A nurse has told me “With your obvious carriage I’m surprised you’re not diabetic”
A GP said to me “I can’t help you with your situation, just stop eating so much”

Additionally, responses described that healthcare professionals tend to attribute all health issues, independent of their relation to weight, on their weight, comments included:

“Everything that goes wrong gets blamed on my weight”
“If I attended GP appointments, no matter what I go for, the cause would always be related back to my weight”
“Being told losing weight is a priority despite being very ill”

I went to the doctors for a chest infection, the first thing they said "Lose weight"
"Doctors told me my trimalleolar fracture was due to my weight and discharged me with no support. I went to see a private osteopath which prescribed rehab exercises for me, it got better without me losing any weight".

"I had undiagnosed MS and a lot of symptoms, but was first told by my GP to do more exercise"
"I had a sore throat and the doctor said 'lose some weight'"

Participants that had experienced weight related bias and/or discrimination also described unfair treatment within the workplace based on their weight. For example:

"I didn't get my job because I was overweight"

"I was passed over for a promotion"

"My daughter was passed over for promotion within swimming as they took into account the parents physique as a judgement of their ability!"

"I was told I would probably not be accepted as it was hard work and very physical. I also applied for a bus driving job and was told I wouldn't fit behind the steering wheel".

Additionally, individuals that had experienced weight related bias and/or discrimination depicted judgement over clothing:

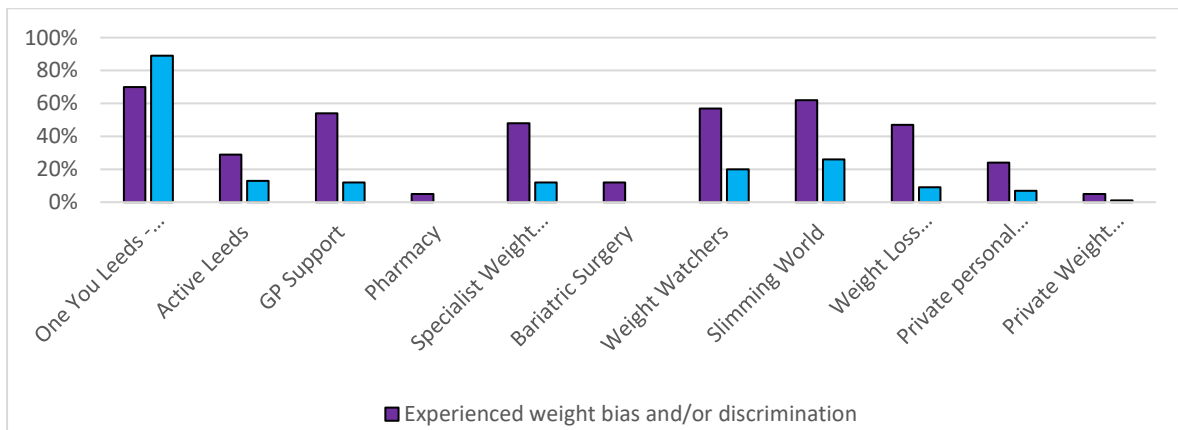
"Failed to be provided with a fitting uniform"

"Mocked for wearing a jumper at work to cover my sweating"

Services Supporting Weight Management

All participants who had experienced weight related bias and/or discrimination had attended services for support with their weight compared to 90% of those participants that had not experienced weight related bias and/or discrimination. Both cohorts actively attended tier 2 weight management, specifically 'One You', a free local healthy living service designed to support residents to start and maintain a healthy lifestyle, and 'Active Leeds' providing health and fitness provision for the people of Leeds. Additionally, more participants who had experienced weight related bias and/or discrimination utilised tier 3 and 4 care weight management care in comparison to those who had not experienced weight related bias and/or discrimination. Individuals that had experienced weight related bias and/or discrimination made higher use of commercial products and private professional assistance in comparison to those who had not experienced weight related bias and/or discrimination. This suggests that individuals, who experienced weight related bias and/or discrimination, felt the necessity to actively pay for goods and services regarding weight management. Figure 1 gives a breakdown of services attended by participants comparing both cohorts' attendance.

Figure 1: Services attended by participants split by those who have and haven't experienced weight bias and/or discrimination.



Beliefs Behind Weight

A series of 7 statements were presented regarding individuals' beliefs behind their weight. Participants were asked to record to what extent they agreed with each statement, a breakdown of results for individuals who have experienced weight related bias and/or discrimination and that had not experienced weight related bias and/or discrimination are shown in table 1 and 2 respectively. 90% of participants were not okay with their individual weight independent of their experience with weight related bias and/or discrimination - 94% and 86% for those that had experienced weight related bias and/or discrimination and those that hadn't, respectively. This suggests that weight related bias and/or discrimination is not the sole factor triggering low self-esteem.

On the contrary, 82% of individuals who had experienced weight related bias or discrimination felt anxious towards other's opinions regarding their weight, compared to 45% of individuals who had not experienced weight related bias and/or discrimination. This implies that weight related bias and discrimination enhances anxiety and lowers confidence, regarding weight, in social settings.

Additionally, 65% of individuals who had experienced weight related bias and/or discrimination measured their own value exclusively on their weight, compared to 34% of individuals who had not experienced weight related bias and/or discrimination.

41% of individuals who experienced weight related bias and/or discrimination believe their competency is affected by their weight, compared to 25% of those who had not experienced weight related bias and/or discrimination. This indicates that weight related bias and discrimination can affect individual's priorities and beliefs regarding the importance of their weight.

Moreover, 95% of individuals who had experienced weight related bias and/or discrimination thought that other people thought that the individual in question was solely to blame for their weight, in comparison to 31% of individuals who had not experienced weight related bias and/or discrimination. This aligns with the feeling of being judged by others for their weight. This proposes that weight related bias and discrimination questions individual's beliefs towards their own responsibility for their health and creates unachievable expectations.

Most individuals (78%) understood that their weight is a complex result of many causes that are somewhat uncontrollable, independent of weight related bias and discrimination, suggesting that participants understand the difficult, multi-factor process of weight management. There is clearly an internal conflict and contradiction in feeling responsible for something that is significantly outside of their control.

Table 2: Results of individuals who have experienced weight related bias and/or discrimination from Weight Stigma Survey, 7 statements on beliefs behind weight.

Statements	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Prefer not to say
I am OK being the weight I am	0	2	4	15	72	0
I feel anxious about my weight because of what people may think of me	51	25	6	2	9	0
I measure my value as a person depending on my weight	26	34	15	9	7	2
I am as competent as anyone, no matter what my weight is	23	21	10	23	15	1
My weight is purely my responsibility	20	32	20	13	7	0
People think I am to blame for my weight	63	25	2	2	1	0
My weight is a complex result of many causes that are not entirely in my control	52	30	3	5	2	1

Table 3: Results of individuals who have experienced weight related bias and/or discrimination from Weight Stigma Survey, 7 statements on beliefs behind weight.

Statements	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Prefer not to say
I am OK being the weight I am	1	6	4	36	29	0
I feel anxious about my weight because of what people may think of me	13	21	16	17	9	0
I measure my value as a person depending on my weight	10	16	13	22	15	0
I am as competent as anyone, no matter what my weight is	22	26	9	9	10	0
My weight is purely my responsibility	21	43	8	3	1	0
People think I am to blame for my weight	14	17	34	4	6	1
My weight is a complex result of many causes that are not entirely in my control	15	34	10	10	7	0

Consequences of Weight Related Bias and Discrimination

All participants were asked what they personally felt they needed to do to feel more comfortable about their weight. Comparing both cohorts, comments such as needing to lose weight and improve mental health were made independent of experience with weight bias and discrimination. However, those individuals who did not experience weight related bias and/or discrimination identified actions that could be completed independently such as:

“I need to carry on with what I’m doing”
“I need to make more effort to look after myself”
“Eat healthier”
“Reach my correct BMI”
“Remove unhealthy options”
“Keep the weight off once I’ve lost it”

Whereas those individuals who did experience weight related bias and/or discrimination described actions that involved a healthcare professional's assistance, with mention of:

“surgery”
“therapy”
“counselling”
“hypnotherapy”
“Nutritional education”

This suggests that as a consequence of weight related bias and/or discrimination individuals felt that they were incapable of managing their weight on their own and that their own knowledge and understanding was inadequate. Therefore, creating additional burdens affecting individuals further than any presented problem.

Participants were also asked to describe how experiencing weight related bias and/or discrimination had impacted their thoughts and behaviours towards weight management. Common responses included reduced confidence, and implications on their mental health, primarily anxiety, depression, paranoia and triggering eating disorders. Many participants suggested that they would turn to comfort eating, abuse of other drugs, such as alcohol, and would avoid social situations because of experiencing weight bias or discrimination. This emphasises the mental toll and the long-lasting impact weight bias and discrimination has, leading to further preventable behaviour such as eating disorders and agoraphobia.

Implications for Policy and Practice

Participants that had experienced weight related bias and/or discrimination were asked how healthcare professionals could provide better support regarding weight management. Common answers followed the notion that people would like to lose weight and improve their health but face many barriers in doing so. For many people this has been a lifelong challenge experiencing judgement from a young age. Healthcare professionals should show more *“compassion and understanding”* towards individual's situation and the complexity behind their personal weight management. Participants stated that they wanted healthcare professionals to:

“Be less patronising and conceding”

and to become more:

“Optimistic and motivating”.

Individuals stressed the need for support from:

“Someone who isn’t expecting a by the book transformation and accepts the challenges in life for someone who his overweight”

Additionally, participants wanted more support for their mental health, with comments such as:

“Healthcare professionals should be trained in the physical and psychological aspects of weight issues”

“Support mental health that occurs with weight”

“Be kind and recognise we are self-medicating because of trauma”

It is imperative for healthcare professionals to focus on the primary reason behind an individuals visit independent of their weight and size. If weight and size impacts the individuals condition healthcare professionals need to approach their concerns with empathy and acknowledge the intricate personal context before offering their opinion regarding weight management, avoiding coarse and condescending comments such as:

“Have you tried to lose weight”

“You’re obviously not trying hard enough”

“Just stop eating so much”

“It’s because of your size”

Reflection on the complexity behind weight management and improved understanding for the concept that individuals do not chose or enjoy the struggles underlining their weight and size could encourage progress and motivate individuals to become more vigilant with their weight management. Even with small or insignificant improvements individuals need inspiration and kindness to improve further.

Moreover, if weight management pathways are appropriate then healthcare professionals need to better advertise and support solutions. Participants stated that when healthcare professionals detailed losing weight as a priority:

“No support or sign posting was given by medical professionals”

“No support was offered”

“No specialist or programme was available”

This emphasises the critical need for healthcare professionals to better support and encourage use of beneficial weight management pathways.

Consideration of the occurrence of weight related bias and discrimination throughout an individual’s life is vital. Healthcare professionals should better tailor their assistance with regards to the psychological impacts weight stigma has had. Supporting individuals weight management and self-esteem in parallel will decrease the weight related bias and discrimination experienced within a healthcare setting and promote a more positive stigma behind getting help for weight related difficulties.

Conclusions

In conclusion, this Leeds local survey has emphasised the prominence of weight related bias and discrimination. The survey showed that individuals experience weight related bias and discrimination in early stages of life and that the portrayal of weight stigma in the form of teasing, unfair treatment and verbal abuse can have a long-lasting impact causing preventable mental hardships such as anxiety and depression. The survey emphasised that family members and authoritarians such as teachers and healthcare professionals are responsible for most weight related bias and discrimination and, consequently, individuals do not trust help from others as they believe that these figures believe their battle with weight and size is solely their fault. Healthcare professionals need to better

acknowledge the emotional trauma caused by weight stigma throughout an individual's lifetime and empathise and support solutions when prescribing beneficial weight management pathways.

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