

Experiences of Weight Bias and/or Discrimination in Leeds: Health Care Implications

Obesity is a complex disease affecting thousands of people in Leeds. In November 2021, Leeds City Council conducted a survey to understand the impact of weight bias and/or discrimination and implications for policy and practice in health care in Leeds. The survey has emphasised the prominence of weight related bias and/or discrimination (WBD) that may start from early childhood and continue throughout a person's life.

Weight related bias and/or discrimination refers to the negative attitudes and inequitable actions towards an individual due to their weight.

Health care professionals are in a pivotal position to support people with both their obesity, and long-standing emotional difficulties caused by either stigma or other mental/physical health issues. With kindness and compassion, professional support and solutions are important for improving patient's health and wellbeing.

Key findings interpreted from the survey:

169 adults responded to the survey, of which 55% shared experiences of weight related bias and/or discrimination (WBD).

90% of participants that they are not OK with their weight.

To feel comfortable with their weight participants said they 'needed to lose weight' and 'improve mental health', independent of experience with WBD.



Participants who shared experiences of WBD:

- Over 90% felt they had been negatively judged because of their weight.
- 95% perceived that other people thought they were personally to blame for their weight versus only 31% of those who hadn't experienced WBD.
- Were more likely to have accessed specialist support for their weight such as tier 3 or 4 services and to have paid for goods/ services for their weight.
- 45% stated that their first experience of WBD was in childhood under the age of 16 years and frequently in a school setting from a classmate/ teacher.
- As an adult, it occurred across multiple settings, bar/restaurant (60%), workplace (57%), shopping (56%), General Practice (54%), Hospital (39%) and at home (37%).
- Individuals shared feelings that every health problem was blamed on their weight, even those un-related, such as a sore throat.

Long-lasting impact of WBD:

- Increased anxiety and lowered confidence across multiple public and social settings causing avoidance.
- Preventable behaviour disorders such as agoraphobia, binge eating and alcohol/ drug abuse.
- Affected individual's priorities and beliefs regarding the importance and value of their weight within society.
- Heightened need for professional assistance for support with their weight.

Implications for Policy and Practice:

- Acknowledge and empathise with the long-lasting emotional impact
- Support adults to access appropriate services that address the issues that matter to the individual



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