

Weight stigma and bias | what is known?



Researchers at the University of Sydney did a rapid review of research evidence to find what we know about weight stigma and bias. The team set out to investigate six questions (see panel on right).

6 Key Research Findings

1. Weight stigma is pervasive in mass media, including news, movies and television, as well as social media. Mass media perpetuate weight stigma through overrepresentation of thin and underweight individuals, underrepresentation of individuals with obesity, and the portrayal of characters with obesity in a stigmatizing or negative light.
2. Children and adults who experience weight stigma are vulnerable to numerous consequences affecting their psychological and physical health. Psychological consequences include increased risk of depression, anxiety, low self-esteem, poor body image, substance abuse, and suicidal thoughts and behaviours.
3. Adverse health outcomes which result from peoples experience of weight stigma can reduce quality of life and pose major obstacles to efforts to prevent and treat obesity effectively.
4. The evidence on prevention and reduction of weight stigma is at an emergent stage and the quality overall is weak **but the seriousness of the probable consequences is such that there is an ethical imperative to take precautionary action now**, even as more research is underway or about to commence.
5. *Multilevel* efforts will likely be required to reduce and prevent weight stigma - downstream interventions targeted to different settings (e.g., education and training of medical professionals), broader upstream policy initiatives to tackle systemic societal weight-based discrimination and prejudice.
6. Public health media campaigns in obesity prevention should ensure that messages intended to promote optimal weight-related health behaviours do not simultaneously stigmatize or shame individuals with obesity. Neutral terminology (e.g., “weight” or “unhealthy weight”) is preferred while words like “obese” and “fat” are least acceptable.

6 Key Questions

1. What theoretical and conceptual models are used to explain weight stigma, sources, types of weight stigmatisation and prevention efforts? Can the existing models be improved?
2. What is the role of news, entertainment, social media with respect to the development of weight stigma and bias?
3. What adverse consequences (in terms of weight stigma and bias), if any, have been reported from anti-obesity campaigns, messages and strategies?
4. Where weight stigma and bias has occurred because of anti-obesity campaigns what have been the effects on physical and mental health?
5. What can be done to prevent or reduce weight stigma and bias, especially regarding news, social, entertainment media and anti-obesity campaigns?
6. How can we improve message framing and communication efforts in obesity prevention to avoid inadvertent weight stigma and bias?

About The Obesity Collective

The Obesity Collective is a platform for committed individuals and organisations from across the community to take on the obesity challenge together, with empathy and a whole of society perspective. The Collective Purpose is *“To Transform The Way Society Thinks, Speaks And Acts On Obesity*. One of The Collective strategies for action includes: *the creation of a new narrative by (i) decreasing weight stigma and bias and (ii) increasing acceptance that obesity is a whole of society responsibility*. In support of that action strategy, a rapid review has been undertaken by the Prevention Research Centre, a partner of The Collective based at the Charles Perkins Centre.

The analysis, conclusions and recommendations in this report are those of the authors and are not necessarily those of The Obesity Collective. For more information visit website of [The Collective](#).

About The Research Team

The Research Team comprised: Bill Bellew, Anne Grunseit, Bo-Huei Huang, James Kite, Yvonne Laird, Margaret Thomas, Kathryn Williams

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Find the full report



For more detailed information, refer to the full report of the rapid review (24 pages, 64 scientific references)

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