



Addressing Weight Stigma

June 2024

They tie up heavy, cumbersome loads and put them on other people's shoulders, but they themselves are not willing to lift a finger to move them.

Matthew 23:4

I walked out of the gym, and some ladies having coffee snickered, "ok, so she needs more than one class," just a touch too loud. I own a mirror - I know I'm fat, alas, why I'm at the gym DUH!

Throughout the Gospels, Jesus associates with people on the margins of his society. In many cases, he acts to overcome barriers that cause them to be socially excluded. At the same time, he challenges those who place burdens on people that result in their exclusion.

The Justice and International Mission Cluster is taking up the issue of the multinational food corporations that produce greenhouse gas emission-intensive foods that are unhealthy and addictive. The foods in question cause a range of health problems, including cancer, heart disease, obesity and mental health issues. Scientists and technicians have progressively tailored ultra-processed foods through combinations of sugar, salt, fat and flavour enhancers to bypass our natural appetite control mechanisms. The food corporations then employ psychologists and neuroscientists to unlock marketing techniques that target our weaknesses. After spending billions overriding our self-control, the food corporations and their commercial media allies blame us for failing to exercise it.¹

We are seeking reforms that require food to be healthier and make it easier for people to access and choose healthy food. However, a significant barrier to pursuing structural reforms around food production and marketing is the stigma attached to people being overweight. It is common in our society to blame individuals for not exercising enough willpower and becoming overweight. As long as individuals can be blamed for the problem, it reduces pressure on governments to adopt laws and policies to rein in the harmful activities of the food corporations.

The following sheet draws on materials from the Obesity Collective and the Weight Issues Network to offer ways of talking about obesity to curb the stigma on individuals.

What is obesity?

"Obesity" is a medical term that describes extra body fat that affects a person's health. Like other health conditions, obesity is not a personal judgement or a reflection of someone's character. Diagnosis of obesity may occur with a health professional using the Body Mass Index (BMI), which assesses height and weight, and waist circumference, which measures weight gain around the belly. The standard measure of BMI is a useful screening tool but has limitations on its own for the clinical diagnosis of obesity. This is for many reasons, including ethnicity, variations in body composition and metabolic risk levels among people.

The Australian Institute of Health and Welfare estimated that in 2018, 8.4% of Australia's total disease burden was due to people being overweight or living with obesity. Being overweight and living with obesity affects about two in three Australian adults and one in four Australian children. In the ten years to 2018, the number of adults in Australia living with

¹ George Monbiot, 'Regeneration. Feeding the world without devouring the planet', (UK: Random House, 2022), 141.



obesity more than doubled. People living in remote and regional areas, Aboriginal and Torres Strait Islander people, and people living in low socio-economic areas are more likely to be affected by obesity.



Weight Stigma

The word obesity is loaded with stigma, blame and shame. The stigma is unfair. Obesity stigma is associated with considerable physical and mental health consequences, including increased depression and anxiety, disordered eating, and decreased self-esteem. Weight bias also translates into inequities in employment settings, health care services, and educational attainment. Obesity Stigma arises from the lack of understanding of the many drivers of obesity, including substantial social, biological and environmental factors that are outside of people's control. We all have a part to play in reducing the personal and societal burden of obesity.

Weight stigma can make it harder for a person to manage their weight as it can lead to unhealthy eating practices and avoidance of physical activity. A person with obesity may avoid healthcare appointments for fear of judgment. It can also lead to a lower quality of care for patients with obesity, ultimately leading to poorer health outcomes and increasing risk of mortality.

I work in the health system. Sadly, I have seen people attend an interview, and immediately, they are judged on the basis of their weight. While nothing is said to their face, they are frequently culled out for some other minor reason. The thinking is that they are 'not a good look' for the service – regardless of how smart or qualified they are. I am constantly stunned by such narrow-minded and cruel attitudes can be.

As with all health conditions, when talking about obesity, person-first language should be used, including “people with obesity” or “living with obesity” instead of “obese.”

What are the solutions to address increasing obesity rates in Australia?

Australia needs coordinated and sustained action across society, including local communities, businesses, non-profit organisations, health care, research, and government. Systems-level thinking and a broad range of interventions are required, such as policy changes, healthier environments, reducing stigma, and access to quality care for those who experience the health impacts of obesity.

Australia's current policies prioritise industry protection and profits over the health and well-being of our communities. This needs to change. Our children shouldn't be bombarded with unhealthy food marketing. People should be able to access affordable and healthy food options in their local area. We should have safe green spaces and opportunities for people to exercise. Our workplaces and schools should prioritise healthy environments.

People's wishes and options for support in managing weight or any other condition need to be met with a respectful, person-centred approach. Effective treatment and care options should be affordable for those who need them. Our healthcare teams need to be supported with education, guidelines, and toolkits to provide supportive and effective healthcare to people whose weight is potentially impacting their health.

Further resources can be found on the websites of the Weight Issues Network <https://weightissuesnetwork.org/> and the Obesity Collective <https://theobesitycollective.org.au/>