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Impact of Weight Stigma on Obese Women and Their Reproductive Health

Fatima Bagom
Stuyvesant High School, United States
jonwun123@gmail.com

Abstract

The obesity epidemic continues to grow globally, with many health and global administrators stunned about how to approach it. The health care system sticks to an individualistic approach, where responsibility and shame are placed on the individual and not big food companies or global shift to sedentary lifestyles. The roots of weight stigma center around shaming and discriminating against individuals based on their weight. The principles of weight stigma and weight bias find their ways in health care settings, including the OB GYN field, creating life-threatening situations. However, the connection between weight stigma in reproductive care and obese women remains heavily under-researched. This prompted an opportunity for a systematic literature review to unfold the health disparities obese women face in reproductive care. Four academic databases were used to locate over 4,000 sources. Sixteen of these papers were used in the final systematic review. Two main themes were expressed through the review: (1) Impacts of Weight Stigma and (2) Approaches to Weight Stigma. Recommendations for further interventions include increasing research on the topic and empowering obese women within clinical settings.

Keywords: Weight stigma, obesity, women, reproductive care, quality of care

Introduction

Overview

The obesity epidemic has consumed America and many western countries over the last couple of decades. Obesity has become a global epidemic, dominating countries all over the world. The reasons behind the epidemic come down to the increase of the manufactured food market (along with certain food marketing practices) and an institutional shift to less physical activity among individuals. However, the individual is the one to pay. Not only do health complications often come along with obesity, so does the blame; a survey conducted by economists revealed that most people believe individuals are to blame for their own obesity (ACES, 2014).

Adding on to the list of challenges obese people face is weight stigma. Weight stigma is the fourth most common form of discrimination in the United States, and it has an array of consequences (Mulherin et al., 2013). Stigma refers to an exhibition of attitudes or discriminatory actions towards a person deemed to be inferior or disliked. Weight stigma is a result of weight bias — the bias against overweight and obese individuals — which works hand in hand to devalue obese individuals. There is abundant evidence suggesting that obesity causes feelings of disgust, anger, and dislike in others (Phelan, 2015). Unfortunately, this stigma is prevalent just about everywhere, including within the healthcare system. This attitude (whether it is conscious or not) affects many, if not all, overweight and obese individuals. Stigma in healthcare settings can

cause adverse health and psychological harm to the receiver of the stigma. One field is particularly vulnerable to weight stigma: women's reproductive health.

Weight stigma faced by nonpregnant women

Women more often than men will face weight stigma. Whether it be social media, models on runways, or from family and friends, women are constantly reminded that they "need" to look a certain way. Women's weight and bodies are a constant topic of discussion from a very young age. When girls visit a physician's office, they are reminded of their weight and told to maintain their physical appearance (even if they are overweight in the slightest). Women tend to be face weight stigma at higher rates than men, even at lower levels of excess weight. "For example, men tend to report considerable stigmatization at a Body Mass Index (BMI) of 35 or higher, whereas women report experiencing notable increases in weight discrimination at a lower BMI of only 27" (Weight Bias, 2017). For overweight and obese women, practically all their problems are pinpointed to their weight. In particular, issues with their reproductive organs can be overlooked or misdiagnosed due to their weight.

Weight stigma faced by pregnant women

Weight stigma is a universal occurrence and unfortunately, it is directed at pregnant and postpartum women as well. Pregnancy is a special case in the sense that there are two types of weight stigma: one directed towards women who gain weight during pregnancy and the other towards women who were obese before their pregnancy. This review will mostly focus on the latter and keep its focus on obese individuals' experience through healthcare but there are some overlaps.

The occurrence of weight stigma in obstetrics is under-researched, yet the risks of being obese during pregnancy and how ways to manage it have steadily increased in literature. This gap adds to the weight stigma and further strengthens it. Yet, social media continues to portray "baby weight" in a demonizing way. It continues to push for ideal pregnant bodies and pressure individuals to "bounce back" from their pregnancy bodies (Nippert et al., 2021). The prenatal and postnatal time for women makes them vulnerable to a variety of mental health issues, and the projection of weight stigma on them is concerning. The state of the child-bearing individuals is crucial for their well-being and their offspring.

Methodolgy

A systematic literature review was performed. This aims to identify, evaluate, and summarize findings on a specific issue (Gopalakrishnan & Ganeshkumar, 2013). Numerous academic databases and research sources were used to gather relevant papers. The academic databases include ProQuest, Science Direct, Gale Health Reference Center Academic, and Google Scholar. Science research sources include PubMed, Open Science Directory, and Science Daily. Keywords were used to search for papers and all papers used were in English.

The keywords used were "women," "weight stigma," and "OB GYN." Variations of the search terms were also used, such as replacing "OB GYN" for "pregnancy" or "reproductive health", to broaden the search. Upon entering such terms into the databases, (n=4,000) results were yielded and (n=89) papers were read. The other articles were not viewed due to how expansive the results were and complete irrelevancy of the title to the topic. From the papers that were read, (n=54) were excluded due to irrelevancy. Most focused on a topic completely unrelated to the three main terms or were focused on battling obesity rather than weight stigma. Additional papers (n=15) were excluded due to inaccessibility to full texts and (n=4) were excluded due to being written in languages other than English. All papers were organized in a Google Spreadsheet and were reviewed from there.

Sixteen sources are included in this review. All sources used were obtained from credible databases, peer-reviewed journals, accredited

institutions, and national agencies' websites. The data used in this review is reliable. Figure 1 demonstrates the methodology used.

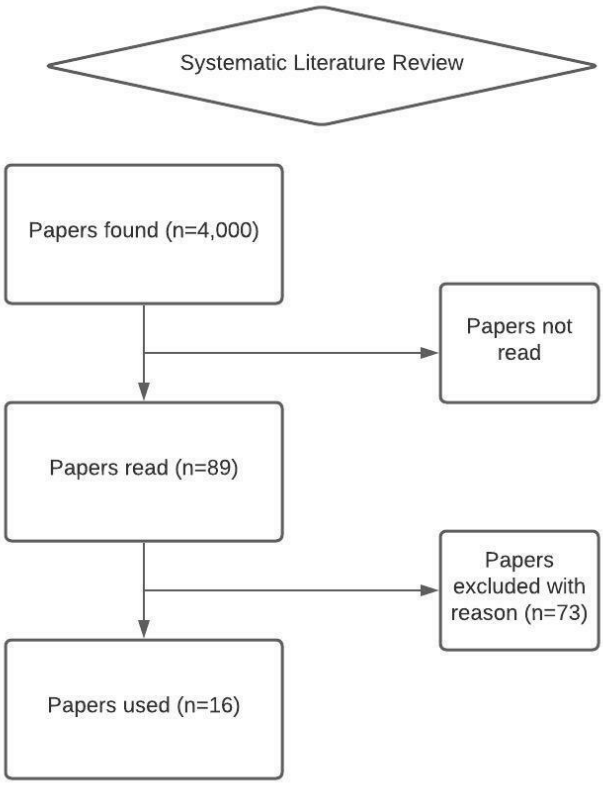

FIGURE 1: Visualizes the methods used for this systematic review.

Impacts of Stigma

Reduced care

Physicians and other healthcare workers play a vital role in the health of people. They help to make sure their patients are in healthy states of being and provide screenings to detect any signs of illness. Their job is to identify issues and formulate plans to help patients battle (and even cure) said issues. Sadly, weight stigma can create boundaries of care for obese people.

The negative attitudes underlying enacted stigma reduce the quality — and even the quantity — of patient-centered care. Providers' attitudes about a patient's weight can reduce the quality of the encounter and the patient's satisfaction (Phelan, 2015). At many times, patients' problems are completely overlooked. Researchers from Texas carried out in-depth interviews with women on this issue. An interviewee named Lynette was refused treatment for her arthritis by a chiropractor because of her weight. She stated that he "took one look at me and said 'All you need to do is lose weight and that would solve all your problems'… He didn't bother with X-rays or an examination or anything" (Blackwell, 2008). In a study of over 300 subjects, obese patients were 1.65 times more likely than non-obese individuals to have undiagnosed medical conditions, indicating that misdiagnoses occur (Fat shaming in doctor's office, 2017). Many more instances occur throughout the world, but this issue is not spoken about in media.

Lack of cancer screening

A field where there is more awareness is cancer screening. Cancer is a group of diseases characterized by abnormal cell growth that has the potential to spread throughout the body. Cancer is one of the leading causes of death worldwide and has had lots of attention on it over the years. It is often talked about in school; by an early age, the importance of cancer screening and prevention is discussed. However, obese women are significantly less likely than their non-obese counterparts to have gynecological and breast cancer screenings (Lee & Pausé, 2016). Many studies showed that mammogram use greatly decreased amongst women with higher body mass index (BMI) (Mensinger et al., 2018). Though obesity is one of the risk factors of breast cancer, obese women do not get proper and regular screenings to help detect cancer early on. In addition, obese women with breast and cervical cancers are more likely to die from breast and cervical cancer than non-obese women with these cancers, yet access to screenings remains low (Lee & Pausé, 2016).

Isolation from healthcare

Oftentimes, weight stigma results in avoidance of clinical care if patients feel as though their weight will be a source of stress or embarrassment. In the

case of cancer screenings, many obese women avoid the clinical setting in fear of embarrassment, lack of appropriately sized examination equipment, and poor communication between the patient and the provider (Aldrich & Hackley, 2010).

Lack of proper communication due to stigma along with ignorance towards patients' issues leads to mistrust in the providers. Enacted stigma can reduce the probability that the patient will comply with the provider or even return (Aldrich & Hackley, 2010). Stigma in the clinical settings leads many women to feel like a burden, and in turn, avoid getting clinical care. Women in a Texas study stated that healthcare professionals didn't see them as normal people with a condition, but rather as overweight women who needed their help (Blackwell, 2008).

The long-term effect of avoidance and postponement of clinical care is that obese individuals may develop more advanced and more difficult to treat conditions.

Long term physiological and psychological effects

The effects of weight stigma have lingering long-term effects. The most common effect is the retention and even gaining, of the weight of individuals who face weight stigma. In many studies, when participants are manipulated to experience weight stigma, their eating increases, their self-regulation decreases, and their cortisol (a stress hormone) levels are higher relative to controls (who are not exposed to weight stigma), particularly among those who are or perceive themselves to be overweight (Tomiyama et al., 2018). Weight stigma experienced by pregnant and postpartum women is associated with more gestational weight gain and postpartum weight retention (Incollingo et al., 2020). The stigma associated with weight ends up being the driving force of the obesity epidemic. As more people perceive stigma for their weight and see themselves as overweight, the more their health declines. The mere perception of oneself as being obese is associated with biological markers of poorer health, including unhealthy blood pressure, HDL cholesterol, triglycerides, and glucose levels (Tomiyama et al., 2018).

Research shows that weight stigma leads to psychological stress, which in turn can lead to poor physical and psychological health outcomes. Women in the US were surveyed about weight stigma during and after pregnancy. Data revealed that they experienced more depressive symptoms, harmful dieting habits, and stress when discussing pre-pregnancy BMI (Incollingo et al., 2019). Furthermore, patients with obesity who experience stigma may experience a high level of stress which can contribute to impaired cognitive function and ability to effectively communicate. (Aldrich & Hackley, 2010).

Intersectionalities within Weight Stigma

Race

Though it is acknowledged that women face weight stigma in OB GYN and other health fields in term of care, the effect of the race of the women is less understood. Studies show that Black women have a higher risk of obesity than White women, but "despite higher body mass, research suggests that Black women are more satisfied with their bodies than White women" (Chithambo & Huey, 2013). The perception of their own bodis goes beyond just being satisfied or not – it effects the way they cope. A study involving 2,378 America adults (with 50 percent women) had some valuable findings. " Compared to white women, Hispanic women were more likely to cope with stigma by engaging in disordered eating behavior (e.g., bingeing, starving, or purging), whereas black women were less likely to cope by engaging in disordered eating behavior" (Race and Gender, 2017). Unhealthy coping often puts individuals back on the cycle of shame and weight gain. There is a disparity in which women are more at risk for health problems related to weight stigma depending on their race, interconnecting the two. As Himmelstein states, "Failure to meaningfully examine racial identity means missing important and unique experiences which contribute to obesity-related health disparities" (Race and Gender, 2017).

Discussion and Conclusion

Weight stigma affects all populations and in all settings. In particular, it proves to be an obstacle for women, who regardless of their BMI, face weight stigma. A woman's weight and body are always a topic of discussion and have created years of shame for those who do not fit the perfect model. However, the effect of this stigma surrounding weight goes beyond a societal expectation - it becomes a barrier for women to proper care. Pregnant or not, overweight and obese women face discrimination in reproductive care. Health professionals' negative attitudes regarding a patient's weight can limit the quality and quantity of the patient's care. Many physicians often overlook the patient's concern and blame all issues on weight while others make remarks about weight. All this and more lead obese women to feel like a burden or embarrassed, resulting in less frequent visits, a more negative outlook on their weight, and mistrust in healthcare providers. This in turn can cause an array of issues, ranging from lower cancer screening rates to many ailments and mental disorders. It is imperative to address the inequality of care for overweight and obese women.

Limitations

Limitations of the ideas presented root from the lack of research on this particular topic. Out of the thousands of papers yielded from the search terms, only a handful discussed the health barrier for obese women in reproductive care. Interestingly, many of the papers were authored by the same two authors.

Additionally, the data in many of the studies do not encompass all obese women's experiences. All the studies with empirical data (that were screened for this review) were based in Western countries. Many countries and regions outside of this selection were not accounted for. Furthermore, much of the literature regarding obese women came from surveys or thorough interviews, creating a potential for bias.

Recommendations for Further Research

Further research is crucial to making improvements towards the care obese women receive, especially towards their reproductive health. Most research focuses on obese individuals in general and a few focus on pregnant obese women, but very few bases around just obese women. It is widely known that obese women face discrimination regarding reproductive health but there have not been many studies conducted. Further research should center around obese women's barrier of care in reproductive health. In addition, discrimination in health care settings occurs due to weight and gender, but it also occurs due to race. Researchers should further delve into the inequalities obese women of color face (Ferrante, 2016). There needs to be abundant and credible research in order to stop discrimination based on weight.

Recommendations for Future Interventions

Future interventions should keep both weight bias and gender into consideration. Women are often left out of male-oriented healthcare and obese people are left out from a lower BMI-oriented definition of "healthy." Future interventions should focus on empowering obese women so that they can continue to visit clinical settings without fear of embarrassment or stress. Health care settings should be a comfortable place for obese women to speak of their health issues. A suggestion by some researchers is to adjust terminology. Although traditional terminology is still in place in health care settings, the effect of revising terminology used for obese women has potential. Studies found that women specifically disliked the usage of terms such as "obesity," "BMI," and "people your size," in healthcare settings. Among weight-related words, the word "weight" was ranked the highest and the word "obesity" was ranked the lowest (Hurst et al., 2021).

There should also be stricter laws regarding discrimination in a clinical setting between providers and patients. Providers should make it

their priority to make their office a comfortable and open place. Regarding the disparity of cancer screenings, there should be a push to get more obese women in the office and screened. Raising awareness on such cancers and the vital role screenings play in prevention can aid with this. Finally, there needs to be more diversity in the healthcare field. When everyone is represented, better initiatives and plans for care can be formulated.

Necessity for Interventions

Intervention is key for more obese women to get the proper care they need. Without intervention, more and more women will avoid their needed clinical visits, lack proper reproductive care, and swindle into a hole full of physical and mental ailments, all that could have been prevented.

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