

Weight stigma is a social justice and public health issue

Weight stigma (discrimination on the basis of weight) is a social justice and public health problem. Although more and more activists and health professionals are shedding light on this issue in countries like the US, UK and Australia, it's an issue that has so far received little attention in Europe, including Switzerland. This, despite the fact the [WHO calls for](#) (content warning: stigmatising language used) weight stigma to be actively addressed, including in the health sector. Weight stigma compromises the quality and type of medical treatment provided and offered for people who larger-bodied. There is evidence that weight stigma is associated with poorer health outcomes.

What is weight stigma?

Weight stigma refers to discrimination towards individuals because of their weight and size. Weight stigma is a result of weight bias, which refers to the negative ideologies relating to people who are larger-bodied like laziness and lack of will power. It's these types of biases that lead to stigmatising actions across all sectors of daily life, including in health care.

These actions result in exclusion and marginalization, and lead to inequities – for example, when people do not receive adequate health care or when they are discriminated against in the workplace or in educational settings because of body size.

Internalized weight stigma is holding negative beliefs about oneself due to weight or size, which is associated with harm to mental, emotional and physical health ([WHO definitions](#))

What's in a word?

Plump, round, solid, chubby, fat, or “person with "obesity"”? Currently there is no consensus on terminology. Along with activists in this field of work, you will find that many health professionals working in this area clearly reject the use of first-person language “person with "obesity"” and instead actively choose to use the word “fat” as a neutral descriptor just like “short” or “tall”.

Different people will feel differently about various terms. “Fat” is not the preferred term of all people who fall under its description and some find it stigmatising, often because of the ways that it has been used as a taunt or in another negative context. Even if you find this term uncomfortable, it's important to respect the choice of those who prefer it.

“Higher weight”, “larger-bodied” are neutral, non-stigmatising terms in situations when “fat” may not be appropriate. They accurately aren't pathologizing like “ob*se” and “overw*ight”, they don't increase stigma like first person language and euphemisms, and they aren't triggering for the victims of weight stigma like “fat” can sometimes be.

In my work, and as much as possible, I use “higher weight”, and “larger-bodied”. I only use the terms "overweight", "obese" and “obesity” in quotations or with asterix e.g. "ob*sity" or “overw*ight” to acknowledge the fact that these terms medicalise and pathologise body size in a way that does extensive harm.

Here are two good articles on the subject:

[Inclusive Language For Higher-Weight People](#)

[What's in a Word On Weight Stigma and Terminology](#)