

Intersectionality: An Understudied Framework for Addressing Weight Stigma

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Introduction: Obesity is an ongoing public health concern in the U.S. Weight stigma is linked to a number of obesogenic health outcomes, which complicate obesity treatment and prevention. Despite higher rates of obesity in female and minority populations, little research has examined weight stigma in non-white women and men. This study investigated intersectionality in weight stigma and health-related coping responses to stigmatizing experiences across racial groups.

Methods: In 2015, a total of 2,378 adults completed questionnaires about weight stigma, weight bias internalization, and coping strategies. Analyses were conducted in 2016.

Results: No differences in weight stigma emerged as a function of race or gender, but women reported higher weight bias internalization ($B=0.19$, $p=0.004$). Further, black men and women reported less weight bias internalization than white men and women ($B=-0.43$, $p=0.009$). Compared with white women, black women were less likely to cope with stigma using disordered eating ($B=-0.57$, $p=0.001$), whereas Hispanic women were more likely to cope with stigma using disordered eating ($B=0.39$, $p=0.020$). Black men were more likely than white men to cope with stigma via eating ($B=-0.49$, $p=0.017$).

Conclusions: Findings highlight that weight stigma is equally present across racial groups, but that groups internalize and cope with stigma in different ways, which exacerbate health risks. Increased research and policy attention should address stigma as an obstacle in prevention and treatment for obesity to reduce weight-based inequities in underserved populations.

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INTRODUCTION

Obesity represents a public health priority in the U.S. that disproportionately affects women and racial minorities.¹ Age-adjusted prevalence of obesity exceeds 50% in black women and 44% in Hispanic women compared with 33% in white women.¹ Weight stigma, societal devaluation on the basis of body weight, is prevalent in the U.S.² Experiences and internalization (self-stereotyping based on weight)³ of weight stigma contribute to high rates of obesity and obesogenic coping strategies independent of BMI.⁴ Adults experiencing weight stigma report longitudinal declines in subjective health and increased weight gain,^{5,6} suggesting that weight stigma creates significant barriers to obesity prevention and treatment. Further, weight stigma predicts mortality more strongly than other forms of stigma.⁷ These outcomes remain regardless of socio-demographic factors and BMI.

Weight stigma has been linked with numerous health consequences independent of sociodemographics. However, this form of stigma is ignored in health research, especially among populations most vulnerable to obesity. Weight stigma uniquely contributes to adverse weight-related health via stress,⁸ increased eating,⁹ and reduced exercise motivation.¹⁰ Weight stigma and internalization are causally linked with increased caloric consumption and depleted dietary self-efficacy.^{9,11} Several decades of

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research have linked weight stigma and internalization with depression, anxiety, binge eating, low self-esteem, and body dissatisfaction independent of sociodemographics and other forms of stigma.^{2,12-16} Stress responses to weight stigma complicate cardiometabolic disorders already associated with obesity, by inducing physiological reactivity.^{17,18} Collectively, this evidence illustrates how weight stigma and internalization hinder prevention and treatment, similar to stigma-induced barriers present among other stigmatized diseases.^{16,19}

Despite higher prevalence of obesity in black and Hispanic women, it is common for weight stigma samples to be 70%–95% white.^{4,9,13} Often race is included as a control variable rather than meaningfully considered, which misses valuable information about stigma in populations most affected by obesity. Notable exceptions exist: Among adolescents, two studies found no differences in weight stigma among black, Hispanic, and white adolescents^{20,21} and one found higher stigma experiences in white adolescents.²² Only two adult studies examined race and weight stigma. Using national samples, these studies found high rates of weight discrimination in black and white women,^{23,24} but no racial differences in weight-based employment discrimination. No studies have systematically examined the effects of race and gender on weight stigma experiences in adults (aside from workplace discrimination), nor has research examined intersectional differences in coping. This lack of diversity in the literature is concerning from both a public health and social justice perspective. In failing to consider racial differences in weight stigma, internalization, and coping, researchers miss the opportunity to understand how multiple social identities interact at the social and structural levels to influence obesity.

Intersectionality²⁵ involves examining multiple, interconnected social categories (e.g., race, gender). Advantages and disadvantages associated with each social category interact at individual and structural levels to affect health.²⁶ For example, a black woman may be categorized as “black,” “female,” or both. Each social category provides certain advantages or disadvantages, though the impact of categories is not simply additive (black + female).^{27,28} Considering the ways in which multiple identities interact and combine within an individual to produce or protect against health risks is both important yet understudied in weight stigma. Multiple devalued social categories may induce “double jeopardy” or cumulative disadvantages that outweigh the disadvantage of either social category alone.²⁹⁻³¹ Further, buffering effects may occur when possessing multiple social categories protect an individual from disadvantages associated with a single social category.²⁹ Failure to systematically examine race and gender in weight stigma

means missing protective or deleterious health factors.^{26,28,29}

Weight stigma may be experienced or internalized differently in non-white populations. Black and Hispanic women are more likely to underestimate BMI, and describe having an overweight or obese BMI as healthy or normal.³² Rates of body dissatisfaction are similar among Asian, Hispanic, and white women, but lower in black women.³³ Further, Asian and white women endorse similar beauty ideals (e.g., tall, thin), but black women find these ideals less self-relevant.³⁴ Although Hispanic and white women share similar anti-fat attitudes,³⁵ black women fear being fat less and place less importance on being thin.³⁶ These findings suggest black women may be buffered from the negative effects of stigma, whereas Asian women may experience effects similar to white women. Hispanic women could be at risk for double jeopardy because stereotypes about obesity are similar to racial stereotypes (e.g., lazy, unintelligent).^{37,38} The same is true for black men and women, but Hispanic women do not have the same potential buffers against stigma.³³⁻³⁶ Although suggestive, research has yet to systematically explore racial differences in stigma, internalization, or coping.

Very few studies have examined how people cope with weight stigma and weight bias internalization. Limited evidence suggests the most common strategies for coping with weight stigma and internalization reinforce emotional distress and obesogenic behavior.^{13,39,40} For example, higher levels of depression exist in those who cope with stigma via negative emotions and 79% of women cope with distressing weight bias experiences and internalization via binge or emotional eating.^{11,13} Thus, identifying coping strategies for experienced and internalized stigma is important because they contribute to weight-based inequities and impede treatment and prevention.

This study fills notable gaps in the literature by (1) examining experienced and internalized weight stigma in Asian, black, Hispanic, and white men and women; and (2) examining coping strategies in response to stigma as a function of race and gender. Given the pervasive nature of weight stigma, coping but not stigma was expected to vary by race and gender. Taking into account the small literature suggesting potential buffering effects in black women, black women were expected to have lower scores on maladaptive coping, and Hispanic women were predicted to have similar or higher scores on maladaptive coping strategies relative to white women.

METHODS

Study Population

This study was approved by the University of Connecticut IRB. In 2015 (data analysis, 2016), a diverse sample of 3,088 Americans was drawn from a national survey panel administered by Survey

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