

## Chapter

# Stigmatization of the Patients Who Live with Overweight or Obesity

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## Abstract

Historically, obesity was defined by a body mass index (BMI)  $\geq 30 \text{ kg/m}^2$ . Although increased body fat can have important health and well-being implications, its presence alone does not necessarily mean or reliably predict poorer health. Overweight is defined in the case of BMI from 25 to 29.9  $\text{kg/m}^2$ . There is a need to address this condition, as it precedes the development of obesity and requires medical intervention. Patients living with overweight or obesity often experience prejudice or stigmatization by society and/or health professionals. Weight stigmatization is a prejudiced attitude and/or discrimination against people based on a person's body weight and size. According to research, from 20 to 40% of patients living with overweight or obesity experience this attitude during their lifetime. In this study, we aimed to assess the degree of obesity and the prevalence of stigmatization among overweight and obese Ukrainians, using a questionnaire-based method.

**Keywords:** obesity, patient, stigmatization, overweight, bodyweight management

## 1. Introduction

This is a hardship that obese people encounter in various spheres of life, namely during education, employment, and when visiting medical institutions [1–4]. Often, doctors have a stereotypical mindset about patients living with overweight or obesity, who are often get described as, lacking self-control and willpower, do not follow prescribed recommendations, do not have a low level of intelligence and, in the end, it is their own fault, that they have high blood pressure or obesity [5, 6].

According to the data given in the studies, patients who are overweight or obese receive shorter consultations with doctors and doctors have less respect for such patients [7, 8]. These factors affect the quality of medical care provided to such patients and their compliance with the doctor. Doctors and nurses tend to stigmatize such patients, which is manifested in excessive attribution of medical symptoms and problems solely because the patient has increase in body weight (BW), which in turn affects diagnostic and treatment measures for such a patient [9].

Preconceptions about BW in healthcare settings may reduce the quality of care for patients living with obesity. A key factor in reducing bias, stigmatization, and discrimination in healthcare facilities is staff awareness of their own attitudes and behaviors toward people living with obesity.

Primary care clinicians should promote a holistic approach to BW and health with an emphasis on behavioral characteristics in all patients, focusing on healthy lifestyles and the underlying causes of increased BW, but avoiding stigmatization and overly simplistic statements such as “eat less and move more” [1].

It is imperative to investigate the prevalence of weight stigma in different health-care systems, to determine the extent, nature, and factors associated with this phenomenon, and to implement interventions to eradicate and prevent it.

According to the data of the STEPS international study, which included 7,700 adults aged 18 to 69, in 2019 a quarter of the population in Ukraine was obese (BMI  $\geq 30$  kg/m<sup>2</sup>), and more than 50% were overweight (BMI 25–29.9 kg/m<sup>2</sup>) [10].

Therefore, more than half of Ukrainians currently have one or another manifestation of excess BW and may be subject to stigma regarding BW.

## 2. Research materials and methods

The study included 251 patients with BMI  $\leq 25$  kg/m<sup>2</sup> aged 18 years and older who participated in the study. The study was questionnaire-based and conducted at the Department of Family Medicine and Polyclinic Therapy of Odesa National Medical University. Patients were included in the study after completing the informed consent process, which provided an explanation of the purpose and content of the survey, as well as the names of the investigators. Potential participants were informed that the survey was anonymous, took approximately 5–10 min to complete, and that completion of the survey was optional. In addition, the respondents were informed that the results of the questionnaire will be summarized and published in the form of a scientific article. Informed consent was ensured by instructing patients to complete the questionnaire only if they agreed to participate in the survey.

The questionnaire consisted of two parts. The first included data on the age, sex, body weight, and height of the patient for further calculation of the body mass index. The second part included six open-ended questions about the characteristics of communication of a patient living with overweight or obesity with medical professionals (Table 1).

For clearer processing of open questions, we categorized the answers, as 0—never, 1—very rarely, 2—occasionally, 3—sometimes, 4—often, 5—always.

1 Did you feel disrespected by medical professionals because of being overweight or obesity?
2 Did you feel that your body weight prevents medical workers from providing you with medical assistance?
3 Did you feel that you received less than optimal treatment because of your body weight?
4 Did you feel judged by the medical staff because of your body weight?
5 Have there been cases when medical devices did not fit you because of your body weight?
6 Have you refused a visit to a medical institution because of a premonition that the medical staff would treat you with disdain or condemnation because of your body weight?

**Table 1.**  
*Survey question.*

Answers to the survey were recorded automatically using Google forms. Surveys were conducted during 2021–2022. After the survey was completed, the data were downloaded and permanently deleted from Google Forms.

The study was performed taking into account all standards of good clinical practice and the requirements of the Declaration of Helsinki of the World Medical Association “Ethical principles of medical research with the participation of a person as a research object.”

Statistical processing of the research results was carried out according to generally accepted methods of variational statistics. Reliability was assessed by student’s t-test. Differences were considered significant at  $p \leq 0.05$ . The correlation was assessed using Spearman’s correlation test and Pearson’s correlation-regression analysis.

### 3. Research results

According to the design, our study included 251 patients whose mean age was  $35.26 \pm 5.27$  years. There are more women among them, namely 173 women (68.92%) and 78 men (31.08%). Based on the weight and height of the patient, the BMI was determined and we were able to divide the patients according to the degree of obesity and obtained the data shown in **Table 2**.

It can be seen from **Table 2** that most of the interviewed patients had obesity class 2 (28.48%), and the fewest patients had overweight (21.12%).

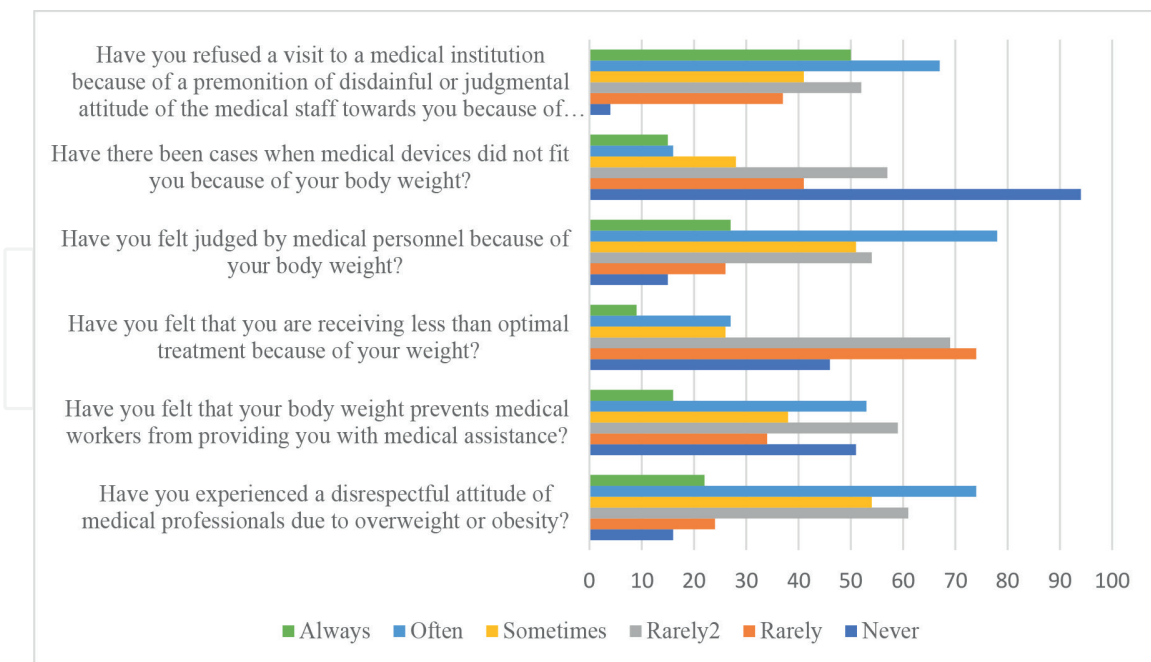
When passing the second block of the survey, we had the data presented in Figure.

**Figure 1** shows that the majority of patients when answering the question chose the answers “3” and “4,” which are “sometimes” and “often,” respectively. Let us analyze this in more detail. Thus, we received the most “never” answers to the question “Have there been cases when medical devices did not fit you because of your body weight?,” namely 94 patients (37.45%). The item “very rarely” was most marked by patients in response to the question “Did you feel that you received less optimal treatment because of your body weight?,” namely 74 (29, 48%) respondents.

The answer to the question “occasionally” was provided by 23.37% of patients. Participants who most often felt stigmatization expressed it in response to the question “Did you feel judged by the medical staff because of your body weight?” and “Have you refused a visit to a medical institution because of a premonition that the medical staff would treat you with disdain or judgment, because of your body weight?,” namely 41.83% and 46.61%, respectively.

The degree of obesity	Mean BMI, kg/m <sup>2</sup> number of patients, abs. number	Mean BMI, kg/m <sup>2</sup> number of patients, abs. number
Overweight	27.01 ± 0.86	53 (21.12%)
Obesity class 1	32.14 ± 1.02	68 (27.09%)
Obesity class 2	37.24 ± 0.46	74 (28.48%)
Obesity class 3	41.05 ± 1.46	56 (22.3%)

**Table 2.**  
*Distribution of patients according to the severity of obesity.*



**Figure 1.**  
Results of the second part of the survey.

At the same time, it was established that positive answers to the questions were correlated with BMI, so a direct close correlation between BMI and the feeling of stigmatization of patients was determined, namely  $r = 0.81$ ,  $p < 0.05$ .

#### 4. Discussion

The results of the survey show that the majority of patients who are overweight or obese often experience disrespect due to their overweight. In addition, the vast majority of respondents said that they avoided visits to the doctor because of the premonition that the medical staff would treat them with disdain or judgment because of their body weight. However, it must be remembered that one of the main limitations of a voluntary online survey is selection bias, that is, a greater need to answer questionnaire questions for respondents who have experienced disrespect in the past.

Thus, the rates of adverse experiences reported in our study may be higher than in the general population of people living with hyperlipidemia or obesity. Nevertheless, our results are consistent with previous studies examining the prevalence of patient stigmatization within the healthcare system [11–13]. In one study, which was also conducted on the basis of a questionnaire, 89% of patients reported that they felt inappropriate comments from doctors about their body weight [14]. In addition, in a survey of 329 health professionals who specialized in eating disorders, 56% of respondents reported that their colleagues stigmatized patients with obesity [15].

Stigma from BW can manifest itself in a variety of ways, including less patient-centeredness, a less respectful approach, less positive communication and information provision, and less time allocated to medical appointments [6]. According to studies [4, 16], a disrespectful approach is registered at various levels of medical care. The main medical professionals who were accused of negligent care were family doctors, gynecologists, traumatologists, and anesthesiologists (mainly during the

administration of epidural anesthesia). Thus, these healthcare providers should be aware of the adverse impact of stigma on BW management and take a particularly sensitive approach to patients living with overweight or obesity.

## 5. Conclusions

When managing patients living with obesity, it is necessary to be more empathetic and sensitive. Stigmatization of this category of patients negatively affects weight loss as well as BW control. In addition, the stigmatization of a patient based on body weight affects all areas of the patient's life and, most of all, the quality of the patient's medical care. The problem of stigmatization of patients who live with overweight or obesity is relevant in Ukraine. But currently, we do not have enough such data on Ukrainians. The medical community should be aware of the existence of the problem of stigmatization of the patient according to body weight and also introduce mechanisms to overcome this problem.

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