

Cultural norms, childhood experiences, personal beliefs, and coping strategies moderate the harmful health consequences of weight stigma among Black, Hispanic, and sexual minority women with obesity.

Weight Discrimination among Black, Hispanic, and Sexual Minority Women
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INTRO

- Women with obesity frequently experience weight-based discrimination and such experiences can negatively affect health.
- Rates of obesity are higher among Black, Hispanic/Latina, and sexual minority women relative to non-Black, non-Hispanic/Latina, and straight women, yet most research on weight stigma has been conducted in White samples without considering sexual orientation.

PURPOSE

Identify factors associated with vulnerability and resilience to the harmful health effects of weight discrimination among Black/African American, Hispanic/Latina, and sexual minority women.

METHODS

Qualitative Study

In-depth interviews with 32 cisgender women

- Identified as Black or African American, Hispanic or Latina, and/or a sexual minority
- Met body mass index (BMI) criteria for obesity
 - BMI \geq 30 kg/m²
- Previously experienced weight-based discrimination

We conducted a thematic analysis (Braun & Clark, 2006) to identify factors associated with vulnerability vs. resilience to the adverse health effects of weight-based discrimination.

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RESULTS

Factors associated with risk vs. resilience to the harmful effects of weight discrimination:

Cultural norms about weight, size, & shape

Perceived femininity and attractiveness

Weight-related experiences in childhood

Internalized weight bias

Coping strategies

DISCUSSION

- The intersectional nature of women's experiences with weight-based discrimination was apparent in each theme.
- Resilience (vs. vulnerability) to the negative health effects of weight discrimination reflected a complex interaction among perceived norms, personal beliefs, childhood experiences, and coping strategies, each of which hinged on women's membership in one or more socially devalued groups.
- Findings suggest potential moderators and mediators of the link between weight stigma and adverse health outcomes to be explored in future research.

Sample Characteristics (N =32)	N (%) M (SD)
Age category	
18 – 30 years	13 (41)
31 – 45 years	12 (38)
> 45 years	7 (22)
Highest level of education	
High school diploma/trade school	5 (16)
Some college	13 (41)
Undergraduate degree	10 (31)
Graduate degree	4 (13)
Hispanic or Latina ethnicity	13 (41)
Race	
Black or African American	12 (38)
Multiracial	2 (6)
White	17 (53)
Sexual orientation	
Bisexual	11 (34)
Lesbian	5 (16)
Pansexual or queer	2 (6)
Straight or heterosexual	14 (44)
BMI category (kg/m ²)	
30.0 – 34.9	12 (38)
35.0 – 39.9	6 (19)
40.0 – 49.9	8 (25)
\geq 50.0	6 (19)

Theme 1: Cultural norms about body weight, size, or shape
High body weight was perceived to be more accepted in each subgroup of women, relative to White or straight women.

Resilience: Greater cultural acceptance of obesity may serve as a buffer against weight stigma. Curves and big hips = attractive. **Vulnerability:** High weight may amplify negative stereotypes associated with race, ethnicity, or sexual orientation

Theme 2: Weight, perceived femininity, and attractiveness
High weight led others to see them as less feminine, which in turn affected perceived attractiveness; varied by sexual orientation

Resilience: Butch-identified sexual minority women may be at less risk for weight stigma

Vulnerability: Straight women and femme-identified sexual minority women experienced mistreatment for violating expected beauty norms; Limited opportunities for dating

Theme 3: Childhood experiences

Resilience: Raised in a nurturing family environment

Vulnerability: Parents restricted access to food; Family and peers made disparaging comments; Being teased, excluded, or bullied by other children

Theme 4: Internalized Weight Bias (IWB)

High levels of internalized weight bias (IWB) observed in women from all backgrounds.

Resilience: Women with lower IWB were less distressed by weight-based mistreatment; IWB decreased with age

Vulnerability: IWB was associated with poorer health outcomes, especially mental health

Theme 5: Coping Strategies

Some coping strategies may (inadvertently) increase the likelihood of experiencing future discrimination or adverse health outcomes, while others may decrease the likelihood.

Resilience: Seeking support; Acknowledging society's persistent weight bias; Engaging in cognitive reappraisal

Vulnerability: Comfort eating; Unhealthy weight control behaviors; Avoiding people or places associated with weight discrimination; Social withdrawal



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