

## **UC Merced**

### **UC Merced Undergraduate Research Journal**

#### **Title**

Weight Discrimination: Beliefs and Stereotypes Regarding Race and Health

#### **Permalink**

<https://escholarship.org/uc/item/2829s4vw>

#### **Journal**

UC Merced Undergraduate Research Journal, 9(1)

#### **Authors**

Kaur, Pawanpreet  
Alvarez, Matthew

#### **Publication Date**

2016

#### **DOI**

10.5070/M491033291

#### **Copyright Information**

Copyright 2016 by the author(s). All rights reserved unless otherwise indicated. Contact the author(s) for any necessary permissions. Learn more at <https://escholarship.org/terms>

Undergraduate

Weight Discrimination: Beliefs and Stereotypes Regarding Race and Health

Pawanpreet Kaur, Matthew Alvarez

University of California, Merced

**Abstract**

The perception of weight discrimination can have devastating effects on an individual's life outcomes. Weight discrimination can negatively impact social interactions, emotional well-being, as well as physical health. The combined effects of discrimination based on race and weight are of special interest, because it is likely that overweight racial minority groups like Black and Hispanic individuals will exhibit worse health outcomes than similarly overweight White individuals. Research indicates that the psychosocial effects of racial discrimination, plus weight discrimination can exacerbate problematic behaviors in minority group members, but not so much in racial majority members. Our survey results reinforced what previous research has already stated, that Black and Hispanic individuals are most likely to suffer from obesity, racial discrimination, and socioeconomic issues. Furthermore, the results also showed that participants viewed White individuals as having fewer obesity and socioeconomic problems. Although discrimination continues to persist, healthcare providers and social institutions must strive to take a stand for all overweight individuals, regardless of race or socioeconomic status.

*Keywords:* weight, overweight, discrimination, race, health, socioeconomic

### Weight Discrimination: Beliefs and Stereotypes Regarding Race and Health

Discrimination based on one's race, weight, and socioeconomic status plays a major role in future health outcomes for certain individuals. In present day, over 65% of the U.S. population is diagnosed as overweight or obese (Bennett et al., 2006). The obesity epidemic in the U.S. is startling, especially for the healthcare professionals who are aiming to solve this issue. However, it may be more beneficial for healthcare professionals to focus on the psychosocial impacts of weight discrimination, because this type of discrimination reinforces unhealthy behaviors amongst overweight individuals. Weight discrimination in particular has been an increasing health concern due to its negative psychosocial outcomes. Psychosocial stress is associated with a low income and lower educational attainment, which in turn can cause weight gain (Cozier, Palmer, Rosenberg, & Wise, 2009). The social factors that cause weight gain, coupled with several life stressors can cause individuals to gain weight and become victims of weight discrimination. Although, being overweight itself is not the only factor that affects overweight individuals.

The effect of perceived weight discrimination, or the perception of being judged based on an individual's weight is what directly influences unhealthy behavior. Perceived discrimination has two criteria: the perception of being treated differently due to one's weight or race, and the belief that the treatment was unfair (Pichler, M. Roehling, & P. Roehling, 2007). Perceived weight discrimination and racial discrimination are also related to facial perception. Since humans are experts at facial perception, members of an ingroup will prefer to see faces of people who belong in the ingroup rather than the outgroup members (Crandall & Stangor, 2013). In social environments, weight and race impact how an individual is perceived and treated by both

ingroup and outgroup members. Typically, those who belong to the outgroup in terms of weight and race will be treated poorly compared to those from the ingroup.

Outgroup members are usually more prone to perceived weight and racial discrimination. A number of studies have shown that Hispanic and Black outgroup individuals have worse outcomes than White ingroup individuals. In a study analyzing the weight changes in 6-11 year olds, it was found that the weight increase range for White children was between 4-13%, Hispanic children were somewhere in the middle, and Black children had a weight increase of 4-20% (Dietz, Freedman, Khan, Ogden, & Serdula, 2006). As a child, being overweight can make socializing a difficult experience. Compared to normal weight youth, overweight children are more subject to social rejection, bullying, and emotional distress (Chambliss, Greenleaf, Martin, Morrow, & Rhea, 2006). Weight discrimination in an educational setting can inflict deep emotional wounds on children who are bullied by their peers and adult role models. Research shows that teachers believe overweight students have poor social skills, are intellectually slower than normal weight students, and are physically unhealthy (King & Puhl, 2013). Students who are taught by adult role models that being overweight equates to being inferior to their peers tend to lose much of their self-confidence early on in life.

While weight discrimination in school may be upsetting, overweight youth are also not spared in other social settings, whether it be at school or at home. In fact, many overweight individuals report that they are teased more by friends and family members, rather than by strangers (King & Puhl, 2013). Perceived weight discrimination is hard for children and adults alike to deal with, especially when even loved ones are joining in on the game. In fact, some studies have revealed that having social support does not buffer the negative effects of perceived weight discrimination (Hasin, Hatzenbuehler, & Keyes, 2009). This finding makes sense, since

family and friends cannot simultaneously offer emotional support, all the while mocking the overweight victim at the same time. Overweight youth who receive little social support and internalize the negative stereotypes about being overweight, can further carry these stereotypes into later life.

Being overweight as a child can have lasting impacts into adult life as well. In the United States, a reported 71% of Black adults were found to be overweight, while 63% of White adults were overweight or obese (Bennett et al., 2006). Black individuals, being members of the social outgroup have higher rates of obesity compared to White individuals who are members of the ingroup. Black women in particular have the most difficulty in weight management. Experiencing racism throughout life has shown to increase weight and obesity problems for Black women residing in the United States (Cozier, Palmer, Rosenberg, & Wise, 2009). The negative stereotypes of overweight people, plus the racism due to skin color, are a combination of social factors that work against Black women in combatting obesity problems.

Aside from Black women, women as an entire group experience increased rates of weight discrimination in comparison to their male counterparts. Women are 16 times more likely than men to report perceived weight discrimination in employment situations (Pichler, M. Roehling, & P. Roehling, 2007). Women experience increased weight discrimination for employment due to the emphasis society places on women to appear attractive and thin. Overall, overweight individuals are unlikely to be hired, less likely to be promoted, and likely to be underpaid compared to average weight employees with the same job (Heuer & Puhl, 2011). The detrimental consequences of being overweight in the workplace extends even after one has secured a job. Perceived weight discrimination in the workplace can be overtly obvious to the overweight

individual, and can cause psychological stress when the environment is unwelcoming. Besides the unfavorable social connotations, there are also physical consequences of being overweight.

Overweight and obese individuals are high at risk for serious physical ailments and premature death. Lifestyle choices can cause overweight individuals to have several health care issues, but the perception of weight discrimination can also escalate the chances of mortality. Perceived weight discrimination can increase the risk of mortality by up to 60% (Stephan, Sutin, & Terracciano, 2015). Social factors like perceived weight discrimination and biological factors like an unhealthy weight, can combine to further increase chances of premature death. Current research has also found that weight discrimination can cause an increase in blood pressure, a decrease in self-regulating behaviors, and an increase in food consumption (Stephan, Sutin, & Terracciano, 2015). It is evident that perceived weight discrimination can fuel self-harming behaviors in overweight individuals, and these behaviors get worse with time. Unfortunately, little help has been extended to those who are overweight, and due to this social isolation, overweight individuals have a difficult time adjusting to real world situations.

In our current study, we used a multiple-choice question survey method to assess the prevalent social and racial stereotypes against overweight individuals. The survey was completed by a majority of undergraduate students from the *University of California, Merced*, as well as close friends and family members related to the principal investigators. We predict that Black and Hispanic group members will be identified as most obese and unhealthy, while White group members will be judged as the most healthy and economically stable group. While these stereotypes may not be evident to the participants while the survey is being completed, the data gathered from this study will provide evidence that may or may not reinforce previous research on stereotypes about race and weight.

### **Methods**

In order to investigate people's attitudes, perceptions, and stereotypical thoughts regarding weight, health and race, we decided to conduct research by distributing a survey targeted towards the college and general population. Our Google Forms survey called "Health Disparities," consisted of 18 questions that tapped into people's beliefs and cognitive processes on which races they believed were most healthy and active. In order to obtain participants for our survey, we posted a link on Facebook's UC Merced Classifieds page, which directed each subject to an anonymous response survey. The researchers also distributed the survey to friends and family relatives through email and cellular text messages. Therefore, each participant was not randomly selected. No tracking or identity questions were asked on the survey. Each participant agreed and volunteered to take the survey without any compensation or credit. Each participant was assigned to fill out the survey electronically. For the final data response set, there was a total of 66 subjects (53% identified as Hispanic, 13.6% White/ Caucasian, 9.1% multi-racial, 9.1% South Asian, 10.6% East Asian, and 4.5% Black/African). Each participant was given instructions and then submitted answers without any time constraints.

### ***Procedure***

The procedure of our research study consisted of a no-time limit survey that instructed our participants to respond to a variety of type of questions regarding weight, overall health, and race. A total of 18 questions were presented. These included multiple-choice questions, scaled questions, one open-ended insight question, and questions that incorporated images of individuals from different races. At the beginning of the survey, we asked one demographic question in which each subject's race was identified. The other 17 questions on the survey provided insight into the topic of weight discrimination, health, and race. Each response was



recorded and submitted in the Google Forms electronic system. Each participant was instructed to input their honest and best answer choice before submitting their survey online. After the collection of the 66 responses, we gathered, collected, and calculated the data in order to formulate our results.

### **Results**

After the construction, distribution, and analysis of our survey we received our results from a final response set of 66 participants. As stated above, our single demographic question asked the subjects to identify their race. The largest portion of our responses came from subjects who racially identified as Hispanic (53%), while the least responses came from Black/African participants (4.5%). However, since the sample size was small and consisted of primarily university students, the results of this study cannot be judged as absolute or conclusive.

After the demographic question, we asked questions in regards to race and health. We instructed our participants to report which races they believe suffer from certain health issues such as anorexia and obesity today. In our survey, 69.7% of participants believed that White/Caucasians suffer from anorexia the most. Other racial groups were perceived to have less issues with anorexia including: 10.6% Black/African, 10.6% East Asian, 6.1% South Asian, and 3.2% Hispanic. In terms of obesity, 33.3% of our participants believed that obese persons are usually Hispanic, 31.7% White/Caucasian, 30.3% Black/African, 3.2% Native American, and 1.6% South Asian.

Because good health is highly associated with the amount of resources, socioeconomic status, support, and opportunities available, we decided to ask our participants what races they believed can and cannot afford healthcare insurance. One of the alarming findings was that 100%

reported that they believed White/Caucasians are able to afford healthcare insurance, while African Americans (81.8%) and Hispanics (87.9%) cannot.

In addition, our participants believed that the most physically active individuals today are Black/African (38.1%), while the least physically active are East Asian (3.2%), and Hispanics (27%). The race believed to consume the most healthy foods included White/Caucasian (50.8%), while the races that are most likely to consume unhealthy foods are usually Black/African (38.1%) and Hispanics (33.3%). Also, when compared to a majority group, a higher percentage, (73%) of our participants, believe that those in a racial minority group are most likely to suffer from an untreated illness or disease.

When it came to looking at a White versus Black child raised in a similar home, our participants believed that the black child was most likely to suffer from health problems, regardless of high or low income. At the end of the survey, we presented 6 images of people from different races and asked which seemed the most and least athletic. The majority said that the White/Caucasian individual was the most athletic, while the East Asian individual was the least athletic.

We also asked our participants one open-ended question that asked them to rate how their culture and race has affected their own feelings regarding their body weight and image. Many of the participants reported in some way or another that their culture, race, and society had pressured them to meet a certain ideal of thinness and beauty that realistically cannot be met. Many reported that there was a certain weight standard that had to be met for their race. However, there were a few that reported that they felt confident in their own body and did not allow anyone to affect their high self-esteem.

### Discussion

As seen in the results, many of the common stereotypes regarding weight and race have affected many people's attitudes and beliefs regarding health. It was discovered that stereotypes and discrimination affect how one views the health privileges, status, and overall outcomes of other racial groups. Such beliefs and stereotypes should be addressed and researched because it affects physical, social, and psychological health.

For example, many people in our survey believe that Black people are the most active. This puts a lot of pressure on the Black/African American community to meet a certain social standard of physical activity. It is evident in the *Stereotype Threat*, a famous field of study pioneered by the renowned Claude Steele, that this societal stigmatization is followed up by “aversive consequences” such as increases in stress level and anxiety (Osborne, J.W., & Walker, 2006). Even though an African American individual may have no interest in sports or athletics, the stress caused by the “athletic” racial stereotype can have negative psychological effects.

Many other stereotypes, attitudes, and beliefs regarding health and race were reported in our survey as well. These included stereotypes regarding another minority group: Hispanics and Latino/as. Many people reported that Hispanics are the least active, meaning that they are viewed as unhealthy, unproductive, or lazy. In addition, Hispanics were rated as the number one race to suffer from obesity. These beliefs can be detrimental to Hispanics and Latino/as who are painted in a bad light, primarily through policies regarding immigration, working rights, and U.S. citizenship. Thus all these stereotypes affect Latino/as in several ways including: employment opportunities, educational outcomes, and their interactions in the criminal justice system.

Stereotypes, prejudice, and perceived weight discrimination in the workforce can also serve to shine light and expose certain issues that need to be addressed in governmental

institutions, such as the healthcare system. Many of our participants reported that they believe that White/Caucasians can afford health insurance while minority groups cannot. Many also believed that minority groups are more likely to have an untreated medical illness/disease. This exposes the inequality that exists in the U.S healthcare system, in which some have access to health care, treatment, and medicine while others do not. Therefore, it is clear that stereotypes provoke discrimination in the limitation or denial of health insurance.

In order to combat the negative effects of weight stereotypes and racial discrimination, we need to think of solutions that are going to help eliminate it. One solution is to encourage people to come into contact with people of different races and backgrounds and challenge their stereotypical beliefs. It is also very important to encourage community discussions on the topic of stereotype and prejudice. Lastly, institutions are very powerful in shaping public thoughts and behavior. Thus, governmental policies in the healthcare system need to be adjusted to provide equal treatment and support that is free from institutional racism, discrimination, and stereotypes.

### References

- Bennett, G., Carter, P., Dutton, S., Emmons, K., Goodman, M., Hill, R., Samplin-Salgado, M. & Wolin, K. (2006). Attitudes regarding overweight, exercise, and health among blacks (United States). *Cancer Causes & Control*, (17)1, 95-101. doi: 10.1007/S10552-005-0412-5
- Chambliss, H., Greenleaf, C., Martin, S., Morrow, J. & Rhea, D. (2006). Weight stereotypes and behavioral intentions toward thin and fat peers among white and hispanic adolescents. *Journal of Adolescent Health*, 39, 546–552. doi:10.1016/j.jadohealth.2006.01.013
- Cozier, Y., Palmer, J., Rosenberg, L. & Wise, L. (2009). Perceived racism in relation to weight change in the black women’s health study. *Ann Epidemiol*, 19, 379–387. doi:10.1016/j.annepidem.2009.01.008
- Crandall, C. & Stangor C. S. (2013). *Stereotyping and prejudice*. (Frontiers of Social Psychology). New York, NY: Psychology Press.
- Dietz, W., Freedman, D., Khan, L., Ogden, C. & Serdula, M. (2006). Racial and ethnic differences in secular trends for childhood BMI, weight, and height. *Obesity* (14)2, 301-308. doi:10.1038/oby.2006.39
- Hasin, D., Hatzenbuehler, M. & Keyes, K. (2009). Associations between perceived weight discrimination and the prevalence of psychiatric disorders in the general population. *Obesity* (17)11, 2033–2039. doi:10.1038/oby.2009.131
- Heuer, C. & Puhl, R. (2011). Public opinion about laws to prohibit weight discrimination in the United States. *Obesity*, (19)1, 74–82. doi:10.1038/oby.2010.126
- King, K. & Puhl, R. (2013). Weight discrimination and bullying. *Best Practice & Research Clinical Endocrinology & Metabolism*, 27, 117–127.

<http://dx.doi.org/10.1016/j.beem.2012.12.002>

Osborne, J.W., & Walker, C. (2006). Stereotype threat, identification with academics, and withdrawal from school: Why the most successful students of colour might be most likely to withdraw. *Educational Psychology, 26*(4), 563-577.

<http://dx.doi.org/10.1080/01443410500342518>

Pichler, S., Roehling, M. & Roehling, P. (2007). The relationship between body weight and perceived weight-related employment discrimination: The role of sex and race. *Journal of Vocational Behavior, 71*, 300–318. doi:10.1016/j.jvb.2007.04.008

Stephan, Y., Sutin, A. & Terracciano, A. (2015). Weight discrimination and risk of mortality. *Psychological Science, 26*(11), 1803–1811. doi: 10.1177/0956797615601103