

Obesity and Stigma

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COLUMN ARTICLE

Obesity is an important public health issue worldwide [1]. The Brazilian Family Budget Survey (POF - Pesquisa de Orçamentos Familiares) has evidenced the continuous increase in overweight and obesity prevalence in the adult population for the last three decades - a situation that does not depend on social class [2]. There is evidence that changes in eating habits were marked by the increased consumption of ultra-processed food to the detriment of fresh food are responsible for increased overweight rates [3,4].

As obesity is physically characterized by the accumulation of adipose tissue in the body, it is considered a complex and multifactorial issue. Studies have pointed out health impacts caused by overweight since the late 1950s, namely: heart failure, ischemia, dyslipidemia, hypertension, diabetes, and osteoarthritis. However, in addition to cause metabolic dysfunctions and chronic degenerative diseases, overweight is a disease that goes far beyond the way the issue is treated in the health care system [5]. According to the biomedical perspective, which is predominant in the field, health professionals miss the subjective aspects related to this disease, which go beyond physiopathologically understanding obesity. These aspects refer to acknowledging the subjects' individuality, which is not restricted to the physical body. Such individuality is also related to the subjects' own life background, which is translated through the experi-

ences they socially live and share. After all, the body does not exist in a natural state, but it is always inserted in the "social fabric of senses" [6].

Several authors [7-10] have shown that obesity is perceived as a negative attribute that results in stereotypes associated with laziness, slowness, bad will and failure; these stereotypes affect other daily life instances through the internalization of the obesity-related stigma. Stigma is a moral mark, which attributes judgment values to people [11]. The stigmatization of obesity is not recent; different studies have evidenced obesity as an undesirable social attribute for at least 30 years. Obesity has repercussions on personal life such as insecurity, less access to education, lower wages, significantly higher chances of being fired, intimidation, inappropriate plays, as well as love rejection [12,13]. These experiences may actively help perpetuating obesity, as well as its complications, due to relationships based on lack of social support or on stress amplification, which are set throughout the lives of stigmatized subjects [14].

The complex conditions that turned obesity into the current major public health challenge are also associated with the amplification of the overweight-related stigma. Prejudiced ideas about obese people are even implicit in recommendations conveyed through health promotion-related medical discourses, which are masked as a 'friendly' discourse that points out the biological implications of being overweight [15].

The concept of epidemiological risk found in health promotion strategies seems to be associated with the pursuit of a specific etiology for obesity when it is understood in a restricted way, since it presents aspects such as eating behaviors linked to positive energy balance, ultra-processed food consumption, fat intake, and decreased physical activity rates [16]. This situation enables the stigmatization of obese people since it reduces obesity to a personal choice by blaming individuals for their weight and body shape, as if they had just decided to put up with it by rejecting the health guidelines acknowledged by the biomedical discourse. Thus, the risk-related discourse seems to devalue the broader processes involved in obesity, which are associated with socioeconomic and cultural factors, as well as with shared social values and individual experiences.

The overweight-related stigma extends to the patients' relationship with health professionals: obesity becomes an attribute that hinders the doctor-patient relationship, since this interaction reproduces the stigmatizing situations experienced by patients on a daily basis and may harm their adherence to treatment [17,18].

We do not disregard the organic complications related to obesity; however, we believe that the inadequate management of the issue may amplify the suffering of individuals affected by social exclusion and/or by the internalization of negative feelings related to their perception about their body self-image. Nevertheless, it is necessary better understanding and valuing the multidimensionality inherent to obesity cases, mainly the symbolic dimension regarding the meanings, perceptions and opinions shaping the subjectivity and uniqueness of this group of people who experience overweight and seek treatment in health care services. This understanding is essential to the development of health care plans and strategies in the health policy field, as well as to help promoting healthy eating habits.

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