

Prevalence of Weight Stigma Among Nutrition Professors in the United States

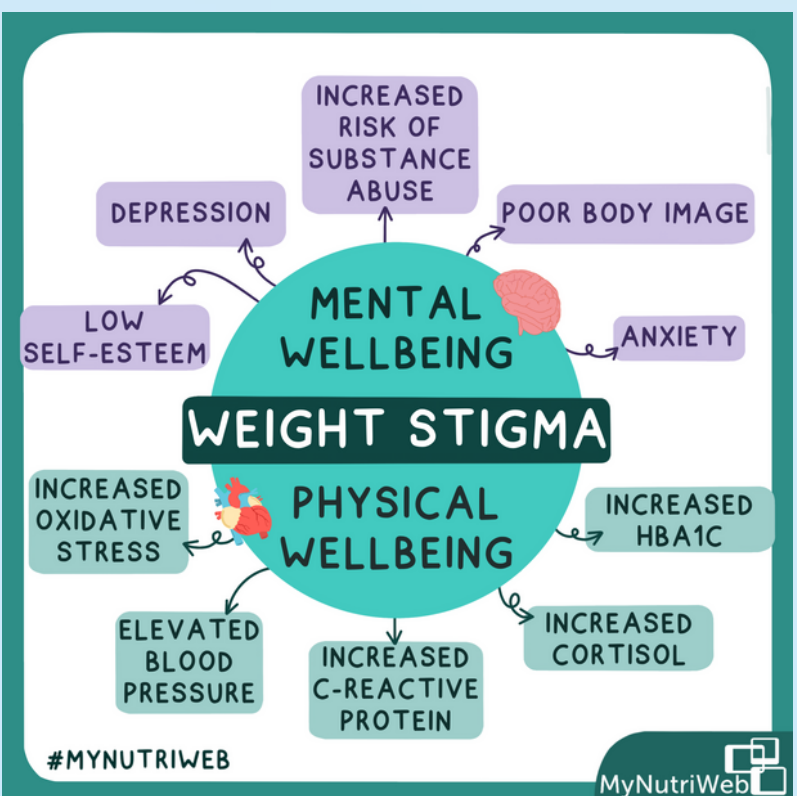
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Introduction

Weight stigma: Stereotypes, prejudice, and discrimination toward individuals based on their weight.

Weight stigma has been shown to be a pervasive issue among healthcare professionals, including those in nutrition and dietetics.



Methods

Study Design: Cross Sectional

Participants: Professors that teach courses in the nutrition major to potential future nutrition professionals

Data Collection: Digital survey (Qualtrics)

- Demographics: age, gender, race/ethnicity, professional area of interest, experience teaching, BMI, body weight satisfaction
- Open-Ended Questions:
How is weight discussed in classes?
Why is weight stigma included or not included in curriculum?
- Anti-Fat Attitudes Test (34 questions) 3 subscales:
Social/Character Disparagement (**SCD**)
Physical/Romantic Unattractiveness (**PRU**)
Weight Control/Blame (**WCB**)

Distribution: Personal Network/Snowball Sampling via email

Results

Sample Characteristics:

- Small sample ($N = 22$)
- Homogenous:
 - 95.5% women
 - 95.5% White
 - 81.8% non-Hispanic/Latinx
- Most common areas of interest:
Clinical ($N = 7$) and Community ($N = 13$)
- Age range: 24 to 67 years old
- Experience teaching range: 0.5 to 39 years
- BMI:
Healthy Weight (47.6%)
Overweight/Obese (47.6%)
- Weight Satisfaction:
Dissatisfied (40.9%)
Neutral (31.8%)
Satisfied (27.3%)

Primary Findings:

- No scores over 3.0 on the AFAT
- PRU subscale was significantly higher than SCD and WCB subscales
- Interest in clinical nutrition associated with higher PRU subscale scores
- Older age and more experience teaching were observed for *HAES/Neutral* responses vs *Mixed*
- 61.8% of professors included weight stigma as part of their classes

Discussion

Implications of Findings:

- High scores on PSU subscale might be due to **higher acceptability of not being attracted to someone in a larger body** vs feelings about a person's core worth/value in US culture. Possible influence of weight positivity movement.
- Association between interest in clinical nutrition and higher PRU subscale scores could be due to **pathologizing of obesity**; more negative associations
- Pattern of youth and less experience teaching with more weight stigma might be a result of more influence of social norms on younger people, while **older/more experienced dietetics professionals have worked with and humanized clients/patients in larger bodies**

Recommendations for Policy and Practice:

- Academy of Nutrition and Dietetics should pledge to support the **Joint International Consensus Statement for Ending Stigma of Obesity**
- Positive **media portrayal** of individuals in larger bodies
- ACEND should include weight stigma as part of their **education standards** for dietetics students
- AND should promote **weight-neutral nutrition education approaches**

Conclusions

- More research needs to be done in this area with larger, more diverse samples and a more qualitative approach
- Individual interventions for weight stigma have been minimally effective, so creating a new cultural narrative about size and building systems in which weight discrimination is not permitted is imperative
- There is room for more conversations about weight stigma in nutrition classes

Acknowledgements

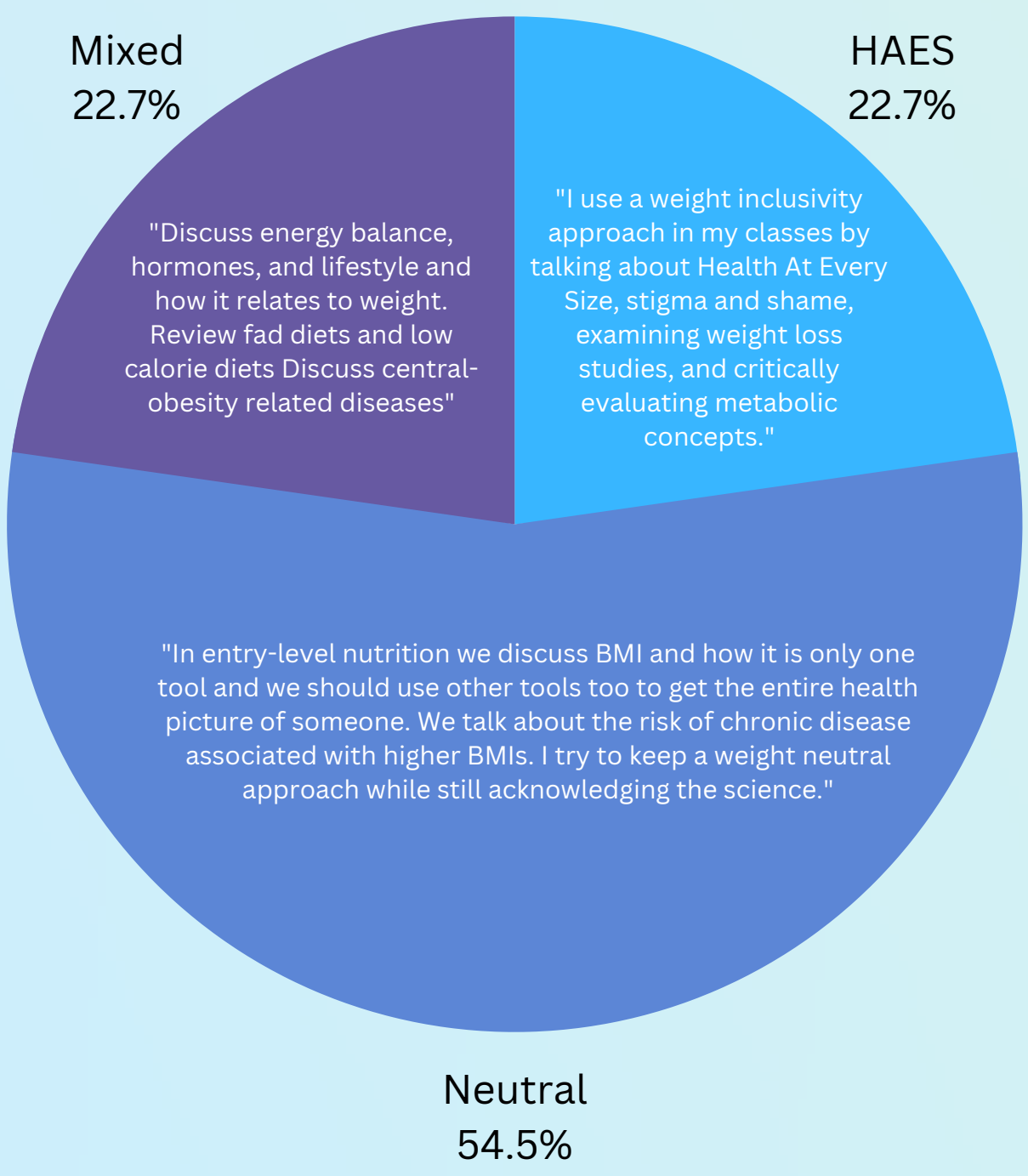
It would not have been possible for me to get where I am today without the love and support from my family, friends, and my partner Justin.

For more information

Please contact
mikaela.manzano01@student.csulb.edu. More information on this and related projects can be found on the M.S. Program in Nutritional Science page at www.csulb.edu.

Figure 1. Coding for responses to "Please briefly describe how weight and obesity are covered in your classes".

Within each section is a statement given by a participant that was coded into the category.



Reasons to Include Weight Stigma	Reasons to Not Include Weight Stigma
<ul style="list-style-type: none">• Harms of weight stigma• The idea that weight is not equivalent to health (focusing on behaviors instead)• The importance of treating people with respect	<ul style="list-style-type: none">• Topic isn't relevant for course

Figure 2. Responses to "Do you cover weight stigma in your classes? Briefly explain why or why not."