

Perceived Weight Stigma in Maternity Care: Women's Experiences and Needs During the Process of Childbirth

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Introduction: Weight stigmatization is prevalent in childbirth care, leading to discrimination and denial of treatment based on weight. These biased practices and institutional characteristics can negatively impact the quality of care, increasing risks for adverse outcomes in women with larger bodies. This study reviews research on the extent to which perceived weight stigmatization in maternity care affects the experience of perinatal care. Care needs of women with larger bodies for unbiased maternity care are discussed, and pathways for weight stigma-free perinatal care are outlined.

Methods: The literature review involved systematically searching five databases for relevant literature. Thematic synthesis, suitable for representing experienced care, was used to synthesize the data.

Results: A theoretical framework for studying needs-oriented maternity care in a stigma-free environment has been proposed by linking perceived weight stigma, modulators, such as internalized weight stigma, and the consequential reactions of women with larger bodies to their care needs during childbirth. Women with larger bodies experience weight stigma in communication, actions, and the care environment in maternity clinics. This leads to the risk of both medical under- and over-treatment with potential consequences for maternal and neonatal health. Informal coercion is also a concern in the care of women with larger bodies. To address this, women with larger bodies advocate for stigma-reduced and weight-inclusive care through continuous, women-centered, and sensitive support. Trained professionals and care models, such as midwives with advanced practice roles, are crucial in meeting these needs. Broadening the foundations of care according to international guidelines is seen as essential to enhancing the understanding of weight stigma among healthcare professionals.

Conclusion: Assessing the impact of perceived weight stigmatization in maternity clinics and its impact on the care needs of women with larger bodies sheds light on the urgently needed action to reduce weight stigma in maternity care.

A Comparative Analysis of Weight Stigma: Insights from Healthcare Professionals and General Population

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Introduction: Judgments and stereotypes about the body characterize weight stigma. Stigmatizing situations can occur in different environments, such as in healthcare settings. This study aimed to compare experiences related to weight stigma in a sample of healthcare professionals (HP) and general population (GP).

Methods: A total of 547 HP (361 women; mean BMI = 27.2 kg/m²; SD = 6.5) and 330 GP (236 women; mean BMI = 30.5 kg/m²; SD = 8.1) were recruited online and answered items to evaluate weight stigma experiences during the past 12 months, based on previous multinational studies. The responses ranged from “never” to “many times”, which were analyzed by response frequency and in a dichotomized manner (yes or no) and compared using the Chi-Square test.

Results: We found for the question “Have you ever been teased because of your weight?” that 13.3% (n = 73) of HP and 22.4% of GP (n = 74) reported “many times” with a significant difference ($X^2(4) = 12.466$; $p = .014$). However, when we dichotomized comparing those who marked “never

= no” with those who chose “some frequency category = yes”, we had that 64.5% of HP (n = 213) and 69.4% of GP (n = 150) have already been teased due to their weight, without statistical difference ($X^2(1) = 1.406$; $p = .236$). For “Have you ever been treated unfairly because of your weight?”, 8.0% (n = 44) of HP and 17.0% (n = 56) of GP reported “many times”, with a significant difference ($X^2(4) = 16.775$; $p = .002$), in the same way when we analyze in a dichotomized form we found that 41.7% of HP (n = 138) and 50.9% of GP (n = 110) have already experienced this situation with a significant difference ($X^2(1) = 4.497$; $p = .034$). And about the question “Have you ever been discriminated against because of your weight?”, 8.8% (n = 48) of HP and 16.4% (n = 54) of GP reported “many times”, with a significant difference ($X^2(4) = 15.306$; $p = .004$), however we found that 43.9% (n = 145) of HP and 50.5% of GP (n = 108) have already suffered discrimination, without statistical difference ($X^2(1) = 2.224$; $p = .136$).

Conclusion: Many HP and GP experience weight stigma. When we globally analyzed the frequency of those who have suffered teasing, unfair treatment, or discrimination, we found no differences between HP and GP, except for unfair treatment, of which GP presented a higher percentage in this sample. However, when we analyzed separately who often suffers these situations, we found that the GP reported a higher percentage of “many times” when compared to the HP group, indicating that in this sample this population is more affected by stigmatizing experiences.

Assessment of Social Isolation Risk of Individuals with Obesity: An Observational Cross-Sectional Study

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Introduction: Obesity is a disease that affects people globally but since considering this condition only as a medical problem may lead to underestimating the fight against obesity, it should be evaluated together with the social consequences. Individuals with obesity often face negative social stigma and may experience social isolation. This study aims to investigate the risk of social isolation among individuals following an obesity clinic.

Methods: The study included 276 participants and was conducted in the obesity outpatient clinic of a tertiary healthcare institution. Data were collected first 6 months period of 2023 using the social isolation scale developed by Çelikbaş and Tatar and case report form (1). The independent sample T-test was used to compare continuous data between two independent groups when normal distribution was achieved, and the Mann-Whitney U-test was used when it was not. For categorical data, the chi-square test was used. Statistical significance was determined at $p < 0.05$ (two-sided).

Results: The social isolation scale comprises 14 items, scored on a 3-point Likert scale from 1 to 3. The scale does not include any reverse items. A high score on the scale indicates a high degree of social isolation. Upon examining the scale items, it becomes apparent that internal emotions, such as self-pity and detachment from life score higher; while more passive emotions, such as exclusion, feeling unloved, humiliated, and abandoned, score lower. This suggests that obesity affects social perception, leading individuals to judge themselves. However, cultural norms may mitigate the exclusion and marginalization of those who have these perceptions. Upon examining the comparative analyses, it is evident that social isolation scores increase significantly with BMI according to WHO's obesity classification ($H = 9.664$; $p = 0.046$). The highest score is observed in individuals has severe obesity, highlighting obesity as a factor that exacerbates social isolation. When comparing the working status and social isolation scores, retirees had significantly lower scores while those unemployed had significantly higher scores ($H = 6.182$; $p = 0.045$). This difference may be explained by the fact that those who work have more opportunities to socialize, thus reducing the risk of becoming isolated. When comparing the psychiatric disease status and total social isolation scores, it is evident that individuals with psychiatric illnesses have