



HHS Public Access

Author manuscript

Obesity (Silver Spring). Author manuscript; available in PMC 2022 November 01.

Published in final edited form as:

Obesity (Silver Spring). 2021 November ; 29(11): 1787–1798. doi:10.1002/oby.23275.

Policies to address weight discrimination and bullying: Perspectives of adults engaged in weight management from six nations

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Abstract

Objective.—Across the world, it remains legal to discriminate against people because of their weight. While U.S. studies demonstrate public support for laws to prohibit weight discrimination, multinational research is scarce. We conducted a multinational comparison of support for legislative measures to address weight discrimination and bullying across six countries.

Methods.—Participants were adults (N=13,996) enrolled in an international weight management program, residing in Australia, Canada, France, Germany, the United Kingdom, and US. Participants completed identical online surveys that assessed support for antidiscrimination laws and policies to address weight bullying, demographic characteristics, and personal experiences of weight stigma.

Results.—Across countries, support was high for laws (90%) and policies (92%) to address weight-based bullying, while greater between-country variation emerged in support for legislation to address weight-based discrimination in employment (61%, 79%), as a human rights issue (57%), and through existing disability protections (47%). Findings highlight few and inconsistent links between policy support and sociodemographic correlates or experienced or internalized weight stigma.

Conclusions.—Support for policies to address weight stigma is present among people engaged in weight management across Westernized countries; findings offer an informative comparison

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DISCLOSURE: RMP received a grant from WW to fund this study. LML declared no conflict of interest. RLP has served as a consultant for and received grant funding from WW, outside of the submitted work. AG and GDF are employees and shareholders of WW during the conduct of the study, and outside the submitted work.

point for future cross-country research and can inform policy discourse to address weight discrimination and bullying.

Keywords

stigma; weight-related discrimination; public policy

Introduction

In 2021, it remains legal to discriminate against people because of their body weight almost everywhere in the world. To date, the scope of anti-discrimination laws offer protection for socially stigmatized groups who are treated unfairly for characteristics viewed as ‘immutable’ such as sex and race, whereas societal views of body weight continue to perpetuate notions that weight is both changeable and an individual’s fault, and thus undeserving of protection.¹ This absence of legal protection continues despite evidence documenting pervasive and harmful weight mistreatment.^{2,3} Within the United States (US), there are no federal laws that prohibit weight discrimination, even with as many as 40% of Americans reporting they have experienced weight-based stigma and/or discrimination.³ At the state level, only Michigan has enacted legislation to include body weight as a protected category in its civil rights statute.⁴

Outside of the US, weight stigma has been documented in many countries,⁵ but the legal landscape is equally barren. With the exception of the city of Reykjavik in Iceland which passed legislation in 2016 adding body weight as a protected category in its human rights code,⁶ no countries have enacted laws to prohibit weight discrimination. To date, one of the only legal avenues through which obesity-related discrimination has been applied is disability legislation. The European Union has ruled that obesity is not a disability in itself, but that some people with obesity could be viewed as being ‘disabled’ if certain impairments exist or life activities are hindered because of weight,^{7,8} warranting protection from discrimination in some cases of obesity.⁸ Within the US, amendments to the Americans with Disabilities Act (ADA) protect individuals with ‘extreme obesity’ from discrimination if they have a real or perceived disability,⁹ although courts have reached conflicting decisions about whether obesity qualifies as a disability under the ADA.¹⁰ Thus, while disability statutes may help a small percentage of people with obesity, this is an insufficient and unreliable remedy to address weight discrimination more broadly, which affects people of diverse body sizes, most of whom have no actual or perceived disability. Not surprisingly, scholars have criticized the use of a social model of disability in this legal context, arguing that disability is not an appropriate legal category to protect people from weight discrimination.¹¹

Of additional concern is the lack of current policy measures available to protect youth from weight-based mistreatment, which occurs as bullying and victimization. Despite evidence that weight-based bullying is prevalent,¹² policies to address weight-based bullying appear sparse. Within the US, every state has an anti-bullying law, but only three states enumerate “weight” as a legitimate characteristic that places youth at risk for bullying.¹³ Enumeration encourages school administrators to address specific forms of bullying that

might otherwise be ignored, and bullying rates are lowered when anti-bullying policies enumerate characteristics that motivate bullying (e.g., sexual orientation).¹⁴ Furthermore, while most school districts across the country have anti-bullying policies, policy language often fails to enumerate body weight,¹⁵ leaving youth inadequately protected from weight-based bullying.

Public support is a key catalyst for policy change and motivating policy makers to champion legislative issues. The structural nature of weight stigma and discrimination underscores the importance of societal beliefs and attitudes in preceding legal change.¹⁶ To date, relatively few studies have assessed public support for policies to prohibit weight discrimination and bullying. Five US-focused studies conducted with national samples from 2010–2015 demonstrated increasing and substantial public support for three types of laws to address weight discrimination: (1) adding body weight as a protected class to existing state-level civil rights laws; (2) prohibiting weight discrimination in the workplace (including hiring practices, wages, and job termination); and (3) providing people with obesity the same legal protections as those with disabilities.^{17–21} Public support was particularly high (e.g., 80%) for laws addressing weight discrimination in the workplace and in civil rights statutes.²² Across studies, greater policy support was generally observed among women, those with higher weight, and with a liberal political orientation, though inconsistencies occurred for age, race/ethnicity, and income.

Outside of the US, one multinational study has been published (in 2015),²³ which compared policy support for the same legal measures described above in the US, Canada, Australia, and Iceland. At least two-thirds of participants in each country supported laws to prohibit employers from refusing to hire, assign lower wages, or terminate qualified employees because of their weight; support was highest among women and those with a liberal political orientation. Beyond these findings, a German study⁸ demonstrated moderate policy support for antidiscrimination laws; half of the German sample supported the same antidiscrimination laws described above, but support for legislation to address weight discrimination in employment was lower compared to support documented in the US and Iceland.²⁴

Studies assessing public support for policies to address weight-based bullying are also scant. However, US evidences show that parents, the general public, and health professionals support strengthening school-based anti-bullying policies (83–96%) and anti-bullying laws (76–94%) to protect youth from weight-based bullying.^{21, 24–28} Although research outside of the US is scarce, the multinational study mentioned above found high levels of support (74%–87%) across the US, Canada, Australia, and Iceland for strengthening existing anti-bullying laws to include weight-based bullying, and 75%–85% of participants across these countries supported implementing school-based anti-bullying policies that protect youth from weight-based bullying.²⁷

The lack of multinational research on policies to address weight mistreatment reflects a clear gap in the literature, especially given evidence of weight stigma⁵ and high rates of obesity in many Westernized countries.²⁹ Moreover, the most recent published work in this area assessed public support for antidiscrimination laws in 2015. Public attitudes

about antidiscrimination measures may have shifted since then, particularly in light of changing political and social climates of several countries in recent years. For example, weight-stigmatizing comments expressed publicly by top US governmental officials,³⁰ and the increased international focus on racial injustices faced by Black people,³¹ may have elevated societal awareness of mistreatment of people. Additionally, issues of ‘fat shaming’ and ‘body positivity’ have garnered increased attention in recent years,^{32,33} possibly shifting public attitudes about societal-level strategies to address weight-based mistreatment. Finally, little research has examined policy support among people struggling with weight who have heightened vulnerability to weight stigma. It is important to include perspectives of these individuals in examining support for different policy options. For these reasons, research assessing public support for policies to address weight discrimination is warranted. The current investigation sought to assess and compare support for laws to prohibit weight discrimination and bullying across six countries, including the US, Canada, United Kingdom (UK), France, Germany, and Australia. Using the same legislative measures tested previously in the literature, we examined policy support among adults enrolled in an internationally available weight management program, allowing for comparable sociodemographic characteristics across countries.

Methods

Participants

The present study utilized data from a larger survey study examining weight-related health behaviors and stigma among adults enrolled in WW (formerly Weight Watchers) residing in Australia, Canada, France, Germany, the United Kingdom (UK), and the United States (US).^{34,35} These six countries were chosen for their large WW memberships which allowed for recruitment of samples with at least 1000 participants in each country. WW is an empirically-validated behavioral weight management program focusing on healthy habits related to food, activity, mindset and sleep.³⁶ Eligible participants were WW members who were at least 18 years old, residing in one of the six countries above, and had participated in WW for at least three months. See Table 1 for sample characteristics.

Procedures

The study was advertised as a survey about people’s experiences regarding body weight and health, including social experiences and challenges. From May to July of 2020, participants received email invitations to complete an identical, anonymous, voluntary online questionnaire in the dominant language of their country. Surveys were hosted by the survey site [Qualtrics.com](https://www.qualtrics.com). For participants residing in France and Germany, surveys were translated into French and German (and back-translated) by a professional translation services company.³⁷ Study protocols were approved by the institutional review board at the University of Connecticut.

Of the 23,415 participants who entered the survey website, 8.0% were ineligible for the following reasons: they declined to consent, were under 18 years old, did not indicate WW program involvement, had WW membership for less than 3 months, or did not complete eligibility questions. Another 2.8% of participants were excluded for residing

in a country other than the six countries participating in the study (or not reporting a country of residence). Finally, participants were excluded if they completed less than 50% of the survey and/or did not provide responses for primary variables (e.g., sex, height and weight) (n=6,875). After these exclusions, the final analytic sample consisted of 13,996 adults (Australia=1245, Canada=2708, France=2510, Germany=2613, UK=2305, US=2615). Response rates for each country were: 3.8%, Australia; 5.3%, Canada; 5.9%, France; 4.4%, Germany; 4.2% UK; 4.9% US. Further methodological details pertaining to pilot testing of surveys, recruitment procedures, and exclusions are reported elsewhere.^{34,35}

Measures

Demographic and anthropometric characteristics.—Participants reported their sex, age, highest level of education (coded as ‘college degree or equivalent’ versus ‘no college degree’), and marital status. It was not permissible by law to collect race/ethnicity data in France and Germany, so this information is reported in Table 1 only for the other four countries. Body mass index (BMI) was calculated from participants’ self-reported height and weight; for descriptive purposes, clinical guidelines from the World Health Organization were used to classify participants into BMI categories.³⁸

Policy support.—Participants were provided with the following information: “*Currently, there are no national laws to protect people from discrimination based on their body weight. Different types of laws are being considered to help protect individuals from weight discrimination. We are interested in your opinion about these potential laws.*” Participants were then asked to indicate their degree of support for six different legislative or policy measures to prohibit weight discrimination in adults or address weight-based bullying in youth. Four items focused on legislative measures to address weight discrimination by: a) including body weight as a protected category in human rights laws, b) extending disability protections to people with obesity, c) making it illegal for employers to refuse to hire a qualified person because of his/her weight, and d) passing a broader “Weight Discrimination in Employment Act” to protect employees from weight discrimination in the workplace. Two items focused on policies to address weight-based bullying, by enumerating body weight and including protections against weight-based bullying in existing anti-bullying laws and school-based anti-bullying policies. For each of these six items, participants indicated their level of support on a 10-point Likert scale (1=*definitely would oppose* to 10=*definitely would support*). The content and wording of these questions were derived from items developed and tested previously in the literature (see Table 2).^{20,23,27}

Experienced and internalized weight stigma.—Using three yes/no questions tested previously in community and weight management samples, participants were asked if they had ever been teased, treated unfairly, or discriminated against because of their weight.^{18,39} A dichotomous variable was created in which participants who responded “yes” to any of the three questions were coded as “1”, and participants who indicated “no” to all three questions were coded as “0”, reflecting no previous experiences of weight stigma. Weight bias internalization (WBI) was assessed with the 10-item Modified Weight Bias Internalization Scale (WBIS-M).^{40,41} This measure assesses participants’ agreement (1=*strongly disagree* to 7=*strongly agree*) with negative self-statements due to weight,

including self-application of negative stereotypes and lower self-worth. Higher scores indicate greater internalization. The WBIS-M demonstrated strong internal consistency in the present study; Cronbach's α values across countries ranged from 0.91–0.93.

Analytic Plan

Analyses were conducted in SPSS, version 27. Descriptive information is provided first, including sample characteristics followed by expressed support for each of the six proposed policies. Policy support is reported dichotomously for descriptive purposes, distinguishing ratings of 6–10 (i.e., supportive) on the 10-point scale from ratings of 1–5 (i.e., not supportive);^{19,26} chi-square tests were conducted to assess differences in support for the policy actions across countries. Linear regression models were constructed to examine demographic (i.e., age, sex, level of education, marital status), weight status (i.e., BMI) and weight stigma (i.e., experienced, internalized) correlates of policy support (assessed continuously). The regression models were run separately for each of the six policy measures, within each of the six countries. Continuous predictors (i.e., age, BMI, weight bias internalization) were group-mean centered within country, and BMI was logarithmically transformed to correct for normality prior to centering. Individuals who identified as “other” sex (0–6 individuals in each of the countries) were excluded from the regression models in light of low prevalence. Across all analyses, listwise deletion was used for missing data handling and statistical significance was defined at $p < .001$ to minimize Type I error among our sizable sample.⁴²

Results

Sample Characteristics and Policy Support

Table 1 presents sample sociodemographic characteristics. On average, participants were in middle adulthood, and about half had a college degree or equivalent. The large majority of participants across countries identified as female, and were White. The average BMI across the sample was 31 kg/m²; 45% of participants had a BMI ≥ 30 kg/m², 36% had a BMI 25–29.9 kg/m², 20% a BMI 18.5–24.9 kg/m², and less than 1% of the sample had a BMI < 18.5 kg/m². Over half (58%) of participants reported having experienced weight stigma.

Table 2 depicts the percentage of participants who supported each of the six policy measures overall, and in each country. Support for policies to address weight-based bullying was high across all countries (i.e., school weight-based anti-bullying policies: 90%–94%; weight-based anti-bullying laws: 83%–93%). For antidiscrimination laws, support was overall highest for legislation that would make it illegal for an employer to refuse to hire a qualified person because of his or her body weight (79%), followed by support for a broader “Weight Discrimination in Employment Act” to protect employees from weight discrimination in the workplace (61%), and inclusion of body weight in existing human rights laws (57%). Support was lowest for considering obesity as a disability to improve protection from discrimination (47%). Variation in policy support emerged across countries; support was consistently lower in Germany than the overall average for each policy, and consistently higher than the overall average in Canada and France. Country differences were particularly pronounced in regards to policy support for extending disability protections to people with

obesity, $\chi^2(5)=700.30$, $p<.001$; notably, 67% of individuals in France expressed support for this policy versus 34% in Germany.

Regression Models

Tables 3 to 8 display the models regressing support for each of the policy actions on the sociodemographic, anthropometric, and weight stigma indicators. Few demographic characteristics were linked to participants' support of the six policies across countries. A notable exception was that across all six countries, older individuals expressed greater support for extending disability protections to people with obesity (β 's: 0.08–0.16, all p 's $<.001$). Demographic differences were absent in support for policies to address weight-based bullying in youth: across all countries, support for policies and laws to protect students against weight-based bullying did not vary based on participants' age, sex, or marital status; support for these policies was also consistent across participants' levels of educational attainment, however, individuals with, versus without, a college degree were less supportive of weight-based bullying policies ($\beta=-0.11$, $p<.001$) and laws ($\beta=-0.10$, $p<.001$) in France.

When considering weight status of participants, support for the youth-related policies was consistent across individuals with varying body weight. BMI was variably related to support for the workplace and human rights laws to address weight discrimination. Overall, trends in the role of BMI were more prominent between countries rather than between the different policy measures. That is, while higher BMI was consistently related to greater support across each of the workplace and human rights laws in Canada, in other countries (i.e., Australia, UK) BMI was consistently *un*related to policy support.

Experienced and internalized weight stigma were inconsistent correlates of policy support. After accounting for demographics and weight status, in five of the six countries, weight bias internalization was unrelated to support for any of the policies. However, in Germany, higher levels of weight bias internalization were related to greater policy support for considering obesity a disability ($\beta=0.10$, $p<.001$), for passing a "Weight Discrimination in Employment Act" ($\beta=0.08$, $p=.001$), and for school-based anti-bullying policies ($\beta=0.08$, $p=.001$). Patterns between countries emerged when considering experienced weight stigma in relation to policy support. For example, with respect to policies to address weight-based bullying in youth, higher support was documented among US participants who had, versus had not, experienced weight stigma (school-based anti-bullying policies: $\beta=0.07$, $p=.001$; weight-based anti-bullying laws: $\beta=0.08$, $p=.001$), whereas experienced stigma was unrelated to support for these policies in the other five countries. Among the proposed laws to address weight discrimination in the workplace and through human rights statutes, experienced weight stigma was consistently related to greater policy support in Canada, whereas in France and Germany experienced weight stigma did not predict policy support.*

Discussion

Our findings suggest that policy support to address weight discrimination and bullying is present across different countries, particularly for policies protecting youth from weight

*Cross-country similarities and differences in experienced weight stigma and internalized weight bias are reported elsewhere.^{34,35}

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bullying. In each of the six countries studied, there was high support to address weight-based bullying in school-based anti-bullying policies (90%–94%) and in anti-bullying laws (83%–93%). These findings reflect slightly higher levels of support than documented in 2014/2015 for these same policy measures in US samples (78%–84%)²⁵ and with national samples and college student samples in Canada, the US, and Australia (65–87%).²⁷ Moreover, support for these policies did not vary according to participants' age, sex, marital status, or body weight, and only in France was educational attainment related to policy support. This is somewhat consistent with previous evidence showing few demographic differences in support of weight-based bullying policy measures,²⁷ but inconsistent with prior studies showing higher support among women and individuals with higher BMI,^{24,25,27} the high representation of women of higher weight in our sample indicates some caution in interpreting lack of gender or weight differences.

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In our sample, having been mistreated for weight was associated with higher support for policies to address weight-based bullying only in the US. This finding is consistent with a previous study examining policy support among US parents.²⁵ Among the other five countries, the non-significant links between experienced weight stigma and weight-based bullying policy support align with findings of the 2015 multinational study.²⁷ Collectively, our study suggests strong support for policies to address weight-based bullying across countries and independent of characteristics such as body weight and experiences of weight stigma.

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Support for antidiscrimination laws was consistently lower and more variable across countries compared to support for policies to address weight-based bullying in youth. Among antidiscrimination laws, support was highest for laws to prohibit employers from refusing to hire people because of their weight (79%), moderate for including body weight as a protected category in existing human rights laws (57%), and lowest for extending disability protections to people with obesity (47%). The only other multinational study on this topic, published in 2015,²³ showed a similar pattern of findings for these three legislative measures in Canada, the US, Australia, and Iceland, suggesting that public interest may be strongest for laws that focus on weight-based employment discrimination, and lowest for disability legislation.

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While levels of support for the four antidiscrimination measures varied across all six countries, support was consistently lower in Germany, and consistently higher in Canada and France, in comparison to the overall average level of support across countries. Although not directly assessed in this study, one factor potentially contributing to higher support documented in Canada could be recent advocacy efforts seeking the inclusion of protection for weight discrimination in human rights codes at the provincial level.⁴³ Cross-country differences were particularly notable in support for extending disability protections to people with obesity (34% in Germany vs 67% in France). While we did not assess specific reasons for these between-country differences in our study, there are several potential explanations for lower public support observed in Germany. With respect to disability protections, anti-discrimination rights for people with disabilities were enacted considerably later in Germany (1994) than countries like the US (1973),¹¹ which could reflect a delayed or more hesitant societal acceptance of protecting people with disabilities from discrimination in Germany.

Differences in cultural views about the use of legislation more generally could also contribute to these cross-country differences. Additionally, cultural beliefs about the causes of obesity may account for these cross-country differences in policy attitudes. A recent study comparing public beliefs about obesity in Germany and the US found that Germans reported less support for sociocultural and external causes of obesity (e.g., outside of personal control) compared to Americans.⁴⁴ Attributing causes of obesity to internal causes (e.g., within personal control) may reinforce a cultural attitude of blame towards people with obesity, contributing to lower support for policies to address weight discrimination. However, this explanation conflicts with other evidence showing that negative reactions toward people with obesity are stronger in the US than in Germany.⁴⁵ Future work is needed to examine cultural and societal views about weight and obesity in different countries to better understand why support for antidiscrimination policies might be higher in some countries (e.g., Canada) and lower in others (e.g. Germany).

Also variable across countries were demographic correlates of support for antidiscrimination measures. Moreover, when individual differences in support emerged, associations were relatively weak. Although some previous evidence has documented higher support for antidiscrimination measures among women, those with higher weight status, and adults of lower age,^{8,23} these were not consistent correlates across samples in our study. An exception is that older individuals across countries expressed higher support for extending disability protections to people with obesity. While we did not assess potential reasons for policy support, there may be heightened awareness of, or experience with, disability as people age, increasing their sensitivity to the ways in which obesity can be disabling for some people.

This study has several limitations, including the self-report nature of the data. Self-reported policy support may not reflect voting behaviors or supportive actions for legislation. As we did not assess specific reasons for policy support, future cross-country research should ask people why they are (or are not) in favor of various policy measures, which may help clarify the differential levels of support for antidiscrimination laws in different countries and help to inform policy priorities. Additionally, it may be more feasible to pass anti-discrimination legislation at the city or state level (rather than federal level), and thus it would be beneficial for future cross-national analyses to collect data at national, state, and local levels when possible. Our study was limited to Western countries, and future work is needed to examine policies to address weight stigma in other parts of the world where views about obesity and/or experiences of weight stigma may differ. Our study participants were primarily white women, which may account for the lack of trends observed between demographic characteristics and policy support; it will be important for future multinational studies to examine policy support in general population samples with greater demographic diversity. Further, the low response rate to the survey may not be representative of all WW members, or reflective of people with a higher weight in general or individuals not engaged in weight management. Nevertheless, commercial weight management programs are widely used across the globe, and attempting to lose weight is a common practice in the general population.³⁶ Thus, while our samples do not represent the general populations of their countries, they do share relevant population characteristics regarding their attempts to manage weight.

Our study offers important insights for policy makers who are interested in pursuing anti-discrimination legislation. First, our findings provide an initial evidence base that can inform advocacy efforts, potentially leveraging activism on issues of weight-based inequities and mistreatment in each of the six countries studied. Second, our findings provide policy makers with a preliminary indication of what types of anti-discrimination policies may garner more public support than others, which can inform the prioritization of specific policies to advocate for (such as strengthening anti-bullying policies to better protect youth from weight-based bullying, and introducing laws to prohibit employers from refusing to hire people because of their weight). Third, the presence of policy support across countries in our study highlights the potential for collective policy action and can foster multinational policy discourse. While legal systems vary from country to country, our findings offer a starting point for cross-country consensus building among policy makers and the sharing of knowledge and experience in anti-discrimination initiatives, which are typically siloed (or absent) within individual countries.

Importantly, public support for policy is necessary, but insufficient by itself, to initiate effective implementation of legislation or eradicate discrimination. Establishing feasibility of viable policy measures, identifying the most effective legal pathways for enacting legislation, and seeking realistic and timely opportunities for policy implementation are key components for catalyzing action and reflect important next steps for policy research. Moreover, the structural nature of weight stigma necessitates multiple and different types of societal-level interventions to ultimately shift social attitudes about body weight and challenge stigmatizing beliefs that reinforce societal weight stigma.

Conclusion

As weight discrimination remains globally prevalent and without sanction, policies and laws may be necessary to reduce inequities and unfair treatment. Given the barren legal landscape across countries which offer little, if any, protection against weight-based mistreatment, it is important to establish and monitor multinational public support for potential policy remedies. Findings from this study suggest that policy support is present among people engaged in weight management across Westernized countries where obesity is prevalent, and provide an informative comparison point for future cross-country research examining potential policies to address weight discrimination and bullying.

Acknowledgments

FUNDING: This study was funded by a grant from WW (formerly Weight Watchers) to the University of Connecticut on behalf of RMP. RLP is supported in part by a K23 Mentored Patient-Oriented Research Career Development Award from the National Heart, Lung and Blood Institute/NIH (#K23HL140176).

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STUDY IMPORTANCE QUESTIONS

What is already known about this subject?

- Previous studies, primarily in the US, indicate considerable public support for policies and laws to prohibit weight discrimination. However, multinational research in this area is scarce, and research attention to this issue has been absent since 2015.

What are the new findings in your manuscript?

- Among people engaged in weight management in the US, Canada, Australia, France, Germany, and the UK, there is high support for laws (83%–93%) and policies (90%–94%) to address weight-based bullying.
- Support for laws to address weight discrimination was more variable across countries, with higher support for laws to prohibit weight discrimination in workplace hiring practices (74%–89%) and lower support for extending disability discrimination protections to people with obesity (34%–67%).

How might your results change the direction of research or the focus of clinical practice?

- Study findings can inform policy discourse to address weight discrimination and bullying and provide an informative comparison point for future cross-country research in this area.

Table 1.

Sample characteristics.

	Total Sample	Country					United States
		Australia	Canada	France	Germany	United Kingdom	
	%	%	%	%	%	%	%
Sex							
Male	5.0	2.6	6.2	3.5	4.9	6.0	5.3
Female	94.9	97.4	93.7	96.4	95.0	93.8	94.5
Other	0.1	0.0	0.1	0.1	0.1	0.2	0.2
Race/Ethnicity ^a							
White	94.5	97.2	95.3	--	--	96.2	90.8
Non-White	5.5	2.8	4.7	--	--	3.8	9.2
Education							
College Degree (eqv)	49.0	47.5	41.4	65.9	21.0	48.8	69.7
No College Degree (eqv)	51.0	52.5	58.6	34.1	79.0	51.2	30.3
Marital Status ^b							
Married	65.2	68.5	71.1	54.1	62.8	65.6	70.2
Not Married	34.8	31.5	28.9	45.9	37.2	34.4	29.8
BMI Category							
< 18.5 kg/m ²	0.2	0.0	0.4	0.1	0.0	0.1	0.2
18.5 – 24.9 kg/m ²	19.5	15.6	20.5	20.6	17.6	19.8	20.9
25 – 29.9 kg/m ²	35.6	36.7	33.3	41.1	36.1	34.4	32.5
30 kg/m ²	44.8	47.7	45.8	38.2	46.3	45.6	46.4
Experienced Weight Stigma							
Any	57.9	56.1	61.3	55.6	55.6	58.0	59.6
None	42.1	43.9	38.7	44.4	44.4	42.0	40.4
Age (M, SD)	52.2 ±12.8	54.4 ±11.4	56.3 ±12.5	49.0 ±12.7	47.3 ±10.7	50.3 ±12.4	56.9 ±12.9
BMI (M, SD)	30.5 ±6.7	31.1 ±6.7	30.7 ±7.0	29.3 ±5.6	30.6 ±6.2	30.9 ±7.3	30.8 ±7.1
N	13996	1245	2708	2510	2613	2305	2615

Note.

^aCollection of race/ethnicity data was prohibited in France and Germany.

^bNot married' comparison group includes individuals who reported a marital status other than "married" (e.g., divorced, widowed, separated, single).

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Table 2.

Percentage of support for policy actions to address weight stigma.

	Overall	Australia	Canada	France	Germany	United Kingdom	United States	χ^2	P
<i>Antidiscrimination measures</i>									
1. My country should include body weight in our civil/human rights laws in order to protect people from discrimination based on their body weight.	56.7%	59.4% ^a	67.1% ^b	58.5% ^a	38.3% ^c	57.8% ^a	59.6% ^a	464.38	<.001
2. Obesity should be considered a disability so that people will be protected from weight discrimination in the workplace.	47.3%	46.5% ^a	53.7% ^b	67.4% ^c	34.0% ^d	36.0% ^d	45.4% ^a	700.30	<.001
3. The government should pass the "Weight Discrimination in Employment Act" to protect employees from discrimination in the workplace based on their body weight.	61.2%	58.7% ^{a,e}	68.6% ^b	75.2% ^c	47.1% ^d	54.1% ^a	61.8% ^e	499.81	<.001
4. It should be illegal for an employer to refuse to hire a qualified person because of his or her body weight.	79.3%	73.7% ^a	83.0% ^b	88.7% ^c	75.6% ^a	74.7% ^a	77.3% ^a	222.26	<.001
<i>Weight-based bullying measures</i>									
5. Schools should implement anti-bullying policies that protect students from being bullied about their weight.	92.4%	91.7% ^{a,c}	94.4% ^b	93.8% ^{a,b}	89.9% ^c	92.2% ^{a,b,c}	91.7% ^{a,c}	45.07	<.001
6. Existing anti-bullying laws should include protections against weight-based bullying.	89.5%	88.3% ^a	92.7% ^b	92.0% ^{b,d,e}	83.4% ^c	89.7% ^{a,d}	89.9% ^{a,e}	140.34	<.001

Note. Participants responded on a 10-point rating scale (1=definitely would oppose – 10=definitely would support). Participant ratings of 1 to 5 were coded as *not* supporting the policy action; respondents selecting 6–10 were coded as supporting the policy action. Different superscripts (e.g., "a" vs. "c") in the same row indicate a significant difference at p .001.

[/] Similar pattern of results emerged when examining policy support as a continuous variable.

Linear regression standardized estimates predicting support for inclusion of body weight in civil/human rights laws in order to protect people from discrimination based on their body weight.

Table 3.

Predictors	Australia (β)	Canada (β)	France (β)	Germany (β)	United Kingdom (β)	United States (β)
<i>Demographics</i>						
Age	-0.02	-0.03	0.00	-0.07	-0.11*	-0.02
Sex						
Female	0.04	0.04	0.04	0.01	0.04	0.07*
Education						
College degree	-0.03	0.00	-0.06	-0.01	-0.06	0.01
Marital Status	0.02	-0.01	0.01	-0.02	0.04	-0.06
<i>Weight Status</i>						
Current BMI	0.07	0.09*	0.08*	0.11*	0.07	0.06
<i>Weight Stigma</i>						
Experienced Weight Stigma	0.10*	0.10*	0.03	0.01	0.12*	0.09*
Internalized Weight Stigma	0.03	0.02	0.02	0.06	0.04	0.05

Note. Sex reference group= male. Educational attainment reference group= no college degree. Marital status reference group= not currently married (i.e., includes individuals who reported a marital status other than 'married'). Experienced weight stigma (0=no experienced weight stigma, 1=at least one experience of weight stigma).

* p .001

Linear regression predicting support for considering obesity a disability so that people will be protected from weight discrimination in the workplace.

Table 4.

Predictors	Australia (β)	Canada (β)	France (β)	Germany (β)	United Kingdom (β)	United States (β)
<i>Demographics</i>						
Age	0.11*	0.16*	0.15*	0.08*	0.12*	0.12*
Sex						
Female	0.01	0.01	0.05	-0.04	0.01	0.06
<i>Education</i>						
College degree	-0.04	0.01	-0.08*	-0.03	0.00	0.03
Marital Status	-0.02	-0.01	0.02	-0.02	0.02	-0.07*
<i>Weight Status</i>						
Current BMI	0.08	0.10*	0.00	0.11*	0.04	0.09*
<i>Weight Stigma</i>						
Experienced Weight Stigma	0.07	0.08*	0.02	-0.03	0.08*	0.06
Internalized Weight Stigma	0.02	0.05	0.07	0.10*	0.04	0.05

Note. Sex reference group= male. Educational attainment reference group= no college degree. Marital status reference group= not currently married (i.e., includes individuals who reported a marital status other than 'married'). Experienced weight stigma (0=no experienced weight stigma, 1=at least one experience of weight stigma).

* p .001

Linear regression predicting support for a “Weight Discrimination in Employment Act” to protect employees from discrimination in the workplace based on their body weight.

Table 5.

Predictors	Australia (β)	Canada (β)	France (β)	Germany (β)	United Kingdom (β)	United States (β)
<i>Demographics</i>						
Age	0.01	0.05	0.03	0.01	-0.07	-0.01
Sex						
Female	0.06	0.05	0.05	0.01	0.03	0.07
Education						
College degree	-0.08	-0.01	-0.13*	-0.03	-0.08*	-0.01
Marital Status	0.01	-0.02	0.00	-0.01	0.02	-0.08*
<i>Weight Status</i>						
Current BMI	0.07	0.10*	0.03	0.07	0.06	0.06
<i>Weight Stigma</i>						
Experienced Weight Stigma	0.09	0.09*	0.06	0.06	0.11*	0.09*
Internalized Weight Stigma	0.06	0.01	0.04	0.08*	0.05	0.04

Note. Sex reference group= male. Educational attainment reference group= no college degree. Marital status reference group= not currently married (i.e., includes individuals who reported a marital status other than 'married'). Experienced weight stigma (0=no experienced weight stigma, 1=at least one experience of weight stigma).

* p .001

Linear regression predicting support for it being illegal for an employer to refuse to hire a qualified person because of his or her body weight.

Table 6.

Predictors	Australia (β)	Canada (β)	France (β)	Germany (β)	United Kingdom (β)	United States (β)
<i>Demographics</i>						
Age	-0.02	-0.03	-0.01	-0.02	-0.07	-0.07*
Sex						
Female	0.06	0.09*	0.08*	0.07*	0.01	0.05
Education						
College degree	-0.04	-0.02	-0.04	-0.01	-0.05	-0.02
Marital Status	0.04	-0.01	-0.02	-0.04	-0.01	-0.05
<i>Weight Status</i>						
Current BMI	0.07	0.10*	0.05	0.10*	0.03	0.08*
<i>Weight Stigma</i>						
Experienced Weight Stigma	0.06	0.07*	0.04	0.03	0.07	0.06
Internalized Weight Stigma	0.08	-0.01	0.05	0.03	0.01	0.04

Note. Sex reference group= male. Educational attainment reference group= no college degree. Marital status reference group= not currently married (i.e., includes individuals who reported a marital status other than 'married'). Experienced weight stigma (0=no experienced weight stigma, 1=at least one experience of weight stigma).

* p .001

Linear regression predicting support for schools implementing anti-bullying policies that protect students from being bullied about their weight.

Table 7.

Predictors	Australia (β)	Canada (β)	France (β)	Germany (β)	United Kingdom (β)	United States (β)
<i>Demographics</i>						
Age	-0.03	0.04	-0.01	0.01	-0.03	0.05
Sex						
Female	0.03	0.04	0.01	0.03	-0.02	0.04
Education						
College degree	-0.04	-0.01	-0.11*	-0.06	0.02	0.00
Marital Status	0.06	0.00	0.00	-0.05	0.01	-0.04
<i>Weight Status</i>						
Current BMI	0.05	0.04	0.01	0.02	0.03	0.01
<i>Weight Stigma</i>						
Experienced Weight Stigma	0.06	0.03	0.06	0.03	0.05	0.07*
Internalized Weight Stigma	0.00	0.01	0.02	0.08*	0.02	0.04

Note. Sex reference group= male. Educational attainment reference group= no college degree. Marital status reference group= not currently married (i.e., includes individuals who reported a marital status other than 'married'). Experienced weight stigma (0=no experienced weight stigma, 1=at least one experience of weight stigma).

* p .001

Table 8.

Linear regression predicting support for existing anti-bullying laws to include protections against weight-based bullying.

Predictors	Australia (β)	Canada (β)	France (β)	Germany (β)	United Kingdom (β)	United States (β)
<i>Demographics</i>						
Age	0.01	0.05	0.01	0.01	-0.05	0.04
Sex						
Female	0.02	0.03	0.06	0.03	-0.02	0.05
<i>Education</i>						
College degree	-0.05	0.00	-0.10*	-0.04	-0.01	-0.01
Marital Status	0.04	0.01	-0.02	-0.05	0.02	-0.04
<i>Weight Status</i>						
Current BMI	0.07	0.05	0.01	0.03	0.01	0.01
<i>Weight Stigma</i>						
Experienced Weight Stigma	0.07	0.02	0.05	0.03	0.07	0.08*
Internalized Weight Stigma	0.01	0.01	0.04	0.04	0.03	0.04

Note. Sex reference group= male. Educational attainment reference group= no college degree. Marital status reference group= not currently married (i.e., includes individuals who reported a marital status other than 'married'). Experienced weight stigma (0=no experienced weight stigma, 1=at least one experience of weight stigma).

* p .001