



Video Transcript: Addressing Weight Stigma and Bias in Sexual and Reproductive Health Care

Speaker 1 (00:00): Addressing Weight Stigma and Bias in Sexual and Reproductive Health Care. This video was produced by the Reproductive Health National Training Center, RHNTC. All clients are deserving of accessible, equitable, high quality sexual and reproductive health services. But would it surprise you to learn that clients in larger bodies may be less likely to receive this level of care?

(00:24): This video explores weight stigma and bias, how they show up in sexual and reproductive health care, and what we can do to address unfair or unequal treatment of clients because of their body size or weight. Weight stigma refers to negative attitudes and beliefs, both individual and societal, toward people because of their weight. It's about how people think. Weight bias is the unequal or unfair treatment of people because of their weight. It's about how people act.

(00:54): Weight stigma and bias can be hard to see if you don't experience them personally or aren't learning from those who are. Research has documented negative health consequences of weight stigma and bias. These include stress, depression, and anxiety, disordered eating behaviors and weight gain, decreased motivation to engage in health-promoting behaviors, and avoidance of health care. Weight stigma and bias can impact both the quality and the equality of health care. This can look like health care professionals spending less time with larger bodied clients or providing them with fewer treatment and counseling options. The result is a lack of access to competent care.

(01:35): Weight stigma and bias can harm people of all sizes, but they most harm people at the highest weights and those with multiple marginalized identities and disproportionately impact people of color. So how do weight stigma and bias limit access to quality sexual and reproductive health care? They can result in delay or avoidance of health care; people in larger bodies are less likely to access health service and more likely to avoid seeking care. And lower quality care; when larger bodied people access services, they are less likely to receive evidence-based bias-free care. For example, decreased likelihood of receiving a pelvic exam or getting screened for cervical cancer. Inadequate fertility care due to body mass index or BMI thresholds, and the withholding of diagnostic tests and treatment based on the assumption that a client's health conditions are the result of body weight.

(02:30): We can take concrete steps to reduce cultural and interpersonal weight stigma and bias. We can acknowledge, address, and unlearn biases. Reflect upon our own attitudes and identify personal biases that we may hold. Explore opportunities for weight bias education and programing.

(02:48): Use inclusive, sensitive, and affirming language. Neutral, non-stigmatizing terms such as higher-weight or larger-bodied accurately describe individuals while not pathologizing them. Use language that doesn't shame or blame. For example, if the blood pressure cuff you're using isn't large enough to fit the client's arm, instead of saying "your arm is too big for this cuff," or using a cuff that is too small, say "a too small cuff gives a too high reading. Let's get the correct size for you." Focus on behaviors, not the number on the scale. Shift away from a focus on your client's weight. Emphasize healthy behaviors, such as physical activity, getting enough sleep, and eating a variety of foods. Use open-ended questions to learn about your clients health goals. Remember: all you can tell by looking at an individual is the size of their body. Adapt the clinic environment and equipment to accommodate clients of all sizes.

Speaker 1 (03:43): View your clinic through a weight-inclusive lens. For instance, when possible, in the waiting room, provide sturdy, armless seating and show images and artwork depicting body size diversity. In the exam room, have secure wide examination tables, stock gowns in a variety of sizes, use equipment that can accurately assess clients of all sizes, including a range of blood pressure cuff sizes or thigh cuffs, vaginal specula in varying sizes, and high capacity scales. In the restrooms, install a split lavatory seat and provide a specimen collector with a handle, mount grab bars and install floor-mounted toilets.

(04:22): Representation matters! Include body diversity on marketing and promotional materials, posters and signage, and training materials. Remember: negative weight-related attitudes and actions hurt our clients. There are steps we can all take to ensure that clients of all sizes receive high quality, accessible and equitable sexual and reproductive health care. This has been a production of the RHNTC.