

Original Article

Public Support for Weight-Related Antidiscrimination Laws and Policies

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Key Words

Obesity · Stigma · Discrimination · Antidiscrimination laws · Public support

Abstract

Objective: Weight-related discrimination is prevalent and associated with health impairments for those who are targeted, which underscores the need of antidiscrimination legislation. This study is the first to examine public support of weight-related antidiscrimination laws or policies in Germany, compared to the US and Iceland. **Methods:** In a representative German population sample (N = 2,513), public support for general and employment-specific weight-related antidiscrimination policies, weight-based victimization, and weight bias internalization were measured through established self-report questionnaires. **Results:** Half of the German population sample agreed with antidiscrimination policies. General antidiscrimination laws received lower support than employment-specific laws. Support for policies considering obesity a physical disability was greatest in Germany, whereas support for employment-specific antidiscrimination laws was lower in Germany than in the US and Iceland. Total support for weight-related antidiscrimination policies was significantly predicted by lower age, female gender, obese weight status, residence in West Germany, church membership, and readiness to vote in elections. **Conclusion:** German support for weight-related antidiscrimination policies is moderate. Increasing awareness about weight-related discrimination and laws prohibiting this behavior may help to promote policy acceptance.

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Introduction

Weight discrimination, a ubiquitous phenomenon, is related to severe adverse health outcomes. Weight discrimination is one expression of weight stigmatization, which also includes negative stereotypes and prejudice [1]. Discrimination generally refers to unfair treatment of an individual because of his or her membership in a particular stigmatized group [2]. Approximately 7–12% of citizens in Germany and the US have experienced weight discrimination [3, 4]. These prevalence rates rise with BMI (in kg/m²), with up to 38% of individuals with a BMI \geq 40.0 kg/m² reporting weight discrimination [4]. After gender, age, and race discrimination, weight discrimination is the most common form of discrimination in adults [5]. While weight discrimination occurs in many domains of life [6], considerable evidence has focused on inequities in employment settings. As many as 7–22% of individuals with obesity, especially women, report workplace discrimination [7], including disadvantages in hiring, promotion, discharge, or wages [8]. Furthermore, experiencing weight discrimination is associated with a multitude of adverse psychosocial and physical health outcomes, including depression, anxiety, eating disorder psychopathology, lower quality of life [9–11], avoidance of physical activity [6], physiological distress [12], and increased weight gain over time [13].

Given the pervasiveness and harmfulness of weight discrimination [9–13], legislation on prohibition of weight discrimination is warranted. Current antidiscrimination legislation is internationally diverse and rarely provides any protections for body weight: In the US, discrimination based on race, color, religion, sex, and national origin is generally prohibited; however, weight discrimination is not explicitly proscribed, except in the State of Michigan and some localities (e.g., New York) [14]. The Rehabilitation Act (1973) [15] and the Americans with Disabilities Act (ADA; 1990) [16] represent the only statutory basis by prohibiting discrimination due to mental or physical disabilities. Opportunities for plaintiffs to seek legal recourse for weight discrimination were poor until enactment of the Amendments Act (2008) [17], which now covers severe obesity as impairment in the ADA. Still, most people classified as obese are not disabled by their weight and have no viable options for legal protection against weight discrimination.

In Germany, the General Act on Equal Treatment (2006) [18] rules antidiscrimination in civil and employment law implementing European directives. This act aims to prohibit discrimination on the grounds of race or ethnic origin, gender, religion or belief, disability, age, and sexual orientation. Hence, discrimination on the basis of weight is not explicitly prohibited in German or European law. However, applying the disability definition of the United Nations Convention on the Rights of Persons with Disabilities [19], the European Court of Justice ruled in a case of employment discrimination in 2014 [20] that obesity is not a disability per se but individuals classified as obese might be regarded as disabled when long-term physical, mental, intellectual or sensory impairments exist ‘... which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others’ (Article 1). This verdict is far-reaching as it was the first in the European Union (EU) to recognize obesity as target for protection from discrimination even though weight is not directly mentioned in European law.

Regarding legislation on prohibition of weight-related discrimination in other European countries, such as Iceland, discrimination due to sex, religion, national origin, race, color, property, disability, sexual orientation, or birth status is illegal (1999) [21]. The verdict of the European Court of Justice has no legal force as Iceland is not a member state of the EU. However, there was a proposal by an Icelandic activist association to prohibit weight discrimination in the country’s new constitution in 2012 [22]. The success, however, remains unknown as the constitution has yet to be presented before congress [14].

Although public support is substantial in the enactment process of antidiscrimination laws [14], especially as weight stigmatization may be the most socially accepted form of discrimination [23], only a few studies have investigated public support for weight-related antidiscrimination legislation. Previous findings indicated moderate to strong support for proposed laws in the US – varying between 30 and 40% for laws considering obesity a physical disability under the Americans with Disabilities Act, between 33 and 74% for same legal protections of higher weight individuals relative to those with physical disabilities as well as between 51 and 81% for inclusion of weight as a protected category in civil rights law, and greatest support for laws prohibiting workplace discrimination against higher-weight employees (70–79%) [14, 24–29]. In Iceland, lower support has been found for general weight-related antidiscrimination laws or policies compared to the US; however, support for laws prohibiting workplace discrimination against higher-weight employees was similarly high (71–80%) [14]. While greater support was predominantly associated with female gender, obesity, and experiences of domestic weight discrimination, more liberal political ideology [14, 24–26], and lower education in both countries [14, 24–29], two studies yielded no effect of gender [25, 29]. Even greater inconsistencies emerged as well with regard to age, household income, ethnicity, and personal experiences of weight discrimination [14, 24–26, 29].

Altogether, research on support of laws prohibiting weight discrimination is sparse, refers only to countries that are non-members of the EU, differs between the countries, and – to some extent – produced inconsistent results regarding predictors of policy support. Thus, the present study sought to examine public support of weight-related antidiscrimination laws or policies for the first time in the EU, specifically in Germany, and to investigate predictors of policy support. Additional objectives were to compare results between German women and men, and to findings previously reported for the US and Iceland.

Material and Methods

Recruitment and Sample

A representative sample of the German population was recruited from March to May 2015. Inclusion criteria were age ≥ 14 years and fluent German. With the assistance from an independent agency specialized in market, opinion, and social research (USUMA, Berlin, Germany), a three-stage random sampling procedure was used to select: i) sample point regions from 258 regions determined based on representative data; ii) target households within sample point regions using a random route procedure; and iii) target persons within target households according to a Kish selection grid.

Following this procedure, 4,902 noninstitutionalized civilians were randomly selected from all states of Germany. During four attempts to contact them, 671 (13.8%) households could not be reached, 710 (14.6%) household refused to participate, 122 (2.6%) target persons could not be reached, 19 (0.4%) target persons were incapacitated, and 749 (15.4%) refused to participate. Thus, $N = 2,576$ individuals participated in the assessment, corresponding to a response rate of 53.2%. Because of missing data, 63 (1.3%) of assessments were excluded, leaving a final sample of $N = 2,513$ individuals for this study. All participants were visited in-person, were informed about the study procedures in a verbal and written format by a trained research assistant, and signed an informed consent prior to assessment consisting of a sociodemographic interview and self-report questionnaires. For minor participants, informed consent was additionally obtained from one parent. The study was approved by the Ethics Committee of the University of Leipzig (No. 044–15–09032015), and thus meets the standards of the Declaration of Helsinki in its revised version of 1975 and its amendments of 1983, 1989, and 1996.

The total study sample consisted of 1,119 men (44.5%) and 1,394 women (55.5%) with a mean age of 48.79 years (SD = 18.11 years; range 14–94 years) and a mean BMI of 25.79 kg/m² (SD = 4.96 kg/m²; range 15.55–67.06 kg/m²), calculated from self-reported height and weight. Sociodemographic characteristics of the total sample and differences by gender are displayed in table 1.

Table 1. Sociodemographic characteristics

	Total sample (N = 2,513)	Men (N = 1,119)	Women (N = 1,394)	Test			Effect size
	mean (SD)	mean (SD)	mean (SD)	t	df	p	d
Age, years	48.79 (18.11)	48.33 (18.18)	49.16 (18.05)	1.14	2,511	0.254	0.05
	N (%)	N (%)	N (%)	χ^2	df	p	ϕ
Weight status				52.89	3	< 0.001	0.15
Underweight, BMI < 18.5 kg/m ²	40 (1.6)	7 (0.6) ^a	33 (2.4) ^b				
Normal weight, BMI 18.5–24.9 kg/m ²	1,022 (49.5)	494 (44.9) ^a	728 (53.1) ^b				
Overweight, BMI 25.0–29.9 kg/m ²	859 (34.8)	461 (41.9) ^a	398 (29.0) ^b				
Obesity, BMI ≥ 30.0 kg/m ²	350 (14.2)	138 (12.5)	212 (15.5)				
Education ≥ 12 years	519 (20.6)	241 (21.5)	278 (19.9)	0.96	1	0.326	–0.02
Household income ≥ EUR 2,000/month	1,351 (55.8)	667 (61.8)	684 (51.1)	27.64	1	< 0.001	–0.11
Residence, West	2,012 (80.1)	886 (79.2)	1,126 (80.8)	0.88	1	0.319	0.02
Nationality, German	2,427 (96.6)	1,081 (96.6)	1,346 (96.6)	0.00	1	0.948	0.00
Church membership	1,809 (72.3)	754 (67.8)	1,055 (75.9)	20.21	1	< 0.001	0.09
Readiness to vote in following week	1,720 (74.4)	790 (77.6)	930 (71.9)	9.83	1	0.002	0.06

Education, household income, residence, nationality, church membership, and readiness to vote in elections in the following week in dichotomous format. Calculation of % from valid cases.

^{a,b} Different superscripts indicate significant post-hoc tests ($p < 0.01$).

Measures

Dependent Variables

Support of weight-related antidiscrimination laws or policies was measured using previously tested items to assess support for diverse legislative measures to prohibit weight discrimination [14]. In this study, 2 items were selected focusing on general legal protection against weight discrimination and 4 items referred to legal measures to weight discrimination at the workplace (table 2; 1 = strongly disagree to 5 = strongly agree). Items were supplemented with explanatory information about these legal measures in order to ensure participants' understanding. Internal consistency in this study's sample was high (means of total support Cronbach $\alpha = 0.89$; support of general measures $\alpha = 0.82$; support of employment-specific measures $\alpha = 0.87$). For data analysis, item scores and means were dichotomized into 0 = no definite support (previous codes 1, 2, 3) and 1 = definite support (codes 4, 5) [14].

Predictor Variables

Sociodemographic variables (table 1) were examined as predictors of support for antidiscrimination laws or policies. Further, for the measurement of weight-based victimization (WBV), personal experiences of weight bias were assessed with 3 items (e.g., 'Have you ever been teased because of your weight,' 0 = no, 1 = yes) [14]. If any of these items was rated 1, WBV was coded 1, and 0 if not (Cronbach $\alpha = 0.89$). Finally, the Weight Bias Internalization Scale [30], a self-report questionnaire with established reliability and validity [31], was used for the assessment of weight-related self-stigma (e.g., 'I hate myself for my weight,' 1 = strongly disagree to 7 = strongly agree, mean score). In this study, its 3-item short form was applied (WBIS-3; Kliem et al., unpublished manuscript; Cronbach $\alpha = 0.92$) [31].

Comparison Samples

Two samples from the US and Iceland [14] were used to compare public support for weight-related antidiscrimination laws or policies in Germany to that in the US and in Iceland. In the US, a national sample of N = 899 adults had been recruited for an online general population survey, approximating adult census sociodemographics (35.6% excluded out of 1,374 adults because of missing data). In Iceland, a national sample of N = 659 adults was randomly selected from the representative Icelandic National Register for an online survey offering financial compensation (response rate 66.4% (981/1476), 33.6% excluded out of 981 adults; for greater detail see [14]).

Table 2. Support for weight-related antidiscrimination laws or policies

	Total sample (N = 2,513) N (%)	Men (N = 1,119) N (%)	Women (N = 1,394) N (%)	Test		Effect size ϕ
				χ^2 (df = 1)	P	
Support of general antidiscrimination laws or policies						
1) Inclusion of body weight in civil rights law for protection from weight discrimination	923 (37.1)	336 (30.4)	587 (43.4)	37.79	<0.001	0.12
2) Same legal protections and benefits for people with obesity as for people with physical disabilities	1,018 (40.8)	416 (37.6)	602 (43.4)	8.73	0.003	0.06
Support of employment-specific antidiscrimination laws or policies						
3) Consideration of obesity a disability for protection from weight discrimination in the workplace	964 (38.6)	376 (33.8)	588 (42.4)	19.33	<0.001	0.09
4) Illegal to refuse to hire a qualified person because of body weight	1,417 (56.6)	592 (53.2)	825 (59.3)	9.28	0.002	0.06
5) Illegal to assign lower wages a qualified employee because of body weight	1,627 (65.1)	691 (62.1)	936 (67.5)	7.90	0.005	0.06
6) Illegal to terminate or fire a qualified employee because of body weight	1,550 (62.2)	657 (59.3)	893 (64.6)	7.41	0.007	0.06
Total support of antidiscrimination laws or policies	1,256 (51.1)	506 (46.4)	750 (54.9)	17.80	<0.001	0.09
Support of general antidiscrimination laws or policies (items 1, 2)	1,046 (42.1)	399 (36.2)	647 (46.8)	28.31	<0.001	0.11
Support of employment-specific antidiscrimination laws or policies (items 3 – 6)	1,472 (59.5)	620 (56.4)	852 (62.1)	8.21	0.005	0.06
Calculation of % from valid cases.						

Table 3. International comparison of support for weight-related antidiscrimination laws or policies

	Germany (G) (N = 2,513)		USA (U) (N = 899)		Iceland (I) (N = 659)		Test χ^2 (df = 1)	Effect size ϕ
	N	%	N	%	N	%		
	Support of general antidiscrimination laws or policies							
1) Inclusion of body weight in civil rights law for protection from weight discrimination	923	37.1	452	50.6	139	21.2	G-U = 47.80*** G-I = 59.50*** U-I = 137.57***	-0.12 0.14 0.30
2) Same legal protections and benefits for people with obesity as for people with physical disabilities	1,018	40.8	358	40.1	98	14.9	G-U = 0.28 G-I = 153.63*** U-I = 114.35***	0.01 0.22 0.27
Support of employment-specific antidiscrimination laws or policies								
3) Consideration of obesity a disability for protection from weight discrimination in the workplace	964	38.6	290	32.5	146	22.2	G-U = 11.28*** G-I = 61.58*** U-I = 19.26***	0.06 0.14 0.11
4) Illegal to refuse to hire a qualified person because of body weight	1,417	56.6	629	70.4	468	71.1	G-U = 49.21*** G-I = 44.96*** U-I = 0.20	-0.12 -0.12 -0.01
5) Illegal to assign lower wages a qualified employee because of body weight	1,627	65.1	711	79.6	528	80.2	G-U = 60.01*** G-I = 54.08*** U-I = 0.25	-0.13 -0.13 -0.01
6) Illegal to terminate or fire a qualified employee because of body weight	1,550	62.2	662	74.1	495	75.2	G-U = 37.79*** G-I = 37.88*** U-I = 0.43	-0.11 -0.11 -0.02
Calculation of % from valid cases. American (U) and Icelandic (I) samples from [14]. ***p < 0.001.								

Data Analytic Plan

Gender differences and differences by countries in the support for weight-related antidiscrimination laws or policies were examined using χ^2 tests for continuous or categorical data. Differences between the support for general versus employment-specific antidiscrimination measures were examined using McNemar χ^2 tests. Effect size ϕ was evaluated according to Cohen [32]. Predictors of policy support were analyzed using logistic regression analyses in which sociodemographic variables, WBV, and WBIS-3 were entered simultaneously. All predictor variables were entered that revealed significant correlations with policy support ($p < 0.05$; only nationality was not significantly correlated, $p > 0.05$). A two-tailed $\alpha < 0.05$ was applied for statistical testing. Statistical analyses were performed using IBM SPSS Statistics version 20.0 (IBM Corp, Armonk, NY, USA).

Table 4. Prediction of support for weight-related antidiscrimination laws or policies

	Total support for antidiscrimination laws or policies					
	β	SE	Wald	p	Exp(B)	95% CI
Age, years	-0.01	0.00	6.11	0.013	0.99	0.99 – 1.00
Gender, female	0.23	0.09	6.03	0.014	1.25	1.05 – 1.50
Weight status: normal weight, BMI 18.5–24.9 kg/m ² (reference)						
Underweight, BMI < 18.5 kg/m ²	-0.03	0.44	0.01	0.937	0.97	0.41 – 2.27
Overweight, BMI 25.0–29.9 kg/m ²	0.09	0.10	0.73	0.393	1.09	0.89 – 1.33
Obesity, BMI ≥ 30.0 kg/m ²	0.31	0.15	4.32	0.038	1.36	1.02 – 1.83
Education ≥ 12 years	-0.03	0.11	0.08	0.774	0.97	0.71 – 1.17
Household income ≥ EUR 2,000/month	-0.17	0.09	3.34	0.067	0.82	0.58 – 1.01
Residence, West	0.28	0.13	5.08	0.024	1.25	1.04 – 1.41
Church membership	0.28	0.11	6.45	0.011	1.25	1.06 – 1.39
Readiness to vote in following week	0.25	0.11	5.57	0.018	1.22	1.04 – 1.37
Weight-based victimization	0.12	0.11	1.10	0.294	1.11	0.89 – 1.28
Weight bias internalization	0.34	0.23	2.17	0.141	1.29	0.88 – 1.55
Constant	0.69	0.28				

	Support for general antidiscrimination laws or policies					
	β	SE	Wald	p	Exp(B)	95% CI
Age, years	0.00	0.00	0.30	0.585	1.00	0.99 – 1.00
Gender, female	0.31	0.09	11.24	0.001	1.37	1.14 – 1.64
Weight status: normal weight, BMI 18.5–24.9 kg/m ² (reference)						
Underweight, BMI < 18.5 kg/m ²	0.49	0.44	1.27	0.259	1.64	0.70 – 3.87
Overweight, BMI 25.0–29.9 kg/m ²	0.11	0.10	1.16	0.282	1.12	0.91 – 1.37
Obesity, BMI ≥ 30.0 kg/m ²	0.28	0.15	3.56	0.059	1.32	0.99 – 1.77
Education ≥ 12 years	-0.34	0.12	8.01	0.005	0.60	0.24 – 0.89
Household income ≥ EUR 2,000/month	-0.28	0.09	9.36	0.002	0.67	0.41 – 0.89
Residence, West	-0.04	0.13	0.12	0.726	0.96	0.66 – 1.19
Church membership	0.29	0.12	6.39	0.011	1.25	1.06 – 1.40
Readiness to vote in following week	0.17	0.11	2.46	0.117	1.16	0.96 – 1.32
Weight-based victimization	0.13	0.11	1.31	0.252	1.12	0.91 – 1.29
Weight bias internalization	0.57	0.22	6.49	0.011	1.44	1.12 – 1.64
Constant	-0.17	0.27				

Table 4 continued on next page

Results

Approximately half of the German population sample showed definite support of antidiscrimination laws or policies (51.1%, n = 1,256 out of 2,513; see table 2). Support of general antidiscrimination measures (42.1%, n = 1,046) was significantly lower than that of employment-specific measures (59.5%, n = 1,472) in the total sample and in men and women separately (McNemar χ^2 (df = 1, N = 2,513, 1,119, 1,394) = 265.01, 148.03, 117.72, all p < 0.001). All antidiscrimination measures were more frequently supported by women than men (all p < 0.01, small effect sizes or less for gender differences).

When comparing policy support internationally, the German population showed lower support for civil rights laws that would include body weight as a protected class than the population in the US (small effect, p < 0.001; table 3). Regarding laws that would recognize obesity as a physical disability in general or specifically in the workplace, however, support was highest in the German population. These disability-related measures were significantly less supported by the Icelandic population than by the populations in Germany and in the US (small-to-medium effects for differences between countries, all p < 0.001). Concerning

Table 4. Continued

	Support for employment-specific antidiscrimination laws or policies					
	β	SE	Wald	p	Exp(B)	95% CI
Age, years	-0.01	0.00	10.48	0.001	0.99	0.99 – 1.00
Gender, female	0.10	0.09	1.02	0.313	1.10	0.92 – 1.32
Weight status: normal weight, BMI 18.5–24.9 kg/m ² (reference)						
Underweight, BMI < 18.5 kg/m ²	-0.47	0.43	1.18	0.278	0.63	0.27 – 1.46
Overweight, BMI 25.0–29.9 kg/m ²	0.07	0.10	0.42	0.517	1.07	0.87 – 1.31
Obesity, BMI \geq 30.0 kg/m ²	0.37	0.16	5.57	0.018	1.45	1.06 – 1.96
Education \geq 12 years	0.29	0.12	5.85	0.016	1.25	1.05 – 1.41
Household income \geq EUR 2,000/month	-0.08	0.09	0.78	0.376	0.91	0.69 – 1.10
Residence, West	0.45	0.12	13.17	<0.001	1.36	1.19 – 1.50
Church membership	0.19	0.11	2.73	0.099	1.17	0.97 – 1.34
Readiness to vote in following week	0.24	0.11	4.92	0.027	1.21	1.03 – 1.36
Weight-based victimization	0.30	0.12	6.58	0.010	1.26	1.07 – 1.41
Weight bias internalization	0.33	0.25	1.70	0.193	1.28	0.82 – 1.56
Constant	1.67	0.30				

β = Regression coefficient; SE = standard error; Wald = χ^2 test (df = 1); Exp(B) = odds ratio; CI = confidence interval. Logistic regression analyses with all variables entered simultaneously.

employment-specific policies, the German population showed lower support for measures to prohibit weight discrimination in employment, remuneration, and termination of contracts than the populations in both the US and Iceland (small effects, all $p < 0.001$).

Regarding predictors of policy support, total support was significantly predicted by lower age, female gender, obesity, residence in West Germany, church membership, and greater readiness to vote in elections in the following week (all $p < 0.05$; table 4). Support of general antidiscrimination measures was significantly predicted by female gender, lower education, lower household income, church membership, and greater weight-related self-stigma (all $p < 0.05$). In contrast, support of employment-specific antidiscrimination measures was significantly predicted by lower age, obesity, higher education, residence in West Germany, greater readiness to vote in elections in the following week, and greater WBV (all $p < 0.05$).

Discussion

The present study is the first to examine public support for weight-related antidiscrimination legislation and its predictors in Germany. Overall, half of the German population sample (51.1%) agreed with antidiscrimination policies, with general antidiscrimination laws or policies receiving lower support than employment-specific laws, which is in line with previous findings [14, 24–26]. Lowest levels of support were observed for the inclusion of body weight in civil rights law (37.1%) and consideration of obesity a physical disability in employment settings (38.6%). In contrast, public support was highest for employment-specific prohibitions (56.6–65.1%). Altogether, inclusion of weight as a protected category in the German General Act on Equal Treatment [18] did not generate wide support. Rather, the low support for legislation considering obesity a physical disability and high support for specific laws prohibiting disadvantages in employment settings suggest that the attitudes of the German population may be more consistent with the verdict of the European Court of

Justice, which ruled in 2014 that obesity is not a disability per se but it might be treated as disability under certain conditions [20].

With respect to international rates of public support for weight-related antidiscrimination laws or policies, findings were mixed [14]. Comparing support for general antidiscrimination laws, a difference between Germany and the US emerged only with regard to the inclusion of weight as a protected category in civil rights law, with Germans expressing lower support. Potentially, US citizens reported greatest support since Michigan and some US localities already enacted laws explicitly proscribing weight discrimination [14]. Given Iceland's reputation for being a progressive supporter of social equality, it is surprising that support for general antidiscrimination laws or policies was lower in Iceland compared to Germany. In addition, consideration of obesity as a disability in employment settings yielded higher support in Germany than in the US and Iceland. Various reasons for differing support are conceivable, such as differences in attitudes towards disability or affirmative action towards inclusion. However, to our knowledge, there is a lack of evidence to explain the international differences in a meaningful way. Thus, it would be informative for future research to study possible reasons for variations in policy support. In all countries, employment-specific antidiscrimination laws or policies received greatest support, while agreement with employment-specific prohibitions was lower in Germany compared to the US and Iceland.

Regarding predictors of public support, women consistently expressed greater support than men, which is consistent with most previous research [14, 24, 26]. However, effect sizes were small or even lower, which might be due to the fact that male support of weight-related antidiscrimination policies might become greater [29]. Further, obese weight status was found to be predictive for greater support which is also in line with previous findings [14, 24]. Hence, women and individuals with obesity might be more vulnerable to weight discrimination than their male and normal-weight counterparts, respectively [4, 8], which might have raised their consciousness for weight-related discrimination and hopes for equal treatment. In contrast to previous inconsistent research on age as a predictor [14, 24–27, 29], lower age was associated with higher total support for antidiscrimination laws or policies in the German population. This association may be related to the inclusion of under-age individuals in this study ($n = 76$; 3.0%). A further explanation might be that lower age is associated with greater liberalism in Germany [33] which was found to be associated with less stigmatizing attitudes [34], a correlate of greater support for weight-related antidiscrimination laws or policies [14, 24–26]. Further, greater readiness to vote in elections in the following week was associated with greater total support for antidiscrimination laws or policies since it might be a manifestation of political interest and engagement. A further novel finding is that residence in West Germany and church membership were predictors of greater support. Church membership – more prevalent in West Germany relative to East Germany [35] – might be predictive due to its association with fairness and benevolence.

While education did not predict total support, it was a predictor for support of general and employment-specific antidiscrimination laws or policies, which is consistent with most previous studies [14, 24–26, 29]. In addition, income, experiences of WBV and weight bias internalization, which had been investigated as predictors for the first time, failed to predict total support for weight-related antidiscrimination laws or policies. However, it is noteworthy that previous studies did not yield consistent predictors of support for weight-related antidiscrimination laws with the exception of female gender, obesity, experiences of domestic weight discrimination, more liberal political ideology [14, 24–26], and lower education [14, 24–26, 29].

The results need to be interpreted while taking into account the strengths and limitations of this study. Strengths comprise the random selection of a large representative German sample approximating national census demographics [36]. Further strengths include the

response rate of 53.2% that is comparable to previous German surveys [31]. To ensure accurate international comparisons, previously tested items assessing support for diverse legislative measures from recent research were used [14]. In addition, novel predictors were examined, such as weight bias internalization, readiness to vote in elections in the following week, and church membership.

As a limitation, the prevalence of obesity is underestimated in the present study, while the proportion of individuals with normal weight is higher than in the population [37]. This discrepancy might be related to the self-report assessment of body weight and height. Although self-reports were found to be highly associated with objectively measured body weight and height, this may have resulted in an underestimation of BMI [38, 39] and therefore in a lower prevalence of obesity. In addition, support for weight-related antidiscrimination laws and policies might be predicted by other factors not considered, like political orientation [24–26], personal weight history, overweight in family and friends, or personal and domestic disability that could be examined in future studies. It would be of further interest for future studies to compare public support for weight-related antidiscrimination laws and laws prohibiting other more prevalent forms of discrimination already included in legislation (e.g., age, gender, race discrimination) that were not addressed in this study [29]. It should be further noted that the samples were allowed to differ with respect to sociodemographic characteristics as the primary focus was to compare representative population samples approximating national census demographics of the respective country.

Altogether, this first investigation of public support for weight-related antidiscrimination laws and policies in Germany indicated moderate agreement for legislation with greatest support for employment-specific laws. Nevertheless, the omnipresence of weight-related discrimination in daily life [4, 6] and the multitude of associated negative health outcomes [9–13] indicate that policy level strategies may be needed to help reduce weight discrimination on a broad scale. Increasing awareness about weight-related discrimination and support for laws prohibiting this behavior may help to promote adoption of laws and policies. While approaches for the reduction of weight stigmatization are of limited efficacy [40], there is preliminary evidence that providing information on the scientific evidence of weight discrimination and on weight-based stereotypes might increase support for weight-related antidiscrimination laws, at least in women [25].

Finally, it is important to bear in mind that implementation of issued laws in real life is often protracted as experiences of antidiscrimination in individuals with disabilities already have demonstrated [41]. It is further noteworthy that antidiscrimination legislation might be a delicate balancing act between ensuring equal treatment for individuals with obesity and the potential risk of greater stigmatization, for example if obesity was regarded a disability [6]. Hence, further research on weight as a social justice issue and future interventions aiming to increase support for antidiscrimination legislation would be informative, as a statutory basis for protection against weight discrimination is undeniably needed.

Disclosure Statement

The authors declare no conflict of interest.

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