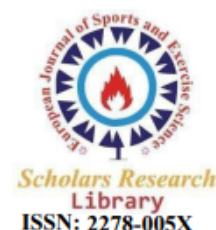




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# Students Studying Exercise Science's Attitudes about Obese People

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## ABSTRACT

*Negative attitudes and views about people who are overweight or obese are known as weight bias. Explicit types of weight prejudice include those held by those in the fields of education (i.e., teachers), medicine, and public health. These beliefs and opinions must be expressed consciously. Healthcare professionals frequently assign unfavorable labels and stereotypes, such as "lazy," "weak," "lack willpower," "unattractive," or "unintelligent," to persons who are obese. In reality, obese patients have complained that their healthcare staff has a low level of regard for them, poor communication skills, and lack of training. Being subjected to weight prejudice in healthcare settings is particularly damaging as it can have a negative impact on patient engagement and service use. The prejudices of future health professionals are a worry because they could discourage patients and clients from adopting healthier lifestyles.*

**Keywords:** Weight bias, Obesity, Binge Eating, Stigma, Attitudes

## INTRODUCTION

Negative attitudes and views about people who are overweight or obese are known as weight bias. Explicit types of weight prejudice include those held by those in the fields of education (i.e., teachers), medicine, and public health. These beliefs and opinions must be expressed consciously. Healthcare professionals frequently assign unfavorable labels and stereotypes, such as "lazy," "weak," "lack willpower," "unattractive," or "unintelligent," to persons who are obese. In reality, obese patients have complained that their healthcare staff have a low level of regard for them, poor communication skills, and lack of training. Being subjected to weight prejudice in healthcare settings is particularly damaging as it can have a negative impact on patient engagement and service use. The prejudices of future health professionals are a worry because they could discourage patients and clients from adopting healthier lifestyles. For instance, those with obesity who are subjected to explicit weight bias may struggle with stress, worry, depression, avoidance of exercise, disordered eating, and inadequate medical care. Paraprofessional educational training in healthcare programmes was highlighted as one potential target in a comprehensive review of weight bias reduction treatments, despite the fact that there aren't any well-defined methods for reducing weight bias among healthcare workers. Since many healthcare practitioners and health educators who work with obese adults and kids frequently have academic training backgrounds in kinesiology, health, and physical education, Understanding the factors that indicate weight prejudice among students and professionals in these domains is crucial. Numerous studies have documented weight bias among both students and professionals in the disciplines of physical education, kinesiology, and exercise science (such as physical education teachers and fitness instructors). Physical education instructors have been found to exhibit a weight prejudice, and as a result, they have voiced lower expectations for the performance and abilities of obese students than for their counterparts who are of normal weight. Pupils who are enrolled in physical education programmes risk expressing biases toward their own obese students as future physical education teachers if they have not addressed their own weight-biased views throughout their training programmes. One of the dangers to health is obesity. Compared to the general population, obese individuals are more receptive to teaching concerning obesity. Overall, the results of our survey showed that undergraduates know very little about obesity. Due in part to a general lack of awareness about general medicine, the majority of respondents had a hazy concept of BMI. However, in general, few interviewees had heard of obesity, while most students were aware of it as an illness. To assist undergraduates in integrating this understanding into their routines and practices, the obesity education must be strengthened.

**Obesity causes include**

A measure originally designed for primary care doctors was later adapted for use by medical and clinical psychology students to gauge their beliefs regarding the causes of obesity. The 14 elements that are frequently thought to cause obesity are described by this metric. Overeating and physical inactivity are two examples of the six characteristics that are categorized as behavioural, whereas seven are non-behavioural (endocrine disorder, advertising of unhealthy foods).

***Resisting Assurance that maintains the weight stigma***

The way that our culture views and responds to obesity is deeply intertwined with social constructs of body weight. According to Here, the social meaning of disease involves placing blame and assigning guilt, leading those who are afflicted to be seen as either victims or offenders. Society frequently views fat people as the architects of their own bad health, holding them personally accountable for their weight issues as a result of laziness and overeating rather than as innocent victims. These widespread presumptions serve as the basis for the stigma associated with obesity, which is frequently justified as a valid and necessary prejudice. The majority of participants were optimistic about keeping a healthy weight. The majority of students acknowledged their willingness to manage their weight in order to stay in shape. This mentality, meanwhile, was not consistently represented in their work. In light of this, governments and educational institutions should implement the necessary procedures to turn this mentality into good practice. Dieting irregularly makes the body work harder. For instance, skipping breakfast frequently could be detrimental to your digestive system. The prevalence of obesity may be higher among those who consume afternoon tea or late-night snacks in addition to the recommended three meals each day. In addition to being perceived as a helpful motivator for weight loss, it is also assumed that the condition of obesity is under personal control, suggesting that the social influence of weight stigma will be sufficient to bring about change.