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MINI-REVIEW **OPEN ACCESS**

The Burden of Weight Stigma in Malaysia and its Implications for Public Health Prevention

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Abstract:
Obesity is a major global public health challenge that adversely affects both physical and psychological well-being. In Malaysia, the prevalence of obesity has increased steadily over the past decades, posing significant concerns for healthcare systems and society. While substantial attention has been devoted to understanding the causes, prevention, and health consequences of obesity, weight stigma remains an important yet underexplored issue within the Malaysian context. Weight stigma refers to the negative attitudes, stereotypes, prejudice, and discriminatory behaviours directed toward individuals because of their body weight. Such stigma can contribute to adverse psychological outcomes, including low self-esteem, depression, anxiety, body dissatisfaction, social isolation, and maladaptive eating behaviours. In Malaysia, weight stigma is pervasive and can be observed across various domains of life, including family interactions, educational settings, workplaces, healthcare environments, and intimate relationships. These experiences not only affect psychological well-being but may also discourage individuals from seeking healthcare, engaging in physical activity, or participating in weight management programmes, ultimately exacerbating health inequalities. This article aims to examine the presence of weight stigma in Malaysia and discuss its implications for individuals living with obesity. Furthermore, it proposes several recommendations for reducing weight stigma, including the adoption of non-stigmatising language, public education and awareness campaigns, training for healthcare professionals, and initiatives that promote empathy and help-seeking behaviours. Given the strong influence of cultural values on health-related attitudes and behaviours, culturally sensitive and contextually appropriate approaches are essential for addressing obesity and reducing weight stigma in Malaysia and similar multicultural settings.

Keywords: Obesity, Weight stigma, Psychological well-being, Public health, Help-seeking behaviour, Malaysia SDG 3: Good health and well-being, SDG 4: Quality education, SDG 10: Reduced inequalities.

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1. INTRODUCTION

Siti is a 31-year-old overweight Malaysian, and during her interview for a teaching role, she was body shamed by the hiring manager who said that: “unfortunately, they do not hire overweight teachers due to various health issues and overweight teachers are unlikely to cope in a fast-paced environment”. Chong is a 25-year-old obese Malaysian who is afraid of wearing dresses and skirts because her family always passes snide comments like, “Fat girls shouldn’t wear short skirts and dresses; Everyone is looking at your fat thighs; You are embarrassing the family”. Priya is a 37-year-old overweight Malaysian who struggles to have a healthy social life as her friends always treat her as an object of ridicule, such as “Make sure the chair doesn’t break when you sit; Fat girls should not wear tight outfits, and your dress is just one blade away from ripping; Don’t eat all the food at the party, leave us some too”.

Obesity is a life-threatening global health concern as it is associated with high morbidity and mortality rates. Malaysia has been discovered to have the highest rate of obesity in Southeast Asia, where 30.4% of people are overweight, and 19.7% are obese, making up roughly 50% of the adult population [1]. Malaysia comprises three main ethnic groups: Malays, Indians, and Chinese, among whom obesity is found to be more prevalent among Indians, followed by Malays and Chinese [2]. The Ministry of Health (MOH) has proclaimed obesity to be a diagnosable disease and has urged health professionals to develop treatment plans and campaigns for overweight and obese individuals [3]. Obese individuals are at a major risk of developing various health issues, as obesity is significantly associated with non-communicable diseases such as cardiovascular diseases, cancer, hypertension, diabetes, and respiratory diseases, which could potentially increase the mortality risks [4]. However, physical repercussions are not the only concern for obesity; weight stigma, a phenomenon that is not widely addressed in Malaysia, also poses a greater risk to one's physical health. Weight stigma is defined as "the discriminatory acts and ideologies targeted towards individuals because of their weight and size." [5]. Stigmatising beliefs and assumptions lead to stigmatising acts. However, awareness of weight stigma is limited in Malaysia; thus, weight stigma is ubiquitous in different domains and settings of life, as shown in the example above. Therefore, this paper aims to address the common weight stigma around obesity in the Malaysian context and provide recommendations to combat weight stigma in Malaysia. This paper begins with an introduction to weight stigma and is followed by a discussion of the deep-rooted nature of weight stigma across various settings in Malaysia. Finally, the authors established a number of recommendations to eradicate stigma and promote help-seeking behaviour in Malaysia.

2. METHODOLOGY

A narrative literature review was conducted to synthesise existing findings on weight stigma in Malaysia. The literature search was conducted through PsycINFO, PubMed, Web of Science, Scopus and Google Scholar databases. Relevant keywords such as "weight discrimination", "weight stigma", "weight stigma in healthcare", and "weight discrimination at home" were used without limitation in date of publication. The search was conducted between May 2025 and July 2025. Articles were included if they were published in English, peer-reviewed, and focused on the Malaysian context. Studies were excluded if they were preprints, conference abstracts, or unrelated to the review topic. Titles and abstracts were initially screened for relevance, followed by evaluation of the full texts of potentially relevant articles. The identified literature was then critically examined and synthesised according to the key issues and findings emerging across the studies. As this is a narrative review, the purpose is to provide a broad and critical synthesis of the available literature rather than to conduct a systematic review or meta-analysis.

3. DEEP-ROOTED WEIGHT STIGMA IN MALAYSIA

3.1. Weight Stigma in Society

General society carries various fears and misconceptions about obesity. For instance, an individual with obesity gets stared at in restaurants when they eat or when they shop for clothes; they are also considered lazy people and those who lack willpower; therefore, the public's attitudes and behaviour towards them would unconsciously change, such as a change in tone, being disrespectful, *etc*. Weight shaming is ubiquitous in Malaysia as the public is unaware and unenlightened about the varied causes of obesity and the understanding of the science behind overweight and obesity [6]. Furthermore, the public is also ignorant of the physical and psychological complexity and difficulty of losing weight, as this crucial information is not being taught in schools, and campaigns that aim to combat obesity generally focus on healthy eating patterns and physical activities only. Yunus *et al*. [7] conducted a qualitative study on the lives of people with obesity and discovered that the question "What is obesity?" was answered with "Obesity means big people, and in Malaysia, however, since society is blinded by these misconceptions and they eat a lot". This indicates that not only the public but even individuals with obesity are living with a certain extent of weight stigma and negative beliefs towards obesity; weight stigma could potentially be passed down to many generations and be considered a moral failure [8] until the severity of weight stigma and its detrimental impacts are addressed and made aware to society.

3.2. Weight Stigma in the Family

The primary and most common sources of weight stigma are family members. Obesity-related beliefs and attitudes among an individual's family members tend to influence their behavior in society and their perceptions of themselves [9]. For instance, husbands who are ashamed of their wives' body size may be reluctant to take them out, or parents who have overweight children may repeatedly criticize their children about their body size. Unfortunately, since family is generally the primary source of support, criticism and weight-related discrimination from close family members and relatives, rather than strangers or distant acquaintances, may have a greater impact and be more readily believed and internalised. Furthermore, Mathialagan and Lau [10] discovered that Malaysian Indian family events are also known as 'body shaming events', as a majority of the time young adult women would get brutally body shamed by older women for being too skinny and for being overweight and obese as well. However, since talking back to someone in authority is considered disrespectful and rude in Malaysia, most victims of weight stigma avoid confrontations. The prevalence rate of overweight and obesity is dangerously high among Malay and Indian females compared to Malaysian Chinese [7]. Thus, this indicates that the pressure to stick to the "ideal standard of beauty' of having a slender body is high among Chinese women. Some women go to extreme lengths to keep up with the

pressure from the family and end up developing eating disorders and mental health issues [11]. Interestingly, in the past, obesity was considered a desirable thing, as being fat "*fa fu*" is translated as gaining happiness or good fortune [12]. However, in recent years, obesity is no longer considered a sign of good fortune but is instead considered undesirable and embarrassing by the culture.

3.3. Weight Stigma in the Workplace

Typically, personal characteristics such as academic qualifications, work experiences, skills, and job-related knowledge are vital to meet the requirements of a specific job position. However, extensive research has found that physical attributes play a major role in the workplace, even in occupations that do not directly deal with appearance and where performance is not directly linked to physical attributes [13, 14]. The strong and persistent prejudice that overweight and obese people are lazy, low-performing, prone to severe illnesses, and have high rates of absenteeism due to a lack of willpower is deeply ingrained in many human resource departments in Malaysia [15]. An average adult spends an average of 90,000 hours or one-third of their life at work over a lifetime. Hence, being exposed to weight stigma for 8 hours a day of their lives could result in far-reaching consequences [16]. Weight stigma arises in every aspect of the workplace, such as recruitment, job performance, wage gaps, pressure to resign, being made redundant, and more. Foo *et al*. [17] discovered that although their study failed to prove a correlation between BMI and wage differences in Malaysian organisations, participants with obesity expressed that stigma does exist in their organisations, where a majority of them claimed to be offered inferior jobs, such as jobs that are lower in rank and value after the interview. On top of that, participants also reported that their body weight led to them being treated differently by their supervisors, especially when assigning jobs. Furthermore, recently Malaysian Airlines (MAS) was also condemned by the Women's Aid Organisation for the termination of a flight supervisor for being overweight [18]. This raises the question of whether a flight supervisor's ability to deliver exceptional customer service is determined more by their interpersonal skills than by their physical appearance. Therefore, how does weighing an additional 0.5kg affect their job performance?

3.4. Weight Stigma in Healthcare Settings

Growing weary of the weight-related discrimination around them, people with overweight and obesity turn to healthcare as a safe place. Counterintuitively, they get slammed by stronger negative attitudes and stereotypes about obesity by healthcare providers [19]. Extensive data [20, 21] have demonstrated that weight stigma in healthcare is ubiquitous, where healthcare providers display conscious and unconscious weight-stigmatising attitudes and behaviour such as being judgemental over obese people, fat shaming in the consultation room, targeting or disrespecting overweight individuals, and even, in some perilous instances, neglecting healthcare services due to one's strong belief that overweight and obese individuals are undisciplined and lazy. Evidently, individuals with overweight and obesity were becoming increasingly frustrated by the healthcare providers blaming their body weight for every medical illness without properly diagnosing them. A study by Abdul *et al*. [22] reported that anti-fat attitudes are prevalent within Malaysian healthcare settings, where persistent mis-conceptions, stigma, and fragmented perceptions of obesity (*e.g*., obesity is believed to be the patients' personal choice and responsibility) were observed among healthcare professionals. Such discriminatory attitudes and behaviours may discourage individuals with overweight or obesity from seeking healthcare support, potentially resulting in adverse physical and psychological health outcomes.

4. CURRENT OBESITY PREVENTION INITIATIVES IN MALAYSIA

The *Cawangan Kawalan Penyakit Tidak Berjangkit* (Non-Communicable Diseases Department) under the MOH has collaborated with numerous public health and academic organisations, including the Malaysian Association for the Study of Obesity (MASO), to implement various initiatives aimed at addressing the increasing prevalence of overweight and obesity in Malaysia [23]. These initiatives include community-based programmes and national policies such as the National Plan of Action for Nutrition of Malaysia (NPANM III), the *Komuniti Sihat Pembina Negara* (KOSPEN) programme, the National Strategic Plan for Active Living (NASPAL), the Healthy School Canteen Guidelines, and the sugar-sweetened beverage tax. Collectively, these strategies aim to promote healthier lifestyles through health education, environmental adjustments, and community engagement.

4.1. Weight Stigma within Current Obesity Prevention Efforts

Although these initiatives are well-intentioned and play an important role in reducing obesity prevalence in Malaysia, they rarely recognise weight stigma as a contributing factor to weight gain or obesity-related health outcomes. Most strategies focus primarily on the physical aspects of obesity and do not specifically incorporate measures to prevent or reduce weight stigma and discrimination. Furthermore, many interventions continue to emphasise weight loss and Body Mass Index (BMI) as primary indicators of success, which may unintentionally encourage negative stereotypes and social judgement towards individuals living with overweight or obesity. Research has shown that public health interventions and campaigns containing weight-stigmatising messages can have unintended negative consequences, including increased weight self-stigma, poorer psychological wellbeing, unhealthy eating behaviours, and avoidance of healthcare services [7]. Consequently, individuals may become less willing to engage with obesity prevention programmes, thereby reducing the effectiveness of these public health initiatives.

5. RECOMMENDATIONS

Efforts to address weight stigma have gained global momentum, with countries such as the United Kingdom, United States, Canada, and Australia implementing initiatives to reduce weight bias, promote weight-inclusive healthcare, and encourage non-stigmatising public health messaging [24]. Extensive evidence demonstrates exceptional and valuable results from taking broad action towards eradicating weight stigma, such as improvement in the physical and mental well-being of people with obesity, a decrease in the rate of obesity in the nation, a rise in the number of individuals seeking for healthcare or mental health support, and lastly reduced weight self-stigma [25, 26]. Since weight stigma has become so ingrained that Malaysians unwittingly engage in malicious and insensitive acts, discrimination, prejudice, and communication, we believe it is time to mobilise to abolish weight stigma, which has been overdue. This paper offers a few prime recommendations for weight stigma reduction in Malaysia.

5.1. Using Stigma-free Language

Obesity is frequently discussed negatively in society and the media, which runs the danger of reaffirming stereotypes and promoting weight stigma [27]. For Instance, the use of degrading and pejorative terms such as “fatty”, “*si gemuk*”, “fatso”, “elephant”, “potbelly”, and “horizontally challenged” to describe a person with obesity. Therefore, it is recommended to refrain from using this stereotypical language and adopt a more stigma-free language, such as the usage of people-first language [28]. People-first language puts the person before discussing their medical condition. For instance, instead of saying ‘obese people’, it is advised to say, ‘person with obesity’ or ‘person living with obesity’. It is essential to use people-first language as it helps to avoid derogatory labels and sustains a culture of respect, hope, and dignity.

5.2. Using Appropriate Image

In order to make social media or advertising content more exciting and engaging, stereotypical and dehumanising images are used to illustrate people with obesity [27]. For instance, images of people with obesity excessively overindulging in junk food, overemphasis on sedentary behaviours, and wearing uncomfortably fitted clothes by focusing on the person’s midriff region. These images are depicted in a way that suggests people with obesity are lazy and lack discipline or willpower. Hence, it is strongly recommended to use non-stigmatising images to avoid reinforcing misconceptions about weight [29]. For instance, images may depict people with obesity smiling rather than appearing unhappy or distressed, projecting confidence in well-fitted attire, and refraining from the stereotypical behaviors mentioned above. Alternatively, images and videos of people with obesity consuming healthier foods convey positive perspectives of well-being and optimism as opposed to consuming unhealthy food. A list of non-stigmatising images, in which people with obesity are illustrated in a humanising and respectful manner, is available on the World Obesity Image Bank, the Obesity Canada Image Bank, and the European Association for the Study of Obesity Image Bank. The Ministry of Health of Malaysia and the Malaysian Association for the Study of Obesity (MASO) are strongly encouraged to produce a non-stigmatising obesity image bank for use by Malaysians [30].

5.3. Educational Campaigns

Malaysia has implemented several obesity campaigns to raise awareness of the far-reaching consequences and the treatment and prevention of overweight and obesity [31]. Unfortunately, despite the countless initiatives that have been launched, the prevalence rate of obesity and weight stigma remain high in Malaysia. This calls for a different approach to obesity awareness campaigns. Hence, it is strongly recommended that the Ministry of Health implement educational campaigns for obesity that target the repercussions of weight stigma and weight self-stigma, as opposed to educating individuals on the ways to treat and prevent obesity, which has been the target all these years. These educational campaigns could potentially encourage and support educational programs that attempt to combat weight stigma by disseminating current knowledge on obesity and body weight control [32, 33]. Numerous studies have stated that weight stigma and weight self-stigma are among the obesity-maintaining factors [34, 35]; therefore, enlightening the public on these detrimental factors could result in a drop in weight stigma and obesity prevalence rate in Malaysia. Ultimately, this would also improve sensitivity to weight-related issues in Malaysia.

5.4. Legislation Protection

Currently, no federal laws exist in Malaysia to shield a person from weight-based discrimination. However, a number of efforts have been made to protect individuals from obesity-related discrimination in the workplace in the United Kingdom, Canada, and elsewhere [36]. For instance, under the current legislation in the United Kingdom, employees are protected from obesity-related discrimination in the workplace as defined by section 4 of the Equality Act 2010 [37]. Hence, Malaysia is highly urged to establish legislation protecting people with obesity from obesity-related discrimination in the workplace, healthcare settings, and academic institutions, as this could gradually lessen weight-related stigma. Additionally, employers should clearly state that they have a zero-tolerance policy for obesity-related discrimination in the workplace and foster a supportive workplace culture in which employees feel comfortable reporting such derogatory behaviour.

5.5. Promote Help-seeking Behaviour

To date, several studies have suggested that people with overweight and obesity generally have low intentions to seek medical or psychological help due to weight-related discrimination in healthcare settings [38, 39]. Berry *et al*. [40] demonstrated that although young

Malaysian adults have non-stigmatising views on physical or mental health issues, the societal stigma around these issues acts as a barrier to help-seeking behaviour. Combating weight stigma requires a collective effort from everyone, ranging from family members to healthcare practitioners. Thus, in order for people with obesity to gain the trust of healthcare practitioners, a number of efforts are required to be implemented, such as better literacy on weight-related issues, non-stigmatising language, a non-judgemental environment, and numerous support groups or group therapies for people with weight-related struggles. Group therapies for weight-related issues have been proven to be promising, as they support raising awareness and creating a positive change in one's relationship with food [41].

CONCLUSION

Obesity is one of the major epidemics that is developed due to the stigma around it as well. Thus, combating weight stigma could reduce the prevalence rate of obesity in Malaysia. However, in eradicating weight stigma, every Malaysian should contribute to making Malaysia a compassionate, weight-sensitive country. It is hoped that this paper can educate the public and professionals and enhance their multicultural knowledge, attitude, and sensitivity to language when dealing with people who are overweight or have obesity.

AUTHOR'S CONTRIBUTIONS

S.M.: confirms sole responsibility for the following: study conception and design, data collection, analysis and interpretation of results, and manuscript preparation.

LIST OF ABBREVIATIONS

MAS = Malaysian Airlines

BMI = Body Mass Index

MASO = Malaysian Association for the Study of Obesity

CONSENT FOR PUBLICATION

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CONFLICT OF INTEREST

The author declares no conflict of interest, financial or otherwise.

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