LGBTQ and Obesity

Your Name (First M. Last)

School or Institution Name (University at Place or Town, State)

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**Introduction**

The societal norms and health patterns of femininity and masculinity patterns in the United States of America (USA) are of utmost significance. A wide range of researchers has conducted extensive studies to evaluate the critical relationship between the body mass index (BMI) and gender association, especially pertinent to LGBTQ. It is imperative to highlight that LGBTQ people are of a diverse cultural background. These individuals encompass each ethnicity, race, social class and religion. The need of the hour is to conduct extensive research on the literature and practices related to the identification of the variables that manifest the gender association and BMI. A research study published by the Department of Human Development and Family Studies at the University of Connecticut and the Rudd Center For Food Policy and Obesity explicitly illustrate that a high number of LGBTQ are bullied and teased owing to their body weight. The primary objective ought to be the eradication of the radical policy in society by the utilization of prudent intervention policies and mass awareness policies. The fundamental onus relies on the healthcare professionals to comprehend the critical matter that the LGBTQ are prone to victimization based on weight irrespective of the size of bodies.

Several researchers have explored the relationship between obesity and depression. These studies have demonstrated that both of them are vicious for each other and can witness exponential growth in the presence of each other. The obese communities are likely to find themselves stereotyped, ostracized and discriminated against. Since LGBTQs are faced with the grave peril of bullying and discrimination, BMI and obesity increase. In the contemporary era society has advanced to structure in a highly saturated manner. It is essential to not only introduce reforms in the healthcare sector but also promulgate the prudent policies and regulations that aim to promote healthy weight and reduction of obesity in LGBTQ. Primarily, several American are obese. In the paradigm of LGBTQs, the debate and the matter become contentious. The gender disparities and the prejudiced perception cause the specific community to be undermined, teased and bullied. Consequently, they are faced with numerous cognitive, physical and social adversities. Thus, initiating a potential awareness campaign in educational sectors, implementation of critical intervention methodologies and the contributions from the healthcare professionals are the key aspects to address the contentious matter.

**Discussion**

In the previous two decades, studies have transpired an increased rate in BMI among women. The health concerns related to the matter are detrimental. However, there exists a scarce availability of the research conducted on the LGBTQ. A report published by a Medical Institute on LGBTs stipulated obesity as one of the dominant factors driving pervasive disparities in the minorities. Furthermore, the studies indicate that the sexual minority women experienced a greater prevalence of obesity or a higher BMI in comparison to heterosexual women. It is critical to mention that the statistical analysis is not always guaranteed to be translated into efficient differences. The fundamental question that surfaces are whether these practices are likely to create health adversities for the communities or not. In sexual minorities, the protective factors persistently moderate the impacts of weight as engagement in the body positive, physical fitness, reduced dedication towards cycling and dieting, “Health at Every Size” movements and size acceptance (Laska et al., 2015).

All these factors play an instrumental role that manifests a higher BMI in sexual minorities. These findings were the outcomes of the studies that were derived from a wide spectrum as public health surveys conducted on the specific population. According to the research majority of sexual minorities face bullying. Within sexual identities, forty to seventy percent of LGBTQ teens were agreed to be teased by the family member regarding their weight issues. Furthermore, this weight-based teasing from friends and fellows was reported about forty-one to fifty-seven percent while almost forty-four percent of teens faced teasing from both family and peers. Reports indicate that everyone teen out of four faced bullying and teasing at school. Therefore body weight is one of the crucial aspects due to which sexual minorities' faces discrimination and bullying. In America, about twenty percent of adolescent become the victim of weight-based bullying. This issue is one of the mistreatment action by youth.

A critical appraisal of the research on the matter reflects the obesity paradox. The obese people are at an increased chance of having either better or similar health outcomes in comparison to the normal-weight personnel. The acute health adversities as surgery recovery are protected by obesity. Meanwhile, there also exists a lesbian paradox. It delineates that the sexual minority women are rarely incorporated into the research studies that may have increased rates of chronic illness and health disorders pertinent to the intersection of sexuality, gender, poverty, race, and similar factors. The social structure and discrimination cause them to underreport these health adversities and thus they are not frequently diagnosed. In addition, the sexual minority women are prone to have contrasting physical activities which emerge because of the widespread stereotypes about their athleticism. Some research studies explicitly evaluated the relationship between BMI and exercise patterns keeping in view the sexual orientation. Three studies revealed the bisexual/lesbian women were proactive in comparison to the heterosexual women (“High rates of weight-based bullying found among LBGTQ adolescents,” n.d.). Two studies concluded that lesbians were less proactive than heterosexual women. Amid all these factors, the power structure of the society casts a significant influence as it defines and shapes the racism, heterosexism, ageism, and classism. Thus, it becomes the key to assess the influence and incursion of various socio-economic and norms, status, and stigmas to get a clear picture of the weight complexities in sexual minorities. The same-sex couples of females are found to be more supportive than the other couples in society.

**A Ten-City Prevention Initiative**

Besides, Ten-City Prevention Initiative postulated a systematic design for the promotion and preservation of healthy weight in bisexual and lesbian women. The office on Women’s Health (OWH) offered a funding program to confront the fitness and weight-related health disparities among adult lesbian women by harnessing appropriate interventions (“Lesbian, Gay, Bisexual, and Transgender Health | Healthy People 2020,” n.d.). The methodology and process comprised the cooperation of 5 research organizations with LGBT communities to implement healthier weight interventions to address their needs. The interventions relied on the evidence-based recommendations pertinent to nutrition and physical activities. The group interventions successfully developed site-specific fundamental objectives with the ultimate goal of enhancing the health with waist circumference and eight as the secondary objectives. Across 5 sites, a 57 item core survey was supervised. Each program attained pre and post assessment of the programs.

To discuss the outcomes of productive ventures, every program cultivated efficient healthcare practices as social support, fundamental practices of exercise and mass awareness of physical activity and nutrition. A unique technique was utilized to deliver the intervention content. These programs act as a guideline and further offer an explicit illustration of the strategies and interventions to address the higher BMI in LGBTQs.

**Excessive Rates of Discrimination**

In the 2017 National Teen Survey of LGBTQ, Pediatric Obesity published a report that assessed 9,838 adolescents. The fundamental aim of the report was explicating the health behaviors, victimization, experiences and family behaviors of LGBTQ across the state. Approximately 70% of LGBTQ reported weight-based teasing (Mason & Lewis, 2015). The Deputy Director of the UConn Rudd center highlighted the critical matter as, "Body weight is often absent in school-based anti-bullying policies, and our findings suggest that heightened awareness of this issue may be warranted in school settings to ensure that weight-based victimization is adequately addressed and that sexual and gender minority youth are recognized as potentially vulnerable targets of weight-based bullying."

Studies have confirmed growing binge eating and depressive symptoms in the LGBT community. Hence, there is a possibility depressive symptoms might be linked with growing BMI by negative eating disorders: for instance, binge eating. Recent studies conclude that only minority stressor linked with obesity or overweight was public recognition as homosexual such that more honest and open about sexual identity was linked with greater BMI and probability of being overweight. Studies conclude that large bodies may be accepted in relationships and social groups of the LGBT community, potentially participating in the elevated occurrence of obesity in the LGBT community.

The relationship between obesity and overweight and minority stress is very much complex. For instance, minority stress may be related to obesity and overweight by arbitrating variables of the image of body, or internalization of ethnic ideas about thinness and beauty. There is a possibility that LGBT ethnic ideals of large bodies may not appear like the perception of their "stereotypical homosexual." Moreover, minority stress may also be linked with negative behaviors of eating that are used to handle depression which may result in gaining weight for a long time period.

The victimization casts adverse health consequences as enhancing the risk of low self-esteem, depression, poor body condition, harmful weight control attitude and suicidal ideation. There exists a staggering amount of literature and evidence that is a testimony of the victimization and discrimination based on weight. Moreover, the study revealed that the gender and sexual minority adolescents suffered for these instances across several bodyweight classifications. The LGBTQ adolescents witnessed the highest rates with obesity at approximately 77%. However, the lower physical weight classifications were also prone as -55-64% comprising an underweight BMI reported victimizations based on weight (Deputy & Boehmer,2014). These policies are critical to recommend further interventions that the pediatricians assess the youth with obesity for their experiences of victimization and stigma because of their body weight.

**A Critical Appraisal**

An assessment made on the college students to determine the variations in weight-related behaviors and weight on the basis of gender and sexual orientation critically comprehends the BMI factors among LGBTQ. The study was conducted after analyzing the need for the literature and research on the health manifestations of LGBT communities. LGBT adults suffered adverse health outcomes in comparison to heterosexual peers. The differences in their physical activities and dietary patterns have not been comprehensively studied in this regard. The study measured the BMI, which is the weight in kilograms decided by square height in meters, from the self-reporting methods of height and weight and classified them accordingly. The findings of the study offered an explicit account of the wide differences in socio-demographic variables dependent on sexual orientation. An essential finding highlighted that non-heterosexual man and gay men were largely prone to unhealthy weight control patterns and poor physical activities. Throughout the United States of America (USA), very few samples highlight the manifestations and variables involved in the identification of the variables related to BMI and health disparities in LGBTQ.

To address the widespread manifestations of healthy BMI and pertinent health adversities in LGBTQ, the foremost necessity is the promulgation of policies that strengthen the incentives and facilities offered to the sexual minorities in true letter and spirits. The fundamental objective lies at the very heart of the educators to spread the mass awareness among not only the public but also the sexual minorities to overcome the factors that contribute towards an increased rate of obesity as discussed above. Since the LGBTQ suffer from pervasive discrimination and prejudice in the society, they often encounter grave issues like depression and low self-esteem which indirectly casts an adverse impact on their dietary patterns and BMI. In addition, healthcare practitioners ought to comprehend their moral obligations to extend their services and mitigate the influence of the adverse health outcomes on the minorities. The critical message of acceptance and support must be given by the general public to the LGBTs to nourish the health outcomes in them.

**Conclusion**

LGBTs are faced with widespread social discrimination which translates into the adverse practices of healthcare outcomes. Obesity is associated with several cultural practices, dietary patterns, and healthcare outcomes. Several research studies represent the glaring differences in the BMI of LGBTs in comparison to other members of society. The inclusion of critical healthcare practices for individuals is essential to incorporate effective changes in the paradigm of health related to LGBTQ. Besides, LGBTQ face these disparities because of the sexual perceptions, social pressures and higher rates of depression and anxiety. To ensure the advent of a prosperous change in this context, the discrimination and oppression subjected to the LGBTQ ought to be comprehended. The culturally competent healthcare providers must declare the policies which support the sexual minorities. The major aim of the healthcare provider is to enhance awareness by understanding their moral obligations to prevent the negative healthcare outcomes on the minorities. In sexual minorities, proper guidance should be provided regarding physical fitness, body positive, cycling, and reduced dedication towards dieting.

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