

“Narratives of Weight”: experience report of the construction of an educational course about weight stigma and health care

“Narrativas de Peso”: relato da experiência de construção de um curso educativo sobre estigma relacionado ao peso corporal e o cuidado em saúde (resumo: p. 13)

“Narraciones de Peso”: relato de la experiencia de la construcción de un curso educativo sobre el estigma relacionado al peso corporal y el cuidado de la salud (resumen: p. 13)

Luana Cordeiro de Oliveira^(a)

<luanacordeiro.oliveira@usp.br> 

Ariel Regina da Silva Soares^(b)

<arielrsoares@usp.br> 

Fernanda Sabatini^(c)

<sabatini@usp.br> 

Mariana Dimitrov Ulian^(d)

<mari_dimi@hotmail.com> 

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^(a, b) Graduandas do curso de Nutrição, Faculdade de Saúde Pública (FSP), Universidade de São Paulo (USP). Avenida Dr. Arnaldo, 715, Cerqueira César. São Paulo, SP, Brasil. 01246-904.

^(c) Pós-graduanda do Programa de Pós-Graduação em Nutrição e Saúde Pública (Doutorado), FSP, USP. São Paulo, SP, Brasil.

^(d) Nutricionista. São Paulo, SP, Brasil.

^(e) Faculdade de Medicina, USP. São Paulo, SP, Brasil.

^(f) Departamento de Nutrição, FSP, USP. São Paulo, SP, Brasil.

Weight stigma is defined as the devaluation of people due to their higher body weight, causing harmful effects to health and is present among healthcare undergraduate students and professionals. Addressing weight stigma in training spaces is crucial to fight against it. This article reports the experience about the construction of the educational course “Narratives of Weight: weight stigma and health care”, aimed at healthcare undergraduate students and professionals. Priority was given to the diversity of materials, range of perspectives, language accessibility and the presence of fat people. It is considered that the course’s building process has elements that can guide the development of other powerful and contextualized materials and interventions for the target audience.

Keywords: Obesity. Social stigma. Permanent education.



Introduction

Weight stigma is defined as the devaluation of individuals due to their higher body weight, leading to negative attitudes, stereotypes, prejudice and discrimination directed at these people¹. It leads to the production of psychological distress, negative alteration of metabolic and biochemical parameters and damage to the individual's social life²⁻⁶.

Furthermore, stigma is observed among students and health professionals⁷⁻¹⁰, which may be a consequence from biologicist curricula that tend to simplify complex and multifactorial issues, such as obesity, favoring stigmatizing and blaming perspectives¹¹. Such approaches do not allow the realization of comprehensive care, recommended by the Brazilian National Health System (SUS), as they prioritize certain factors and ignore others, impairing the quality of care offered to any individual. Consequently, weight stigma can lead to avoidance of health services, among other consequences, due to previous stigmatizing experiences that include lack of adequately sized equipment, dismissive, disrespectful treatments and attribution of all health issues to overweight by the health professional, among others¹²⁻¹⁵.

Various educational interventions aimed at reducing weight stigma among students and health professionals have been conducted in recent years¹⁶. There is no consensus on which approaches and strategies are most effective to achieve this goal, however, interventions carried out in a multifaceted and multilevel manner are encouraged, given the complexity of the phenomena "obesity" and "weight stigma"^{16,17}. Considering the relevance of stigma for the health and health care of people classified with overweight or obesity, it is necessary to develop and analyze, empirically or reflexively, complex and robust interventions that seek to reduce its presence among students and health professionals¹.

This article aims to report the experience of building the educational course "Narratives of Weight: weight stigma and health care", produced to be offered in the distance learning format for students and health professionals. The systematization of the experience was produced according to suggestions by Holliday¹⁸ and structured based on three axes, analyzed and critically interpreted in the following topic. At first, the records on the course development process made by the team from the literature review to the preparation of the materials were retrieved for consultation, and then the objective and object of the systematization were defined. Given that few complex and robust educational interventions have been structured to address weight stigma, our intention is to produce a narrative that is able to guide the construction of powerful educational interventions for health professionals and students on the subject.

This course was part of the larger study "Support and analysis for the implementation of actions in primary care of the care pathway for overweight and obesity in the municipalities of the Metropolitan ABC region of São Paulo", cleared by the Research Ethics Committee of the School of Public Health of the University of São Paulo (FSP/USP) under process No. 12785719.9.0000.5421.



The definition of the syllabus

The process of building the “Narratives of Weight” course had three main moments: the literature review and study on the theme “weight stigma”, the definition of the course syllabus and team formation, and the production of materials. Initially, we looked at articles, consensuses, books and various productions^(g) seeking, according to the proposed cut and approach, to elucidate the issues that cross and are crossed by stigma. In this journey, we moved through different fields, drinking from sources ranging from Sociology¹⁹, Anthropology²⁰ and Health^{1,21} to Fat Activism²² and the field of Fat Studies^(h). In the meantime, we completed the course “Weight Bias: a hidden harm, part 1 and 2”, offered online by the World Obesity Federation²⁴, which was a starting point for thinking about our program content structure.

The axes were designed to walk through three structuring points so that non-stigmatizing health care practices can be produced: an expanded understanding of obesity; understanding the weight stigma; and reflection and change of practices to combat it. The first document we produced regarding the programmatic contents listed the intended content axes. In this document, completed in May 2021, six content axes were created: 1) etiology of obesity; 2) social implications of obesity and intersectionality; 3) weight stigma; 4) consequences of stigma for health care; 5) ways to combat and behave in the face of stigma; and 6) fat activism and empowerment. Each axis was subdivided into smaller topics, totaling 23 sub-axes. It is worth noting that, although intersectionality is only referred nominally in the title of the second axis, it was a theoretical reference used transversally throughout the course. To this end, the main references used were Collins and Bilge²⁵ and Akotirene²⁶.

Parallel to the planning of the content axes, the team that would be involved in the process of building the course was constituted. Initially, it was composed of an undergraduate student in Nutrition; a nutritionist and PhD student; a nutritionist and postdoctoral student; an anthropologist and postdoctoral student; and a nutritionist, PhD professor of the Nutrition course at FSP/USP. With the exception of the undergraduate student, the team members had different levels of expertise in the subject, with several completed and ongoing researches. The undergraduate student’s experiences with the subject were produced throughout the construction of this work, which represents her scientific initiation.

At first, part of the team was surprised that the end of the course was dedicated to bringing the guidelines of fat activism, since it was an intervention aimed at health professionals. There was a concern that the focus would be lost, which would result in a lack of adequate closure to the discussions. However, the thought that led to the construction of this axis was that it was necessary to close our meeting with fat people⁽ⁱ⁾ who could bring, from different perspectives, existing dialogues between the struggles of activism and health care. We hoped that, with the course, professionals could recognize themselves as political agents in the struggle for social justice related to health care for fat people. Therefore, it was necessary to know which struggles were already being addressed and how they could contribute.

^(g) A detailed list of references can be found in the supplementary material.

^(h) Academic field of critical studies on the fat body²³.

⁽ⁱ⁾ We use the term “fat people” in alignment with the constructions of fat activism²² and the field of Fat Studies²³, which claim the term as a neutral descriptor and/or a political position contrary to the pathologization of the fat body.

After this first draft, which listed all the topics we would like to address, we sought to relate very close topics that were divided into sub-axes, thinking especially about the elaboration of didactic materials. For example, at first, the conceptualization of obesity and the causal multi-factoriality would be discussed in separate sub-axes, but, didactically, it made more sense to bring both discussions in the same topic. This process was done jointly by the team, going through the discussion of each axis and sub-axis to understand what we intended to say and produce with each one. The readings, discussions and listening followed this movement transversally, and as the understanding of how stigma is socially produced was deepened, connecting the contents became easier. At the end of the planning, 14 sub-axes remained and all six axes were maintained.



Figure 1. Final planning of the structure of axes and sub-axes of programmatic contents of the educational course "Narratives of Weight: weight stigma and health care"

Source: Authors (2023).

The last exercise in the planning of the educational course consisted of defining skills, competences²⁷ and learning objectives. Determining these parameters after planning the contents and structure of the course allowed us to make a critical analysis of what we were proposing. The activity of questioning ourselves as to what we intended with each axis also favored, at a later time, to anticipate possible gaps left by the planned didactic materials.

Likewise, by thinking about the skills and competences we would like to develop, it was possible to extract directions as to the nature that would be most appropriate for each didactic material. For example, linked to the fifth axis was the competence "ability to build forms of health care that are free or minimize stigma". In addition to the obvious intention of providing tools that underpin new stigma-free professional practices, as this is the penultimate axis of content, it would make more sense for the didactic materials to have a guiding and dynamic character that provides reflection. Therefore, the axis was based on a list that recommends characteristics of health services and practices of health professionals that reduce the stigmatization of people with obesity²⁸.



Once the planning of the course syllabus was finalized, we moved on to the elaboration of the didactic materials necessary to cover the topics.

Didactic approaches and language trade-offs

From the outset, the course was designed to be offered in distance learning (DL) format, regardless of the context of the Covid-19 pandemic. This choice was made in order to facilitate the dissemination of the material, in order to enable its reach wherever the SUS was also. Thus, another crucial point for the elaboration of the intervention was the adequacy of the didactic materials for the virtual context. Our first step was to research and study what these possibilities were, what tools we could use and what characteristics of each material we should pay more attention to. Filatro's²⁹ guidelines for educators who need to adapt to distance learning were our starting point. From that moment on, the team was added by another undergraduate student in Nutrition, through a scholarship program of the institution that aims to support teaching, research and extension.

This stage began in August 2021, showing how careful the planning of the program content was, which was revised several times until we reached the final form. With the list of sub-axes, learning objectives, skills and competences in hand, we started the creative process of thinking about what types of materials would be most suitable for each situation. Filatro²⁹ provides some suggestions: video lessons in various formats, podcasts, infographics, among others. In addition to the options listed by the author, we also sought to investigate which tools were available on the Moodle Extension platform of the University of São Paulo (USP), which was selected for hosting the course.

Our main intention was that the course would not become tiresome, with long lectures and little variety of materials. In the year in which this work was started, we had already gone through a year of social distancing derived from the Covid-19 pandemic, strictly respected by FSP/USP. It was a common point among students that the remote teaching model was much more exhausting than the face-to-face one. The monotony of long expository classes, synchronous or recorded, generated a feeling of exhaustion and that very little was actually learned. Thus, our own student experience also guided the planning of didactic materials, perhaps with more directions on what "not to do" than on what would be the best way. In any case, having the leadership of undergraduate students in this process probably favored the final quality of the adaptation to DL.

The development of the work took place during the period of social distancing; therefore, our means of communication were based on documents edited jointly on online platforms, in addition to video calls for discussion. After research and reflection on the possibilities for the development of teaching materials, we returned to the planning of axes and sub-axes. Then, we started to list, always with the general panorama being considered, which types of materials would best address the intended content. We value the diversity and variation of types of materials for each sub-axis. For



example, content that is simpler to understand, in the sense of being less complex, was primarily presented in the form of infographics. Content of greater complexity, such as the consequences of stigma for health and health care, and the confounding factors that relate obesity to socioeconomic outcomes, were presented in video lesson format.

This planning was woven at the same time as we listed names of people we believed could contribute to the course, and whose presence we considered to be extremely relevant. Thus, interviews and podcasts were also planned, mainly in which invited people - most of them fat people - made essential participations, which greatly enriched the course. In this sense, the insertion of testimonials from fat people or people classified with overweight or obesity was also programmed for each content axis. The entire team of this work is composed of thin people, whose body mass indexes are classified as "normal weight". Thus, one of our main concerns was to bring into the discussion people who were directly implicated in the weight stigma, in an effort to ensure that our thin privilege did not limit the course.

Another crucial point was the language that would be used, both spoken and written. We had two central concerns: first, to use a language that did not stigmatize or pathologize the fat body; second, that it was a language accessible to people with different levels of education. Naturally, the use of a non-stigmatizing and pathologizing language was a point that did not require much effort on the part of the team, as we had already been inserted in this discussion for a few months. The term "obese" was never used, for example, because we understood it to be a form of treatment that reduces the person to his or her condition - an observation made by the interviewees during their own research with fat people³⁰. The attention to the category obese as rejected by fat people makes it unfeasible in a pedagogical process. Thus, making the language accessible was something that required greater care and dedication, since academic language can be distant even from people with higher education. We chose to use terms that were more grounded in everyday reality. One example is the choice to say "how much energy is consumed" instead of "caloric intake".

Throughout this process, we also tested some visual identities with color palettes, graphic elements and varied layouts, arriving at a final model that guided our entire production. It was also during this period that we decided on the name of the course, driven by the content planning itself and the choices we made when building it. We could recognize that we were assuming our own narrative line for the exploration of the theme, which crossed several fields of knowledge and had not yet been explored. Finally, the term "weight", which characterizes the "narratives" in the title, refers both to the theme of the course itself, which would address body weight, and to the sense of being a robust and consistent narrative.

As for the production of the materials, we used online platforms for the preparation of class slides and infographics, such as the Canva and Prezi websites. Video conferencing platforms such as Google Meet and Zoom, video recording such as VideoAsk, and video editors such as FilmForth were used to record video lessons, interviews and podcasts. All tools were free to use at the time, either via institutional access or by the very nature of the services. Recordings were also made in FSP/USP's own studio, following current health standards.



Finally, in the last stage the materials were inserted in the Moodle Extension platform of USP, at which time some tools were used to build materials within the platform itself, such as interactive e-books and multiple choice tests. The possibilities for the layout of the course page were also analyzed, which was selected with the intention of being as attractive and intuitive as possible, since it is a self-instructional course.

Contact with an external glance

After completing the production of the materials, the course was submitted to a panel of judges whose objective was to produce qualified feedback regarding its relevance, clarity and comprehensiveness of the topic "weight stigma", as well as its friendliness. The panel was composed of three people: a nutritionist with obesity, a nutritionist with a PhD in Sociology and with a body weight classified as "normal", both with experience in the topics "obesity" and "stigma", and a man with obesity who was a layman on the subjects mentioned, who took the course as students would. The systematization of the feedback took place through the completion of structured feedbacks and a focus group held after the end of the activities. The feedbacks presented closed questions about the quality of the materials, the platform and the approaches used, answered through five- or three-point scales. The focus group was held in a video call format, with the presence of the judges, a moderator, an assistant moderator and an observer. The conversation was guided by a script of open questions previously structured by the team.

All the material produced by the panel of judges was analyzed in order to identify needs for corrections to the course materials and platform and the insertion of other content or topics that were not sufficiently explored. From this process, three infographics, an interactive e-book and complementary materials were added. The additions were concentrated in axis three, which was more concise than the others until then, with a deepening of themes related to the conceptualization of stigma and the differentiation between aesthetic pressure and fatphobia. In addition to the additions, some materials were reordered on the platform and others underwent video and audio editing, for minor flaws identified by the panel.

Regarding the other perceptions, the panel reported having had their expectations exceeded regarding the scope of content presented, the diversity of types of materials used and the format of the course, factors that emerged as differentials and facilitators of the immersion process in the virtual environment. In addition, the presence of fat people in the course was considered fundamental, in view of the erasure and silencing they suffer in the academic environment and especially in the health environment. The quality of the communication, considered accessible to different levels of training, and the cohesion between the materials developed, as if there were a "common thread", in the words of the panel, that interconnected all of them, were also highlighted. Finally, several forms of personal and professional identification were produced between the judges' previous experiences and the discussions presented in the course, which can be seen as a positive point, as it shows that deeper reflections were raised.



It was notable that several of the insights derived from the panel coincided with our intentions throughout the course planning. For example, we have the emphasis on the diversity of materials, the breadth of perspectives, the considerations on the quality and accessibility of language, and the relevance given to the presence of fat people, points that have already been discussed previously. The testimonies, especially, were pointed out as elements that gave concreteness to what had been discussed theoretically. Although it is a small sample, we consider that such alignments between what was planned by us and what was perceived by the panel indicate a strong cohesion between our objectives and the production of the materials.

Intersectionality: implications and inflections

By assuming the theoretical framework of intersectionality as a structuring pillar of the course, we saw the need to locate ourselves and recognize our social insertions and positions and how they could imply in the processes of building the course. Thus, we pointed out right in the introductory module that the entire team is composed of white and cisgender people, mostly thin, heterosexual and of upper-middle social class. In addition, we recognize the social privileges that derive from such insertions, since our society is based on cis and hetero normativity²⁶, privileges thin bodies¹⁹ and is structurally racist³¹. Thus, we sought not only to always discuss issues of race, gender and class with seriousness and commitment, but also to bring people who occupied other positions into the speech spaces: black, fat, transgender, dissident sexualities.

We therefore tried to remain attentive along the way. At a certain point, based on reflections derived from reading "What is intersectionality?"²⁶, we realized that we were incurring in the main error pointed out by black feminism when talking about intersectionality: there were no black women speaking in their own voices in the axis dedicated to presenting the reference. Parallel to this recognition, we appropriated the text by Nascimento³², entitled "I will not die: loneliness, self-care and resistance of a black and fat transvestite beyond the pandemic", which reports her own stories and reflections, based on these categories of social differentiation.

Based on the reflections and recognitions derived from the crossroads encounter with these two authors, we considered two possibilities: inserting Professor Letícia Nascimento's text in the axis and trying to conduct an interview with her. We were limited by the course's workload and the deadline for its completion, which did not allow further insertions. It was December 2021 and the school year recess was also a variable. Despite the obstacles, fortunately we were able to carry out the interview with Professor Letícia and the production of a video lesson in which the main points of the professor's text were presented.

In the interview, we sought to explore the author's perceptions of intersectionality as an epistemic concept, the positions from which she would speak, and the ways in which fatphobia crosses her experiences and intersects with racism and transphobia. The teacher's speeches were kept in full. It was possible to make the recording with voice and video, which we consider very positive. The video lesson on Letícia Nascimento's text was made available after the interview, in the structure of the content axis.



It is the only video lesson that does not have any narration by the team. The material was prepared by the first author of this report and addresses the main points of Nascimento's text³². We consider that it would be inconsistent for a white, cisgender and thin woman to narrate the text and the elaboration of the thinking of Professor Letícia, a travesti^(j), black, fat and axé^(k). Therefore, only textual resources were used for exposition and discussion of the content. The video is sonically accompanied by the songs "*Eu não vou morrer*" (I'm not going to die), by Ventura Profana (inspiration for the name of the original text), and "*Libertação*" (Deliverance), by Elza Soares and BayanaSystem.

Final considerations

Obesity is a topic that sparks a number of debates among academics and activists. In general, two strands of positions can be highlighted, which often collide and between which there are marked disputes: one that advocates for the pathologization of obesity, which is aligned with the guidelines of health authorities, such as the World Health Organization³³; and another that acts in favor of the de-pathologization of the fat body and the very denomination "obesity" and variations³⁴. The processes of stigmatization of the fat body also permeate the process of pathologization of these bodies, both socially constructed and sustained¹⁹. Thus, we recognized the importance of assuming and making explicit our positions in this regard, since they would inevitably condition the course's cutouts and emphases, which had a workload of only 30 hours.

The first axis, "etiology of obesity", is closed with the sub-axis "medicalization of obesity: is obesity a disease or not?", in which three positions are exposed: that it is not possible to have a "healthy obesity"; that "healthy obesity" is a viable condition, both of which are statements by researchers invited to contribute to the course; and our position, that considering obesity as a disease or not will vary with each case and lens. With this, we created openings so that the following contents, such as the social implications of obesity, intersectionality and the consequences of stigma for health, were not conditioned by an absolutist pathologizing logic, which limits perspectives. We realized that creating this possibility was essential for the production of other ways of thinking, other than just the one based on weight loss, and we recommend that the recognition of the various agendas under debate and dispute be presented, even if it is not necessarily deepened.

In general, we believe that the course, planned and produced as it was, can inspire other constructions contextualized to each local reality - whether municipal, state or national. Once again, we emphasize that the presence of fat people, both by giving us their testimonies and by contributing their theoretical and political perspectives on the topics, was essential for the discussions to be grounded in reality. Finally, we believe that any intervention that aims to address weight stigma must minimally encompass the complexity of obesity as a multifactorial condition and the intersectional ways in which stigma is socially produced. Only by recognizing through which mechanisms this form of oppression operates, we become able to modify them.

^(j) "Travesti" is a Brazilian Portuguese expression that refers to people who have a gender identity that transgresses the boundaries between the binary expressions of "masculine" and "feminine". In activism, there is a political demand for being referred to in the female gender, as well as having their experiences within the universe of femininities respected.

^(k) "Axé" is an expression that represents the sacred force of each orixá, deities of African matrix religions, such as Candomblé. It is commonly used to refer to these religions.



Authors

Ramiro Andrés Fernandez Unsain^(c)

<ramirofunsain@gmail.com> 

Fernanda Baeza Scagliusi^(f)

<fernanda.scagliusi@gmail.com> 

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Conflict of interest

The authors have no conflict of interest to declare.

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References

1. Rubino F, Puhl RM, Cummings DE, Eckel RH, Ryan DH, Mechanick JI, et al. Joint international consensus statement for ending stigma of obesity. *Nat Med.* 2020; 26(4):485-97.
2. Papadopoulos S, Brennan L. Correlates of weight stigma in adults with overweight and obesity: a systematic literature review. *Obesity.* 2015; 23(9):1743-60.
3. Pausé C. Borderline: the ethics of fat stigma in public health. *J Law Med Ethics.* 2017; 45:510-7.
4. Pearl RL, Puhl RM. Weight bias internalization and health: a systematic review. *Obes Rev.* 2018; 19(8):1141-63.
5. Pearl RL. Weight bias and stigma: public health implications and structural solutions. *Soc Issues Policy Rev.* 2018; 12(1):146-82.
6. Panza GA, Puhl RM, Taylor BA, Zaleski AL, Livingston J, Pescatello LS. Links between discrimination and cardiovascular health among socially stigmatized groups: a systematic review. *PLoS One.* 2019; 14(6):e0217623.
7. Swift JA, Hanlon S, El-Redy L, Puhl RM, Glazebrook C. Weight bias among UK trainee dietitians, doctors, nurses and nutritionists. *J Hum Nutr Diet.* 2013; 26(4):395-402.
8. Obara AA, Vivolo SRGF, Alvarenga MS. Weight bias in nutritional practice: a study with nutrition students. *Cad Saude Publica.* 2018; 34(8):e00088017.
9. Bastias-González F, Jorquera C, Matamala C, Aguirre P, Escandon-Nagel N, Marileo L, et al. Weight stigma of nutrition and dietetics students towards people with obesity. *Rev Chil Nutr.* 2022; 49(3):378-83.
10. Klobodu SS, Mensah PA, Willis M, Bailey D. Weight bias among nutrition and dietetics students in a Ghanaian Public University. *J Nutr Educ Behav.* 2022; 54(5):406-11.
11. Silva BL, Cantisani JR. Interfaces entre a gordofobia e a formação acadêmica em nutrição: um debate necessário. *Demetra.* 2018; 13(2):363-80.
12. Forhan M, Risdon C, Solomon P. Contributors to patient engagement in primary health care: perceptions of patients with obesity. *Prim Health Care Res Dev.* 2013; 14(4):367-72.
13. Russell N, Carryer J. Living large: the experiences of large-bodied women when accessing general practice services. *J Prim Health Care.* 2013; 5(3):199-205.
14. Mensinger JL, Tylka TL, Calamari ME. Mechanisms underlying weight status and healthcare avoidance in women: a study of weight stigma, body-related shame and guilt, and healthcare stress. *Body Image.* 2018; 25:139-47. doi: 10.1016/j.bodyim.2018.03.001.
15. Alberga AS, Edache IY, Forhan M, Russell-Mayhew S. Weight bias and health care utilization: a scoping review. *Prim Health Care Res Dev.* 2019; 20:e116.
16. Alberga AS, Pickering BJ, Hayden KA, Ball GDC, Edwards A, Jelinski S, et al. Weight bias reduction in health professionals: a systematic review. *Clin Obes.* 2016; 6(3):175-88.
17. Talumaa B, Brown A, Batterham RL, Kalea AZ. Effective strategies in ending weight stigma in healthcare. *Obes Rev.* 2022; 23(10):e13494. doi: 10.1111/obr.13494.
18. Holliday OJ. Para sistematizar experiências. 2a ed. Brasília: Ministério do Meio Ambiente; 2006.



19. Poulain JP. *Sociologia da obesidade*. São Paulo: Editora Senac São Paulo; 2013.
20. Brewis A, Wutich A. *Lazy, crazy, and disgusting: stigma and the undoing of global health*. Baltimore: Johns Hopkins University Press; 2019.
21. Wharton S, Lau DCW, Vallis M, Sharma AM, Biertho L, Campbell-Scherer D, et al. Obesity in adults: a clinical practice guideline. *CMAJ*. 2020; 192(31):E875-91. doi: 10.1503/cmaj.191707.
22. Cooper C. *Fat activism: a radical social movement*. Bristol: Hammeron Press; 2021.
23. Rothblum E, Soloway S. *The fat studies reader*. New York: NYU Press; 2009.
24. World Obesity Federation. Free supplementary modules [Internet]. London: World Obesity; 2019 [citado 9 Abr 2021]. Disponível em: <https://www.worldobesity.org/training-and-events/scope/e-learning/free-supplementary-modules#row-32-3>
25. Collins PH, Bilge S. *Interseccionalidade*. São Paulo: Boitempo; 2020.
26. Akotirene C. *O que é interseccionalidade?* Belo Horizonte: Letramento; 2018.
27. Junqueira TS, Cotta RMM. Matriz de ações de alimentação e nutrição na Atenção Básica de Saúde: referencial para a formação do nutricionista no contexto da educação por competências. *Cienc Saude Colet*. 2014; 19(5):1459-74.
28. Scagliusi FB. *Estigma relacionado ao peso corporal: da compreensão teórica à mudança no cuidado em saúde [tese]*. São Paulo: Faculdade de Saúde Pública, Universidade de São Paulo; 2021.
29. Filatro A. *Como preparar conteúdos para EAD: Guia rápido para professores e especialistas em educação à distância, presencial e corporativa*. São Paulo: Saraiva Uni; 2018.
30. Puhl RM. What words should we use to talk about weight? A systematic review of quantitative and qualitative studies examining preferences for weight-related terminology. *Obes Rev*. 2020; 21(6):e13008.
31. Almeida S. *Racismo estrutural*. São Paulo: Editora Jandaíra; 2019.
32. Nascimento LCP. *Eu não vou morrer: solidão, autocuidado e resistência de uma travesti negra e gorda para além da pandemia*. *Rev Inter-Legere*. 2020; 3(28):c21581.
33. *Obesity: preventing and managing the global epidemic. Report of a WHO consultation*. World Health Organ Tech Rep Ser. 2000; 894:1-253.
34. Jimenez-Jimenez ML. *Lute como uma gorda: gordofobia, resistências e ativismos [tese]*. Cuiabá: Universidade Federal de Mato Grosso; 2020.



O estigma relacionado ao peso corporal, definido como a desvalorização de indivíduos devido ao volume de seu corpo mais elevado, ocasiona prejuízos à saúde e está presente entre estudantes e profissionais da saúde. Abordar tal estigma em espaços de formação desses profissionais é crucial para combatê-lo. Este artigo relata a experiência de construção do curso educativo “Narrativas de peso: o estigma relacionado ao peso corporal e o cuidado em saúde”, voltado para estudantes e profissionais da área da Saúde. Foram priorizadas a diversidade de materiais, a abrangência de perspectivas, a acessibilidade da linguagem e a presença de pessoas gordas. Considera-se que o processo de construção do curso possui elementos que podem orientar a elaboração de outros materiais e intervenções potentes e contextualizadas para o público-alvo.

Palavras-chave: Obesidade. Estigma social. Educação permanente.

El estigma relacionado al peso corporal se define como la desvalorización de individuos debido a su peso corporal más elevado, lleva a perjuicios para la salud y está presente entre estudiantes y profesionales de la salud. Abordar este estigma en espacios de formación de estos profesionales es crucial para combatirlo. Este artículo relata la experiencia de construcción del curso educativo “Narraciones de Peso: el estigma relacional al peso corporal y el cuidado de la salud”, dirigido a estudiantes y profesionales del área de la salud. Se priorizaron la diversidad de materiales, el alcance de perspectiva, la accesibilidad del lenguaje y la presencia de personas gordas. Se considera que el proceso de construcción del curso cuenta con elementos que pueden orientar la elaboración de otros materiales e intervenciones potentes y contextualizadas para el público-objetivo.

Palabras clave: Obesidad. Estigma social. Educación permanente.