

A close-up, high-resolution photograph of a person's eye, showing the iris, eyelashes, and the skin around the eye. The image is split vertically down the middle, with the left side being a darker, more shadowed view and the right side being a brighter, more detailed view of the eye. The overall tone is somber and contemplative.

KANTAR

Executive summary

Living with obesity

This summary provides an overview of the qualitative insight, which is based on personal stories on how it is to live with obesity. The report focuses on perspectives related to gender, different generations, and different life-phases. The insight is based on 24 in depth-interviews, equally divided by gender and the participants have a BMI between 30-40 +.

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The lived experience of people with obesity

Variation in experience and backgrounds, but the same dynamics are at play and they largely share the same concerns

Everyone feel some kind of social exclusion. Those who have a BMI over 35+, or who do not have other "large" people in their social circle, feel more isolated and different. Although different people experience different levels of concerns, many share the same ones. This is typically about incurring a permanently impaired quality of life: Poor self-image and an inactive lifestyle, possible illnesses, being able to have children or a partner.

What do they feel is the cause of their weight problems?

The experience of weight gain is linked to **changes in structural frameworks and external factors**, such as switching to a more time consuming or more sedentary job or having a child. The period the women were pregnant was a recurring time point both genders linked to their own weight gain.

When my wife became pregnant with our first child, she gained between 20 and 30 kilos. I did the same. She lost the weight, but then she got pregnant again and gained 20-30 kilos. So did I.

Women place more emphasis on **psychosocial factors**, such as life crises and psychological problems as the cause of obesity, than men do.

Somatic disease or unfortunate genes are cited as both a cause of obesity, and as a barrier to being able to do something about the weight problem.

Although they can reflect on times when their weight started to become problematic, **the recognition that there was a problem occurred several years later**. Many describe seeing a photograph, stepping on a weighing scale or seeing their own image in the mirror. In retrospect, they all wished that measures had been started earlier.

Not taking part in Norwegian outdoor traditions affects the feeling of being part of society, and something many aspire to through a possible weight loss.



Everyday challenges

- Poor self-image – The idea that society does not like obese people
- Finding clothes that fit: especially attractive-looking clothes and outdoor clothing
- Refrain from social activities that require some physical activity, or other situations that may trigger feelings of stigma (parties and social groups, gyms or the beach).
- Refrain from dating. Many people assume that no one wants a relationship with an obese person.
- Poor mobility, low flexibility and lack of energy.
- Live with the fear that you may never have children
- Many experience being seen as less intelligent because they are obese. Based on an experience that people relate to you differently.

The vicious circle – Barriers within the Individual and with the support system

People struggling with obesity needs support to look holistically at the challenge of their overweight

The participants in the target group understand there is no single measure that will make them lose weight in the long term. Even so, the realization that they have to work with several things in parallel is not very prominent in their consciousness.

Many "blind spots" remain in the lives of those who struggle with obesity. They themselves have actively chosen to ignore some of these "blind spots" (there is no capacity to solve every challenge at the same time), while others are more repressed or actual knowledge gaps.

People who struggle with obesity need support to work holistically with their situation, without there being too much to solve all at once. Many people experience barriers such as: time, finances, living situation, social situations, laziness, lack of routines, bad habits and stubbornness when it comes to receiving help.

It is vital to consider the individual's needs and requirements

Like everyone else, people who struggle with obesity want to be seen as the individual they are and in the life situation they are in. Overweight and obesity are about calories, but also about so much more. Being met only with: "You need to lose weight", and "it's the weight that's to blame" are of very little help when you're also struggling with psychological problems.

Many people feel that the support system has a lack of focus on mental health, even though emotional eating is widespread. It is also essential to have measures that are somewhere between solving everything yourself and being taken away from everyday life. But also, to have someone who can relate to the problems, an ally in the same situation whom you can talk to and get motivated by.

It is difficult to initiate a conversation about your own weight

They are unsure whether the doctor is perceived as a support and guide, and many people are reluctant to raise questions about obesity, but they find it a great relief to finally be able to talk about it/or when the doctor initiates a conversation about it. Many people, including those with morbid obesity at a high BMI level, had never talked about how it is living with obesity before.

