

**A short
introduction
to a size inclusive
approach.**



Size Inclusive approaches recognise that people come in all shapes and sizes.

It is not possible to tell how healthy someone is just by looking at them; whether they are in a small or large body, or anything in between.

A size inclusive approach aims to create environments where people can feel safe, heard and supported no matter what their shape or size.

Watch this video [here](#).



Weight stigma is a common form of discrimination reported by Australians.

The assumptions and stereotypes made about a person based on their body size creates weight stigma.

Weight stigma, anti-fat bias and diet culture exist in our healthcare, education, food and movement systems.

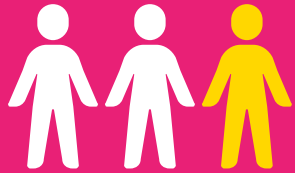
It impacts people's relationship with their bodies, well-being, food, movement and relationships with others.

Even, children as young as 3 years old show weight bias and believe that "fat is bad" and "thin is good."

[Read more about weight stigma and anti-fat bias here.](#)



Research shows that weight stigma impacts nearly all of us.



2 IN 3

young Australian adults report body image distress.

91%

Of adult women say they want to change their body.

55%

larger bodied females delay or cancel medical appointments due to experiences of weight stigma by healthcare professionals.

Size inclusive approaches improves health outcomes.

People of all sizes have the right to equitable healthcare. This means that access to compassionate & comprehensive healthcare should not depend on being a certain BMI.

Weight neutral (size inclusive) healthcare ensures:

- informed consent,
- compassionate care,
- patient bodily autonomy,
- **and supports patient health goals without the pursuit of weight loss.**



[Read more about the Health at Every Size® Framework of Care](#)

What about BMI?

BMI (Body-Mass-Index) was created by a Belgian mathematician in the 1830's. He based his results on an experiment with **western European men**.

The experiment also had nothing to do with measuring individual health. Yet, overtime it has become the basis for assuming a person's health despite a person's genetics, sex, age, ethnicity, muscle mass and bone density.

 Recent research shows us that **BMI is not a predictor of a person's health**.

In fact, basing someone's health on BMI alone can cause unintentional harm.

[Listen to researchers discuss BMI here \(21mins\)](#) 

Size inclusive approaches support people to have a positive relationship with food and movement.

What and how we eat is different for everyone. Food is deeply engrained in our cultural and social identity, and we know that people make food choices based on convenience, cost, preferences, mood and family dynamics.

An individual's choices for **movement** is also based on their own experiences, ability, affordability of activities and access to safe and welcoming environments.

All people have the right to eat and move their bodies free from judgement.

[Read more about food and movement messaging here](#)



Size Inclusive approaches have been around for a long time.

This approach began in the 1950's when intentional weight loss was first recognised as unlikely to be sustained. In the 1960's, social justice movements began in recognition of the discrimination against people in larger bodies.

Research exploring size inclusive approaches has rapidly evolved in the past decade.

Taking a 'health gain' rather than 'weight loss' approach has been recommended in Australia by the Royal Australian College of General Practitioners, National Eating Disorder Collaboration, and advocacy body Size Inclusive Health Australia.

[Read more about the history here.](#)





Remember -
size inclusive
environments are
safe and
welcoming for
everyone.