Weight-related stigma and healthcare avoidance among women: The role of experiential avoidance as a moderator

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Experiential avoidance moderated the relationship between experienced weight stigma and health care avoidance among women with obesity

Introduction

- There is a relationship between weight-related stigma and healthcare avoidance among women with obesity (Mensinger et al. 2018)
- There must be moderating variables - two may be acceptance and experiential avoidance.

Method

- Cross-sectional online survey of 261 women with obesity on Prolific
- Tested with moderation analysis

Results

- Experienced stigma was significantly and positively correlated with healthcare avoidance
- There were no significant relationships between acceptance or experiential avoidance and healthcare avoidance

Table 1

Correlations, Means, and Standard Deviations among Constructs

Variables	1	2	3	4
1. Experiential Avoidance		-0.08	0.07	0.004
2. Acceptance			0.10	0.05
3. Experienced Stigma				0.19**
4. Healthcare Avoidance				
Mean	19.13	16.29	12.56	11.57
SD	6.17	6.00	11.15	4.08

Note. **p < .001

Moderation Analysis for Experiential Avoidance and Health Care Avoidance

- The conditional effects of experiential avoidance and experienced stigma did not significantly predict health care avoidance
- The interaction between experiential avoidance and experienced stigma situations did predict health care avoidance (see Table 2).
- The Johnson-Neyman analysis of the interaction showed that experienced stigma significantly predicted health care avoidance when experiential avoidance scores were greater than or equal to .22 standard deviations above the mean.
- The pick-a-point analyses indicated there were significant conditional relationships between experienced stigmatizing situations and health care avoidance at one standard deviation above the avoidance mean (see Figure 1)

Table 2

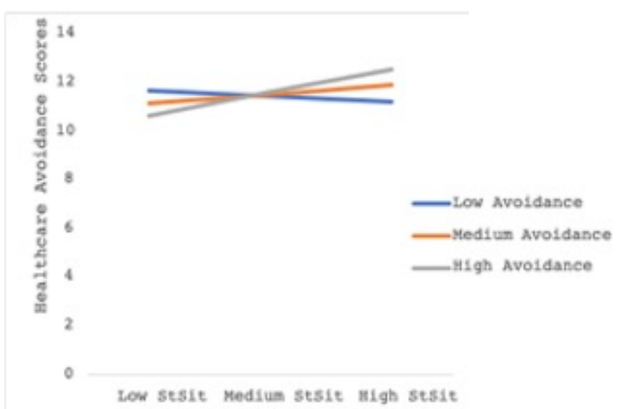
Overall models, conditioning effects, and interaction effects using the Stigma Situations in Health Care as the predictor variable

	b	SE	t	*p*	95% CI
Overall model					
F(8, 252) = 6.80, $p < .001$, $R^2 = .18$					
Intercept	19.66	2.51	7.85	< .001	[14.73, 24.60]
StSit	-.14	.08	-1.74	.08	[-2.9, .02]
EACT	-.10	.06	-1.70	.09	[-.22, .02]
StSit x EACT	.01	.004	2.39	.02	[.002, .02]
BMI	.01	.04	.42	.67	[-.05, .08]
Health	-.52	.34	-1.54	.12	[-1.18, .14]
Education	-.33	.16	-2.01	.05	[-.65, -.01]
Income	-.18	.07	-2.49	.01	[-.32, -.04]
Age	-.06	.02	-3.42	< .001	[-.10, -.03]

Note: EACT =avoidance sub-scale from the Multidimensional Psychological Flexibility Inventory; StSit = Stigmatizing Inventory, Brief

Figure 1

Interaction effect of avoidance and stigmatizing experiences on healthcare avoidance scores at different values



Moderation Analysis for Acceptance and Health Care Avoidance

Table 3

Overall models, conditioning effects, and interaction effects using the Stigma Situations in Health Care as the predictor variable

	b	SE	t	*p*	95% CI
Overall model					
F(8, 252) = 4.31, $p < .001$, $R^2 = .16$					
Intercept	18.91	2.36	8.02	< .01	[14.27, 23.56]
StSit	.03	.06	.39	.70	[-.10, .15]
EAT	-.03	.07	-.43	.66	[-.16, .10]
StSit x EAT	.001	.003	.29	.77	[-.01, .01]
BMI	.003	.03	.08	.94	[-.07, .07]
Health	-.56	.34	-1.65	.10	[-1.24, .11]
Education	-.35	.16	-2.11	.04	[-.67, -.02]
Income	-.18	.07	-2.47	.01	[-.33, -.04]
Age	-.06	.02	-3.41	<. 001	[-.10, -.03]

Note: EAT =acceptance sub-scale from the Multidimensional Psychological Flexibility Inventory; StSit = Stigmatizing Inventory, Brief

- The conditional effects of acceptance and experienced stigmatizing situations did not significantly predict health care avoidance and neither did their interaction.

Discussion

- Avoidance moderated the relationship between weight-related stigma and healthcare avoidance.
- Further research should explore the effectiveness of acceptance interventions on healthcare avoidance.