


**SCHOOL INCLUSION AND FATPHOBIA: POSSIBILITIES FOR COPING**

 <https://doi.org/10.56238/sevened2024.021-001>

**Denise Maria Vaz Romano França<sup>1</sup>, Pierangela Nota Simões<sup>2</sup> and Katlynn Christina Boeira Bogute<sup>3</sup>**

**ABSTRACT**

**Objective:** To know how fatphobia is treated in municipal schools in a city on the coast of Pará and to understand how teachers see the Growing Healthy Program, which aims to combat childhood obesity. Childhood obesity and fatphobia, which consists of the aversion or repudiation of fat people, need to be understood in the school environment, due to the devastating consequences on the self-esteem, self-confidence, health and quality of life of the obese child, as well as on school and integral development. **Methodology:** exploratory descriptive study, carried out with teachers from municipal schools who answered an online questionnaire prepared on *Google forms*, whose link was disclosed by *email or whatsapp*. **Results:** 24 teachers participated voluntarily. The data were treated by means of descriptive statistics and the essay answers by content analysis. The results show that most teachers know the term fatphobia, are concerned and have already experienced the phenomenon. 79% of teachers do not know about the Healthy Growth Program and are unaware that the school where they work is part of the program. The teachers who know him emphasized the importance of some of the program's actions, such as encouraging healthy eating and improving quality of life. **Conclusion:** The school is an important place for coping with childhood obesity, as well as for welcoming, understanding and respecting children who have this condition. It is a primary condition that an impediment to attitudes that correspond to fatphobia is established and that the child can have his or her self-confidence and self-esteem developed in the school environment.

**Keywords:** Fatphobia, Childhood obesity, School.

---

<sup>1</sup> Doctor and Post-Doctorate in Communication Disorders  
Unespar State University of Paraná  
E-mail: denisefranca77@gmail.com  
ORCID: 0000-0002-8500-6940

<sup>2</sup> Highest Degree of Education: Doctor in Human Communication Health  
Academic institution: State University of Paraná - UNESPAR  
E-mail: pierangela.simoed@unespar.edu.br  
ORCID: 0000-0002-2876-2598

<sup>3</sup> Pedagogue  
Unespar/Paranaguá  
E-mail: Katlynnboeira@gmail.com  
ORCID: <https://orcid.org/0009-0003-4465-177X>



## INTRODUCTION

Childhood and adolescent obesity is an issue of great importance, as it negatively affects the general health and psychological development of this public. The World Health Organization (WHO) considers obesity to be a global epidemic, associated with food consumption and the level of physical activity, and may also be related to environmental processes, such as political, economic, social, and cultural contexts (Dias, 2017; SBP, 2017; WHO, 2019; Weng, 2012).

According to the *World Obesity Federation*, childhood obesity is a global public health problem. In Brazil, about 3 out of 10 children aged 5 to 9 years are overweight (WHO, 2019). The World Atlas of Obesity and the WHO place Brazil in the 5th position in the ranking of countries with the highest number of obese children and adolescents in 2030 (WHO, 2019).

Data from the Ministry of Health show that 14.3% of children between 2 and 4 years old are overweight, and between 5 and 9 years old, 29.3% (Brasil, 2019). In addition to physical health problems, childhood obesity also causes profound psychological impacts. Fatphobia adds to the obesity epidemic, as weight stigma can lead to adverse physical, behavioral, and psychological health outcomes (Palad, et al, 2019).

The Interministerial Chamber of Food and Nutrition Security (Caisan, 2014) points out that overweight and obesity result from the consumption of processed and ultra-processed products. To combat these risks, UNICEF (2018) presented a manual with 10 steps for healthy eating up to 2 years old, encouraging breastfeeding and the introduction of healthy foods from 6 months.

The School Health Program (PSE), established in 2007, promotes healthy eating and the integral development of children and adolescents, offering actions to prevent and control nutritional deficiencies (Brasil, 2020). The PSE articulates education and health networks to promote health in several dimensions, including the Promotion of Adequate and Healthy Food (PAAS).

PAAS encourages the consumption of healthy foods in schools, promoting healthy spaces and restricting foods rich in sugar, fats and salt. NutriSUS, started in 2014, strengthens infant nutrition with powdered micronutrients, preventing anemia and other nutritional deficiencies (Brasil, 2021).

Growing Healthy, created in 2017, aims to tackle childhood obesity through nutritional surveillance actions and the promotion of physical activity (Brasil, 2021). The Ministry of Health Ordinance No. 2,141/2020 enables municipalities to receive incentives to implement these actions.



On the coast of Paraná, 64.13% of schools are agreed in the PSE, and can also join Crescer Saudável and NutriSUS (Tosta et al., 2023).

Ordinance GM/MS No. 1,320/2021 defined the municipalities with adherence to the PSE and Healthy Growth for the 2021/2022 cycle, enabling them to receive financial resources.

The 7 municipalities on the coast of Paraná are among the municipalities that joined the PSE and accepted the Healthy Growth Program as presented below.

Table 1 - Distribution of financial transfers to the municipalities of the coast.

Municipality	Financial transfer related to adherence to the Health at School Program in the 2021/2022 cycle	Financial transfer to Healthy Growth in the 2021/2022 cycle	Total
GUARAQUEÇABA	R\$ 7.676,00	R\$ 3.070,40	R\$ 10.746,40
PARANAGUÁ	R\$ 16.676,00	R\$ 6.670,40	R\$ 23.346,40
PONTAL DO PARANÁ	R\$ 8.676,00	R\$ 3.470,40	R\$ 12.146,40
ANTONINA	R\$ 7.676,00	R\$ 3.070,40	R\$ 10.746,40
MORRETES	R\$ 6.676,00	R\$ -	R\$ 6.676,00
GUARATUBA	R\$ 11.676,00	R\$ -	R\$ 11.676,00
MATINHOS	R\$ 15.676,00	R\$ 6.270,40	R\$ 21.946,40

Source: Ordinance GM/MS No. 1,320, of June 22, 2021

## METHODOLOGICAL PROCEDURES

This study is characterized as descriptive, exploratory field and documentary. Methodologically, the research was developed in three distinct phases.

In the first phase, the problem of childhood obesity was presented, along with the theoretical strands that discuss the confrontation of this problem in the school environment. Then, an updated bibliographic survey on the subject was carried out.

In the second phase, after the theoretical review and reading of pertinent studies, field research was conducted to learn about the practical reality.

The field research was carried out in 2022, in municipalities on the coast of Paraná, with the voluntary participation of teachers and education managers. All participants received and signed the Informed Consent Form (TLCE), being fully aware of the purposes of the study.

For data collection, two instruments were used: semi-structured interviews and a questionnaire prepared by the author, available via Google Forms. The link to the questionnaire was distributed among the teachers.

The answers obtained were analyzed through qualitative and quantitative approaches, providing a comprehensive understanding of the data collected.

## RESULTS AND DISCUSSION

### SAMPLE IDENTIFICATION DATA

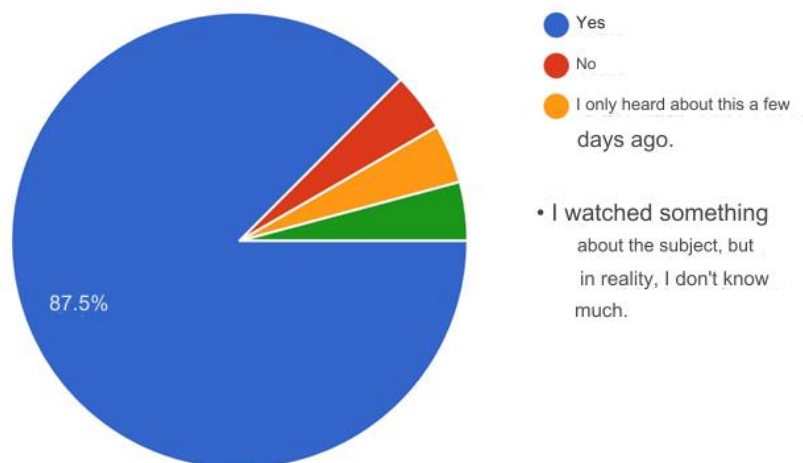
Participants were 24 teachers from the municipal school system of the coast of Paraná, 24 female and 1 male teacher, with a mean age of 41.45 years and an average length of service in teaching 17.30 years.

### RESEARCH RESULTS

The understanding of how teachers about the theme of Fatphobia and the distribution of responses is presented in graph 1.

It can be observed that 87.5% (n=21) of the teachers knew about the subject, the other 12.5% (n=3) answered that they did not know or had only recently seen about the subject.

Graph 1 - Distribution of teachers' level of knowledge on the topic of fatphobia (N=24)



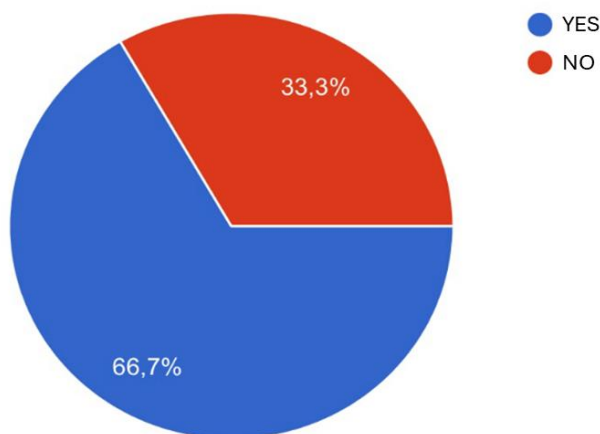
Source: the authors, 2024

The term fatphobia has been used nowadays as one of the stigmas resulting from childhood obesity. It is considered a social stigma, resulting from a cultural construction of the devaluation of the fat body, seen as abnormal, ugly, unkempt, not being within the thin body standard, required by society causes social discrimination. (Jimenez-Jimenez, 2018; Stenzel, 2022).

This prejudice can be reproduced within schools by teachers. Thus, the theme deserves care during teacher training so that they have a close look at this issue.

Regarding having already experienced or suffered Fatphobia, 66.7% (n=16) of the teachers answered yes and 33.3% (n=8) answered that they did not suffer or experienced this type of prejudice, as shown in graph 2:

Graph 2 - Distribution of answers regarding the experience of situations involving fatphobia (N=24)



Source: the authors, 2024.

The number of participants who experienced or suffered fatphobia is high, totaling 66.7% (n=16) and it should be considered that among the others, it is possible that they have experienced it, but not identified as prejudice. Therefore, the theme must be addressed in the school environment both to allow intervention work and to prevent veiled prejudice.

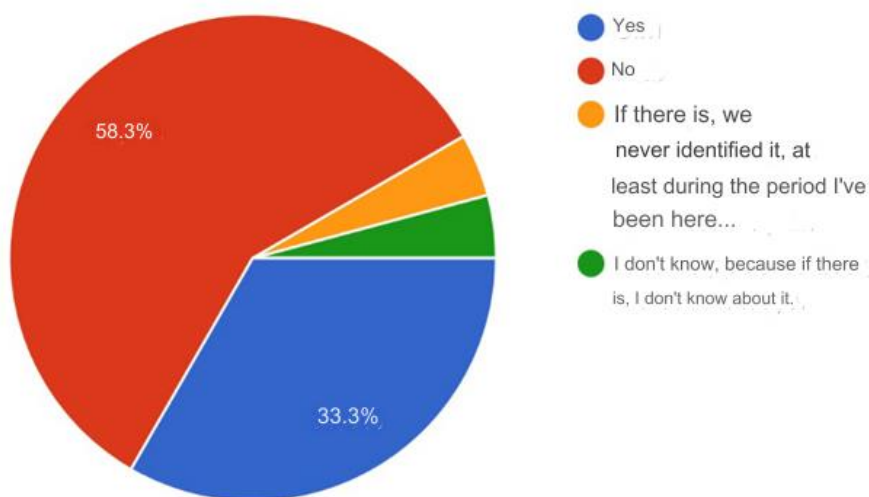
Poulain (2013) states that the stigmatization of obesity is not reduced to a simple critical look at an individual, but rather a process of interactions that devalue the subject, transforming the victim into the culprit, making the victim himself accept and internalize the devaluation.

Regarding the judgment about the severity of Fatphobia, 95.8% (n=23) of the participants recognized that it was, important data considering the consequences on fat people who were bullied at school. Many do not like to leave the house to avoid judgmental looks, do not go out to buy clothes because they feel embarrassed to ask for larger sizes, or avoid eating in public because they feel they can be judged, situations that can generate anxiety and trigger depression (Nery, 2017).

It should be noted that Silva et al (2017) point to depression as one of the worst damages caused by *bullying, causing complications in mental functions, modifying the way in which the subject explores his emotions.*

Regarding the observance of cases of fatphobia in the work environment, 33.3 (n=8) of the participants stated yes and 58.3% (n=14) answered no; 8.4% (n=2) answered that they are unaware of or did not identify cases, as shown in the graph

Graph 3 - Distribution of the existence of fatphobia in the workplace (N= 24)



Source: the authors, 2024.

It would not be an exaggeration to say that fat people suffer from Fatphobia on a daily basis, in a subtle or more noticeable way (Castells, 2019). Prejudice is present in all spheres of society, from the cursing of *fat* people to stores that have standard clothing numbers up to 46, in the cramped seats of the bus or in chairs with armrests in restaurants. The author lists seemingly harmless lines that fat people hear daily:

**Saying that someone is "beautiful in face":** being fat is not synonymous with being ugly. To say that someone is "beautiful in face" is to exclude the rest of their body, it is to say that the rest of their body is ugly.

**Put on a little weight and say that you are "very fat, immense...":** the watchword in this case is empathy. Do you know when you put on a little weight, but even so you are not even close to having the body of that friend of yours who is really fat and suffers the effects of this in various everyday situations? So, stop and think about whether grumbling that you're fat makes any sense.

**The expression "make fat":** being fat is not only linked to the fact of eating "fat" foods. The act of eating a hamburger combo with fries and soda is not exclusive to fat people and it may be that many of them do not even have this type of diet.

**Saying that someone is thin in a tone of compliment:** cast the first stone who has never said to someone "how thin!" as if they were saying "how beautiful!". Being thin is not a quality, it is a characteristic. Just as being fat is not a defect.

**The expression "you're not fat, you're beautiful!":** Again: why can't fat women be beautiful? A person can be fat and beautiful at the same time YES!

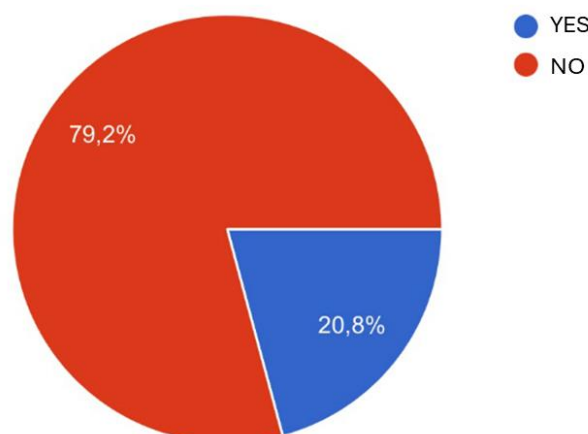
**Giving diet and exercise tips without someone having asked:** giving diet and exercise tips without someone asking for it is assuming that the person wants to lose weight, but they should decide this and, if they ask you, feel free to give your tips.

**Use the argument of BMI and health:** BMI (Body Mass Index) is an international measure that determines if your weight is ideal for your height. This index is quite controversial because it excludes any other aspect to tell if your weight is ideal, and a person can have several other health problems and in the end their weight and height are what matter the least.

**Saying that certain clothes "don't look good on chubby women":** stop and think about whether or not it's your right to say that some clothes look good on someone, whether it's fat or thin. It's not up to you to decide what someone else should wear.

Regarding the Growing Healthy Program, the teachers were asked if they were aware of the Program that aims to help combat childhood obesity, providing a healthy diet, encouraging and offering physical activity practices, 79.2% (n=19) answered that they do not know about the Program, and only 20.8% (n=5) said they did, as shown in graph 4:

Graph 4 - Distribution of teachers on the PCS (N=24)



Source: the authors, 2024.

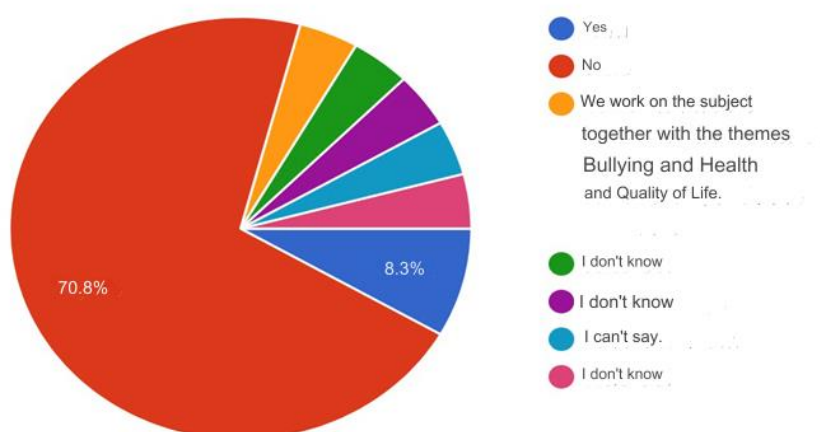
It was also asked if the school where the teachers worked was part of the PCS, with a negative answer for 70.8% (n=17) of the participants. Also, 8.3% (n=2) answered that the

school is part of the Program, and 20.9% (n=5) answered that they do not know or do not know, as shown in graph 5:

The lack of knowledge of teachers about the integration of the school into the PCS draws attention, to the extent that the lack of knowledge disfavors participation, enthusiasm for the theme and the success of the Program.

Contrin et al. (2021), in their studies on the School Health Program (PSE), states that the role of the school and its actors in the development of health actions in the school environment is not observed in a forceful way and that the opportunity to promote health in the school environment is lost. It is necessary to take advantage of the potential of the school environment and understand that the school is an important environment for the development of actions that involve and promote health. (SILVA, et al., 2014).

Graph 5 - Teachers' knowledge about the participation of the school where they work in the Healthy Growth Program (N=24)



Source: the authors, 2024.

Teachers whose schools participate in the Program were asked if they applied the proposed activities. Among those who answered that the school is part of the Program, 8.3% (n=2) said yes, but for 70.8% (n=7) of the interviewees, the school is not part of the PSE - Healthy Growth Program, and 20.9% (n=5) do not know, as shown in the graph.

Silva et al. (2017) highlight that during the period in which they are at school, students develop various activities, which include learning, playing, socializing and eating, so the school, due to its capillarity and scope, is an important place for the development of awareness and health promotion actions. Therefore, when 70.8% (n=17) of the teachers affirm that the school is not part of the Program, this data is a cause for alarm.





The teachers were also asked about the actions and importance of the PSC, whose answers are transcribed below:

Teacher1: "It helps in the prevention of childhood obesity and in respecting children who are overweight."

Teacher 2: "Know and change habits for healthy eating seeking to improve quality of life".

Teacher 3: "Conversations and reflections on the prevention of childhood obesity and prejudice. About full and healthy development, both physical and emotional, avoiding negative stereotypes".

Therefore, the answers corroborate the intentions of the Program, which is presented through 5 actions:

1. To assess the nutritional status of children under 10 years of age enrolled in schools participating in the PSE
2. To evaluate the food consumption markers of children under 10 years of age enrolled in schools participating in the PSE
3. Offer collective activities to promote adequate and healthy eating for children enrolled in schools participating in the PSE.
4. Offer collective activities to promote body practices and physical activities for children enrolled in schools participating in the PSE
5. Provide individual care to children under 10 years of age identified with obesity (BRASIL, 2021)

Thus, it is possible to observe that the teachers who stated that they knew the PCS have a good understanding of the actions and their importance. However, Contrin et al. (2021) recall that the actions developed in the school environment are often fragmented and without continuity, negatively interfering with the result that is intended to be achieved. The same authors, citing Soares et al (2016), recall that health education, when carried out at school, enables the authors involved to become "co-responsible" for their health and that of the collective.

## FINAL CONSIDERATIONS

This work aimed to present reflections and notes on childhood obesity, fatphobia and the stigma faced by overweight individuals, in addition to exploring the possibilities of coping with obesity in schools through the Growing Healthy Program.

Childhood obesity is a reality that we face in our country, and it is extremely necessary to act to improve the quality of life of these children. One of the main objectives of this study was to address the topic in a broad way, showing that obesity not only poses



risks to physical health, but also to psychological health. As long as obesity is seen as an evil, we will continue to reproduce fatphobia in society.

Children considered overweight experience stigma and prejudice on a daily basis, internalizing these statements and believing that they are wrong or not good enough because they do not reach the standard imposed by society. This harms their self-esteem, their confidence and, consequently, their teaching-learning and development process.

The PCS, created in 2017, establishes, within the scope of the School Health Program (PSE), a set of actions to address childhood obesity. These actions are aimed at children enrolled in Early Childhood Education (daycare centers and preschools) and Elementary School I (Brasil, 2021). The program values healthy eating and encourages physical activity, but it seems to be little known by teachers in the municipal school system of Paranaguá.

It was not possible to identify whether this lack of knowledge is due to the lack of dissemination in schools or to the non-participation of schools in the program. However, it is crucial that the dissemination of these programs is promoted by the management bodies and school units so that the program is successful and the population becomes protagonists in the actions of their own health.

It was possible to identify that not all teachers knew what the word "fatphobia" meant, which leads us to reflect on the importance of continuing education of teachers. Working on diversity and valuing bodies with children is essential to combat prejudice against fat bodies.

Another important aspect is that the school, as a space of plurality, must welcome and ensure the rights of all children, prioritizing respect for diversity. The representativeness of fat people should be worked on in a positive way, highlighting their capabilities and qualities, just like any other body type. The school should promote the feeling of welcome and appreciation of the fat child, improving their self-esteem and self-confidence.

The fight against childhood obesity should be based on health and quality of life, not on any other values.



## REFERENCES

1. Brasil. Ministério da Saúde. Gabinete do Ministro. (2021). **\*\*Portaria GM/MS Nº 1.320, de 22 de junho de 2021\*\***. Define os municípios com adesão ao Programa Saúde na Escola e ao Crescer Saudável para o ciclo 2021/2022.
2. Brasil. Ministério da Saúde. Secretaria de Atenção Primária à Saúde. (2020). **\*\*Promoção da Saúde e da Alimentação Adequada e Saudável: Programa Crescer Saudável\*\***.
3. Brasil. Ministério da Saúde. (2019). **\*\*Atlas da Obesidade Infantil no Brasil\*\***.
4. Brasil. Ministério da Saúde. (2007). **\*\*Programa Saúde nas Escolas\*\***.
5. Brasil. Ministério da Saúde. (2020). **\*\*Portaria do Ministério da Saúde Nº 2.141, de 14 de agosto de 2020\*\***. Habilita Municípios e Distrito Federal ao recebimento do incentivo financeiro para implementação das ações do Programa Saúde na Escola no segundo ano do ciclo 2019/2020.
6. CAISAN. Câmara Interministerial de Segurança Alimentar e Nutricional. (2011). **\*\*Plano Nacional de Segurança Alimentar e Nutricional: 2012/2015\*\***. Brasília, DF.
7. Castells, B. (2022). **\*\*Gordofobia: entenda por que este preconceito é tão grave\*\***. Disponível em: <https://www.dicasdemulher.com.br/gordofobia>. Acesso em: 25/10/2022.
8. Contrin, I. J., Nery, I. G., França, D. M. V. R., & Messias-Moreira, R. (2021). **\*\*Profissionais da atenção básica em saúde e sua relação com o programa saúde na escola\*\***. In R. Messias-Moreira, C. A. Laranjeira, & D. M. V. R. França (Eds.), *\*Qualidade de Vida e Saúde\** (pp. 120–137). Curitiba: Editora CRV.
9. Dias, P. C., et al. (2017). **\*\*Obesidade e políticas públicas: concepções e estratégias adotadas pelo governo brasileiro\*\***. *\*Cadernos de Saúde Pública\**, *33*(7), e00006016.
10. Jimenez-Jimenez, M. L. (2018). **\*\*Gordofobia Médica: A reprodução do Estigma Social\*\***. (Blog/Facebook).
11. Jimenez-Jimenez, M. L. (2019). **\*\*Gordofobia na escola: lute com uma gordinha\*\***. (Blog/Facebook).
12. Nery, J. O. (2017). **\*\*Gordofobia: discursos e estratégias de empoderamento de mulheres gordas ao preconceito\*\***. In *\*Anais do XIII Encontro de Iniciação Científica da UNI7\** (pp. 100–112). Fortaleza: Centro Universitário 7 de Setembro.
13. Organização Mundial da Saúde (OMS). (2019). **\*\*About obesity\*\***. Disponível em: <https://www.who.int/en/>. Acesso em: junho 2022.
14. Palad, C. J., Yarlagadda, S., & Stanford, F. C. (2019). **\*\*Weight stigma and its impact on paediatric care\*\***. *\*Current Opinion in Endocrinology Diabetes and Obesity\**, *26*(3), 19-25.
15. Poulain, J. P. (2013). **\*\*Sociologia da Obesidade\*\***. São Paulo: Senac.



16. Sociedade Brasileira de Pediatria (SBP). (2017). **\*\*Manual de Orientação: Promoção da Atividade Física na Infância e Adolescência\*\*** (Nº 1, julho de 2017).
17. Silva, K. C., et al. (2017). **\*\*Bullying e depressão no contexto da adolescência: uma revisão sistemática\*\***. In M. P. L. Coutinho (Ed.), *\*A psicologia e sua interface com a saúde\** (pp. 50–75). João Pessoa: Editora IESP.
18. Stenzel, L. M. (2002). **\*\*Obesidade: o peso da exclusão\*\***. Rio Grande do Sul: EDIPUCRS.
19. Tosta, D. K., Simões, P., & França, D. M. V. R. (2023). **\*\*O programa saúde na escola no litoral do Paraná\*\***. Seven Editora. Disponível em: <https://sevenpublicacoes.com.br/editora/article/view/2695>. Acesso em: 7 set. 2024.
20. UNICEF Brasil. (2018). **\*\*Obesidade Infantil\*\***. Brasília, DF: Escritório da Representação do UNICEF no Brasil.
21. Weng, S. F., et al. (2012). **\*\*Systematic review and meta-analyses of risk factors for childhood overweight identifiable during infancy\*\***. *\*Archives of Disease in Childhood\**, *\*97\**(7), 1019-1029.
22. World Health Organization (WHO). (2019). **\*\*Guidelines on physical activity, sedentary behavior and sleep for children under 5 years of age\*\***.