

Summary of report



About report

Report “Fatness in Latvia” is the first comprehensive account of weight stigma and fat prejudice in Latvia and also the first educational material on this topic in Latvian language. It draws on survey data, personal stories and international research to highlight how discrimination linked to body size shapes everyday life, health, and participation in society.

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Methodology: Online survey (Jan 2024 – Jul 2025), based on standpoint theory, inviting people with lived experience in larger size bodies to share personal accounts of stigma and discrimination. Included both quantitative questions (frequency and type of stigma) and qualitative, open-ended questions (life stories, suggested solutions).

Respondents: 123 people with experience of living in larger size bodies.

Demographic data: Gender: 89.4% women (n=110), 7.5% men (n=9), 3.3% non-binary (n=4). Age range: 14–60 years (average age 33). Residence: 73.2% in cities (most in Riga), 26.8% outside. Education: 76.4% higher education, 18.7% secondary education.

Limitations: The sample is not nationally representative as the respondents were mainly reached through NGOs and activist networks. Still, the survey offers a crucial barometer of lived experience and underlines patterns of discrimination.

The report opens with context and definitions, presents survey data and personal narratives on stigma and exclusion, and concludes with needs, solutions, recommendations, and appendices including glossary.

Cultural and social context

- Historically, Latvian folk songs associated fatness with prosperity. Today, similarly to the rest of the world, it is stigmatized as a personal failing.
- New terms such as *resnums* (fatness), *svara stigma* (weight stigma), and *resnumfobija* (fatphobia), officially introduced in 2023, mark the first time Latvian language has tools to name this discrimination.

- The Ministry of Health of Latvia has now included weight stigma in its 2025–2029 action plan for tackling obesity, recognizing it as a factor undermining health and motivation (still in process of obtaining financing).

Key findings

Everyday Discrimination

- **78.8%** experienced body shaming.
- **62.2%** faced hate speech.
- **41.5%** reported discrimination (likely underestimated).
- **18.7%** had experienced physical violence motivated by body size.

Where It Happens

- **Family and relatives** – 71.3%
- **Healthcare professionals** – 55.7%
- **Peers in education** – 53.9%
- **Friends/acquaintances** – 41.7%
- **Public spaces and strangers** – 34.8%

Impacts

- **Mental health:** depression, anxiety, eating disorders, low self-esteem, suicidal thoughts.
- **Healthcare access:** misdiagnosis, delayed treatment, avoidance of medical services.
- **Social life:** bullying, partner rejection, exclusion from public and private spaces.
- **Financial burden:** higher costs for clothing, therapy, and everyday participation.
- **Accessibility gaps:** lack of suitable seating, clothing options, or adapted medical equipment.

Conclusions from the Report

The survey and stories reveal several systemic patterns:

- **Family as the first site of stigma** – respondents most often reported shaming and pressure from parents and relatives. Many trace lifelong body image issues and eating disorders to childhood experiences at home.
- **Healthcare as a repeated source of harm** – over half encountered dismissal of their symptoms, misdiagnosis, or instructions to lose weight regardless of the actual medical complaint. This fosters avoidance of doctors and increases health risks unrelated to body size.

- **Education and peer environments in younger age as hostile spaces** – bullying at school was described as “extreme” by many, with long-term consequences for self-worth, social skills, and willingness to participate in sports or group activities.
- **Public life marked by everyday barriers** – clothing shops, gyms, public seating, and cultural spaces often fail to accommodate larger bodies. This exclusion reinforces a sense of not belonging and contributes to isolation.
- **Under-recognition of discrimination** – many respondents described harmful treatment but did not identify it as discrimination. For example, 62% reported hate speech, but only 41% recognized themselves as discriminated against. This shows how deeply prejudice has been normalized.
- **Cumulative harm** – across contexts, stigma is experienced not as isolated incidents but as a pattern of constant surveillance, advice, exclusion, and ridicule. The cumulative effect is social marginalization and significant mental health impact.

Main policy recommendations

Policy Level

- Formally recognize body size discrimination in Latvian law.
- Integrate Health at Every Size principles into national health strategy.
- Provide training for healthcare, education, and social service professionals on stigma-free practice.

Society Level

- Run educational campaigns targeting families, schools, and healthcare.
- Strengthen NGO and activist networks to represent fat people’s interests.
- Ensure public accessibility – from clothing markets to transport and cultural spaces.

Individual Support

- Establish support groups and safe spaces for people in larger bodies.
- Create a reporting system for weight-based discrimination and hate speech.
- Provide resources in Latvian and a database of weight-inclusive professionals.

Full report (in Latvian) and more information available here:
resnums.lv/en/resources



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