

ANSWER KEY: Considering Obesity Stigma in Research Language Exercise

Suggested copy revisions using person centered language are made in red on the research abstract below. There is no perfect wording but suggestions follow guidelines for publishing.

Instructions:

The sample abstract below is a fabrication that includes actual language and design elements from several research articles submitted to journals for publication. This exercise should feel like the opposite of fat shaming. This exercise provides practice in rewriting statements to avoid weight bias and the use of people-centered language.

Language around Obesity

Language preferences vary group to group and change over time. “Chubby,” “fat,” and “obese” have been used as insults in the past. Many consider them judgmental terms that are, at their root, fat shaming or evidence of weight bias. Whole industries with profit, as much as health as their motive, push people, particularly women, to be slim and shaped in an ideal body type.

In trying to find non-judgmental terminology for those with excess adipose tissue, some use descriptors like “individuals of size” or “plus size people.” Some believe that this vocabulary softening avoids the issue of obesity as a health concern. Obesity defines a range of weight to height measurements that are associated with many chronic diseases. Obesity is the term used in research literature. Morbid obesity is an outdated term that is considered stigmatizing. Obesity is now divided into classes 1, 2, and 3, with class 3 obesity replacing morbid obesity.

If using scientific terminology, person centered language also is needed. These are examples:

<u>OUTDATED LANGUAGE</u>	<u>PERSON-CENTERED LANGUAGE</u>
the obese woman	the woman with obesity
obese research subjects	research subjects with obesity <i>or</i> research subjects with obese BMIs <i>or</i> research subjects with BMIs in the obese range
fat people	people with obesity <i>or</i> people with obese BMIs

There is a [fat activism movement](#) that promotes body and fat acceptance. Individuals who share this thinking call themselves fat and urge others to be their allies in fat acceptance. They view dieting, food judgements, calorie counting, exercising for weight loss, and other weight management techniques as fat phobia. For many in healthcare, calling people fat will feel insulting. Health care providers need to know who they are talking with and mirror the language of their clients.

To prepare for improving the language in the sample abstract, review these references:

1. [Fat Acceptance Movement](#)
2. The [2020 Joint International Consensus Statement for Ending Stigma of Obesity](#)
3. [Person centered language tip sheet](#)

Once the references have been reviewed, read the sample abstract. Use track changes in Word to edit the abstract using person centered language that avoids weight stigmatizing language.

Sample Research Abstract

Purpose ~~Obese mothers~~ **Individuals with obesity** have lower rates of breastfeeding. With 37% of the world's reproductive aged women **having BMIs in the obese range** ~~being fat~~, determining targeted programs in nutrition and the benefits of breastfeeding for ~~obese women~~ **individuals with obesity** is needed. This study aimed to discover the reasons why ~~obese women~~ **individuals with BMIs in the obese range** do not breastfeed.

Methods This was a mixed methods study drawn from an ethnically diverse population of 2000 women with mixed BMIs including **individuals with BMIs in the underweight and obese ranges** ~~underweight and obese women~~. All ~~women~~ **subjects** attended a large urban maternity clinic. A survey was sent to all women eliciting general mental and physical health status. Follow-up phone interviews were done on a random sample of 10% from each weight group.

Results The survey response rate **for individuals in these BMI categories** was underweight 4.5% (n=90), normal 29.2% (n=583), overweight 15.9% (n=317), obese 6.4% (n=127), for an overall response rate of 55.9% (n=1117). There were no differences in dietary and activity patterns between weight groups on survey or interview data. Likewise, survey data no found differences in self-perceived physical and mental health between weight groups. **Individuals in the** underweight and obese ~~women~~ **BMI ranges** were less likely to breastfeed than **individuals within the** normal weight **range** ~~mothers~~ (43% and 21% respectively).

Conclusions ~~Underweight women~~ **Breastfeeding individuals who are underweight** may have lower protein in the milk which is less satisfying to the newborn with subsequent early weaning. ~~Obese~~ Women **with obesity** might have more body image problems and struggle with fat stigma making them less likely to breastfeed. Targeted intervention programs are needed for **those with obesity** ~~the obese~~ that stress prenatal nutrition, appropriate weight gain and the importance of breastfeeding.