People-First Language Is an Indication of Less Explicit Weight Bias

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Abstract

Background: Weight bias contributes to poor health and quality of life. People-first language ("a person with obesity"), rather than condition-first language ("an obese person"), has been adopted for some chronic diseases and disabilities to help reduce stigma, but has not been widely adopted for obesity. This study examines reactions to people-first language and bias associated with people-first or condition-first language for obesity.

Methods: Three separate groups of respondents participated in an online study fielded by Lab42. The three groups were: respondents who prefer using people-first language for obesity (PF group, n=256), those who prefer using condition-first lanaguage (CF, n=359), and a separate representative sample of respondents who perceive their weight status to be very overweight or having obesity (O, n=200). The PF and CF cells completed explicit measures of bias: the Universal Measure of Bias Scale and a measure of social distance. The O cell was asked about the acceptability of their doctors either calling them obese or telling them they have obesity.

Results: Younger age (p<0.001), lower BMI (p<0.05), and CF language preference (p<0.001) were significantly associated with higher weight bias among participants. Male gender (p<0.001) and younger age (p<0.05) were significantly associated with greater social distance, but CF language was not. The majority of the O cell respondents (70%) found it more acceptable for their doctor to tell them they 'have obesity' than to call them 'obese.' Females were significantly less likely (p<0.01) than males to accept being called 'obese.'

Conclusions: Individuals who use people-first language for obesity exhibit less explicit bias toward people with obesity than those who use condition-first language. People with obesity and severe overweight find people-first language more acceptable from their doctors.

Introduction

Bias and discrimination against people with obesity is well documented. Research has demonstrated substantial impact on personal relationships, educational attainment, professional achievement, and healthcare delivery. Studies have shown that a description of a person as "obese" is sufficient to cause discrimination in the absence of any meeting with the person in question.

People-first language has become the accepted norm in addressing people with mental and physical disabilities. APA Style calls for language in all publications to "put people first, not their disability" and to "not label people by their disability" (www.apastyle.org/manual/related/nonhandicapping-language.aspx). AMA Style[1] has similar requirements. Feldman et al[2] found that people-first language affects attitudes and behavioral intentions toward persons with disabilities.

Use of people-first language for conditions such as autism, diabetes, or asthma has become common. A verbatim search of the Internet for people-first and condition-first language yields significantly more results for people-first language than for condition-first language in each of these conditions. The results for obesity are precisely the opposite. To illustrate, Internet searches were performed using Google for "People with Autism" and then for "Autistic People," repeating the same search process for asthma, diabetes, and obesity. Results (pages found) for each search are summarized in Table 1.

Table 1: Internet Search Results for People-First and Condition-First Language

Condition/Adjective	People First	Condition First
Autism/Autistic	4,030,000	579,000
Asthma/Asthmatic	3,570,000	125,000
Diabetes/Diabetic	4,920,000	230,000
Obesity/Obese	218,000	2,710,000

We have previously shown that exposure to people-first language in diabetes may have a small effect on bias against people with diabetes. But we found that bias against people with obesity is much stronger and no immediate difference is detectable whether people-first or condition-first language is used for obesity.[3]

We conducted this study to evaluate the response of people with obesity to people-first and condition-first language and to evaluate the bias associated with a preference for people-first or condition-first language.

Methods

A professional research organization (Lab42) administered an online survey to a total of 815 adults aged 18 to 64, divided into three distinct groups described below. Participation was anonymous and voluntary. Respondents receive virtual currency as an incentive to participate. The sample was quota balanced to match national population statistics.

Respondents were qualified by screening criteria for one of three separate groups: respondents who prefer using people-first language for obesity (PF group, n=256), those who prefer using condition-first language (CF, n=359), and a separate representative sample of respondents who perceive their weight status to be very overweight or having obesity (O, n=200). The PF and CF cells completed explicit measures of bias: the Universal Measure of Bias Scale and a measure of social distance. The O cell was asked about the acceptability of their doctors either calling them obese or telling them they have obesity.

We computed descriptive statistics and examined distributions of all variables measured using SPSS Version 19.0. We assessed group differences on the demographic variables using ANOVAs and Chi-squares and accounted for them in subsequent analyses.

For Group PF and CF, Cronbach's alpha was computed for the summed factors on the UMB scale and the social distance assessment to assess internal consistency and reliability. Our primary analysis was to conduct ANOVAs including the outcomes of interest and covariates using the entire sample to evaluate whether a preference for using condition-first language to label people, rather than consider them as people first, is associated with greater weight bias in the people who prefer this language.

For Group O, we computed descriptive statistics to assess the distribution of responses for individuals in this group and determine if people who describe their weight status as "very overweight" or "obesity" prefer being told they have obesity over being called obese.

Results

Demographic characteristics for the CF and PF groups are summarized in the Table 2. Female gender, higher perceived weight status, and higher BMI were all associated with a preference for condition-first language.

Multivariate analysis for the UMB scale (Table 3) revealed that younger age (p<0.001), lower BMI (p<0.05), and CF language preference (p<0.001) were significantly associated with higher weight bias among participants.

Multivariate analysis for the social distance scale (Table 4) found that male gender (p<0.001) and younger age (p<0.05) were significantly associated with greater social distance, but CF language preference was not.

Analysis of Group O responses revealed that people who perceive themselves as having excess weight or obesity strongly prefer people first language (Table 5).

Chi-square tests for associations between a language preference and demographic characteristics revealed a significant association between female gender and preference for people first language (Table 6).

Conclusions

- Individuals who use people-first language for obesity exhibit less explicit bias toward people with obesity than those who use condition-first language.
- People with obesity and severe overweight find people-first language more acceptable from their doctors.
- Female gender is associated with even less acceptance of being called "obese" (condition-first language).

Acknowledgements and References

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Table 2: Demographic Characteristics of the CF and PF Study Groups

Characteristics	CF Group (N=359) % (N)	PF Group (N=256) % (N)	Total Sample (N=615) % (N)
Age			
18-24 years	16.7 (60)	14.8 (38)	15.9 (98)
25-34 years	23.1 (83)	22.3 (57)	22.8 (140)
35-44 years	27.9 (100)	25.4 (65)	26.8 (165)
45-54 years	18.9 (68)	22.7 (58)	20.5 (126)
55-64 years	13.4 (48)	14.8 (38)	14 (86)
Gender*			
Male	51.3 (184)	42.2 (108)	47.5 (292)
Female	48.7 (175)	57.8 (148)	52.5 (323)
Race+			
White	82.5 (296)	78.9 (202)	81 (498)
Black	4.7 (17)	5.1 (13)	4.9 (30)
Asian/Pacific Islander	4.7 (17)	8.2 (21)	6.2 (38)
Hispanic	5.3 (19)	5.1 (13)	5.2 (32)
Other	1.7 (6)	2 (5)	1.8 (11)
Education			
Some HS/HS	24 (88)	23.8 (61)	24.2 (149)
Associate Degree/ Some College	37.9 (136)	36.7 (94)	37.4 (230)
College Degree	28.7 (103)	28.1 (72)	28.5 (175)
Advanced Degree	8.4 (30)	11.3 (29)	9.6 (59)
Other	.6 (2)	--	.3 (2)
Income+			
<$25,000	14.8 (53)	16 (41)	15.3 (94)
$25,000-$50,000	28.4 (102)	25 (64)	27 (166)
$50,000-$75,000	25.1 (90)	26.6 (68)	25.7 (158)
$75,000-$100,000	13.9 (50)	16 (41)	14.8 (91)
>$100,000	15.3 (55)	11.7 (30)	13.8 (85)
Employment Status			
Employed	64.1 (230)	63.7 (163)	63.9 (393)
Student	6.1 (22)	3.9 (10)	5.2 (32)
Homemaker	15.9 (57)	17.2 (44)	16.4 (101)
Retired	5.6 (20)	5.9 (15)	5.7 (35)
Not Employed	8.4 (30)	9.4 (24)	8.8 (54)
Diabetes Status			
Yes	13.4 (48)	17.2 (44)	15 (92)
No	86.6 (311)	82.8 (212)	85 (523)
Perceived Weight Status***			
Underweight	4.2 (15)	4.7 (12)	4.4 (27)
Average weight	27.9 (100)	43 (110)	34.1 (210)
Overweight	26.7 (96)	30.5 (78)	28.3 (174)
Very Overweight	20.1 (72)	10.9 (28)	16.3 (100)
Obesity	20.9 (75)	9.8 (25)	16.3 (100)
Prefer not to say	.3 (1)	1.2 (3)	.7 (4)
BMI* **	**30.38 (8.03)**	**27.99 (7.49)**	**29.38 (7.89)**
Mean (SD)			

*p≤0.05; ***p≤0.001; + does not add up to the total sample of n = 615

Table 3: Multivariate Analysis for UMB Scale by Total Sample of CF and PF Groups

	Total Median = 2.35 (N=615)	
	OR	95% CI
Gender (male vs. female)	-.59	.37, .80
Age (younger vs. older)	-.97***	.25, .54
Employment (employed vs. not employed)	-.16	.57, 1.25
Perceived Weight Status (ref = underweight)		
Average weight	.23	.51, 3.10
Overweight	.13	.43, 2.96
Very Overweight	-.40	.22, 1.95
Obese	-.28	.25, 2.21
BMI (low vs. high)	-.72*	.28, .81
Study Group (condition vs. people)	-1.03***	.24, .52

*p < 0.05; ***p≤0.001

Table 4: Multivariate Analysis for Social Distance Scale by Total Sample of CF and PF Groups

	Total Median = 2.00 (N=615)	
	OR	95% CI
Gender (male vs. female)	-.68***	.35, .72
Age (younger vs. older)	-.42*	.45, .93
Employment (employed vs. not employed)	-.27	.52, 1.09
Perceived Weight Status (ref = underweight)		
Average weight	.29	.57, 3.11
Overweight	.51	.68, 4.14
Very Overweight	-.33	.25, 1.97
Obese	-.29	.27, 2.06
BMI (low vs. high)	-.21	.49, 1.33
Study Group (condition vs. people)	.22	.87, 1.79

*p < 0.05; ***p≤0.001

Table 5: Group O Language Preference

Imagine you visit your doctor and you are 50 pounds or more over a healthy weight. Which would be more acceptable to hear?	Group O (N=200; 18 missing) % (N)
My doctor telling me I have obesity	70 (140)
My doctor calling me obese	21 (42)

Table 6: Group O Demographic Characteristics Stratified by Language Preference

Characteristics	Obesity (N=140) % (N)	Obese (N=42) % (N)	Total Sample (N=200; N = 18 missing) % (N)
Age			
18-24 years	15.7 (22)	19 (8)	16.5 (30)
25-34 years	21.4 (30)	38.1 (16)	25.3 (46)
35-44 years	27.1 (38)	26.2 (11)	26.9 (49)
45-54 years	23.6 (33)	9.5 (4)	20.3 (37)
55-64 years	12.1 (17)	7.1 (3)	11 (20)
Gender**			
Male	38.6 (54)	64.3 (27)	44.5 (81)
Female	61.4 (86)	35.7 (15)	55.5 (101)
Race			
White	82.1 (115)	88.1 (37)	83.5 (152)
Black	6.4 (9)	4.8 (2)	6 (11)
Asian/Pacific Islander	2.1 (3)	--	1.6 (3)
Hispanic	4.3 (6)	4.8 (2)	4.4 (8)
Other	4.3 (6)	--	3.3 (6)
Education			
Some HS/HS	19.3 (27)	23.8 (10)	20.3 (37)
Associate Degree/ Some College	47.1 (66)	57.1 (24)	49.5 (90)
College Degree	23.6 (33)	14.3 (6)	21.4 (39)
Advanced Degree	8.6 (12)	4.8 (2)	7.7 (14)
Other	1.4 (2)	--	1.1 (2)
Income			
<$25,000	21.4 (30)	19 (8)	20.9 (38)
$25,000-$50,000	30 (42)	31 (13)	30.2 (55)
$50,000-$75,000	24.3 (34)	26.2 (11)	24.7 (45)
$75,000-$100,000	12.1 (17)	7.1 (3)	11 (20)
>$100,000	9.3 (13)	14.3 (6)	10.4 (19)
Employment Status			
Employed	61.4 (86)	69 (29)	63.2 (115)
Student	2.9 (4)	7.1 (3)	3.8 (7)
Homemaker	18.6 (26)	9.5 (4)	16.5 (30)
Retired	7.1 (10)	4.8 (2)	6.6 (12)
Not Employed	10 (14)	9.5 (4)	9.9 (18)
Diabetes Status			
Yes	25.7 (36)	21.4 (9)	24.7 (45)
No	74.3 (104)	78.6 (33)	75.3 (137)
BMI	37.89 (7.32)	36.89 (5.79)	37.66 (6.99)
Mean (SD)			

**p≤0.01