

# Patient and Family Perspectives on Terms for Obesity

Rebecca M. Puhl, PhD,<sup>a,b</sup> Leah M. Lessard, PhD,<sup>b</sup> Gary D. Foster, PhD,<sup>c,d</sup> Michelle I. Cardel, PhD, RD<sup>d,e</sup>

abstract

**OBJECTIVES:** Parent communication about body weight is a sensitive topic, but limited research has studied youth preferences for words used to talk about their weight with parents. We assessed perspectives of weight-based terminology in 2 racially/ethnically diverse samples of youth and parents.

**METHODS:** We collected online survey data from 2 panel survey samples between September and December 2021: youth aged 10 to 17 years ( $n = 2032$ ) and parents of youth aged 10 to 17 years ( $n = 1936$ ). Participants rated 27 different terms and phrases to describe body weight; parents reported on their usage of this terminology and youth reported their preferences for and emotional responses to terminology. Patterns were examined across sex, race/ethnicity, sexual orientation, and weight status.

**RESULTS:** Youth reported preferences for words such as “healthy weight” and dislike of terms such as “obese,” “fat,” and “large,” which induced feelings of sadness, shame, and embarrassment. Differences in youth preferences and emotional reactions were present across sex, sexual orientation, race/ethnicity, and weight status. This included a general pattern of lower preference ratings among girls (versus boys) and sexual minority (versus heterosexual) youth, and stronger preferences for words such as “thick” or “curvy” among racial/ethnic minority, sexual minority, and higher-weight youth. Use of most weight terms was higher among fathers compared with mothers, and by Hispanic/Latinx parents compared with white and Black/African American parents.

**CONCLUSIONS:** Our findings underscore diversity of youth preferences and the need for individualized approaches that support effective parent and youth communication by using their preferred terms when discussing weight-related health.



<sup>a</sup>Rudd Center for Food Policy & Health, University of Connecticut, Hartford, Connecticut; <sup>b</sup>Department of Human Development & Family Sciences, University of Connecticut, Storrs, Connecticut; <sup>c</sup>Center for Weight and Eating Disorders, Department of Psychiatry, Perelman School of Medicine, University of Pennsylvania, Philadelphia, Pennsylvania; <sup>d</sup>WW International, Inc, New York, New York; and <sup>e</sup>Department of Health Outcomes and Biomedical Informatics, University of Florida, Gainesville, Florida

Dr Puhl conceptualized and designed the study, drafted the initial manuscript, and reviewed and revised the manuscript; Dr Lessard contributed to study design, coordinated data collection, conducted analyses, drafted sections of the manuscript, and provided revisions; Drs Foster and Cardel contributed to study design, reviewed the manuscript, and provided revisions; and all authors approved the final manuscript as submitted and agree to be accountable for all aspects of the work.

**DOI:** <https://doi.org/10.1542/peds.2022-058204>

Accepted for publication Aug 15, 2022

Address correspondence to Rebecca Puhl, PhD, Rudd Center for Food Policy and Health, University of Connecticut, One Constitution Plaza, Suite 600, Hartford, CT 06103. E-mail: rebecca.puhl@uconn.edu

**WHAT'S KNOWN ON THE SUBJECT:** With high rates of youth obesity, parent weight communication is common and may be a sensitive topic. Little research has studied youth perceptions of parental weight terminology, which is important to inform supportive parent–youth communication about weight-related health.

**WHAT THIS STUDY ADDS:** This study evaluates youth preferences and emotional reactions to weight terminology used by parents. Differences in youth perceptions according to sex, sexual orientation, race/ethnicity, and weight status highlight the need to recognize diversity in youth preferences when communicating about weight.

**To cite:** Puhl RM, Lessard LM, Foster GD, et al. Patient and Family Perspectives on Terms for Obesity. *Pediatrics*. 2022;150(6):e2022058204

With 1 in 5 youth affected by obesity in the United States,<sup>1</sup> communication about weight-related health is common in pediatric care. Alongside high rates of pediatric obesity is evidence that youth with high body weight are vulnerable to weight-based victimization,<sup>2</sup> and that weight stigma is a barrier to pediatric obesity care.<sup>3,4</sup> This evidence has prompted increased attention to the words and terminology used to talk about obesity and body weight with youth,<sup>5-9</sup> including recommendations from the American Academy of Pediatrics that health care providers use sensitive, nonstigmatizing language about weight to help reduce weight stigma in pediatric patient care.<sup>3</sup> Beyond the clinical care environment, however, many youth are exposed to communication about their weight at home, from parents.<sup>10</sup> Much of this communication may be stigmatizing because parents exhibit weight bias and are a common source of weight stigma toward children,<sup>11,12</sup> resulting in harmful and long-lasting health consequences.<sup>2,13</sup> Little research has studied youth perceptions of parental weight terminology, which is important to inform supportive and nonstigmatizing parent-youth communication about weight-related health.

To date, research examining people's perspectives of weight terminology has focused more on adult than youth preferences.<sup>11,12</sup> The limited evidence with youth has primarily studied those with higher weight engaged in weight management, and generally points to preferences for neutral terminology such as "weight" versus words such as "fat" or "obese."<sup>5-7</sup> However, these studies also show that youth preferences vary across characteristics such as BMI and sex.<sup>6,7</sup> More recent evidence suggests that, although youth do not want others to use stigmatizing terminology when talking about their weight,<sup>9</sup> they have different perspectives about

weight-related words<sup>13</sup> and assign different meanings and assumptions to weight terminology, such as the word "obese."<sup>14</sup> Thus, there is diversity in youth preferences for words used to talk about their weight.

Collectively, this evidence illustrates the importance of understanding youth perceptions of and preferences for weight terminology; however, several gaps in previous research limit the generalizability of this work. In particular, a lack of sample diversity is common in existing studies, which have predominantly studied white participants.<sup>11</sup> Limited evidence examining weight terminology preferences among racial/ethnic minorities suggests that group differences are present,<sup>11</sup> underscoring the need to compare language preferences across diverse racial/ethnic groups of youth. Similarly, most existing work lacks assessment of culturally relevant words or phrases to describe weight, such as the word "thick," which has emerged in the Black/African American community to describe females of higher weight.<sup>15,16</sup> Moreover, although increasing research has focused on youth preferences for weight-related terminology used by health care providers,<sup>5,9,17</sup> little is known about youth reactions and feelings in response to weight terminology when communicated by their parents.<sup>6,7</sup> Understanding how parents talk about their child's weight and how youth feel about this communication can help pediatric providers guide families on how to engage in supportive and effective discussions about weight-related health with youth.

To address these research gaps, the current study assessed perspectives of weight-based terminology in 2 large, racially/ethnically diverse samples of youth and parents.

Parents reported their use of different words/phrases to describe their child's weight, and youth reported their perceptions of how often their parents use these words, their emotional reactions to parental use of weight terminology, and their preferences for what words should be used to refer to their weight. Patterns were examined across sex, race/ethnicity, and weight status of participants.

## METHODS

### Sample and Study Design

The study was composed of 2 separate, United States-based, English-speaking samples: (1) parents (at least 18 years of age) with children aged 10 to 17 years old, and (2) youth between the ages of 10 and 17. Participants in both samples were recruited during the fall of 2021 via Qualtrics Panel Services, a national, Web-based survey platform that provides online samples for survey research. Qualtrics advertised the study using a variety of online platforms including customer loyalty Web portals, targeted e-mail lists, social media advertisement, member referrals, and messages in mobile applications. To ensure diversity within the samples, quotas were set on the basis of sex (female/male), race/ethnicity (ie, Black or African American, Latinx or Hispanic, white), and weight status, to align similarly with national averages. Informed consent and assent, as appropriate, was provided by all participants (parents of youth aged 10–12 provided their consent), and study procedures were approved by the institutional review board at the University of Connecticut.

The parent sample was composed of 1936 adults (48% male; mean age of 39.8 years). The overall racial/ethnic composition of parents included 33% Black or African American; 31% Latinx, Hispanic, or

Mexican-American; 32% white, non-Hispanic, non-Latinx; and 4% multiethnic or another race/ethnicity. The youth sample was composed of 2032 participants (41% male, mean age of 14.6 years) and self-identified as 25% Black or African American; 23% Latinx, Hispanic, or Mexican-American; 40% white, non-Hispanic, non-Latinx; and 12% multiethnic or another race/ethnicity. Further methodological details pertaining to recruitment, data collection, and sample composition are reported elsewhere.<sup>10</sup>

## Measures

### *Demographic and Anthropometric Characteristics*

Youth reported their age (year and month born), race/ethnicity, sex they were born as, sexual orientation (straight [heterosexual], gay or lesbian [homosexual], bisexual, other [please specify], or not sure, questioning), and their current height (in feet/inches) and body weight (in pounds). Parents reported their sex, age, and race/ethnicity, and provided their child's demographic information and current height/weight. BMI percentiles for age and sex were calculated and categorized using the Centers for Disease Control and Prevention growth charts.<sup>18</sup>

### *Body Weight Terminology used by Parents*

To assess youth perceptions of parental use of words to describe adolescents' body weight, youth were provided with a list of 27 words and phrases describing body weight (see Table 1 for all terms and phrases). From this list, 18 words (and accompanying question prompts and response options described below) have been tested previously with adolescent and parent samples<sup>5-7,19</sup>; an additional 9 terms were added to this list identified from more-recent literature.<sup>11</sup> Participants were first prompted with, "Which words do

your parents use to describe your weight?" and asked to rate the frequency that their parent(s) used each word on the list using a 5-point Likert scale (1 = never-5 = very often). Next, participants were provided with the same list of words but asked, "If your parent(s) use any of the following words or phrases to talk about your weight, how does it make you feel?" For each word, youth indicated whether it made them feel sad, embarrassed, ashamed, fine/not bothered by it, not sure, or not applicable if their parent doesn't use the word. Each negative emotion (sadness, embarrassment, shame) was assigned a value of 1 and summed to create a score ranging from 0 to 3 for each word, with 0 indicating no negative emotions and 3 reflecting all 3 negative emotions.<sup>6</sup> Finally, participants were provided with the same list a third time and asked, "Which words would you most want your family to use to talk about your weight?" Using a 4-point scale, adolescents rated each word (1 = "No, my parent(s) should never use this word," 2 = "This word bothers me," 3 = "This word is okay, I don't mind," 4 = "Yes, I prefer them to use this word/phrase"; an additional "Not sure" response option was excluded when examining this variable continuously).

To assess parental usage of weight terminology to describe their child's weight, parents were provided with the same list of 27 words and asked, "What words or phrases do you use to talk about your child's weight?" Parents rated the frequency that they used each word on the list using a 5 point Likert scale (1 = never-5 = very often).

### **Statistical Analysis**

Data analysis was conducted using SPSS version 28.0. Descriptive information based on the overall youth sample is provided to show

their perceptions of, and preferences for, parents' use of body weight terminology, and their emotional reactions to parental body weight terminology. Individual differences are examined as a function of participants' sex (ie, boys, girls), race/ethnicity (ie, White, Black/African American, Hispanic/Latinx, with multiethnic/another race/ethnicity excluded in comparisons because of low prevalence), weight status (ie, BMI <fifth percentile, BMI 5-84.9th percentile, BMI 85-94.9th percentile, BMI ≥95th percentile), and sexual orientation (ie, heterosexual, sexual minority) using 1 way analysis of variance. Subsequently, descriptive information regarding parent-reported use of body weight terminology is provided for the overall parent sample, followed by comparisons based on parent sex (ie, fathers, mothers, with individuals identifying as another sex excluded in sex comparisons because of low prevalence), parent race/ethnicity, and child weight status (same race/ethnicity and weight status comparisons as described above). Listwise deletion was used for missing data and statistical significance was set at  $P < .01$  because of the multitude of comparisons.

## RESULTS

### **Youth Perceptions of Body Weight Terminology Used by Parents**

Table 1 displays youth-reported frequency of the words their parents use to describe their body weight. Overall, the terms "normal weight," "healthy weight, and "weight were reported to be used most frequent, whereas the terms "extremely obese," "high BMI," "obese," and "BMI" were reported to be least frequent. Differences in terminology used by parents emerged inconsistently across each of the weight-related terms on the basis of sex, race/ethnicity, and sexual

TABLE 1 Adolescent-Reported Frequency of Words Parents Use to Describe Adolescent Body Weight

	Sex Differences										Race/Ethnicity Differences				Weight Status Differences				Sexual Orientation Differences					
	Overall		Boys		Girls		White		Black/ African American		Latinx		BMI <5th		BMI 5th–84.9th		BMI 85th–94.9th		BMI ≥95th		Heterosexual		Sexual Minority	
	Mean, (SD)	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)	
Overweight	1.87 (1.22)	1.95 <sup>a</sup> (1.23)	1.84 <sup>a</sup> (1.22)	1.85 <sup>a</sup> (1.21)	1.76 <sup>a</sup> (1.14)	1.76 <sup>a</sup> (1.14)	1.76 <sup>a</sup> (1.14)	1.76 <sup>a</sup> (1.14)	1.76 <sup>a</sup> (1.14)	1.76 <sup>a</sup> (1.14)	2.04 <sup>b</sup> (1.30)	1.63 <sup>ab</sup> (1.13)	1.56 <sup>a</sup> (1.02)	1.94 <sup>b</sup> (1.15)	2.54 <sup>c</sup> (1.40)	1.83 <sup>a</sup> (1.18)	2.01 <sup>b</sup> (1.34)							
Higher body weight	1.79 (1.17)	1.90 <sup>a</sup> (1.23)	1.71 <sup>b</sup> (1.11)	1.76 <sup>a</sup> (1.16)	1.69 <sup>a</sup> (1.06)	1.69 <sup>a</sup> (1.06)	1.69 <sup>a</sup> (1.06)	1.69 <sup>a</sup> (1.06)	1.69 <sup>a</sup> (1.06)	1.69 <sup>a</sup> (1.06)	1.96 <sup>b</sup> (1.28)	1.71 <sup>ab</sup> (1.16)	1.59 <sup>a</sup> (1.05)	1.86 <sup>b</sup> (1.13)	2.17 <sup>c</sup> (1.33)	1.80 <sup>a</sup> (1.17)	1.76 <sup>a</sup> (1.16)							
Weight problem	1.87 (1.25)	1.86 <sup>a</sup> (1.21)	1.88 <sup>a</sup> (1.27)	1.82 <sup>a</sup> (1.22)	1.73 <sup>a</sup> (1.18)	1.73 <sup>a</sup> (1.18)	1.73 <sup>a</sup> (1.18)	1.73 <sup>a</sup> (1.18)	1.73 <sup>a</sup> (1.18)	1.73 <sup>a</sup> (1.18)	2.08 <sup>b</sup> (1.34)	1.90 <sup>ab</sup> (1.29)	1.63 <sup>a</sup> (1.08)	1.85 <sup>b</sup> (1.17)	2.38 <sup>c</sup> (1.44)	1.80 <sup>a</sup> (1.19)	2.11 <sup>b</sup> (1.38)							
Unhealthy weight	1.97 (1.28)	1.98 <sup>a</sup> (1.27)	1.97 <sup>a</sup> (1.28)	1.93 <sup>a</sup> (1.25)	1.84 <sup>a</sup> (1.18)	1.84 <sup>a</sup> (1.18)	1.84 <sup>a</sup> (1.18)	1.84 <sup>a</sup> (1.18)	1.84 <sup>a</sup> (1.18)	1.84 <sup>a</sup> (1.18)	2.20 <sup>b</sup> (1.36)	2.10 <sup>a</sup> (1.37)	1.73 <sup>a</sup> (1.11)	1.84 <sup>ab</sup> (1.16)	2.55 <sup>c</sup> (1.45)	1.90 <sup>a</sup> (1.23)	2.20 <sup>b</sup> (1.38)							
Weight	2.43 (1.31)	2.34 <sup>a</sup> (1.25)	2.50 <sup>b</sup> (1.35)	2.39 <sup>a</sup> (1.31)	2.30 <sup>a</sup> (1.27)	2.63 <sup>b</sup> (1.34)	2.35 <sup>a</sup> (1.35)	2.24 <sup>a</sup> (1.26)	2.24 <sup>a</sup> (1.26)	2.24 <sup>a</sup> (1.26)	2.63 <sup>b</sup> (1.34)	2.35 <sup>a</sup> (1.35)	2.24 <sup>a</sup> (1.26)	2.37 <sup>a</sup> (1.25)	2.90 <sup>b</sup> (1.35)	2.38 <sup>a</sup> (1.29)	2.62 <sup>b</sup> (1.37)							
Heavy	1.88 (1.27)	1.92 <sup>a</sup> (1.25)	1.86 <sup>a</sup> (1.29)	1.80 <sup>a</sup> (1.23)	1.81 <sup>a</sup> (1.26)	2.10 <sup>b</sup> (1.32)	1.63 <sup>ab</sup> (1.15)	1.59 <sup>a</sup> (1.07)	1.84 <sup>b</sup> (1.18)	2.57 <sup>c</sup> (1.46)	1.85 <sup>a</sup> (1.24)	1.99 <sup>a</sup> (1.36)	1.56 <sup>a</sup> (1.12)	1.56 <sup>a</sup> (1.12)	1.99 <sup>a</sup> (1.36)	1.84 <sup>a</sup> (1.28)	1.99 <sup>a</sup> (1.36)							
Obese	1.56 (1.10)	1.67 <sup>a</sup> (1.18)	1.49 <sup>b</sup> (1.05)	1.54 <sup>a</sup> (1.10)	1.51 <sup>a</sup> (1.03)	1.72 <sup>b</sup> (1.22)	1.46 <sup>ab</sup> (0.99)	1.37 <sup>a</sup> (0.92)	1.55 <sup>b</sup> (1.06)	1.99 <sup>b</sup> (1.36)	1.56 <sup>a</sup> (1.10)	1.56 <sup>a</sup> (1.10)	1.37 <sup>a</sup> (0.92)	1.55 <sup>b</sup> (1.06)	1.99 <sup>b</sup> (1.36)	1.56 <sup>a</sup> (1.10)	1.56 <sup>a</sup> (1.10)							
Chubby	2.03 (1.30)	2.02 <sup>a</sup> (1.26)	2.04 <sup>a</sup> (1.33)	1.91 <sup>a</sup> (1.24)	1.92 <sup>a</sup> (1.26)	2.35 <sup>b</sup> (1.38)	1.68 <sup>ab</sup> (1.16)	1.75 <sup>a</sup> (1.15)	2.00 <sup>b</sup> (1.24)	2.72 <sup>c</sup> (1.41)	1.97 <sup>a</sup> (1.27)	2.23 <sup>b</sup> (1.39)	1.56 <sup>a</sup> (1.10)	1.56 <sup>a</sup> (1.10)	1.97 <sup>a</sup> (1.27)	2.23 <sup>b</sup> (1.39)	2.23 <sup>b</sup> (1.39)							
Fat	1.83 (1.30)	1.85 <sup>a</sup> (1.26)	1.82 <sup>a</sup> (1.33)	1.70 <sup>a</sup> (1.20)	1.79 <sup>a</sup> (1.28)	2.10 <sup>b</sup> (1.43)	1.67 <sup>ab</sup> (1.22)	1.60 <sup>a</sup> (1.13)	1.81 <sup>b</sup> (1.23)	2.35 <sup>c</sup> (1.53)	1.79 <sup>a</sup> (1.26)	1.97 <sup>b</sup> (1.41)	1.56 <sup>a</sup> (1.10)	1.56 <sup>a</sup> (1.10)	1.97 <sup>b</sup> (1.41)	2.23 <sup>b</sup> (1.39)	2.23 <sup>b</sup> (1.39)							
Extremely obese	1.46 (1.05)	1.56 <sup>a</sup> (1.15)	1.38 <sup>b</sup> (0.97)	1.44 <sup>a</sup> (1.04)	1.38 <sup>b</sup> (0.93)	1.65 <sup>b</sup> (1.26)	1.38 <sup>b</sup> (0.97)	1.32 <sup>a</sup> (0.89)	1.44 <sup>a</sup> (1.01)	1.75 <sup>c</sup> (1.32)	1.48 <sup>a</sup> (1.08)	1.37 <sup>a</sup> (0.95)	1.44 <sup>a</sup> (1.01)	1.44 <sup>a</sup> (1.01)	1.75 <sup>c</sup> (1.32)	1.48 <sup>a</sup> (1.08)	1.37 <sup>a</sup> (0.95)							
Large	1.71 (1.16)	1.80 <sup>a</sup> (1.18)	1.65 <sup>b</sup> (1.15)	1.66 <sup>a</sup> (1.11)	1.60 <sup>a</sup> (1.09)	1.94 <sup>b</sup> (1.27)	1.52 <sup>ab</sup> (1.02)	1.48 <sup>a</sup> (0.97)	1.69 <sup>b</sup> (1.09)	2.23 <sup>c</sup> (1.41)	1.68 <sup>a</sup> (1.13)	1.81 <sup>a</sup> (1.25)	1.48 <sup>a</sup> (0.97)	1.69 <sup>b</sup> (1.09)	2.23 <sup>c</sup> (1.41)	1.68 <sup>a</sup> (1.13)	1.81 <sup>a</sup> (1.25)							
Plus-size	1.65 (1.18)	1.70 <sup>a</sup> (1.21)	1.62 <sup>a</sup> (1.15)	1.65 <sup>a</sup> (1.17)	1.62 <sup>a</sup> (1.12)	1.77 <sup>a</sup> (1.26)	1.58 <sup>ab</sup> (1.07)	1.42 <sup>a</sup> (0.96)	1.63 <sup>b</sup> (1.11)	2.17 <sup>c</sup> (1.46)	1.63 <sup>a</sup> (1.15)	1.72 <sup>a</sup> (1.24)	1.42 <sup>a</sup> (0.96)	1.63 <sup>b</sup> (1.11)	2.17 <sup>c</sup> (1.46)	1.63 <sup>a</sup> (1.15)	1.72 <sup>a</sup> (1.24)							
Curvy	1.90 (1.26)	1.63 <sup>a</sup> (1.15)	2.08 <sup>b</sup> (1.29)	1.87 <sup>a</sup> (1.22)	1.88 <sup>a</sup> (1.24)	2.03 <sup>b</sup> (1.32)	1.67 <sup>a</sup> (1.11)	1.76 <sup>a</sup> (1.16)	1.94 <sup>b</sup> (1.25)	2.20 <sup>c</sup> (1.43)	1.83 <sup>a</sup> (1.22)	2.13 <sup>b</sup> (1.34)	1.76 <sup>a</sup> (1.16)	1.94 <sup>b</sup> (1.25)	2.20 <sup>c</sup> (1.43)	1.83 <sup>a</sup> (1.22)	2.13 <sup>b</sup> (1.34)							
Big	1.89 (1.28)	2.00 <sup>a</sup> (1.27)	1.81 <sup>b</sup> (1.27)	1.81 <sup>a</sup> (1.22)	1.86 <sup>a</sup> (1.29)	2.09 <sup>b</sup> (1.33)	1.65 <sup>ab</sup> (1.19)	1.61 <sup>a</sup> (1.10)	1.85 <sup>b</sup> (1.21)	2.55 <sup>c</sup> (1.44)	1.86 <sup>a</sup> (1.24)	1.99 <sup>a</sup> (1.38)	1.61 <sup>a</sup> (1.10)	1.85 <sup>b</sup> (1.21)	2.55 <sup>c</sup> (1.44)	1.86 <sup>a</sup> (1.24)	1.99 <sup>a</sup> (1.38)							
BMI	1.56 (1.05)	1.68 <sup>a</sup> (1.15)	1.48 <sup>b</sup> (0.97)	1.58 <sup>a</sup> (1.06)	1.51 <sup>a</sup> (1.02)	1.64 <sup>a</sup> (1.13)	1.57 <sup>ab</sup> (1.09)	1.49 <sup>a</sup> (0.98)	1.49 <sup>a</sup> (0.98)	1.49 <sup>a</sup> (0.98)	1.54 <sup>ab</sup> (0.99)	1.47 <sup>a</sup> (0.95)	1.49 <sup>a</sup> (0.98)	1.54 <sup>ab</sup> (0.99)	1.71 <sup>b</sup> (1.20)	1.59 <sup>a</sup> (1.08)	1.47 <sup>a</sup> (0.95)							
High BMI	1.46 (1.00)	1.61 <sup>a</sup> (1.11)	1.36 <sup>b</sup> (0.89)	1.48 <sup>a</sup> (1.02)	1.40 <sup>a</sup> (0.92)	1.55 <sup>a</sup> (1.08)	1.49 <sup>ab</sup> (1.04)	1.35 <sup>a</sup> (0.87)	1.47 <sup>a</sup> (0.95)	1.68 <sup>b</sup> (1.20)	1.49 <sup>a</sup> (1.02)	1.36 <sup>a</sup> (0.90)	1.47 <sup>a</sup> (0.95)	1.68 <sup>b</sup> (1.20)	1.49 <sup>a</sup> (1.02)	1.36 <sup>a</sup> (0.90)	1.47 <sup>a</sup> (0.95)							
Thick	1.97 (1.29)	1.83 <sup>a</sup> (1.22)	2.07 <sup>b</sup> (1.33)	1.85 <sup>a</sup> (1.21)	2.07 <sup>b</sup> (1.34)	2.11 <sup>b</sup> (1.34)	1.69 <sup>a</sup> (1.23)	1.75 <sup>a</sup> (1.16)	2.06 <sup>b</sup> (1.28)	2.43 <sup>c</sup> (1.43)	1.91 <sup>a</sup> (1.26)	2.16 <sup>b</sup> (1.36)	1.75 <sup>a</sup> (1.16)	2.06 <sup>b</sup> (1.28)	2.43 <sup>c</sup> (1.43)	1.91 <sup>a</sup> (1.26)	2.16 <sup>b</sup> (1.36)							
Gaining too much weight	1.94 (1.32)	1.96 <sup>a</sup> (1.27)	1.92 <sup>a</sup> (1.35)	1.85 <sup>a</sup> (1.26)	1.89 <sup>a</sup> (1.29)	2.13 <sup>b</sup> (1.39)	1.70 <sup>ab</sup> (1.20)	1.69 <sup>a</sup> (1.19)	1.92 <sup>b</sup> (1.23)	2.52 <sup>c</sup> (1.48)	1.9 <sup>a</sup> (1.29)	2.04 <sup>a</sup> (1.40)	1.69 <sup>a</sup> (1.19)	1.92 <sup>b</sup> (1.23)	2.52 <sup>c</sup> (1.48)	1.9 <sup>a</sup> (1.29)	2.04 <sup>a</sup> (1.40)							
Too much weight for my health	1.85 (1.30)	1.92 <sup>a</sup> (1.30)	1.80 <sup>a</sup> (1.30)	1.83 <sup>ab</sup> (1.27)	1.77 <sup>a</sup> (1.24)	2.01 <sup>b</sup> (1.40)	1.69 <sup>ab</sup> (1.20)	1.57 <sup>a</sup> (1.11)	1.85 <sup>b</sup> (1.28)	2.45 <sup>c</sup> (1.50)	1.81 <sup>a</sup> (1.27)	1.96 <sup>a</sup> (1.39)	1.57 <sup>a</sup> (1.11)	1.85 <sup>b</sup> (1.28)	2.45 <sup>c</sup> (1.50)	1.81 <sup>a</sup> (1.27)	1.96 <sup>a</sup> (1.39)							
Big boned	1.77 (1.21)	1.82 <sup>a</sup> (1.24)	1.74 <sup>a</sup> (1.20)	1.80 <sup>a</sup> (1.23)	1.69 <sup>a</sup> (1.16)	1.85 <sup>a</sup> (1.25)	1.64 <sup>ab</sup> (1.22)	1.59 <sup>a</sup> (1.10)	1.82 <sup>b</sup> (1.24)	2.14 <sup>c</sup> (1.33)	1.76 <sup>a</sup> (1.20)	1.81 <sup>a</sup> (1.27)	1.59 <sup>a</sup> (1.10)	1.82 <sup>b</sup> (1.24)	2.14 <sup>c</sup> (1.33)	1.76 <sup>a</sup> (1.20)	1.81 <sup>a</sup> (1.27)							
Well endowed	1.62 (1.10)	1.75 <sup>a</sup> (1.20)	1.53 <sup>b</sup> (1.01)	1.66 <sup>ab</sup> (1.14)	1.53 <sup>b</sup> (1.01)	1.73 <sup>b</sup> (1.19)	1.69 <sup>a</sup> (1.17)	1.58 <sup>a</sup> (1.03)	1.59 <sup>a</sup> (1.06)	1.69 <sup>a</sup> (1.22)	1.66 <sup>a</sup> (1.13)	1.47 <sup>b</sup> (0.96)	1.58 <sup>a</sup> (1.03)	1.59 <sup>a</sup> (1.06)	1.69 <sup>a</sup> (1.22)	1.66 <sup>a</sup> (1.13)	1.47 <sup>b</sup> (0.96)							
Normal weight	2.62 (1.34)	2.71 <sup>a</sup> (1.38)	2.56 <sup>a</sup> (1.32)	2.70 <sup>a</sup> (1.34)	2.63 <sup>a</sup> (1.38)	2.66 <sup>a</sup> (1.32)	2.56 <sup>ab</sup> (1.40)	2.87 <sup>a</sup> (1.30)	2.65 <sup>b</sup> (1.29)	2.10 <sup>c</sup> (1.31)	2.71 <sup>a</sup> (1.34)	2.34 <sup>b</sup> (1.31)	2.87 <sup>a</sup> (1.30)	2.65 <sup>b</sup> (1.29)	2.10 <sup>c</sup> (1.31)	2.71 <sup>a</sup> (1.34)	2.34 <sup>b</sup> (1.31)							
Tiny	1.82 (1.20)	1.73 <sup>a</sup> (1.14)	1.88 <sup>b</sup> (1.24)	1.86 <sup>a</sup> (1.22)	1.79 <sup>a</sup> (1.19)	1.84 <sup>a</sup> (1.20)	2.43 <sup>b</sup> (1.37)	1.99 <sup>b</sup> (1.26)	1.55 <sup>c</sup> (1.04)	1.53 <sup>a</sup> (1.04)	1.81 <sup>a</sup> (1.17)	1.84 <sup>a</sup> (1.28)	1.99 <sup>b</sup> (1.26)	1.55 <sup>c</sup> (1.04)	1.53 <sup>a</sup> (1.04)	1.81 <sup>a</sup> (1.17)	1.84 <sup>a</sup> (1.28)							
Skinny	2.06 (1.31)	2.03 <sup>a</sup> (1.27)	2.08 <sup>a</sup> (1.34)	2.12 <sup>a</sup> (1.32)	1.96 <sup>a</sup> (1.30)	2.10 <sup>a</sup> (1.31)	3.02 <sup>a</sup> (1.42)	2.33 <sup>b</sup> (1.33)	1.68 <sup>c</sup> (1.10)	1.57 <sup>c</sup> (1.09)	2.07 <sup>a</sup> (1.29)	2.03 <sup>a</sup> (1.36)	1.68 <sup>c</sup> (1.10)	1.68 <sup>c</sup> (1.10)	1.57 <sup>c</sup> (1.09)	2.07 <sup>a</sup> (1.29)	2.03 <sup>a</sup> (1.36)							
Thin	1.89 (1.25)	1.75 <sup>a</sup> (1.20)	1.53 <sup>b</sup> (1.01)	1.96 <sup>a</sup> (1.32)	1.74 <sup>b</sup> (1.14)	1.99 <sup>a</sup> (1.31)	2.59 <sup>a</sup> (1.45)	2.09 <sup>b</sup> (1.28)	1.60 <sup>c</sup> (1.04)	1.55 <sup>c</sup> (1.10)	1.90 <sup>a</sup> (1.23)	1.88 <sup>a</sup> (1.29)	1.60 <sup>c</sup> (1.04)	1.60 <sup>c</sup> (1.04)	1.55 <sup>c</sup> (1.10)	1.90 <sup>a</sup> (1.23)	1.88 <sup>a</sup> (1.29)							
Healthy weight	2.45 (1.37)	2.50 <sup>a</sup> (1.39)	2.41 <sup>a</sup> (1.36)	2.55 <sup>a</sup> (1.36)	2.36 <sup>a</sup> (1.38)	2.40 <sup>a</sup> (1.36)	2.48 <sup>ab</sup> (1.37)	2.69 <sup>a</sup> (1.36)	2.40 <sup>b</sup> (1.35)	1.96 <sup>c</sup> (1.28)	2.54 <sup>a</sup> (1.37)	2.16 <sup>b</sup> (1.32)	2.69 <sup>a</sup> (1.36)	2.40 <sup>b</sup> (1.35)	1.96 <sup>c</sup> (1.28)	2.54 <sup>a</sup> (1.37)	2.16 <sup>b</sup> (1.32)							
Underweight	1.61 (1.10)	1.71 <sup>a</sup> (1.16)	1.54 <sup>b</sup> (1.06)	1.66 <sup>ab</sup> (1.15)	1.50 <sup>b</sup> (1.01)	1.70 <sup>b</sup> (1.18)	2.28 <sup>a</sup> (1.47)	1.64 <sup>b</sup> (1.09)	1.46 <sup>c</sup> (0.93)	1.50 <sup>b</sup> (1.10)	1.63 <sup>a</sup> (1.11)	1.54 <sup>a</sup> (1.06)	1.64 <sup>b</sup> (1.09)	1.46 <sup>c</sup> (0.93)	1.50 <sup>b</sup> (1.10)	1.63 <sup>a</sup> (1.11)	1.54 <sup>a</sup> (1.06)							

Item response values range from 1 (never) to 5 (very often). Values within the same row and subgrouping not sharing the same superscript letter (eg. a, b vs c) are significantly different from each other at  $P < .01$ .

orientation. In general, frequency with which parents use the weight-related terms was higher among adolescents with BMI  $\geq 95^{\text{th}}$  percentile, with the exception of terms specifically referencing low weight (eg, “skinny,” “thin”).

### Youth Emotional Reactions to Parental Body Weight Terminology

Prevalence of negative emotional reactions in response to parental use of words to talk about youth body weight is displayed in Table 2. Overall, the terms “overweight”, fat and extremely obese elicited the most negative emotions. For example, 43% of youth reported feeling embarrassed when their parents used the word overweight. In addition, 37% of youth indicated feeling ashamed in response to their parents using the terms “gaining too much weight,” “fat,” and “overweight” to describe their weight. Additionally, sadness was reported by at least a third of youth when their parents describe their weight using the terms “large,” “extremely obese,” “fat,” and “overweight.”

Emotional reactions to parental body weight terminology did not differ on the basis of youth weight status. Similar consistency was documented as a function of race/ethnicity, with a few exceptions; for example, the term “fat” elicited more negative emotions for white compared with Black/African American youth, and the term “underweight” evoked more negative emotions for Hispanic/Latinx youth relative to their white and Black/African American peers. Differences between girls and boys in emotional reactions emerged for just over a third of the weight-related terms, with more negative reactions reported by girls compared with boys. Finally, when considering differences as a function of sexual orientation, half of the weight-related terms elicited more

negative reactions from sexual minority, relative to heterosexual, youth.

### Youth Preferences for Body Weight Terminology Used by Parents

Table 3 presents preferences for parental use of body weight terminology among the full youth sample. Overall, more than half of youth prefer that their parents never use the terms “obese,” “fat,” “extremely obese,” “plus-size,” and “high BMI” to describe their weight. The most preferred terms overall were “healthy weight” and “normal weight.”

Demographic and weight-related differences in youth preferences for weight-related terminology use by parents are displayed in Table 4. When sex and sexual orientation differences were present, boys and heterosexual youth indicated a greater preference for parents to use each weight-related term compared with girls and sexual minority youth, with the exception of the term “curvy,” which was more preferred by girls than boys, and more preferred by sexual minority youth than those identifying as heterosexual. Preference for the term “curvy” was also higher among Hispanic/Latinx youth as compared with their white peers. Youth with a BMI  $\geq 85^{\text{th}}$  percentile, Black/African American, and Hispanic Latinx youth indicated a greater preference for their parents using the term “thick” to describe their body weight compared with those with lower body weight and/or identifying as white.

### Parent-Reported Body Weight Terminology Usage

Table 5 displays parents’ reported frequency of using specific words and phrases to talk about their child’s weight. Overall, parents indicated using the terms “healthy weight,” “normal weight,” and “weight” most frequently, whereas the terms “extremely obese,” “fat,”

“obese,” and “plus-size” were reported to be used least frequently. Fathers reported using each of the body weight terms more often than mothers. In addition, Hispanic/Latinx parents indicated higher usage of all of the weight terms compared with white and Black/African American parents, with the exception of the terms “normal weight” and “healthy weight,” in which no differences emerged between Hispanic/Latinx and white parents. Differences in parents’ use of each weight term varied as a function of child weight status; for example, parents with youth with BMI  $\geq 95^{\text{th}}$  percentile reported using the terms “heavy,” “chubby,” and “fat” more often than parents of youth with lower weight.

### DISCUSSION

Our study offers important insights about perceptions of weight terminology among racially/ethnically diverse youth. There was consistency in youth and parental reports regarding terms that parents use most frequently (eg, “weight,” “healthy weight,” “normal weight”) and least frequently (eg, “obese,” “extremely obese”). These findings suggest that parents appear to be defaulting to more neutral words when talking about their child’s weight, which align with adolescent-reported preferences for parental use of these words. However, parental use of terminology varied across sex, race/ethnicity, and child weight status, showing that, in some cases, parents are using terminology that adolescents do not feel comfortable with. For example, parental use of words such as “heavy,” “chubby,” and “fat” were more frequent among those with a child with BMI  $\geq 95^{\text{th}}$  percentile compared with parents of youth with lower weight; yet, overall, 48% to 58% of adolescents indicated that they never want their parents to use these words. Further, parent-reported



**TABLE 3** Adolescent-Reported Preferences for Parental Use of Words to Talk About Their Body Weight

Would You Want Your Parent(s) to Use the Following Words to Talk About Your Weight?	No, My Parent(s) Should Never Use This Word/Phrase			Yes, I Prefer Them to Use This Word/Phrase		Not Sure
	%	This Word/Phrase Bothers Me %	This Word/Phrase is Okay, I Don't Mind %	%	%	
Overweight	49	18	19	5	9	
Higher body weight	47	16	21	5	12	
Weight problem	50	18	18	6	9	
Unhealthy weight	45	18	21	7	9	
Weight	32	11	37	11	9	
Heavy	49	20	17	6	8	
Obese	61	16	12	3	9	
Chubby	48	19	21	6	7	
Fat	58	18	13	4	7	
Extremely obese	65	14	9	4	9	
Large	50	18	20	4	9	
Plus-size	51	15	19	7	9	
Curvy	40	13	28	11	8	
Big	50	18	19	6	7	
BMI	47	10	23	6	14	
High BMI	52	12	17	6	14	
Thick	41	13	27	10	8	
Gaining too much weight	49	19	19	5	7	
Too much weight for my health	49	18	19	5	9	
Big boned	48	14	20	7	12	
Well endowed	43	9	20	8	19	
Normal weight	18	7	40	26	9	
Tiny	33	11	30	9	16	
Skinny	30	10	34	12	15	
Thin	31	11	31	12	15	
Healthy weight	21	6	34	30	10	
Underweight	37	14	23	7	18	

use of almost all weight terms was higher among fathers compared with mothers, and by Hispanic/Latinx parents compared with white and Black/African American parents. This parallels recent evidence documenting more frequent, youth-focused weight conversations reported by fathers and/or Hispanic/Latinx parents,<sup>10,20</sup> but suggests that these conversations may include weight terminology that induces negative emotional reactions in youth.

Our findings indicate that the terms “overweight,” “fat,” and “extremely obese” elicited the most negative emotions in youth, with more than one-third reporting embarrassment, shame, and sadness when their parents used these words to talk about their weight. Girls reported

more negative emotions in response to weight terminology (including more neutral terms) than boys, consistent with previous evidence.<sup>6,7</sup> Notably, emotional reactions to parental weight terminology were generally consistent across weight status and race/ethnicity of youth. Several exceptions emerged, including more negative emotions to the term “fat” by white compared with Black/African American youth, and the term “underweight” among Hispanic/Latinx youth versus white and Black/African American peers. Our findings further indicated that half of the weight-related terms elicited more negative reactions from sexual minority, relative to heterosexual, youth. These data reflect the first assessment of weight terminology

among sexual minority youth. With evidence documenting considerable weight-based victimization<sup>21</sup> and higher body dissatisfaction<sup>22</sup> among sexual minority youth, more comprehensive examination of preferences for weight communication is needed in this population.

Finally, our findings point to several similarities and differences in youth preferences for weight terminology. Overall, youth’s most preferred terms were “healthy weight” and “normal weight,” whereas at least half of participants indicated that they never want their parents to use the terms “obese,” “fat,” “extremely obese,” “plus-size,” “big,” “weight problem,” “large,” and “high BMI” to describe their weight. These findings are similar to limited previous evidence in youth documenting a general dislike of words such as “obese” and “fat.”<sup>11,17</sup> However, differences in youth preferences for certain terminology emerged across several characteristics. Although girls expressed a higher preference for the term “curvy” than boys, they expressed lower preferences than boys for 19 of the remaining 26 items, including words such as “fat,” “obese,” “large,” and “heavy,” as well as more neutral words such as “weight.” Given girls’ more negative emotional reactions to weight terminology than boys in our sample and previous studies,<sup>6,7</sup> it may be that most weight terminology triggers lower preferences for weight communication in girls. Similarly, sexual minority youth expressed lower preferences for 17 of the 27 terms compared with heterosexual youth. Whether this finding reflects a broader discomfort in weight communication or a lack of options of preferred weight terminology among sexual minority youth will be important to investigate in future work. Differences also emerged for the word “thick,” which received higher preference ratings by youth with a BMI  $\geq 85^{\text{th}}$  percentile and Black/

**TABLE 4 Individual Differences in Adolescent-Reported Preferences for Parental Use of Words to Talk About Their Body Weight**

	Sex Differences				Race/Ethnicity Differences				Weight Status Differences				Sexual Orientation Differences			
	Overall Mean (SD)	Boys Mean (SD)	Girls Mean (SD)	White Mean (SD)	Black/African American		Latinx Mean (SD)	BMI <5th Percentile Mean (SD)	BMI 5–84.9th Percentile Mean (SD)	BMI 85–94.9th Percentile Mean (SD)	BMI ≥95th Percentile Mean (SD)	Heterosexual Mean (SD)	Sexual Minority Mean (SD)			
					Mean (SD)	SD										Mean (SD)
Overweight	1.79 (0.96)	2.00 <sup>a</sup> (1.04)	1.65 <sup>b</sup> (0.88)	1.75 <sup>a</sup> (0.95)	1.71 <sup>a</sup> (0.95)	1.94 <sup>b</sup> (1.01)	1.70 <sup>a</sup> (0.98)	1.66 <sup>a</sup> (0.92)	1.79 <sup>a</sup> (0.89)	2.10 <sup>b</sup> (1.03)	1.83 <sup>a</sup> (0.99)	1.67 <sup>b</sup> (0.85)				
Higher body weight	1.82 (0.98)	2.05 <sup>a</sup> (1.05)	1.68 <sup>b</sup> (0.91)	1.79 <sup>a</sup> (0.99)	1.76 <sup>a</sup> (0.99)	1.96 <sup>b</sup> (0.97)	1.70 <sup>a</sup> (0.97)	1.71 <sup>a</sup> (0.97)	1.85 <sup>a</sup> (0.96)	2.07 <sup>b</sup> (0.99)	1.87 <sup>a</sup> (1.00)	1.69 <sup>b</sup> (0.89)				
Weight problem	1.77 (0.97)	2.03 <sup>a</sup> (1.05)	1.60 <sup>b</sup> (0.86)	1.75 <sup>a</sup> (0.94)	1.67 <sup>a</sup> (0.95)	1.95 <sup>b</sup> (1.02)	1.67 <sup>a</sup> (0.92)	1.69 <sup>a</sup> (0.95)	1.80 <sup>a,b</sup> (0.94)	1.96 <sup>b</sup> (1.00)	1.82 <sup>a</sup> (0.99)	1.63 <sup>b</sup> (0.86)				
Unhealthy weight	1.90 (1.02)	2.11 <sup>a</sup> (1.08)	1.75 <sup>b</sup> (0.95)	1.86 <sup>a</sup> (1.00)	1.81 <sup>a</sup> (1.00)	2.08 <sup>b</sup> (1.08)	1.73 <sup>a</sup> (0.95)	1.82 <sup>a</sup> (1.01)	1.87 <sup>a</sup> (0.97)	2.12 <sup>b</sup> (1.04)	1.95 <sup>a</sup> (1.05)	1.72 <sup>b</sup> (0.89)				
Weight	2.31 (1.07)	2.43 <sup>a</sup> (1.06)	2.22 <sup>b</sup> (1.08)	2.26 <sup>a</sup> (1.07)	2.17 <sup>a</sup> (1.11)	2.46 <sup>b</sup> (1.04)	1.99 <sup>a</sup> (1.04)	2.24 <sup>a,b</sup> (1.10)	2.34 <sup>a,b,c</sup> (1.08)	2.50 <sup>c</sup> (1.00)	2.32 <sup>a</sup> (1.08)	2.25 <sup>a</sup> (1.06)				
Heavy	1.77 (0.95)	2.01 <sup>a</sup> (1.05)	1.61 <sup>b</sup> (0.84)	1.70 <sup>a</sup> (0.92)	1.72 <sup>a</sup> (0.95)	1.97 <sup>b</sup> (1.03)	1.57 <sup>a</sup> (0.89)	1.65 <sup>a</sup> (0.91)	1.77 <sup>a</sup> (0.91)	2.07 <sup>b</sup> (1.01)	1.82 <sup>a</sup> (0.98)	1.62 <sup>b</sup> (0.85)				
Obese	1.54 (0.85)	1.74 <sup>a</sup> (0.96)	1.40 <sup>b</sup> (0.74)	1.49 <sup>a</sup> (0.82)	1.52 <sup>a</sup> (0.84)	1.68 <sup>b</sup> (0.94)	1.52 <sup>a,b</sup> (0.86)	1.47 <sup>a</sup> (0.80)	1.49 <sup>a</sup> (0.80)	1.72 <sup>b</sup> (0.95)	1.59 <sup>a</sup> (0.88)	1.38 <sup>b</sup> (0.72)				
Chubby	1.84 (0.98)	1.97 <sup>a</sup> (1.04)	1.75 <sup>b</sup> (0.93)	1.75 <sup>a</sup> (0.96)	1.82 <sup>a,b</sup> (1.01)	1.98 <sup>b</sup> (1.00)	1.58 <sup>a</sup> (0.89)	1.71 <sup>a</sup> (0.95)	1.82 <sup>a</sup> (0.93)	2.18 <sup>b</sup> (1.01)	1.84 <sup>a</sup> (0.99)	1.83 <sup>a</sup> (0.95)				
Fat	1.60 (0.88)	1.80 <sup>a</sup> (1.00)	1.47 <sup>b</sup> (0.76)	1.56 <sup>a</sup> (0.86)	1.56 <sup>a</sup> (0.86)	1.74 <sup>b</sup> (0.97)	1.49 <sup>a,b</sup> (0.87)	1.50 <sup>a</sup> (0.82)	1.66 <sup>b,c</sup> (0.86)	1.80 <sup>c</sup> (0.97)	1.65 <sup>a</sup> (0.92)	1.45 <sup>b</sup> (0.73)				
Extremely obese	1.47 (0.84)	1.65 <sup>a</sup> (0.95)	1.35 <sup>b</sup> (0.73)	1.44 <sup>a</sup> (0.82)	1.46 <sup>a,b</sup> (0.82)	1.58 <sup>b</sup> (0.92)	1.53 <sup>a,b</sup> (0.92)	1.41 <sup>a</sup> (0.78)	1.44 <sup>a</sup> (0.81)	1.61 <sup>a</sup> (0.94)	1.52 <sup>a</sup> (0.88)	1.31 <sup>b</sup> (0.67)				
Large	1.76 (0.94)	2.00 <sup>a</sup> (1.02)	1.60 <sup>b</sup> (0.84)	1.72 <sup>a</sup> (0.92)	1.68 <sup>a</sup> (0.90)	1.94 <sup>b</sup> (1.03)	1.59 <sup>a</sup> (0.88)	1.66 <sup>a</sup> (0.91)	1.77 <sup>a</sup> (0.89)	2.00 <sup>b</sup> (1.00)	1.80 <sup>a</sup> (0.96)	1.62 <sup>b</sup> (0.85)				
Plus-size	1.80 (1.01)	1.87 <sup>a</sup> (1.03)	1.76 <sup>b</sup> (0.99)	1.75 <sup>a</sup> (0.97)	1.83 <sup>a,b</sup> (1.04)	1.92 <sup>b</sup> (1.05)	1.64 <sup>a</sup> (1.00)	1.65 <sup>a</sup> (0.94)	1.73 <sup>a</sup> (0.96)	2.20 <sup>b</sup> (1.06)	1.80 <sup>a</sup> (1.01)	1.80 <sup>a</sup> (1.00)				
Curvy	2.11 (1.11)	1.88 <sup>a</sup> (1.03)	2.26 <sup>b</sup> (1.13)	2.03 <sup>a</sup> (1.08)	2.09 <sup>a,b</sup> (1.15)	2.22 <sup>b</sup> (1.11)	1.80 <sup>a</sup> (1.05)	2.06 <sup>a</sup> (1.11)	2.03 <sup>a</sup> (1.07)	2.32 <sup>b</sup> (1.11)	2.07 <sup>a</sup> (1.09)	2.24 <sup>b</sup> (1.13)				
Big	1.79 (0.97)	2.03 <sup>a</sup> (1.06)	1.62 <sup>b</sup> (0.86)	1.74 <sup>a</sup> (0.95)	1.72 <sup>a</sup> (0.95)	1.99 <sup>b</sup> (1.03)	1.71 <sup>a,b</sup> (1.00)	1.64 <sup>a</sup> (0.91)	1.80 <sup>b</sup> (0.95)	2.11 <sup>c</sup> (1.02)	1.82 <sup>a</sup> (0.99)	1.67 <sup>b</sup> (0.88)				
BMI	1.87 (1.04)	2.05 <sup>a</sup> (1.09)	1.74 <sup>b</sup> (0.99)	1.81 <sup>a</sup> (1.02)	1.80 <sup>a,b</sup> (1.02)	1.98 <sup>b</sup> (1.08)	1.73 <sup>a,b</sup> (1.05)	1.80 <sup>a</sup> (1.01)	1.93 <sup>a,b</sup> (1.04)	2.00 <sup>b</sup> (1.08)	1.91 <sup>a</sup> (1.06)	1.74 <sup>b</sup> (0.98)				
High BMI	1.74 (1.00)	1.94 <sup>a</sup> (1.07)	1.60 <sup>b</sup> (0.92)	1.70 <sup>a</sup> (0.97)	1.73 <sup>a</sup> (1.01)	1.84 <sup>a</sup> (1.08)	1.58 <sup>a</sup> (0.89)	1.65 <sup>a</sup> (0.96)	1.76 <sup>a,b</sup> (0.97)	1.95 <sup>b</sup> (1.11)	1.77 <sup>a</sup> (1.02)	1.61 <sup>b</sup> (0.92)				
Thick	2.07 (1.08)	2.00 <sup>a</sup> (1.04)	2.11 <sup>a</sup> (1.11)	1.96 <sup>a</sup> (1.04)	2.20 <sup>b</sup> (1.15)	2.14 <sup>b</sup> (1.07)	1.81 <sup>a</sup> (1.10)	1.95 <sup>a</sup> (1.07)	2.16 <sup>b</sup> (1.07)	2.31 <sup>b</sup> (1.07)	2.04 <sup>a</sup> (1.07)	2.15 <sup>a</sup> (1.11)				
Gaining too much weight	1.79 (0.96)	2.01 <sup>a</sup> (1.03)	1.64 <sup>b</sup> (0.87)	1.75 <sup>a</sup> (0.94)	1.74 <sup>a,b</sup> (0.97)	1.91 <sup>b</sup> (1.01)	1.78 <sup>a,b</sup> (1.04)	1.67 <sup>a</sup> (0.91)	1.83 <sup>b</sup> (0.95)	2.01 <sup>b,c</sup> (1.01)	1.85 <sup>a</sup> (0.99)	1.61 <sup>b</sup> (0.85)				
Too much weight for my health	1.79 (0.96)	2.01 <sup>a</sup> (1.05)	1.65 <sup>b</sup> (0.88)	1.75 <sup>a</sup> (0.95)	1.74 <sup>a</sup> (0.96)	1.92 <sup>b</sup> (1.01)	1.70 <sup>a</sup> (0.99)	1.67 <sup>a</sup> (0.92)	1.81 <sup>a</sup> (0.93)	2.06 <sup>b</sup> (1.03)	1.85 <sup>a</sup> (0.99)	1.60 <sup>b</sup> (0.84)				
Big boned	1.84 (1.02)	2.05 <sup>a</sup> (1.08)	1.69 <sup>b</sup> (0.95)	1.84 <sup>a</sup> (1.02)	1.76 <sup>a</sup> (1.00)	1.92 <sup>a</sup> (1.08)	1.67 <sup>a</sup> (0.99)	1.72 <sup>a</sup> (0.99)	1.85 <sup>a</sup> (0.97)	2.11 <sup>b</sup> (1.08)	1.87 <sup>a</sup> (1.04)	1.71 <sup>b</sup> (0.96)				
Well endowed	1.93 (1.09)	2.08 <sup>a</sup> (1.13)	1.83 <sup>b</sup> (1.05)	1.92 <sup>a</sup> (1.09)	1.84 <sup>a</sup> (1.06)	2.03 <sup>a</sup> (1.13)	2.04 <sup>a</sup> (1.17)	1.90 <sup>a</sup> (1.07)	1.98 <sup>a</sup> (1.11)	1.95 <sup>a</sup> (1.12)	1.97 <sup>a</sup> (1.11)	1.80 <sup>b</sup> (1.03)				
Normal weight	2.83 (1.05)	2.85 <sup>a</sup> (1.04)	2.82 <sup>a</sup> (1.06)	2.87 <sup>a</sup> (1.04)	2.68 <sup>b</sup> (1.14)	2.87 <sup>a,b</sup> (1.00)	2.90 <sup>a,b</sup> (1.05)	2.89 <sup>a,b</sup> (1.03)	2.85 <sup>a,b</sup> (1.07)	2.66 <sup>b</sup> (1.07)	2.86 <sup>a</sup> (1.04)	2.72 <sup>a</sup> (1.07)				
Tiny	2.19 (1.08)	2.14 <sup>a</sup> (1.05)	2.22 <sup>a</sup> (1.10)	2.17 <sup>a,b</sup> (1.06)	2.05 <sup>a</sup> (1.08)	2.34 <sup>b</sup> (1.09)	2.37 <sup>a</sup> (1.10)	2.25 <sup>a</sup> (1.05)	2.08 <sup>a</sup> (1.06)	2.08 <sup>a</sup> (1.13)	2.20 <sup>a</sup> (1.08)	2.16 <sup>a</sup> (1.06)				
Skinny	2.33 (1.10)	2.34 <sup>a</sup> (1.08)	2.32 <sup>a</sup> (1.11)	2.35 <sup>a</sup> (1.09)	2.13 <sup>b</sup> (1.10)	2.49 <sup>a</sup> (1.07)	2.39 <sup>a,b</sup> (1.04)	2.44 <sup>a</sup> (1.08)	2.22 <sup>b</sup> (1.08)	2.13 <sup>b,c</sup> (1.13)	2.34 <sup>a</sup> (1.09)	2.31 <sup>a</sup> (1.11)				
Thin	2.29 (1.11)	2.30 <sup>a</sup> (1.09)	2.28 <sup>a</sup> (1.11)	2.35 <sup>a</sup> (1.10)	2.07 <sup>b</sup> (1.08)	2.47 <sup>a</sup> (1.12)	2.35 <sup>a</sup> (1.06)	2.33 <sup>a</sup> (1.08)	2.23 <sup>a</sup> (1.10)	2.20 <sup>a</sup> (1.16)	2.30 <sup>a</sup> (1.10)	2.24 <sup>a</sup> (1.11)				
Healthy weight	2.80 (1.13)	2.79 <sup>a</sup> (1.11)	2.81 <sup>a</sup> (1.14)	2.85 <sup>a</sup> (1.09)	2.60 <sup>b</sup> (1.21)	2.89 <sup>a</sup> (1.09)	2.74 <sup>a,b</sup> (1.14)	2.88 <sup>a</sup> (1.11)	2.82 <sup>a,b</sup> (1.12)	2.61 <sup>b</sup> (1.15)	2.80 <sup>a</sup> (1.12)	2.80 <sup>a</sup> (1.14)				
Underweight	2.00 (1.04)	2.14 <sup>a</sup> (1.04)	1.90 <sup>b</sup> (1.03)	2.06 <sup>a</sup> (1.04)	1.82 <sup>b</sup> (1.03)	2.12 <sup>a</sup> (1.07)	1.93 <sup>a</sup> (1.06)	2.00 <sup>a</sup> (1.02)	1.97 <sup>a</sup> (1.04)	2.05 <sup>a</sup> (1.10)	2.01 <sup>a</sup> (1.04)	1.97 <sup>a</sup> (1.04)				

Item-response values range from 1 (“No, my parent(s) should never use this word/phrase”) to 4 (“Yes, I prefer them to use this word/phrase”). Adolescents who indicated “not sure” were excluded at the item-level. Values within the same row and subgrouping not sharing the same letter are significantly different from each other at  $P < .01$ . M, mean.



**TABLE 5** Parent-Reported Frequency of Terminology Used to Talk About Child's Weight

	Sex Differences				Race/Ethnicity Differences		Child Weight Status Differences							
	Overall		Mothers		Black/African American		BMI <5th		5th–84.9th		85th–94.9th		BMI ≥95th	
	Mean (SD)	Fathers Mean (SD)	Mean (SD)	White Mean (SD)	Mean (SD)	Latinx Mean (SD)	Percentile Mean (SD)	Percentile Mean (SD)	Percentile Mean (SD)	Percentile Mean (SD)	Percentile Mean (SD)	Percentile Mean (SD)	Percentile Mean (SD)	Percentile Mean (SD)
Extremely obese	1.86 (1.33)	2.15 <sup>a</sup> (1.43)	1.59 <sup>b</sup> (1.16)	1.78 <sup>a</sup> (1.24)	1.49 <sup>b</sup> (1.01)	2.38 <sup>c</sup> (1.57)	1.80 <sup>a</sup> (1.32)	1.63 <sup>a</sup> (1.18)	1.73 <sup>a</sup> (1.23)	2.48 <sup>b</sup> (1.50)				
High BMI	2.03 (1.33)	2.38 <sup>a</sup> (1.43)	1.70 <sup>b</sup> (1.13)	2.08 <sup>a</sup> (1.35)	1.66 <sup>b</sup> (1.05)	2.41 <sup>c</sup> (1.49)	1.89 <sup>a</sup> (1.28)	1.77 <sup>a</sup> (1.18)	1.99 <sup>a</sup> (1.26)	2.69 <sup>b</sup> (1.47)				
Weight problem	2.10 (1.30)	2.40 <sup>a</sup> (1.36)	1.82 <sup>b</sup> (1.18)	2.10 <sup>a</sup> (1.31)	1.81 <sup>b</sup> (1.14)	2.46 <sup>c</sup> (1.39)	1.92 <sup>ab</sup> (1.27)	1.81 <sup>a</sup> (1.16)	2.03 <sup>b</sup> (1.29)	2.84 <sup>c</sup> (1.35)				
Unhealthy weight	2.29 (1.37)	2.56 <sup>a</sup> (1.40)	2.04 <sup>b</sup> (1.28)	2.27 <sup>a</sup> (1.35)	2.00 <sup>b</sup> (1.26)	2.68 <sup>c</sup> (1.43)	2.08 <sup>ab</sup> (1.32)	1.99 <sup>a</sup> (1.24)	2.33 <sup>b</sup> (1.29)	3.05 <sup>c</sup> (1.41)				
Weight	2.58 (1.32)	2.84 <sup>a</sup> (1.32)	2.34 <sup>b</sup> (1.27)	2.59 <sup>a</sup> (1.32)	2.32 <sup>b</sup> (1.27)	2.89 <sup>c</sup> (1.53)	2.39 <sup>a</sup> (1.26)	2.33 <sup>a</sup> (1.27)	2.71 <sup>b</sup> (1.27)	3.17 <sup>c</sup> (1.29)				
Heavy	2.09 (1.37)	2.43 <sup>a</sup> (1.44)	1.78 <sup>b</sup> (1.22)	2.06 <sup>a</sup> (1.32)	1.79 <sup>b</sup> (1.19)	2.49 <sup>c</sup> (1.51)	1.94 <sup>ab</sup> (1.40)	1.78 <sup>a</sup> (1.21)	2.08 <sup>b</sup> (1.28)	2.88 <sup>c</sup> (1.44)				
Obese	1.92 (1.38)	2.24 <sup>a</sup> (1.49)	1.62 <sup>b</sup> (1.19)	1.91 <sup>a</sup> (1.37)	1.52 <sup>b</sup> (1.03)	2.39 <sup>c</sup> (1.57)	1.86 <sup>a</sup> (1.33)	1.65 <sup>a</sup> (1.20)	1.79 <sup>a</sup> (1.26)	2.64 <sup>b</sup> (1.58)				
Chubby	2.06 (1.35)	2.35 <sup>a</sup> (1.40)	1.80 <sup>b</sup> (1.25)	1.97 <sup>a</sup> (1.27)	1.72 <sup>b</sup> (1.14)	2.58 <sup>c</sup> (1.51)	1.83 <sup>ab</sup> (1.23)	1.76 <sup>a</sup> (1.20)	2.11 <sup>b</sup> (1.32)	2.83 <sup>c</sup> (1.43)				
Fat	1.90 (1.32)	2.23 <sup>a</sup> (1.44)	1.60 <sup>b</sup> (1.11)	1.91 <sup>a</sup> (1.31)	1.54 <sup>b</sup> (1.02)	2.33 <sup>c</sup> (1.51)	1.79 <sup>ab</sup> (1.22)	1.63 <sup>a</sup> (1.14)	1.86 <sup>b</sup> (1.26)	2.61 <sup>c</sup> (1.51)				
Overweight	2.03 (1.33)	2.31 <sup>a</sup> (1.41)	1.77 <sup>b</sup> (1.20)	2.06 <sup>a</sup> (1.29)	1.71 <sup>b</sup> (1.14)	2.40 <sup>c</sup> (1.47)	1.84 <sup>ab</sup> (1.32)	1.70 <sup>a</sup> (1.17)	2.06 <sup>b</sup> (1.28)	2.85 <sup>c</sup> (1.36)				
Big	2.03 (1.32)	2.34 <sup>a</sup> (1.39)	1.74 <sup>b</sup> (1.18)	2.05 <sup>a</sup> (1.32)	1.71 <sup>b</sup> (1.10)	2.40 <sup>c</sup> (1.46)	1.88 <sup>ab</sup> (1.33)	1.72 <sup>a</sup> (1.16)	2.01 <sup>b</sup> (1.22)	2.83 <sup>c</sup> (1.41)				
Curvy	2.07 (1.35)	2.26 <sup>a</sup> (1.41)	1.90 <sup>b</sup> (1.26)	1.94 <sup>a</sup> (1.30)	1.86 <sup>b</sup> (1.24)	2.46 <sup>c</sup> (1.44)	1.91 <sup>a</sup> (1.35)	1.83 <sup>a</sup> (1.23)	2.04 <sup>a</sup> (1.26)	2.73 <sup>b</sup> (1.42)				
Plus-size	1.95 (1.37)	2.24 <sup>a</sup> (1.46)	1.68 <sup>b</sup> (1.23)	1.92 <sup>a</sup> (1.32)	1.64 <sup>b</sup> (1.15)	2.36 <sup>c</sup> (1.55)	1.81 <sup>a</sup> (1.31)	1.65 <sup>a</sup> (1.17)	1.85 <sup>a</sup> (1.27)	2.78 <sup>b</sup> (1.55)				
Large	1.97 (1.36)	2.30 <sup>a</sup> (1.46)	1.67 <sup>b</sup> (1.18)	1.96 <sup>a</sup> (1.34)	1.57 <sup>b</sup> (1.06)	2.45 <sup>c</sup> (1.53)	1.82 <sup>a</sup> (1.32)	1.69 <sup>a</sup> (1.20)	1.87 <sup>a</sup> (1.24)	2.77 <sup>b</sup> (1.49)				
BMI	2.13 (1.34)	2.48 <sup>a</sup> (1.38)	1.82 <sup>b</sup> (1.22)	2.20 <sup>a</sup> (1.30)	1.75 <sup>b</sup> (1.15)	2.53 <sup>c</sup> (1.49)	2.07 <sup>a</sup> (1.30)	1.94 <sup>a</sup> (1.24)	2.01 <sup>a</sup> (1.26)	2.69 <sup>b</sup> (1.49)				
Higher body weight	2.04 (1.33)	2.37 <sup>a</sup> (1.41)	1.74 <sup>b</sup> (1.17)	2.09 <sup>a</sup> (1.32)	1.69 <sup>b</sup> (1.12)	2.41 <sup>c</sup> (1.45)	1.92 <sup>a</sup> (1.29)	1.77 <sup>a</sup> (1.17)	1.94 <sup>a</sup> (1.22)	2.79 <sup>b</sup> (1.49)				
Normal weight	2.78 (1.33)	2.99 <sup>a</sup> (1.28)	2.58 <sup>b</sup> (1.34)	2.84 <sup>a</sup> (1.30)	2.54 <sup>b</sup> (1.33)	2.97 <sup>a</sup> (1.31)	2.78 <sup>ab</sup> (1.31)	2.70 <sup>a</sup> (1.34)	2.69 <sup>a</sup> (1.24)	2.98 <sup>b</sup> (1.35)				
Tiny	2.11 (1.34)	2.38 <sup>a</sup> (1.43)	1.86 <sup>b</sup> (1.21)	2.09 <sup>a</sup> (1.33)	1.83 <sup>b</sup> (1.18)	2.45 <sup>c</sup> (1.46)	2.33 <sup>a</sup> (1.36)	1.98 <sup>b</sup> (1.24)	1.84 <sup>b</sup> (1.22)	2.46 <sup>a</sup> (1.54)				
Skinny	2.26 (1.36)	2.47 <sup>a</sup> (1.40)	2.06 <sup>b</sup> (1.30)	2.16 <sup>a</sup> (1.31)	1.96 <sup>b</sup> (1.23)	2.69 <sup>c</sup> (1.45)	2.57 <sup>a</sup> (1.34)	2.14 <sup>a</sup> (1.28)	2.01 <sup>b</sup> (1.26)	2.53 <sup>a</sup> (1.53)				
Thin	2.24 (1.36)	2.50 <sup>a</sup> (1.40)	2.01 <sup>b</sup> (1.29)	2.18 <sup>a</sup> (1.34)	1.92 <sup>b</sup> (1.22)	2.67 <sup>c</sup> (1.43)	2.57 <sup>a</sup> (1.37)	2.14 <sup>a</sup> (1.31)	1.95 <sup>b</sup> (1.26)	2.50 <sup>a</sup> (1.48)				
Healthy weight	3.01 (1.39)	3.21 <sup>a</sup> (1.36)	2.83 <sup>b</sup> (1.39)	3.03 <sup>a</sup> (1.34)	2.79 <sup>b</sup> (1.42)	3.23 <sup>a</sup> (1.37)	2.93 <sup>a</sup> (1.42)	2.97 <sup>a</sup> (1.38)	2.84 <sup>a</sup> (1.29)	3.27 <sup>b</sup> (1.41)				
Underweight	2.03 (1.32)	2.32 <sup>a</sup> (1.37)	1.76 <sup>b</sup> (1.21)	2.00 <sup>a</sup> (1.26)	1.69 <sup>b</sup> (1.10)	2.47 <sup>c</sup> (1.49)	2.22 <sup>a</sup> (1.30)	1.87 <sup>a</sup> (1.22)	1.83 <sup>b</sup> (1.19)	2.44 <sup>a</sup> (1.52)				
Thick	2.18 (1.36)	2.40 <sup>a</sup> (1.41)	1.97 <sup>b</sup> (1.27)	2.06 <sup>a</sup> (1.32)	2.02 <sup>a</sup> (1.27)	2.51 <sup>b</sup> (1.44)	2.02 <sup>ab</sup> (1.29)	1.90 <sup>a</sup> (1.24)	2.16 <sup>b</sup> (1.27)	2.89 <sup>c</sup> (1.42)				
Gaining too much weight	2.12 (1.34)	2.44 <sup>a</sup> (1.40)	1.83 <sup>b</sup> (1.19)	2.13 <sup>a</sup> (1.33)	1.81 <sup>b</sup> (1.15)	2.48 <sup>c</sup> (1.45)	1.91 <sup>ab</sup> (1.28)	1.78 <sup>a</sup> (1.17)	2.15 <sup>b</sup> (1.25)	2.98 <sup>c</sup> (1.38)				
Too much weight for his/her health	2.16 (1.38)	2.46 <sup>a</sup> (1.42)	1.88 <sup>b</sup> (1.27)	2.18 <sup>a</sup> (1.39)	1.81 <sup>b</sup> (1.19)	2.55 <sup>c</sup> (1.45)	2.00 <sup>ab</sup> (1.39)	1.83 <sup>a</sup> (1.24)	2.16 <sup>b</sup> (1.28)	3.00 <sup>c</sup> (1.38)				
Big boned	2.06 (1.36)	2.36 <sup>a</sup> (1.43)	1.79 <sup>b</sup> (1.22)	2.08 <sup>a</sup> (1.35)	1.74 <sup>b</sup> (1.15)	2.42 <sup>c</sup> (1.49)	1.97 <sup>ab</sup> (1.37)	1.77 <sup>a</sup> (1.22)	2.00 <sup>b</sup> (1.23)	2.80 <sup>c</sup> (1.44)				
Well endowed	1.97 (1.32)	2.31 <sup>a</sup> (1.42)	1.66 <sup>b</sup> (1.13)	2.02 <sup>a</sup> (1.32)	1.62 <sup>b</sup> (1.06)	2.36 <sup>c</sup> (1.47)	1.92 <sup>a</sup> (1.29)	1.78 <sup>a</sup> (1.21)	1.84 <sup>c</sup> (1.20)	2.53 <sup>b</sup> (1.48)				

Item-response values range from 1 (never) to 5 (very often). Values within the same row and subgrouping not sharing the same superscript letter (eg, a, b vs c) are significantly different from each other at  $P < .01$ .

African American and Hispanic/Latinx youth compared with their lower-weight and white peers. Overall, most youth preferred “thick over words and phrases such as “BMI, “higher body weight, “big,” “obese,” “fat,” and “gaining too much weight.” Preference for the word “curvy” was also higher among Hispanic/Latinx youth, sexual minority youth, and those with a BMI  $\geq 95^{\text{th}}$  percentile compared with their white, heterosexual, and lower-weight peers. These findings reiterate the importance of appreciating sociocultural contexts<sup>23</sup> that contribute to youth’s assigned meanings and use of weight communication. For example, labels provide a meaningful sense of identity for denoting sexual and gender identity, and preferred terminology used by youth to describe their body size may provide an additional sense of self-awareness, empowerment, and acceptance, particularly for youth with multiple stigmatized identities (eg, because of their weight, sexual or gender identity, and/or their race/ethnicity).

Collectively, these findings highlight the need to recognize diversity in youth preferences for weight terminology, which may differ according to sex, sexual orientation, race/ethnicity, and weight status. By using youth’s preferred weight terminology when discussing weight-related health, parents can promote a more sensitive dialogue to help increase youth comfort levels and encourage their engagement in these conversations. Given that parental usage of weight terminology may not

always align with their child’s preferences, and that many youth never want their parents to talk about their weight,<sup>10</sup> pediatric providers have an opportunity to educate parents about the importance of using supportive, nonstigmatizing communication in parent–child interactions about weight-related health.

Limitations of this study should be noted. Our data reflect independent participant samples; future research should examine parent–child dyads to determine patterns of weight communication within families. Additionally, youth preferences for weight terminology may differ across familial and health care contexts, indicating a need to identify which terminology is most acceptable to youth in different settings. Our reliance on self-report and cross-sectional data limits any conclusions about changes in terminology preferences over time, and may be susceptible to socially desirable response patterns among parents who do not want to admit to using negative weight terminology. Future research should expand assessment of terminology preferences to youth with more diverse sexual and gender identities, including youth who identify as transgender. It will also be informative to examine parental characteristics associated with their use of specific weight terminology, such as previous experiences of weight stigma, weight status, and body image. Finally, study measures

were only offered in English, and additional research is needed to understand the cultural nuances in the meanings of weight terminology in other languages and cultures. Our study also has several key strengths, including adolescent and parent samples of diverse racial/ethnic backgrounds, different weight categories, and both males and females. We also assessed a broader range of weight-related terms and phrases than previous research, allowing for comparison of word preferences that may have more salience in different cultural or racial/ethnic contexts. Our examination of youth emotional reactions to weight terminology provides additional insights that can inform weight-related communication between parents and youth.

## CONCLUSIONS

Our findings show some consistencies in weight terminology that youth most prefer, dislike, and respond to with negative emotions, but also differences in their perceptions across sex, sexual orientation, race/ethnicity, and weight status. This individual variation can create challenges for communicating about weight with youth, especially in the absence of a single word or phrase that is universally accepted. However, by asking youth their preferred terms when discussing weight-related health, parents can promote more supportive and less stigmatizing communication with their children.

---

PEDIATRICS (ISSN Numbers: Print, 0031-4005; Online, 1098-4275).

Copyright © 2022 by the American Academy of Pediatrics

**FUNDING:** Funded by a grant from WeightWatchers (WW) to the University of Connecticut on behalf of Dr Puhl.

**CONFLICT OF INTEREST DISCLAIMER:** Drs Foster and Cardel are employees and shareholders of WW International. Dr Puhl has received research grants from WW International. Dr Lessard has indicated she has no conflict of interest relevant to this article to disclose.

**COMPANION PAPER:** A companion to this article can be found online at [www.pediatrics.org/cgi/doi/10.1542/peds.2022-059167](http://www.pediatrics.org/cgi/doi/10.1542/peds.2022-059167).

---

## REFERENCES

1. Fryar CD, Carroll MD, Ogden CL. Prevalence of overweight, obesity, and severe obesity among children and adolescents aged 2–19 years: United States, 1963–1965 through 2015–2016. Retrieved at: [https://www.cdc.gov/nchs/data/hestat/obesity\\_child\\_15\\_16/obesity\\_child\\_15\\_16.pdf](https://www.cdc.gov/nchs/data/hestat/obesity_child_15_16/obesity_child_15_16.pdf) Accessed April 25 2022
2. Puhl RM, Lessard LM. Weight stigma in youth: prevalence, consequences, and considerations for clinical practice. *Curr Obes Rep.* 2020;9(4):402–411
3. Pont SJ, Puhl R, Cook SR, Slusser W. Section on Obesity; Obesity Society. Stigma experienced by children and adolescents with obesity. *Pediatrics.* 2017;140(6):e20173034
4. Srivastava G, Browne N, Kyle TK, et al. Caring for US children: barriers to effective treatment in children with the disease of obesity. *Obesity (Silver Spring).* 2021;29(1):46–55
5. Puhl RM, Himmelstein MS. Adolescent preferences for weight terminology used by health care providers. *Pediatr Obes.* 2018;13(9):533–540
6. Puhl RM, Himmelstein MS. A word to the wise: adolescent reactions to parental communication about weight. *Child Obes.* 2018;14(5):291–301
7. Puhl RM, Himmelstein MS, Armstrong SC, Kingsford E. Adolescent preferences and reactions to language about body weight. *Int J Obes.* 2017;41(7):1062–1065
8. Knierim SD, Rahm AK, Haemer M, et al. Latino parents' perceptions of weight terminology used in pediatric weight counseling. *Acad Pediatr.* 2015;15(2):210–217
9. Sonnevile KR, Mulpuri L, Khreizat I, Nichols LP, Plegue MA, Chang T. Youth preferences for weight-related conversations. *Health Commun.* 2020; 35(11):1328–1333
10. Puhl RM, Lessard LM, Foster GD, Gardel MI. A comprehensive examination of the nature, frequency, and context of parental weight communication: perspectives of parents and adolescents. *Nutrients.* 2022;14(8):1562
11. Lydecker JA, O'Brien E, Grilo CM. Parents have both implicit and explicit biases against children with obesity. *J Behav Med.* 2018;41(6):784–791
12. Puhl RM, Peterson JL, Luedicke J. Weight-based victimization: bullying experiences of weight loss treatment-seeking youth. *Pediatrics.* 2013;131(1):e1–e9
13. Puhl RM, Wall MM, Chen C, Bryn Austin S, Eisenberg ME, Neumark-Sztainer D. Experiences of weight teasing in adolescence and weight-related outcomes in adulthood: a 15-year longitudinal study. *Prev Med.* 2017;100:173–179
14. Puhl RM. What words should we use to talk about weight? A systematic review of quantitative and qualitative studies examining preferences for weight-related terminology. *Obes Rev.* 2020; 21(6):e13008
15. Faircloth RS, Brooks DI, Vogt KS, Emerick JE. Talking about childhood obesity: a survey of what parents want. *Acad Pediatr.* 2019;19(7):756–763
16. Stuij M, van Maarschalkerweerd PEA, Seidell JC, Halberstadt J, Dedding C. Youth perspectives on weight-related words used by healthcare professionals: a qualitative study. *Child Care Health Dev.* 2020;46(3):369–380
17. Rose KL, Leonard KC, Chang T, et al. Responses to the word obese: definitions, associations, and assumptions made by adolescents and emerging adults. *Stigma Health.* 2019;5:335–341
18. Ristovski-Slijepcevic S, Bell K, Chapman GW, Beagan BL. Being 'thick' indicates you are eating, you are healthy and you have an attractive body shape: perspectives on fatness and food choice amongst Black and White men and women in Canada. *Health Sociol Rev.* 2010;19:317–329
19. Antin TMJ, Hunt G. Embodying both stigma and satisfaction: an interview study of African American women. *Crit Public Health.* 2013;23:17–31
20. van Maarschalkerweerd PEA, Camfferman R, Seidell JC, Halberstadt J. Children's, parents' and healthcare professionals' preferences for weight-based terminology in health care. *Health Commun.* 2021; 36(13):1805–1809
21. Centers For Disease Control and Prevention. CDC growth charts: United States. Available at: [https://www.cdc.gov/growthcharts/clinical\\_charts.htm](https://www.cdc.gov/growthcharts/clinical_charts.htm). Accessed April 20 2022
22. Puhl RM, Peterson JL, Luedicke J. Parental perceptions of weight terminology that providers use with youth. *Pediatrics.* 2011;128(4):e786–e793
23. Berge JM, MacLehose RF, Loth KA, Eisenberg ME, Fulkerson JA, Neumark-Sztainer D. Parent-adolescent conversations about eating, physical activity and weight: prevalence across sociodemographic characteristics and associations with adolescent weight and weight-related behaviors. *J Behav Med.* 2015;38(1):122–135