

We have not been getting this right and how we are looking to change: Stigma and inequality in nutrition research reporting

Firstly, as a journal we would like to take this opportunity to apologise to anyone who has read an article in this journal and found the language stigmatising, or the data presented in a way that was not fully inclusive or equitable. Research presents challenges in this regard as there are historical inequities in the system and language of learned groups, which has often lagged behind socially acceptable language used in other media forums.

However, this should not be seen to excuse this type of behaviour, or as a reason for journals to assume they are immune to the moral obligation to be inclusive and equitable to all in the articles they publish. Therefore, as editorial board members of the *Journal of Human Nutrition and Dietetics* (JHND), we are working in line with the British Dietetic Association's (BDA) position to be inclusive and avoid stigma for all groups in society.

Secondly, writing a piece such as this is inherently challenging, this is caused by the simple nature of being in academic positions and/or members of an editorial board, we hold certain privileges (perhaps something we should consider in all areas of our work and practice). Although we are only four voices, this piece seeks to set out how research should be reported in our journal and opens the door to a greater diversity of voices to be heard on this topic moving forward.

What is the problem of stigma?

In nutrition and dietetics, traditional discussions around stigma have tended to focus on the nine protected characteristics set out by law within the Equality Act (2010) ¹ within the UK, which include gender, age, race, disability, and sexual orientation. One key area that has only recently started to be discussed (and now hopefully challenged) is that of body weight. Weight stigma is not included within the Equality Act, and as such has not traditionally been afforded the same protection from discrimination and bias as the other nine characteristics, despite it being pervasive throughout our society ². This is exemplified in the language used when discussing people living with obesity, such as 'obese' or 'war on obesity' where people are dehumanised by being classified by their weight or seen as something that needs to be fought against. This manifests itself in language, in imagery, and in the attitudes and practices of healthcare practitioners (including dietitians) and is seen particularly in media portrayals of people living with obesity.²

Although there is a lack of legal protection, the debate has been started with the introduction of a Body Image Bill ³ to the UK Parliament in February 2022, which sets out to make it a legal requirement for any online image that has been digitally altered to be clearly labelled as such. Additionally, this is part of a scheme of work to include the risks of how body image is portrayed in the Online Harms Bill ⁴, so although not implicitly protected in legislation, there is movement toward more protection which strengthens the need to challenge stigma and bias with respect to weight, body shape and size.

Conversely, those living at lower body weights can also face prejudice and exclusion, which can be direct or indirect. There are concerns about the medicalisation of language relating to supplemental products for example. Sociologically, this could involve reconceptualizing food from something an individual consumes to something that is done to an individual—they are *given* a feed rather than *offered* a supplement or drink. In addition, people living with constitutional thinness can be misdiagnosed as having an eating disorder and discriminated against for having a lower body weight.

The issue of stigma goes far beyond body weight, and it is therefore key that the JHND publishes content that respects equity, diversity, and inclusion and requires that we fully consider all equity-deserving groups who are addressed—or should be addressed—in our pages.

What will we do to move forwards?

We all have a shared responsibility to report and discuss research in an inclusive, non-stigmatising way. There are several important steps we are taking as a journal to clarify recommendations to authors with respect to our style guide.

1. Person-first language is essential across all article types to respectfully place emphasis on a person or sample population, not their condition.

This could involve describing a person as living with diabetes rather than as a ‘diabetic’. Using person first language drives recognition of the value and investment individuals give to our research as participants, as well as their inherent value as individuals. Therefore, we will expect our authors to put people first before their health condition. Moving forward, papers will expect authors to use (and editorial board members to monitor for) person-first language such as: person living with obesity or overweight, person living with disability etc. Furthermore, it is key that we avoid stigmatising and combative language when discussing health conditions, for example not used words such as ‘lacking will power’, ‘morbid obesity’ or ‘tackling obesity’, respectively. We ask our authors and reviewers to be cognisant of this directive and support any transition required until this becomes standard practice. For those that wish to learn more, we suggest you link to the BDA communication guidelines titled ‘Eliminating weight stigma’, where you will find more information about use of language and imagery to help reduce weight stigma.⁵

2. Authors will be strongly encouraged and supported to present data split by sex and/or gender, where possible, either in the main manuscript or as a supplementary text.

As an online only journal, there is less of a need to be restrictive on additional content and this provides the opportunity to publish data on key protected characteristics including sex and gender. Presenting data in this way will also allow readers to consider the effect of the sample’s sex and gender diversity (or lack thereof) on the new knowledge gained from the study. Further, we ask authors to become familiar with the difference between sex and gender and to collect and report on data that is relevant in this respect. For example, if the topic is the association between a particular diet and prostate cancer, the inclusion criteria should be individuals with a prostate (perhaps by querying sex assigned at birth) as opposed to those who identify as male. Relatedly, for discussions about pregnancy, we encourage reference to “pregnant people” rather than “pregnant

women” to be inclusive of pregnant individuals who identify as non-binary, gender fluid, trans, etc.

3. We will ask authors to apply an equity lens in their data visualizations. We especially encourage the use of an ordering system on logic rather than perceived societal factors.

For instance, a demographic table that has been created with an awareness for racial equity could list races alphabetically or in prevalence order, as opposed to using a non-ordered presentation which can result in “White” being presented first without justification.

4. Through the work done by the journal over several years we will look to expand the diversity of our authorship and editorial board.

We will build on our guides to encourage new authors, to invite reviewers from equity-deserving groups, and to undertake work and writing about nutrition and dietetics with groups and communities that are not already widely covered in the literature. We will look to our partnership with the BDA to build on this, including encouraging new and early years nutrition and dietetic practitioners and researchers in the UK, in publishing the abstracts from the BDA Research Symposia we will continue to support those starting their academic publishing career. This will be built upon to support a broader range of authors to contribute high quality research to advance the practice of nutrition and dietetics in a way that is not solely relevant to the UK and other anglophone countries, but that can inform practice globally.

5. Support the respectful and person-centred practice of dietetics, through supporting the publication of papers which critically challenges how the profession practices

Given that JHND focuses on dietetic practice alongside human nutrition, we have an opportunity to inform dietitians in their day-to-day practice. We believe that all dietitians need to respectfully work to support individuals to have food autonomy and choice to optimise their personal health and wellbeing in line with their preferences and identity. ⁶

One nuanced challenge for our international journal is the importance of supporting different definitions of inclusive language which stem from subtle differences in grammar, syntax, and use of the English language in different countries around the globe. This challenge will not hold us back but reinforces our need to explicitly describe what is acceptable language. To ameliorate this challenge, we are looking to expand the diversity and national representation on our editorial board to include voices not only from the UK and anglophone countries such as Australia and Canada, but also by including colleagues from the wider global nutrition and dietetic community.

We may not have always got things right in the past, but as a journal we will work to getting this right in the future and ask you to join us in our efforts to make the JHND more attuned to equity, diversity, and inclusion in all aspects of our work. Together we can help to make nutrition and dietetics more socially just and inclusive.

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