

HEALTHCARE COMMUNICATION ANALYSIS: A MULTI-COUNTRY STUDY ON THE PERCEPTION OF OBESITY-RELATED TERMINOLOGY IN HEALTHCARE AND EVERYDAY CONTEXTS

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This cross-national study examines how obesity-related terminology is perceived (*Fat*, *Adipose*, *Obese*, *Chubby*), as more acceptable or offensive, in healthcare and everyday communication contexts. The research was conducted among 1102 university students from four European countries, addressing four research questions. The study explores contextual differences, educational background (medical vs. non-medical students), and cultural variability of obesity-related terminology. The results show that medically grounded terms such as *Obese* and *Adipose* are consistently perceived as more acceptable and less offensive, particularly in healthcare settings. In contrast, colloquial terms such as *Fat* and *Chubby* are more frequently rated as offensive, especially in clinical contexts. Medical students demonstrate greater acceptance of professional terminology compared to non-medical students. Cross-national differences are evident, particularly for culturally sensitive terms such as *Adipose* and *Chubby*. Based on these findings, a matrix of terminology stability and cultural variability is developed, distinguishing universally stable terms from culturally dependent ones. Overall, the results emphasize the need for context-sensitive and culturally aware communication strategies in obesity-related discourse.

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1 Introduction

Obesity is one of the most pressing global public health challenges, affecting individuals across age groups, socioeconomic strata, and educational backgrounds. According to the World Health Organization (2025), adult obesity has more than doubled since 1990, while adolescent rates have quadrupled. Beyond biomedical consequences, obesity is associated with psychological distress, stigma, and social exclusion, all of which influence health-seeking behavior and treatment adherence.

Within this interdisciplinary landscape, communication occupies a central position. Discussions related to body weight and obesity belong to the realm of sensitive communication. Building an atmosphere of trust is essential, as numerous studies show that the outcome of such conversations often depends on the quality of the relationship between the individuals involved.

There are research studies on obesity as a public issue (Lafetá Pinto Santos et al., 2024), aiming to detect risk factors to create appropriate strategies and improve health outcomes (Safiri et al., 2024). Addressing this complex challenge requires an interdisciplinary approach, including communication challenges (Lindberg et al., 2023; Rippe, 1996). Consequently, obesity is to be addressed through an interdisciplinary framework integrating medical, psychological, sociological, and communicative perspectives.

Terminology plays a critical role in shaping interpersonal dynamics and relationships. Words used to describe obesity may be perceived as neutral, motivational, stigmatizing, or offensive. The selection of appropriate terminology may enhance understanding, preserve dignity, and strengthen trust in healthcare communication. Conversely, poorly chosen language may reinforce stigma, generate resistance, and impair health outcomes.

Although research has explored preferred terminology in clinical settings, important gaps remain. Few studies systematically compare perceptions across healthcare and everyday environments. Differences between medical and non-medical student populations are also underexamined, despite the potential influence of educational background on terminology perception. Furthermore, cross-cultural comparisons within student populations remain limited.

Given that weight gain affects approximately two-fifths of university students across four European countries (Baretić et al., in print), understanding how obesity-related language is perceived among young adults is particularly relevant.

The aim of this study is to examine how different obesity-related terms are perceived in terms of acceptability and offensiveness across healthcare and everyday contexts, and to explore differences according to educational background and cultural setting. This research is conducted within the framework of the Erasmus+ project “Inclusive social education fit for a healthy lifestyle: preventing obesity in young adults” (EDU-FIT), funded by the EU, which aims to promote inclusive social education and healthy lifestyle adoption among young adults.

The organization of this chapter is as follows: after the Introduction, the second section provides related work. The third section provides the research design, along with data set description and instrument presentation. The fourth section enumerates the results, including: i) cross-country overview of terminology perception ii) country-specific patterns iii) inferential analysis and testing of four research questions, with the final outcome presented in the form of a matrix of culturally specific and variable terminology. The last section concludes and offers suggestions for further research.

Based on the identified gaps, the following research questions are proposed:

RQ1: How are different obesity-related terms perceived in terms of acceptability and offensiveness in healthcare settings?

RQ2: How are the same terms perceived in everyday (non-clinical) environments?

RQ3: Do Medical students differ from Non-Medical students in their perception of obesity-related terminology?

RQ4: Are there differences in terminology perception among the four countries?

2 Related work

Sensitive communication refers to a respectful, thoughtful, and empathetic exchange of information—particularly on personal or emotionally charged topics—where the choice of words and tone plays a key role in promoting clarity, creating an atmosphere of trust, enabling effective information transfer and mutual understanding. In everyday life, this type of communication helps to build understanding, trust, and more inclusive social interactions—particularly when addressing issues such as body weight, health, or appearance.

In the context of obesity, the words we choose carry significant weight. They can affect how individuals perceive themselves, how others treat them, and how willing they are to engage in conversations about their health. Using appropriate, non-stigmatizing terminology not only encourages open and respectful dialogue, but also reduces discomfort and misunderstanding in everyday interactions. This is why sensitive communication, especially in the language used around obesity, plays a crucial role in both healthcare settings and in everyday life.

In healthcare, the primary aim of communication is to establish trust between healthcare professionals and patients. Research exploring the question "How to start a conversation about excess weight?" shows that even subtle changes in wording can significantly influence the treatment process (Speer & McPhillips, 2018).

Effective communication in medical settings supports a clearer understanding of the condition (Štifanić, 2013; Kumar & Chattu, 2018; Chamberlain-Salaun et al., 2013), promotes better long-term adaptation to illness, and increases treatment adherence (Swift et al., 2013; Richard et al., 2014). It also plays a key role in patient satisfaction and, ultimately, has a strong impact on treatment outcomes (Phelan et al., 2018; Gudzone et al., 2014).

Volger et al. (2012) argue that the choice of terms often depends on the individual, shaped by linguistic and cultural contexts. Studies in the United States indicate that people tend to prefer more neutral terms such as "weight" or "body mass index (BMI)" over more direct language like "obesity," "excess fat," or "fatness".

A similar pattern was observed in Australia, where respondents also favored "BMI" and "weight" over terms like "fatness" or "excess fat" (Swift et al., 2013). Schneiber et al. (2025) conducted research on 879 Danish adults with self-reported BMI \geq 30 to express preference for more "technical" or health-related terms (e.g. "weight", "Body mass index-BMI"), as opposed to vernacular terminology (e.g. "fatness"). Results show the preference for technical health-related terminology using people-first language, that creates non-stigmatizing conversation.

Terminology plays a significant role when searching for information and in communication. In their study, Seljan et al. (2014) analyze the use of professional and popular terminology in online diabetes resources and educational materials, emphasizing how terminology influences comprehension and accessibility of health information. Likewise, using appropriate terminology affects everyday communication, as investigated in a study by Baretić et al. (2022) involving 500 participants in Croatia—including patients, doctors, nutritionists, students of medicine, and students of social sciences, and humanities—reported consistent findings, where the term "fat" is perceived as pejorative by all groups, the term "adipose" is more accepted by doctors and students of medicine, the term "obese" is the most accepted by all groups, and the term "chubby" perceived as the most offensive.

Puhl (2020) analyzed 33 review papers on perceptions of and preferences for weight-related terminology, showing preference for neutral terminology (including "weight" or "unhealthy weight") over "obese" and "fat", which actually belong to professional and popular terminology, pointing out the need for culturally relevant weight-related terminology. Nutte et al. (2024) analyzed common social narratives, language, and images used to discuss body weight and identified key recommendations to reduce weight stigma, that include person-first language, individual language preferences and the use of non-stigmatizing language and imagery, among others.

The European Association for the Study of Obesity (EASO, n.d.) launched the initiative "Language Matters: Obesity," which provides practical guidelines for healthcare professionals on how to communicate respectfully with individuals living with higher body weight. These guidelines recommend avoiding labels commonly used for other conditions (such as "diabetic," "hypertensive," or "allergy sufferer"). Instead, the use of person-first language is encouraged—saying, for example, "a

person with obesity” rather than “an obese person,” or “a person with an allergy” rather than “an allergy sufferer” (Kyle, 2014). This approach puts the person first and reflects respect and dignity in communication.

3 Research design

Our survey is publicly accessible via the official website of the Erasmus+ project EDU-FIT. The research was conducted as an anonymous, cross-sectional online questionnaire administered through Google Forms. No personally identifiable information was collected. The questionnaire did not request names, email addresses, or any other identifying data, thereby ensuring complete respondent anonymity. Participation was voluntary, and students were informed at the beginning of the survey about the purpose of the project, the anonymous approach, and their right to withdraw at any point without consequences. Informed consent was obtained prior to questionnaire completion and institutional ethical approval.

3.1 Dataset

Data were collected between November 2024 and January 2025. The questionnaire was accessible online throughout this period and could be completed at any time. The average completion time was approximately two minutes. The dataset consists of 1,102 valid responses collected from students in four countries participating in the EDU-FIT project, Croatia, Portugal, Slovakia, and Slovenia. Table 1 presents the distribution of responses by country.

Table 1: Dataset size

	Croatia	Portugal	Slovakia	Slovenia
Total # of responses	394	325	175	208

Source: own

3.2 Instrument

The questionnaire consisted of 11 items organized into two sections. Section 1: Demographic and Academic Characteristics, collected demographic, anthropometric, and academic information. The variables included: Country of residence, Gender, Age, Height, Body mass, Field of study (technical sciences, biomedical sciences, biotechnical sciences, social sciences, humanities, or arts) and

Self-perception of body mass, assessed through a dichotomous (yes/no) statement: “I think I have an inadequate body mass.”

Section 2: Perception of Obesity-Related Terminology, was designed to assess the perceived acceptability of selected terms related in two distinct communicative contexts: healthcare and everyday environments. Four terms were evaluated: *Fat*, *Adipose*, *Obese*, and *Chubby*.

Each term was translated into the respective local language by professional linguists in collaboration with medical experts to ensure semantic accuracy and contextual appropriateness across countries. Participants were asked to evaluate how each term is perceived—specifically whether it was considered more as acceptable or more as offensive—in:

- A healthcare environment
- Everyday communication settings

Responses were measured using a six-point Likert scale, where higher values indicated stronger agreement with the presented evaluative statement. The scale was structured as follows: 6 – Completely agree, 5 – Mostly agree, 4 – Somewhat agree, 3 – Somewhat disagree, 2 – Mostly disagree, 1 – Strongly disagree.

The absence of a neutral midpoint was intentional, encouraging respondents to indicate directional perception rather than opting for neutrality.

4 Results

To examine the perceived acceptability of each term, responses were coded numerically according to the six-point Likert scale (1–6), where higher values indicated stronger agreement with the evaluative statement. This numerical transformation enabled quantitative analysis and comparison across terms and contexts.

The first part of the results includes a cross-country overview of terminology perception and an overview of country-specific patterns. In the second part, as an initial analytical step, descriptive statistics were calculated for each term across all countries. This approach allowed for the identification of overall perception trends

as well as potential country-level variations in terminology evaluation. In the next step the test of normality was conducted and four research questions were analyzed.

4.1 Cross-country overview of terminology perception

Figures 1 and 2 present the distribution of responses by country, and gender proportion of respondents, respectively. The sample includes 1,102 students from four participating countries: Croatia (n = 394), Portugal (n = 325), Slovakia (n = 175), and Slovenia (n = 208). The proportional distribution reflects relatively balanced participation, with Croatia contributing the largest share and Slovakia the smallest. The gender structure (Figure 2) shows the proportion of male and female respondents, providing context for subsequent perception analysis, as terminology sensitivity may be influenced by gender-related social norms.

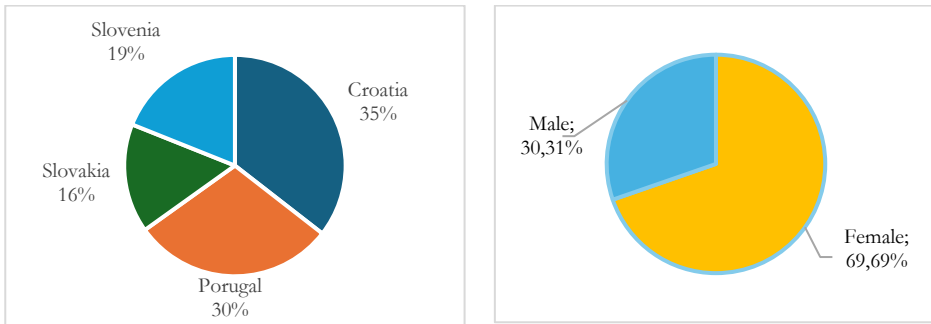


Figure 1: Percentage of responses per country **Figure 2: Proportion of responses per gender**
Source: own. Source: own

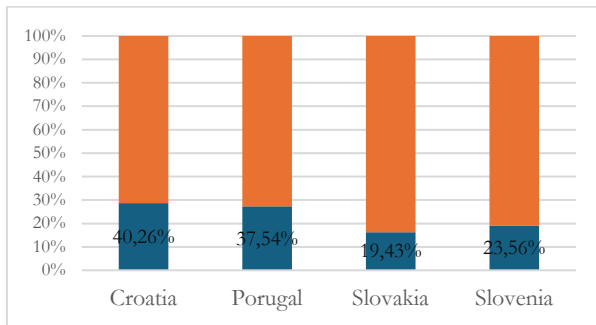


Figure 3: Average agreement with statement: "I think I have an unsuitable body mass."
Source: own.

Figure 3 illustrates the average agreement with the statement: “I think I have an unsuitable body mass.” Agreement levels differ across countries. The highest proportion of agreement was observed in Croatia (40.26%), followed by Portugal (37.54%), while Slovakia recorded the lowest proportion (19.43%).

Figures 4 and 5 present the average perception of terminology considered as more acceptable in both healthcare environments (HE) and everyday environments (EE), across the four countries. Across all four countries, the terms *Obese* and *Adipose*, belonging to medical terminology, were consistently rated as the most acceptable. This pattern is more pronounced in the healthcare setting, where medically grounded terminology aligns with professional discourse norms and is likely perceived as more objective and less judgmental.

In everyday communication, *Obese* and *Adipose* remained the most acceptable compared to other terms, although their acceptability scores are slightly lower than in the healthcare context. This suggests that contextual framing influences linguistic tolerance: clinical terminology appears more appropriate within institutional medical settings than in informal interpersonal communication.

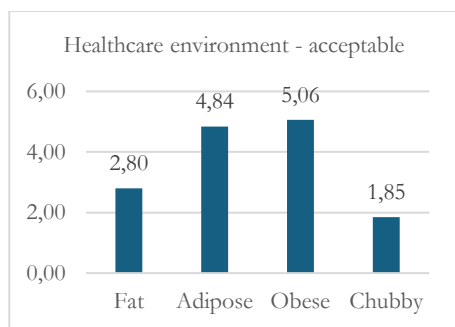


Figure 4: HE – acceptable

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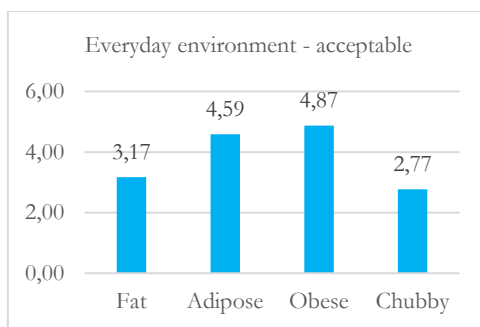


Figure 5: EE – acceptable.

Source: own

Figures 6 and 7 illustrate the average perception of terminology considered as more offensive, again in both healthcare and everyday settings, across all four countries. In both contexts, the terms *Chubby* and *Fat*, informal and non-medical in nature, were rated as the most offensive. The offensiveness ratings are particularly elevated in the healthcare environment. This finding suggests that informal or colloquial

expressions may be perceived as inappropriate in professional medical settings, where neutrality and clinical precision are expected.

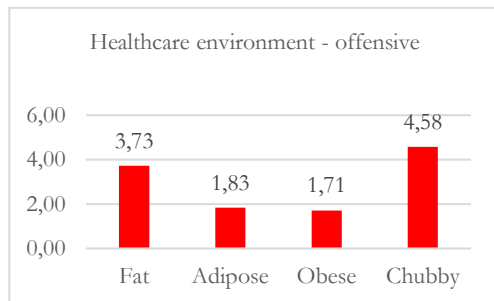


Figure 6: HE – offensive

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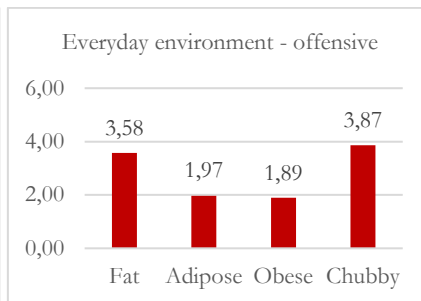


Figure 7: EE – offensive

Source: own

The contrast between medical (*Obese*, *Adipose*) and non-medical (*Fat*, *Chubby*) terminology indicates a clear linguistic differentiation in perceived legitimacy. While medical terms tend to be evaluated as more acceptable, colloquial descriptors carry stronger emotional connotations and may trigger perceptions of stigma or disrespect, especially when used in institutional healthcare contexts.

4.2 Country-specific patterns

Croatia

Figure 8 presents the percentage of students' affiliation, out of total 394 respondents, showing the largest proportion of students of biomedical sciences (54%), followed by social sciences (25%) and humanities (20%).

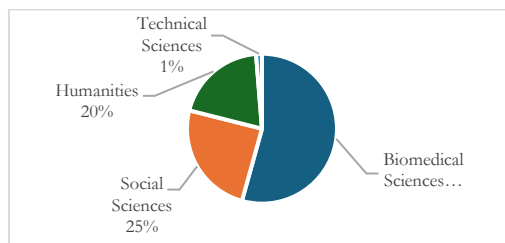


Figure 8: Percentage of students' affiliations for Croatia.

Source: own.

Figures 9 and 10 show the average perception of terminology perceived as acceptable in healthcare and everyday environments for Croatia. In both environments, on average, the terminology perceived as the most acceptable was the official terminology: *Obese* (cro. pretio) and *Adipose* (cro. adipozan). The average answers from Croatia are in line with the average answers across all four countries.

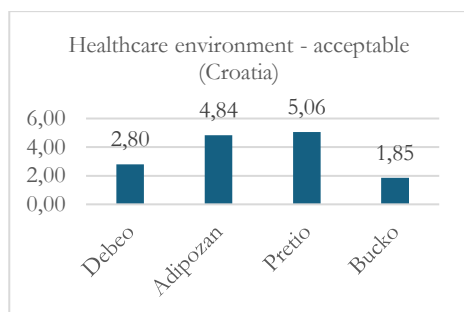


Figure 9: HE – acceptable, for Croatia

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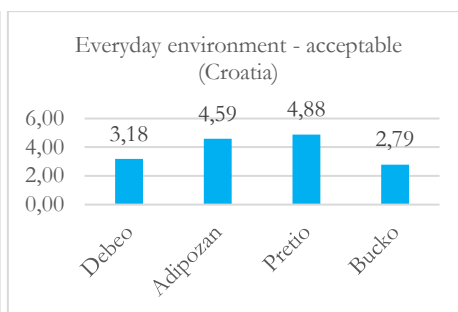


Figure 10: EE – acceptable, for Croatia

Source: own

Figures 11 and 12 show the average perception of terminology perceived as more offensive in healthcare and everyday environments for Croatia. In both environments, on average, the terminology perceived as the most offensive was unofficial terminology: *Chubby* (cro. bucko(a)) and *Fat* (cro. debeo(la)), even more in the healthcare environment. The average answers from Croatia are in line with the average answers across all four countries.

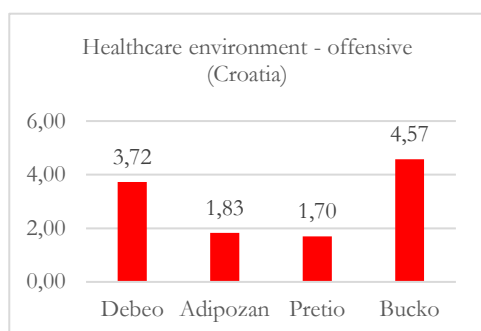


Figure 11: HE – offensive, for Croatia.

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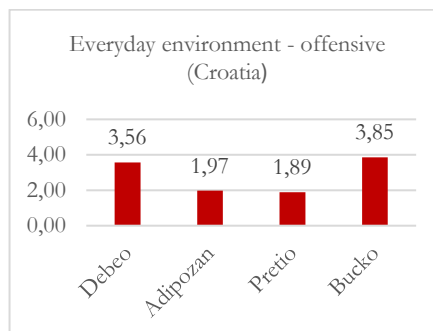


Figure 12: EE – offensive, for Croatia.

Source: own

Portugal

Figure 14 presents the percentage of students' affiliation, out of total 325 respondents, showing the largest proportion of students of social sciences (36%), followed by technical sciences (31%), then biomedical sciences (18%) and humanities (11%).

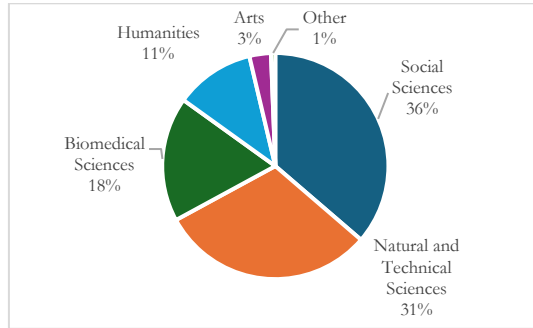


Figure 14: Percentage of students' affiliations for Portugal.

Source: own.

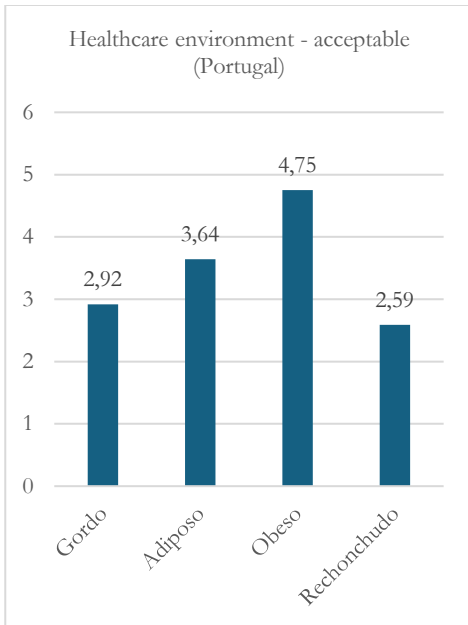


Figure 15: HE – acceptable, for Portugal.

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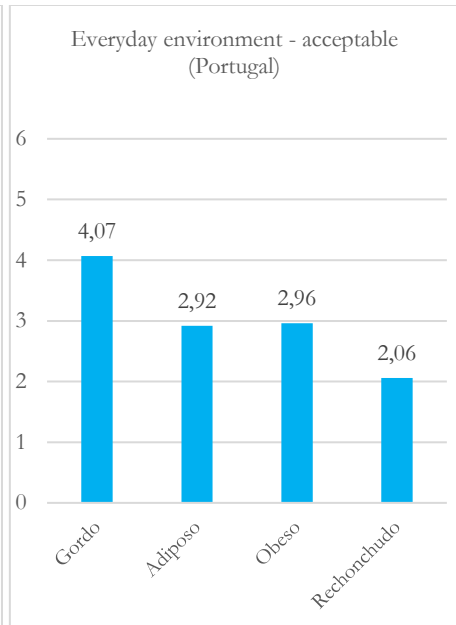


Figure 16: EE – acceptable, for Portugal.

Source: own

Figures 15 and 16 show the average perception of terminology perceived as acceptable in healthcare and everyday environments for Portugal. In the healthcare environment the most acceptable was the term *Obese* (por. obeso(a)), while the term *Adipose* (por. adiposo) was much less accepted, in contrast to average acceptance across all four countries. Interestingly, in the everyday environment, the term perceived as the most acceptable was *Fat* (por. gordo), which was perceived among the other three countries as the second most offensive term. In contrast to the average acceptance across all four countries, in everyday context, the terms *obeso* and *adiposo* are even less accepted than the term *Fat* (por. gordo).

Figures 17 and 18 show the average perception of perceived offensive terminology in the healthcare and everyday environment, for Portugal. In the healthcare environment, the term perceived as most offensive was *Chubby* (por. reconchudo(a)) followed by *Fat* (por. gordo(a)), as in average across four countries. In the everyday environment, the term perceived as the most offensive is the term *Fat* (por. gordo(a)). This shows the polarity for the term *Fat* (por. gordo(a)) which is perceived as the most acceptable and the most offensive in the everyday environment. Interestingly, perceived as the least offensive term in the everyday environment was the term *Chubby* (por. rechonchudo(a)), contrary to the average across all countries.

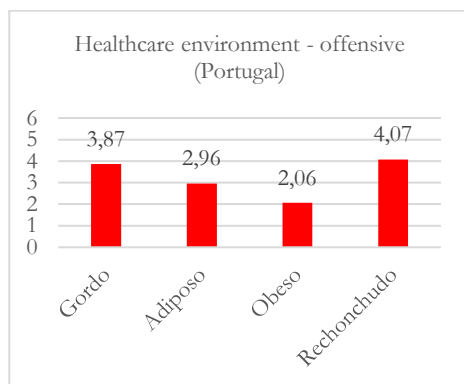


Figure 17: HE – offensive, for Portugal.
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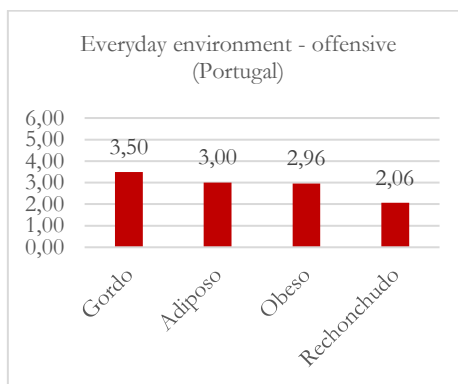


Figure 18: EE – offensive, for Portugal.
Source: own

Slovakia

Figure 19 presents the percentage of students' affiliation, out of total 175 respondents, showing the largest proportion of students of social sciences (73%), followed by humanities (19%) and technical and natural sciences (8%).

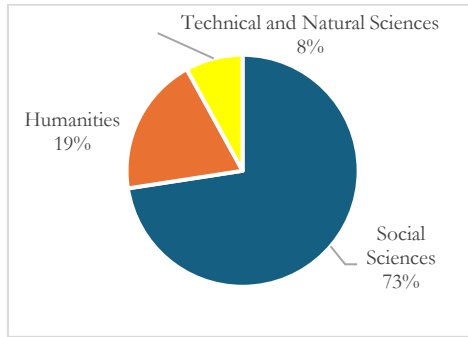


Figure 19: Percentage of students' affiliations for Slovakia.

Source: own.

Figures 20 and 21 show the average perception of terminology perceived as acceptable, in the healthcare and everyday environments, for Slovakia. In the healthcare and everyday environments, the most acceptable was the term *Obese* (slo. obézny(a)). Interestingly, the term *Adipose* (slo. tlstý) was much less accepted, contrary to average. Contrary to all other countries, the second term perceived as the most acceptable was the term *Chubby* (slo. bacuľatý(a)), in both environments.

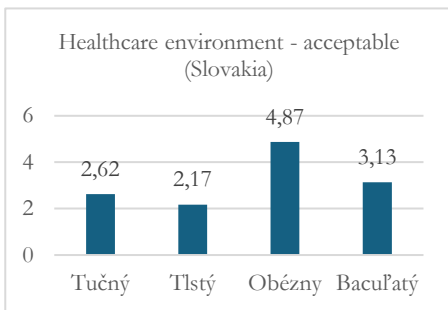


Figure 20: HE – acceptable, for Slovakia.

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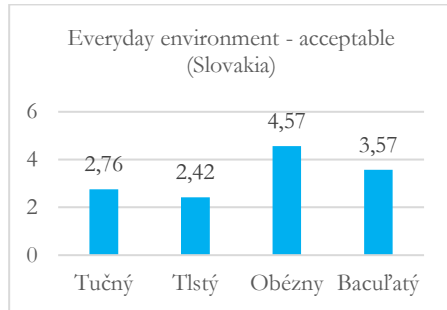


Figure 21: EE – acceptable, for Slovakia.

Source: own

Figures 22 and 23 show the average perception of perceived offensive terminology in the healthcare and everyday environments, for Slovakia. The terminology perceived as the most offensive differs from the average across four countries. Contrary to average results across all countries, the term perceived as the most offensive is *Adipose* (slo. tlstý) in both environments, followed by *Fat* (slo. tučný) and *Chubby* (slo. bacuľatý). The least offensive was the official term *Obese* (slo. obézny(a)), as in average across all four countries.

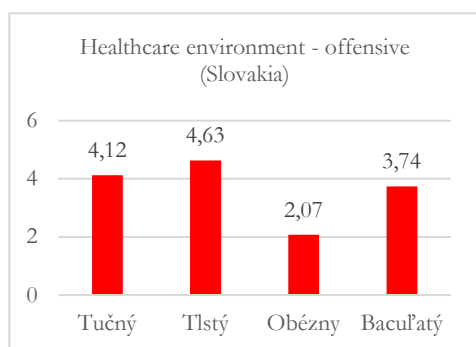


Figure 22: HE – offensive, for Slovakia.

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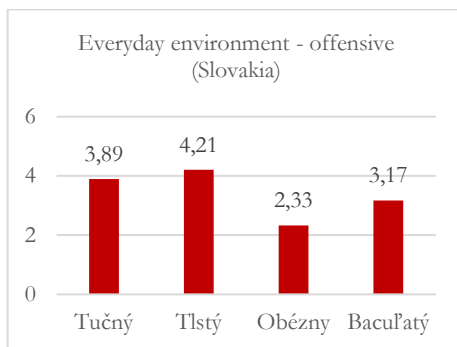


Figure 23: EE – offensive, for Slovakia.

Source: own

Slovenia

Figure 24 presents the percentage of students' affiliation, out of total 208 respondents, showing the largest proportion of students of biomedical sciences (50%), followed by social sciences (36%), humanities (12%) and technical and natural sciences (2%).

Figures 25 and 26 show the average perception of terminology perceived as acceptable, in the healthcare and everyday environments, for Slovenia. In the healthcare and everyday environments the most acceptable was the term *Adipose* (slv. adiposen(a)), as opposed to Slovakia, and not as in average across four countries, where the official term *Obese* was most accepted. The term *Obese* (slv. prekomerno težo) was perceived as much less acceptable then in average across all four countries.

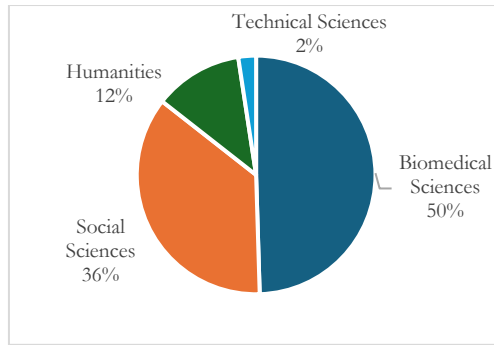


Figure 24: Percentage of students' affiliations for Slovenia.
Source: own.

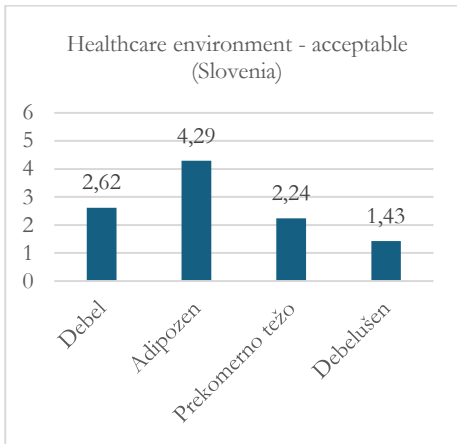


Figure 25: HE – acceptable, for Slovenia.
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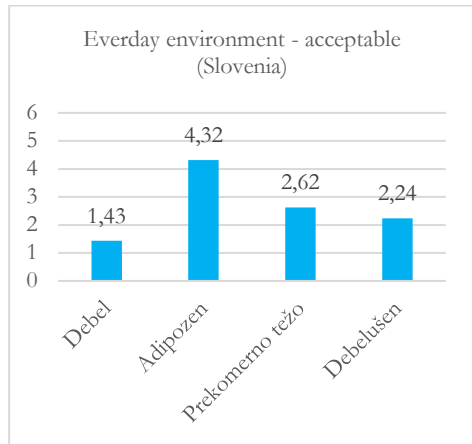


Figure 26: EE – acceptable, for Slovenia.
Source: own

Figures 27 and 28 show the average perception of perceived offensive terminology in the healthcare and everyday environment, for Slovenia. The terminology perceived as the most offensive was *Chubby* (slv. *debelušen*), followed by *Fat* (slv. *debeli*), as in average across all four countries. Interestingly, the official medical term *Obese* (slv. *prekomerno težo*) was perceived in everyday environment almost as offensive, as the term *Fat* (slv. *debeli*).

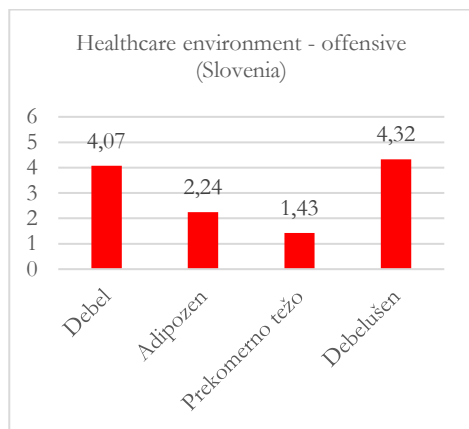


Figure 27: HE – offensive, for Slovenia.

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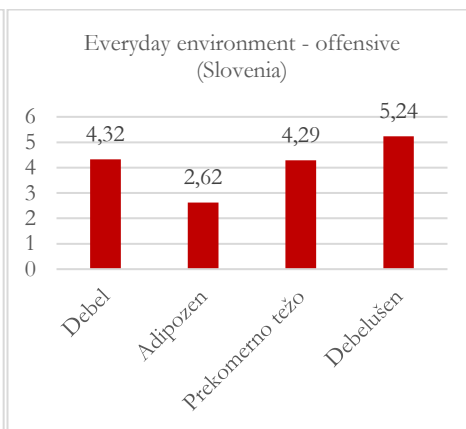


Figure 28: EE – offensive, for Slovenia.

Source: own

4.3 Inferential Analysis: Research Question Testing

The following section provides basic descriptive statistics and the analysis of four research questions.

Descriptive Statistics

Table 2a, 2b, 2c, 2d provides descriptive statistics of the dataset for each term separately.

Table 2a-d: Descriptive statistics

Descriptive Statistics – Health Offensive

	HO Fat	HO Adipose	HO Obese	HO Chubby
Median	4.000	2.000	1.000	5.000
Mean	3.896	2.685	1.819	4.249
95% CI Mean Upper	4.000	2.789	1.896	4.351
95% CI Mean Lower	3.791	2.581	1.741	4.146
Std. Deviation	1.770	1.754	1.314	1.736

Descriptive Statistics – Health Acceptable

	HA Fat	HA Adipose	HA Obese	HA Chubby
Median	2.000	4.000	6.000	2.000
Mean	2.773	3.958	5.006	2.365
95% CI Mean Upper	2.874	4.066	5.092	2.459
95% CI Mean Lower	2.672	3.850	4.920	2.271
Std. Deviation	1.710	1.824	1.456	1.589

Descriptive Statistics – Everyday Offensive

	EO Fat	EO Adipose	EO Obese	EO Chubby
Median	4.000	2.000	1.000	3.000
Mean	3.701	2.746	2.135	3.525
95% CI Mean Upper	3.808	2.849	2.226	3.631
95% CI Mean Lower	3.595	2.643	2.044	3.418
Std. Deviation	1.805	1.747	1.542	1.799

Descriptive Statistics – Everyday Acceptable

	EA Fat	EA Adipose	EA Obese	EA Chubby
Median	3.000	4.000	5.000	3.000
Mean	3.131	3.872	4.719	3.208
95% CI Mean Upper	3.234	3.979	4.813	3.313
95% CI Mean Lower	3.027	3.765	4.624	3.103
Std. Deviation	1.751	1.803	1.594	1.777

Source: own

Across all countries, descriptive statistics reveal a consistent pattern distinguishing medical from colloquial terminology. In healthcare settings, *Obese* shows the lowest offensiveness (M = 1.82; Median = 1) and the highest acceptability (M = 5.01; Median = 6), indicating strong professional legitimacy. *Adipose* is also perceived as relatively acceptable (M = 3.96) and less offensive (M = 2.69), though with greater variability (Std. Dev=1.75 and Std. Dev=1.82). In contrast, *Fat* (M_offensive = 3.90) and especially *Chubby* (M_offensive = 4.25; Median = 5) are rated as more offensive and less acceptable in healthcare contexts.

In everyday settings, perceptions are slightly less polarized but follow a similar trend: *Obese* remains the most acceptable term (M = 4.72), while *Fat* and *Chubby* receive offensiveness ratings. Overall, the results demonstrate a stable preference for medically grounded terminology and greater sensitivity toward informal expressions.

RQ1: Perception of Obesity-Related Terminology in Healthcare Settings

RQ1: How are different obesity-related terms perceived in terms of acceptability and offensiveness in healthcare settings?

Results show a clear distinction between medically grounded and informal/colloquial terminology. The terms *Obese* and *Adipose*, which belong to formal medical vocabulary, are consistently rated as the most acceptable and least offensive. Their higher acceptability scores indicate that respondents perceive clinically precise terminology as appropriate within professional medical discourse. The structured and diagnostic nature of these terms likely contributes to their perceived neutrality.

In contrast, the terms *Fat* and *Chubby*, which are colloquial and non-medical in character, receive substantially higher offensiveness ratings. These terms are evaluated as less acceptable in healthcare communication. The negative perception is particularly evaluated for *Chubby*, suggesting that informal or diminutive expression may contribute to non-understanding and ineffective results of communication.

RQ2: Perception of Obesity-Related Terminology in Everyday Settings

RQ2: How are the same terms perceived in everyday (non-clinical) environments?

In everyday communication contexts, terminology perception remains differentiated but is somewhat less polarized than in healthcare settings.

The terms *Obese* and *Adipose* continue to be rated as more acceptable than *Fat* and *Chubby*, although the strength of acceptability is slightly reduced compared to healthcare settings. This suggests that clinical terminology, while still viewed as most acceptable, may feel more formal or distant in informal social interactions.

The terms *Fat* and *Chubby* remain the most offensive in everyday environments. However, their offensiveness ratings are generally lower than in healthcare contexts. This indicates that informal language may be more tolerated in peer or family communication, although it still carries negative connotations.

RQ3: Differences Between Medical and Non-Medical Students

RQ3: Do Medical students differ from Non-Medical students in their perception of obesity-related terminology?

Table 3: Analysis between Medical and Non-Medical students

Term & Context	Mean (Medical)	Mean (Non - Medical)	U	p (Holm)	Effect size (r_rb)	Interpretation
Health – Offensive Fat	3.95	3.85	153998.5	n.s.	-0.029	No significant difference
Health – Acceptable Fat	2.73	2.81	144686.0	n.s.	0.032	No significant difference
Health – Offensive Adipose	3.00	2.44	178005.0	< .001	0.334	Medical students rate <i>Adipose</i> as less offensive
Health – Acceptable Adipose	4.67	3.58	—	< .001	-0.354	Medical students rate <i>Adipose</i> as more acceptable
Health – Offensive Obese	1.99	1.68	169227.0	< .001	0.156	Medical students rate <i>Obese</i> as less offensive
Health – Acceptable Obese	5.27	4.87	—	< .001	-0.173	Medical students rate <i>Obese</i> as more acceptable
Health – Offensive Chubby	4.23	4.26	148992.5	n.s.	-0.130	No significant difference
Health – Acceptable Chubby	2.00	2.56	—	< .001	0.196	Medical students rate <i>Chubby</i> as less acceptable
Everyday – Offensive Fat	3.64	3.73	—	n.s.	0.029	No significant difference
Everyday – Acceptable Fat	3.17	3.11	—	n.s.	-0.025	No significant difference
Everyday – Offensive Adipose	2.11	3.09	—	< .001	0.033	Medical students rate <i>Adipose</i> as less offensive
Everyday – Acceptable Adipose	4.51	3.54	—	< .001	-0.314	Medical students rate <i>Adipose</i> as more acceptable
Everyday – Offensive Obese	1.72	2.35	—	< .001	0.246	Medical students rate <i>Obese</i> as less offensive
Everyday – Acceptable Obese	5.08	4.53	—	< .001	-0.232	Medical students rate <i>Obese</i> as more acceptable
Everyday – Offensive Chubby	3.70	3.43	—	n.s.	-0.084	No significant difference
Everyday – Acceptable Chubby	3.01	3.31	—	n.s.	0.096	No significant difference

Source: own

To address the RQ3, which asked whether Medical and Non-Medical students differ in how their perception of obesity-related terminology, in terms of acceptability and

offensiveness, we conducted a Mann Whitney U test or a Wilcoxon test. Dependent variable was measured on a 6-point Likert scale, and data are ordinal and did not meet the assumptions of normality for any of terms, as confirmed by Shapiro–Wilk tests (all terms $p < .001$). The comparison included two independent groups – Medical and Non-Medical students. A Mann–Whitney U test, or the Wilcoxon rank-sum test, was conducted, since it did not assume normally distributed data and, instead, evaluated whether the distributions of ranks differed significantly between groups. This allowed us to test whether Medical and Non-Medical students varied in their perceptions of obesity-related terminology across healthcare and everyday contexts.

The results indicate that statistically significant differences between Medical and Non-Medical students were primarily observed for professional terminology (*Adipose* and *Obese*). Across both healthcare and everyday contexts, Medical students consistently rated these terms as more acceptable and less offensive compared to Non-Medical students. Effect sizes ranged from small to moderate, suggesting modest but systematic perceptual differences.

For colloquial terminology (*Fat* and *Chubby*), differences were generally small and not statistically significant after Holm correction. An exception was the term *Chubby* in the healthcare environment, where Medical students rated the term more offensive and less acceptable.

Overall, our findings suggest that educational background influences the perception of medically grounded terminology, with Medical students demonstrating greater acceptance of clinical vocabulary and greater sensitivity to non-official terminology, such as *Chubby*.

RQ4: Cultural differences in terminology perception among countries

RQ4: Are there differences in terminology perception among the four countries?

To address RQ4, which asked whether certain terms were consistently perceived as acceptable or offensive across cultures or whether their perception was culturally specific, the Kruskal–Wallis H test was conducted. This nonparametric test was chosen as the ratings were in an ordinal (Likert) scale and not normally distributed,

making it suitable for comparing more than two independent groups—in this case, students from four countries. The Kruskal–Wallis test allowed us to determine whether there were statistically significant differences in perceptions of each term among four countries. Where significant differences were observed, Dunn’s post-hoc tests with Holm or Bonferroni correction was applied, to identify which specific country pairs differed. This approach enabled us to distinguish culturally stable terms (no significant cross-country differences) from culturally specific terms (significant variation across countries).

In the *healthcare setting*, students from all four countries showed a strong preference for professional clinical language. The term *Obese* was considered the most acceptable, with median around 6, across countries. This is the least offensive and the most acceptable term in Slovenia and Croatia.

Adipose also scored well, although perceptions varied: it was highly acceptable in Croatia and Slovenia, but far less so in Portugal and, specifically in Slovakia, where this term *Adipose* is considered highly offensive.

Table 4: Analysis for culturally-specific obesity-related terminology, among four countries

Term	Context	KW H (d=3)	p-value	Results	Interpretation
Fat	Health Offensive	8.787	*p<.05	*Croatia<Slovakia, Slovenia	This term is scored as offensive at average 4.0 on the scale 1-6. Generally there is no statistically significant difference, except at p<.05 where in Croatia the term is perceived less offensive than in Slovakia and Slovenia.
Adipose	Health Offensive	283.055	***p<.01	Statistically significant difference among all countries ***Slovakia>Croatia, Portugal, Slovenia ***Portugal>Croatia, Slovenia ***Croatia<Portugal, Slovakia, Slovenia **Slovenia>Croatia	The term is considered to be the most offensive term in Slovakia, and the least offensive in Croatia, followed by Slovenia and then Portugal. In Slovenia it is considered as the most acceptable term.
Obese	Health Offensive	34.971	***p<.001, **p<.01	***Portugal, Slovakia>Slovenia **Portugal>Croatia	This is the least offensive term in average across all countries, however with statistical significance. It is the least offensive in Slovenia and Croatia, more in Slovakia and Portugal.
Chubby	Health Offensive	42.755	***p<.001, **p<.01, *p<.05	***Croatia>Slovakia, Portugal **Slovenia>Slovakia *Croatia>Slovenia	Chubby is statistically the most offensive term, perceived as the most most offensive in Croatia and Slovenia, than in Portugal and the least in Slovakia.

Term	Context	KW H (d=3)	p-value	Results	Interpretation
Adipose	Health Acceptable	265.770	***p<.001	Statistically significant difference among all countries ***Croatia>Portugal, Slovakia, Slovenia ***Slovenia>Portugal, Slovakia ***Portugal>Slovakia	This term is the most accepted in Croatia, followed by Slovenia, and the least accepted in Slovakia, followed by Portugal, with statistically significant differences among all countries..
Obese	Health Acceptable	45.459	***p<.001	***Slovenia<Croatia, Portugal, Slovakia ***Slovakia>Slovenia *Croatia>Portugal	The term is the most accepted in Croatia, followed by Slovakia and Portugal, and significantly the least accepted in Slovenia.
Chubby	Health Acceptable	102.059	***p<.001	***Slovakia>Slovenia, Croatia, Portugal	The term has the highest acceptance in Slovakia and the lowest in Slovenia and Croatia, for which there is statistically significant difference.
Fat	Everyday Offensive	18.950	***p<.001, **p<.01	***Slovenia>Portugal, **Slovenia>Croatia	The term is considered to be the most offensive in Slovenia, the least in Portugal and Croatia, with statistically significant difference.
Adipose	Everyday Offensive	189.279	***p<.001, *p<.05	Statistically significant difference among all countries, except between Portugal and Slovenia ***Slovakia>Croatia, Portugal, Slovenia ***Croatia<Portugal, Slovakia, Slovenia ***Portugal<Slovakia, ***Slovakia>Slovenia	The term is considered to be the most offensive in Slovakia, the least in Croatia, followed by Slovenia, with statistically significant difference among all countries.
Obese	Everyday Offensive	51.544	***p<.001, **p<.01, *p<.05	***Slovenia>Croatia, Portugal, Slovakia ***Croatia<Portugal ***Portugal<Slovenia **Slovakia>Slovenia	This is the least offensive term for Croatia, followed by Slovakia. In Slovenia it is perceived as highly offensive, with statistically significant difference.
Chubby	Everyday Offensive	44.082	***p<.001, **p<.01	***Slovenia>Croatia, Portugal, Slovakia **Slovakia<Slovenia	The term is the most offensive in Slovenia and Croatia, while less in Slovakia, and the last in Portugal, all with statistically significant difference.
Fat	Everyday Acceptable	24.608	***p<.001, **p<.01	***Portugal>Slovenia **Portugal>Slovakia	This term is statistically the most accepted in Portugal, and the least in Slovenia and Slovakia.
Adipose	Everyday Acceptable	172.960	***p<.001	Statistically significant difference among all countries ***Croatia>Portugal, Slovakia, Slovenia, ***Slovenia>Portugal, Slovakia ***Portugal>Slovakia	This term is the most accepted in Croatia, then Slovenia, and the least accepted in Slovakia, followed by Portugal. There is statistically significant difference among all countries.
Obese	Everyday Acceptable	47.941	***p<.001, **p<.01	***Croatia, Slovakia>Portugal **Portugal>Slovenia	The term is the most accepted in Croatia and Slovakia, and the least accepted in Slovenia, followed by Portugal. with statistically significant difference Slovenia, Croatia > Portugal, Slovenia>Slovakia
Chubby	Everyday Acceptable	52.206	***p<.001, **p<.01, *p<.05	***Croatia<Portugal, Slovakia, Portugal<Slovenia	The term has the highest acceptance in Slovakia, then in Croatia. There is statistically significant difference among Croatia<Portugal, Slovakia and Portugal>Slovenia.

Source: own

Fat and *Chubby* were consistently perceived as offensive and inappropriate in clinical interactions. The most stable term, which showed no difference in the healthcare environment, among countries was the term *Fat*, which was considered to be offensive in all countries. *Chubby* was the most offensive in Croatia and Slovenia, and the least in Slovakia.

This demonstrates that medicalized terminology is expected in healthcare, while in this environment casual or colloquial words carry a strong negative stigma. The term with highest positive stability in the healthcare environment is *Obese*, and with negative stability the term *Fat*. The term *Adipose* varies mostly across all countries (highly accepted in Croatia and the most acceptable in Slovenia), and highly offensive in Slovakia, contrary to other countries.

In *everyday environments*, perceptions are far more divided and culturally nuanced. *Obese* was considered the most acceptable, especially in Croatia and Slovenia. Terms *Chubby* and then *Fat* were widely perceived as the most offensive terms in daily conversation, however with differences among countries. These terms produced mixed reactions: in Slovenia it was regarded as the most offensive, while in Slovakia the term *Chubby* was seen as less offensive and highly acceptable, as the second most accepted term, sometimes even interpreted as a playful descriptor, in everyday environment.

In Portugal, the term *Fat* was perceived as the most acceptable and as second offensive term, which shows the polarity in everyday perception.

Adipose is the term that shows high cultural dependence, and variations among all countries: it is well accepted in Croatia, in Slovenia where it was the most accepted term, but strongly rejected in Slovakia, suggesting that scientific terms do not always transfer smoothly into common usage.

When comparing across settings, the *context* is clearly decisive. In healthcare, medicalized terms (*Obese* and *Adipose*) are favored, while casual labels (*Fat* and *Chubby*) are strongly rejected. In everyday life, however, there is no uniform rule: perceptions depend both on the term and on cultural background. Slovakia tends to view the term *Chubby* as more acceptable, while the term *Fat* in Portugal was seen both, as acceptable and offensive. In Slovakia there is the lowest acceptance of the

term *Adipose* and highest for *Chubby*. While Croatia and Slovenia often align, in Slovenia there is stronger rejection of the terms *Chubby* and *Fat*, and in everyday settings the term *Obese* is considered offensive, while the term *Adipose* is acceptable.

The overall tendency in ranking of terms would be as follows:

- In healthcare, *Obese* and *Adipose* are the most acceptable, while *Fat* and *Chubby* are the most offensive.
- In everyday contexts, *Obese* remains relatively acceptable, *Fat* is the most offensive, *Chubby* divides opinions, and *Adipose* is variably received.

Cultural variations

Terms with low cultural variations are used mainly in healthcare. *Obese* is broadly accepted across all countries as a clinical term, with only small differences. Even though Slovenia shows somewhat lower acceptance, it remains high overall. *Obese* is a cross-culturally stable medical term in healthcare. The term *Fat* is universally seen as offensive and inappropriate in clinical settings, with no major cultural exceptions.

In the healthcare setting, the term *Chubby* is perceived as inappropriate and offensive across all four countries. Unlike *Obese* and *Adipose*, which carry a clinical or scientific tone, *Chubby* is strongly associated with casual, colloquial language. Its use in a professional medical interaction can be seen as dismissive or disrespectful, because it trivializes a health-related condition and frames it in a non-serious, even mocking way.

While in everyday speech the term *Chubby* divides opinion – seen as a playful nickname in Slovakia but offensive in Slovenia and Croatia– in healthcare it loses any playful connotation. Across cultures, patients expect neutral, medicalized language in clinical encounters, which makes *Chubby* consistently rated as offensive and unacceptable in that environment.

Chubby is one of the most context-sensitive terms: in healthcare it is uniformly negative and inappropriate, but in everyday language it becomes culturally specific, swinging between affectionate and offensive depending on the country.

Terminology with high cultural variation:

Adipose (Everyday and Healthcare):

- Croatia and Slovenia show very high acceptance in both settings, while Slovakia shows low acceptance.
- Conclusion: *Adipose* is a culturally specific term, with strong acceptance in Croatia but rejection in Slovakia.

Chubby (Everyday):

- Croatia and Slovenia view it as offensive and less acceptable, while Slovakia sees it as more acceptable in everyday and healthcare context, and Portugal in healthcare context, even playful. This indicates cultural differences in term perception as affectionate or stigmatizing.
- Conclusion: *Chubby* is highly culturally specific in everyday language, polarizing between “harmless nickname” vs. “offensive label.”

Obese (Everyday):

- While acceptable overall (the highest level in Croatia), it is less accepted in Slovenia in both environments and in Portugal in everyday environment.
- Conclusion: *Obese* in everyday contexts has cultural variability, with Slovenia standing out.

Fat (Everyday and Healthcare):

- • Across all four countries, *Fat* is consistently perceived as offensive and less acceptable, particularly in healthcare settings.
- • In everyday communication, although slight differences in intensity exist, the term remains predominantly negatively evaluated in Croatia, Slovenia, Portugal, and Slovakia.
- Unlike *Adipose* and *Chubby*, *Fat* does not show strong cultural polarization; rather, it demonstrates relatively stable negative connotations across contexts.

- Conclusion: *Fat* is a culturally stable term with predominantly negative perception, especially in healthcare communication, where it is broadly regarded as inappropriate and stigmatizing.

According to results obtained from the initial analysis across countries and from the analysis, the following matrix of obesity-related terminology was created, with regard to cultural stability/ variability and perception as acceptable/ offensive.

Table 5. Matrix of terminology

Stability	Positive (Acceptable)	Negative (Offensive)
Stable across cultures	<i>Obese</i> – universally accepted in healthcare and relatively acceptable in everyday setting	<i>Fat</i> – consistently offensive in both healthcare and everyday settings
Variable across cultures	<i>Adipose</i> – term with the highest cultural variability. Acceptable in Croatia and Slovenia, considered offensive in Slovakia.	<i>Chubby</i> – very offensive in Croatia and Slovenia, acceptable in Portugal in everyday environment, and in Slovakia in healthcare and everyday environments.

Source: own

5 Conclusion

This study examined the perception of obesity-related terminology across healthcare and everyday contexts, considering educational background and cultural differences. The findings demonstrate that terminology perception is strongly context-dependent and shaped by both professional training and cultural environment. Medical terms such as *Obese* and *Adipose* are generally perceived as more acceptable, particularly in healthcare settings, whereas colloquial expressions such as *Fat* and *Chubby* are more frequently associated with offensiveness. Educational background influences the evaluation of clinical vocabulary, and cultural variability further moderates how certain terms are interpreted in everyday communication.

Overall, the results confirm that obesity-related terminology is not perceived uniformly. Instead, its interpretation depends on communicative context, professional socialization, and cultural background. These findings highlight the importance of context-sensitive and culturally aware communication strategies in preventive and healthcare-related discourse.

RQ1: How are different obesity-related terms perceived in terms of acceptability and offensiveness in healthcare settings?

In healthcare settings, medical terminology (*Obese*, *Adipose*) is perceived as the most acceptable and least offensive. Colloquial terms (*Fat*, *Chubby*) are rated as significantly more offensive and less appropriate. Clinical precision is expected in professional interactions, and informal expressions are viewed as inappropriate.

RQ2: How are the same terms perceived in everyday (non-clinical) environments?

In everyday settings, perceptions are less polarized but still differentiated. *Obese* remains relatively acceptable, while *Fat* and *Chubby* are generally perceived as more offensive. However, cultural nuances influence interpretation, and some terms (especially *Chubby*) may be viewed as either playful or stigmatizing depending on the country.

RQ3: Do medical students differ from non-medical students in their perception of obesity-related terminology?

Yes, differences are observed primarily for professional terminology. Medical students consistently rate *Obese* and *Adipose* as more acceptable and less offensive compared to Non-Medical students. Differences for colloquial terms are generally small and not statistically significant. Educational background appears to increase tolerance and perceived neutrality of clinical vocabulary.

RQ4: Are there differences in terminology perception among countries?

Yes, cultural differences are evident, particularly for terms such as *Adipose* and *Chubby*. While *Obese* shows relative cross-cultural stability in healthcare settings, *Adipose* demonstrates high variability across countries. *Chubby* is especially context- and culture-sensitive, being interpreted as either affectionate or offensive depending on national context.

These results confirm that both professional training and cultural background influence the perception of obesity-related terminology.

Key takeaway:

- In healthcare settings, professional terminology like *Obese* and *Adipose* is generally preferred, as it communicates the seriousness of the condition while minimizing discomfort, with a few exceptions. In Slovakia, *Adipose* is considered to be offensive.
- In everyday settings, cultural differences play a larger role. *Chubby* and *Fat* are the most offensive terms, with several exceptions. In Slovakia, *Chubby* is the second most accepted term. In Portugal, the term *Fat* is both widely accepted but also rejected, depending on the individual. In Slovenia, *Obese* is highly offensive term, while in Croatia it is the most accepted, along with *Adipose*. In Slovakia, the term *Adipose* is perceived as offensive.
- According to the European Association for the Study of Obesity (EASO, n.d.), it is recommended to use people-first language, such as a person with obesity, to show respect and reduce stigma.

This study has several limitations that should be considered when interpreting the findings. First, the sample consisted exclusively of university students, which limits the generalizability of the results to broader age groups and non-academic populations. Second, the study relied on self-reported perceptions measured through a six-point Likert scale, which may not fully capture the complexity of emotional reactions to terminology. Third, the cross-sectional perceptions did not include change over time. Additionally, although the study included four European countries, cultural comparisons may not reflect perceptions in non-European or more diverse environments. Finally, translation of terms into local languages, despite professional verification, may carry subtle semantic differences influencing responses.

Future research should expand to more diverse populations, including older adults and non-student groups, and incorporate qualitative methods such as interviews or discourse analysis to better understand contextual meaning. Longitudinal designs could explore whether educational interventions influence terminology perception over time. Further cross-cultural studies beyond Europe would strengthen understanding of global variability in obesity-related language.

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