Pediatricians' Attitudes and Beliefs Towards Children and Adolescents with Obesity: A Cross-Sectional Survey in Israel

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Background

- Childhood obesity is a growing public health challenge associated with significant physical and psychological morbidity.
- Weight stigma among healthcare professionals may negatively affect the quality of care to children and adolescents with obesity.
- Little is known about pediatricians' attitudes toward obesity in Israel.

Objective

- To evaluate attitudes toward children and adolescents with obesity among pediatricians in Israel.
- To identify demographic and professional factors associated with negative attitudes.

Methods

- Cross-sectional survey of pediatricians in Israel, September 2024 – December 2025.
- Hebrew version of the validated *Attitudes of Health Care Providers about Treating Patients with Obesity* questionnaire[1,2], plus six items[3] on nutrition, physical activity, and obesity management.
- Analysis: nonparametric tests, correlations, and multivariable linear regression.

Study Population (N = 279) · 279 of 400 invited, response rate 69.8%

Characteristic	n	%
Gender (n=279)		
Male	117	**41.9**
Female	162	**58.1**
BMI (kg/m²) (n=263)		
< 25	145	**55.1**
25–30	88	**33.5**
> 30	30	**11.4**
Age (years)		
Mean (SD)	**43.3 (13.2)**	

Characteristic	n	%
Physical Activity (n=277)		
None	58	**20.9**
Once per week	75	**27.1**
Several times per week	144	**52.0**
Healthy Diet (n=277)		
Always	22	**7.9**
Most of the time	133	**48.0**
Sometimes	75	**27.1**
Usually not	38	**13.7**
Not at all	9	**3.2**

Characteristic	n	%
Professional Status (n=279)		
Intern	19	**6.8**
Resident	82	**29.4**
Specialist (incl. subspecialty)	178	**63.8**
Pediatric endocrinologists *(% of specialists)*	27	**15.2**
Primary Workplace (n=276)		
Community	100	**36.2**
Hospital	176	**63.8**

Results: Predictors of Negative Attitudes

Negative-attitudes score, 1–5 (higher = more negative)

INDEPENDENT PREDICTOR

Male Sex

Men reported more negative attitudes than women.

p < .001 multivariable

Multivariable β = −0.25
Univariable: Mdn 2.10 vs 2.00, p = .002

INDEPENDENT PREDICTOR

Stricter Personal Diet

Greater self-reported adherence to a healthy diet was associated with more negative attitudes.

p = .005 multivariable

Multivariable β = −0.17
Univariable: r_s = −0.137, p < .05

NOT RETAINED AFTER ADJUSTMENT

Physician BMI

Physicians with obesity scored lower than those with overweight; not retained after adjustment.

n.s. multivariable

Univariable: H(2) = 12.50, p = .002. Post hoc, overweight vs obesity: Mdn 2.10 vs 1.80, p = .002

Model: F(3, 259) = 7.80, p < .001 · **Adjusted R^2** = 0.072 · Overall scores were low (median 2.00, IQR 1.70–2.30); group differences were modest in magnitude.

Additional univariable associations

Negative attitudes, frustration and motivation

Pediatricians with more negative attitudes found obesity care more frustrating and were less motivated to provide it.

Frustration	**r_s = 0.582, p < .01**
Lower motivation	**r_s = 0.297, p < .01**

Seniority and raising weight in unrelated visits

More senior pediatricians were less likely to raise obesity when it was not the reason for the visit;
Those with lower experience were more likely to.

Seniority	**r_s = −0.415, p < .01**
Lower experience*	**r_s = 0.373, p < .01**

n = 150 of 279 (item added only in the final version of the questionnaire).
*Experience is scored inversely (higher score = lower experience).

Endocrinologists: confidence

Pediatric endocrinologists reported greater confidence in managing obesity than other pediatricians.

Median score	**2.00 vs 2.50**
Mann–Whitney	**p = .003**

n = 27 vs 252; lower score = greater confidence.

Community vs hospital: motivation

Community-based pediatricians reported greater motivation to treat obesity than hospital-based colleagues.

Median score	**2.33 vs 2.50**
Mann–Whitney	**p = .043**

Lower score = greater motivation.

Conclusions

- Pediatricians' attitudes toward obesity are influenced by personal and professional characteristics.
- Male sex and stricter personal dietary habits were independently associated with more negative attitudes toward individuals with obesity.
- Educational interventions to reduce weight stigma, improve communication skills, and strengthen obesity management training may promote more patient-centered and effective care for children and adolescents with obesity.

References

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