

Carta al director

**Mexican physicians' bias towards the obese child**

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Dear Dr. Culebras:

High prevalence of childhood obesity was recently found among 8-13 years old children,<sup>1</sup> and in the north-western Mexico-US border the prevalence of obesity is higher than the national level.<sup>2</sup> It has also been reported in industrialized countries that overweight (OW) and obesity have been stigmatizing conditions since medieval times.<sup>3,4</sup> Negative attitudes towards obesity have been linked to incorrect beliefs about the causes of weight gain and the responsibilities of being OW to the person and their family. The purpose of this study was to assess the association between the estimation of body size and the attitudes towards obese children among Mexican physicians. From four outpatient clinics at the three main public health institutions from Tijuana and Ensenada all physicians working during the morning shift were asked to participate. Subjects were given a questionnaire with 13 questions including attitudes toward the obese child (six about features of the obese child, 4 about caring for the obese child and three on beliefs about the effect of self-control on prevention and treatment of obesity), self-reported weight and height, self-estimation of body size and estimation of ideal body size for adults and children. Subjects were asked to circle the ordinal scale that best represented their agreement with a given statement: indicating whether they strongly agreed (number 1), agreed (number 2), were uncertain (numbers 3 to 5), disagreed, (number 6), or strongly disagreed (number 7) with each statement. Self-response questionnaires also include the estimation of healthy body size for adults and boys and girls 6- to 10-years of age, according to a modified Stunkard pictogram.<sup>5,6</sup> Descriptive univariate statistics including ranges and means and bivariate analyses such as Pearson r and  $\chi^2$  test of associations were computed. Seventy eight percent of males ( $n =$

93) and 61% of females ( $n = 42$ ) physicians were either OW or obese. The average age was 44 years (males) and 40 years (females). Forty five percent of them disagree with the statements related to negative features of the obese child, and 7% disagree with the statements regarding childhood obesity as the result of lack of willpower. Seventy three percent have strong beliefs placing responsibility on the obese child about his/her obesity problem. Perception of ideal body size is shown in table I. Despite of being a group of physicians with high prevalence of OW and obesity, those who underestimate the OW of a girl's drawing have stronger [OR: 1.45 (1.0-2.1)] negative attitudes toward the obese child, and those who underestimate the OW drawings of a boy [(OR: 2.5 (1.06-6.06)] and of a girl [(OR: 2.73 (1.1-6.8)] have stronger beliefs about the personal responsibility of the obese child (table II). The results of this study show a high underestimation of OW and misconception of the causes of obesity among Mexican physicians with high prevalence of OW and obesity. The underestimation was associated to higher misconceptions about the causes of obesity and with stronger negative attitudes toward the obese child. Underestimation of OW may prevent the detection of obesity, and negative attitudes toward obese children will increase stigmatization and diminish the quality of

**Table I**  
*Distribution of perception of ideal body size by mexican physicians*

Perception of ideal body size	Adult Pictures		Boys Pictures		Girls Pictures	
	N	%	N	%	N	%
Overestimation of thin pictures (1-2)	4	3	3	2	3	2
Adequate perception of normal Range pictures (3-4)	101	75	67	50	72	55
Underestimation of OW pictures (5-6-7)	29	22	63	47	56	43

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**Table II**  
*Predictive negative factors toward the obese*

	<i>n</i>	<i>OR (95% CI)</i>	<i>X<sup>2</sup></i>	<i>P</i>
<i>Risk of negative attitude toward the obese</i>				
Male: Female	131	0.82 (0.54-1.23)	0.94	0.34
Underestimating an adequate perception of adult picture	129	0.85 (0.53-1.31)	0.43	0.55
Underestimating an adequate perception of boy picture	129	1.34 (0.93-1.95)	2.43	0.13
Underestimating an adequate perception of girl picture	129	1.45 (1.0-2.12)	3.82	0.05
<i>Strong Beliefs on Personal Responsibility of Obesity</i>				
Male: Female	131	1.51 (0.60-3.75)	0.74	0.40
Underestimating an adequate perception of adult picture	129	1.10 (0.4-2.9)	0.03	0.99
Underestimating an adequate perception of boy picture	129	2.53 (1.06-6.06)	4.38	0.04
Underestimating an adequate perception of girl picture	129	2.73 (1.1-6.8)	4.7	0.04
<i>Risk of Negative Attitude toward the Care of the Obese</i>				
Male:Female	131	0.64 (0.45-0.9)	6.22	0.015
Underestimating an adequate perception of adult picture	129	0.92 (0.62-1.37)	0.16	0.76
Underestimating an adequate perception of boy picture	129	0.96 (0.69-1.34)	0.04	0.87
Underestimating an adequate perception of girl picture	129	1.13 (0.81-1.57)	0.49	0.49

life for obese children. Reducing stigmatization towards obese children among physicians and other health care professional involved on clinical nutrition<sup>7</sup> should be part of a comprehensive public health approach to the obesity epidemic.

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