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Addressing Childhood Obesity in General Practice: A Sociological Perspective

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CONFLICT OF INTEREST (COI)

I have no potential conflict of interest to report

Introduction

- Childhood obesity is complex, sensitive, and often avoided in GP consultations
- Prevention is shaped by relational, emotional, professional, and cultural factors
- Aim: Explore the underlying dimensions influencing GPs' preventive practices

Methods

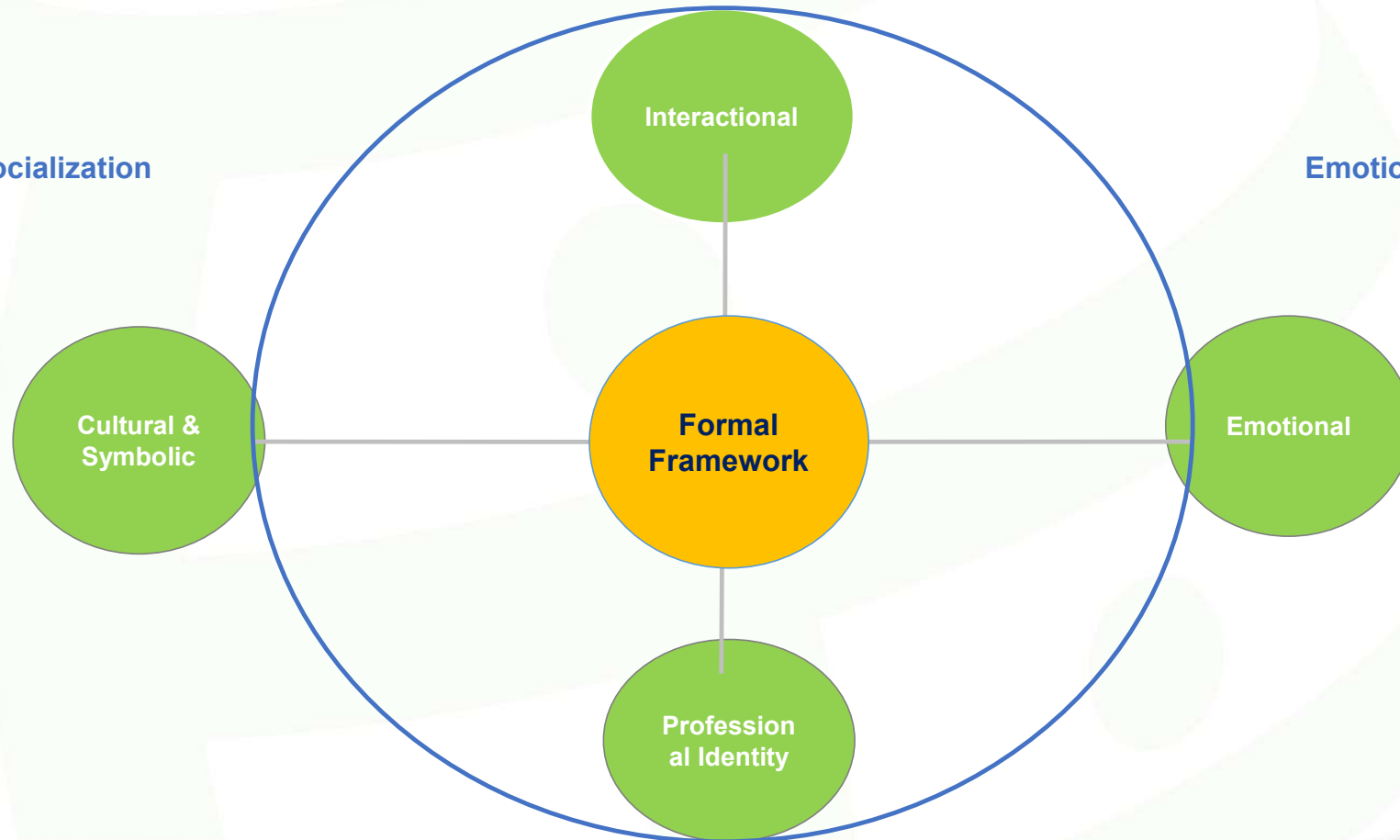
- Qualitative study: semi-structured interviews with GPs
- Thematic analysis → identification of key dimensions
- Interpretive approach:
 - Goffman – interactional framework
 - Freidson – sociology of professions

Results: Five Interconnected Dimensions

- Formal Framework (structural ground): consultation structure & organizational constraints
- Interactional: framing strategies, relational asymmetries
- Emotional: affective states, emotional labour
- Professional Identity: role tensions, normative dilemmas
- Cultural & Symbolic: norms, representations, implicit biases

Experience & Socialization

Emotions



The role of GPs' dispositions

- Dispositions = beliefs, emotions, experiences, and perceived legitimacy
- Socially embedded attitudes (professional habitus, routines)
- Goffman: impression management; avoidance to preserve 'face'
- Castel & Bergeron: tension between expectations and feasibility in brief visits
- Freidson: professional autonomy; discretion in applying guidelines

Discussion

- Prevention is not only about technical knowledge
- Practices are shaped by relational, emotional, professional, cultural, and dispositional factors
- Interventions must go beyond guidelines to support GPs navigating layered realities

Conclusions

- Childhood obesity prevention is a situated practice
- The compass and dispositions model may explain variability in engagement
- Training and support should address relational, emotional, and cultural complexities

Thank you

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