

Public perceptions of obesity in the UK are changing:

A national survey shows a decline in blame narratives and growing recognition of obesity as a disease

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Background

Despite scientific consensus that obesity is a complex chronic disease, public perceptions have historically framed it as a matter of willpower. This study analyses UK population beliefs in 2024 and 2025.

Methods

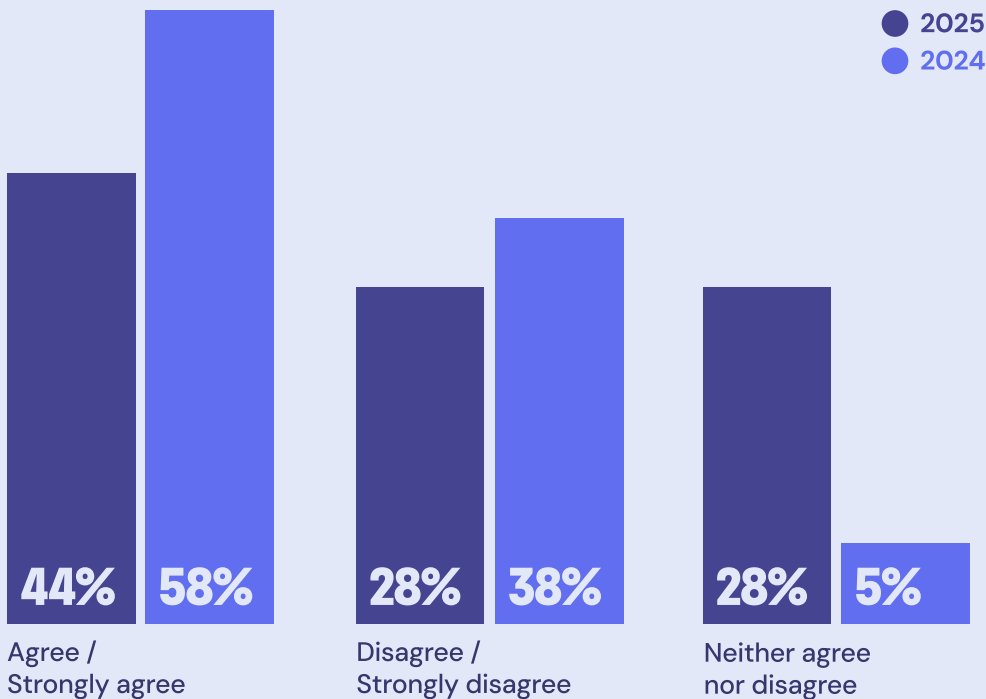
A nationally representative online survey of UK adults was conducted in September 2024 and October 2025. Quotas were set for age, sex, region and BMI category to maximise alignment with national distributions. Internally developed, self-report measures assessed beliefs about causes of obesity, disease recognition, blame attribution, and perceptions of treatment effectiveness.

Results:

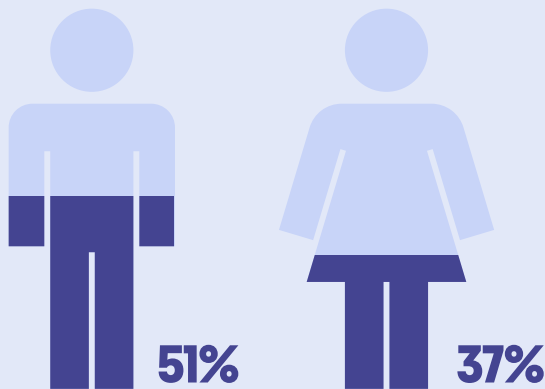
1000 people completed the survey in 2024, and 2000 in 2025.

Beliefs around obesity as a personal choice has changed.

Q. To what extent do you agree that obesity is a choice?



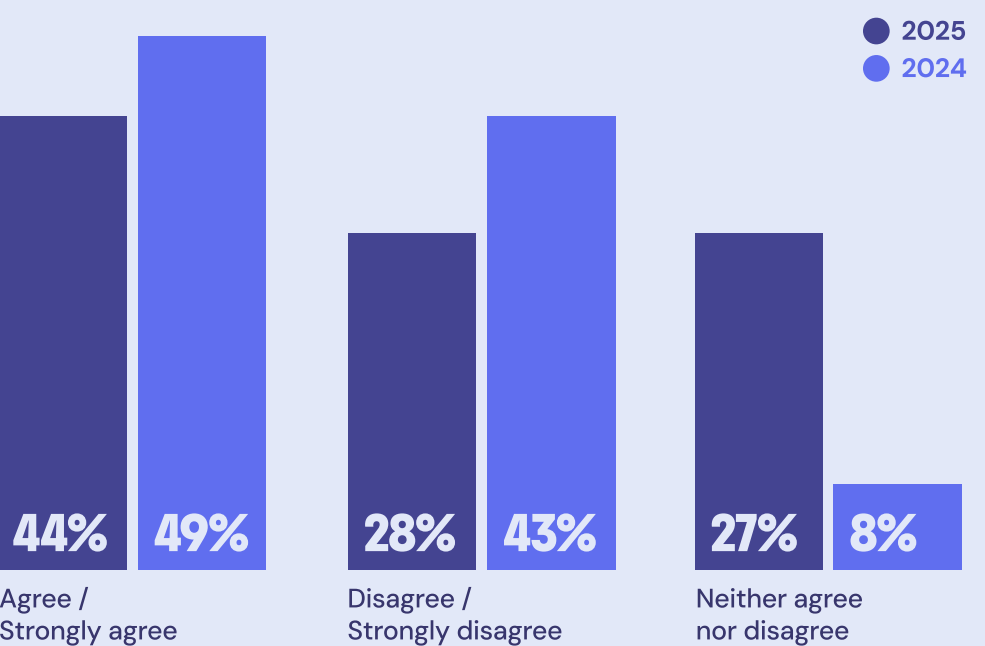
Belief that obesity is a “personal choice” declined from 58% in ‘24 (570) to 44% (877), with 28% neutral (554) in ‘25.



In 2025, men were more likely to view obesity as a choice than women (51% vs 37%).

Recognition of obesity as a disease has changed.

Q. To what extent do you agree that obesity is a disease?



The proportion of people who don’t believe obesity is a disease has dropped from 43% in ‘24 (380) to 28% in ‘25 (575), while those who strongly disagree dropped sharply from 18% (180) to 7% (144). However, those who were neutral increased substantially (8%, 80 to 27%, 544). Individuals living with obesity were more likely to endorse the disease model.

Attribution of genetics/ biology as a leading cause of obesity increased from 7% in ‘24 (70) to 15% in ‘25 (299).

Discussion

Findings indicate a measurable shift away from moralistic narratives, with increasing openness to medical conceptualisations. However, rising neutrality, which may indicate uncertainty, suggests gaps in public understanding. The gender gap suggests that messaging may need to be tailored to address differing beliefs across groups.

Conclusion

The UK population is transitioning toward a more scientific framing of obesity, yet outdated beliefs remain entrenched.

National strategies should prioritise improving public understanding of biological determinants, while implementing policies that reduce structural drivers, increase equitable access to effective interventions, and ensure stigma-free public health communication. Coordinated multi-level action is essential to support evidence-based prevention and treatment.

¹ VIR Health Ltd, London, UK