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Women and Weight: An International Perspective

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Abstract

The United States is obsessed with slimness and people hold strong negative attitudes towards body fat. Body weight is inversely correlated with income, so that obesity is associated with poverty. Increased body weight is also associated with poor health, even though the research in this area contains a number of methodological confounds. In contrast, other Western nations hold more balanced views about body weight. In developing nations, increased body weight is associated with wealth and status. Nevertheless, research in Africa indicates that a number of food taboos exist, many of which prevent women, or specifically pregnant women, from obtaining nutrition. It is important that the obsession with weight in the United States not spread to poor countries.

Introduction

United States society is so obsessed with slimness and has such negative attitudes towards fatness, that Americans are not aware that their views are culture specific and, therefore, cannot understand how weight could be viewed positively. This article will discuss (1) the history of weight and its implications in the U.S.A.; (2) the current status of weight in the U.S.A.; (3) the relative unconcern with weight in other Western countries; and (4) the relative status of weight in poor countries.

The History of Weight in the U.S.

Despite the intensity of U.S. concerns with weight and dieting, these concerns are relatively new. In the U.S.A. at the turn of the century, thinness was associated with tuberculosis, a prevalent cause of death at that time (Bennett & Gurin, 1982). In the book *The last crusade: The war on consumption 1862-1954*, Caldwell describes the emphasis on weighing patients with tuberculosis (also called consumption), because weight loss was seen as sign of increased illness. He states (p. 83):

"Everything was measured - the food, the times for rest and activity, and the patient himself. And-everything mattered. Patient temperatures were taken in all sanatoriums at least once a day: a gradual return from fever to normal was a sign of improvement. Weights, over the long run perhaps the most crucial and substantial index of progress or decline, were typically taken once a week, and could be the most exhilarating or the most traumatic of the sanatorium rituals. Patients were of course also subjected to periodic X-rays and other forms of examination, but they understandably remembered the weight-ins with particular vividness. In his 1921 play *The straw*, Eugene O'Neill - himself veteran of a short stay at the Gaylord Farm Sanatorium in Wallingford, Connecticut - devoted an entire scene to the ritual. As his failing heroine, Eileen Carmody, mounts the scale and receives, the bad news of a further setback, even O'Neill's stage directions capture the tension of the moment and its importance as a dramatic break in the supposed monotony of hospital life."

If one replaced "he" with "she" and weight loss with weight gain, this scenario would be reflective of U.S.A. society today - Americans have always been fascinated with weights and measures, but the directionality has changed.

What happened to change attitudes in the U.S.A. about weight? For one thing, many infectious diseases such as tuberculosis and polio were cured. Secondly, at the turn of the century, life insurance companies began to search for applicants who were likely to live a long, healthy life and thus provide a profit for the company. In 1901, Oscar Rogers, a physician with the New York Metropolitan Life Insurance Company, reported that policyholders who were substantially above or below the ideal weights for their heights had higher than average mortality rates, based on reviewing a small sample of the company's records (Bennett & Gurin, 1982). For the first half of the twentieth century, Louis Dublin, an employee of the Metropolitan Life

Insurance Company, wrote in popular and medical journals about the risk of obesity in shortening life, naming it "America's No. 1 Health Problem" (Bennett & Gurin, 1982: 133).

The Current Stigma of Obesity **in** the U.S.A.

By the 1960's, concern with weight in the U.S.A. had reached epidemic proportions. Although U.S. teenagers have relatively low frequencies of obesity (compared with adults) and although men in their 20's and 30's are more likely to be obese than are women (Dwyer, Feldman, & Mayer, 1970) it is young women in this country who feel that they are too fat and who embark on diets to lose weight. Most people in the U.S.A. have extremely negative attitudes about the obese, especially obese women. The obese are stigmatized by children, adolescents, and adults, as well as by physicians, nutritionists, mental health professionals, college admissions committees, and even landlords (c.f., Rothblum, 1990, for a review of this literature). Unlike members of oppressed groups (such as women and African-Americans), the obese are blamed for their weight, which is assumed to be under their voluntary control (Wooley & Wooley, 1979). Consequently, concern with weight is beginning at increasingly earlier ages:

"Childhood isn't the carefree bowl of Cheerios it once was. Kids today worry about nuclear war, acid rain, AIDS, divorce and getting kidnapped. And now they've taken on the most pervasive adult anxiety of all: Fear of fat. Their concern often has nothing to do with actually being chubby. At 13, Puncch Schrabpour of San Francisco is a dieting veteran: 'she's tried the grapefruit method, an all-Jello regimen and Madonna's popcorn diet. 'My face is fat,' she complains, 'and I could look better in shorts.' Better? At 5 feet 1, Puncch weights a mere 97 pounds.'" (*Newsweek*, 1987: 48)

There are two aspects of weight in the U.S.A. that are interesting in view of the stigma of obesity. First, weight in this country is inversely related to wealth: the greatest percentage of obese people are from the lowest socioeconomic strata. In a large survey conducted in mid-town Manhattan (Moore, Stunkard, & Srole, 1962), women in the lowest socioeconomic group were seven times more likely to be obese (20% above ideal weight on life insurance tables) than women in the highest category. Specifically, about 30% of women in the lowest socioeconomic category were obese, compared with 4% in the highest group. For men, the same trend existed, but to a lesser

extent: corresponding figures were 33% in the lowest group and 22% in the highest group. African-Americans in the U.S.A. have higher rates of obesity than do European-Americans, and this is probably due to African-Americans' lower socio-economic status.

There is also evidence that in the U.S.A., obese women drift into poverty due to employment discrimination. For the past four years, I have been conducting research on obesity and employment discrimination. Rothblum, Miller, and Garbutt (1988) examined stereotypes about obese and non-obese female job applicants by asking college students to rate job resumes. College students who read that the applicant was obese rated her significantly lower on supervisory potential, self-discipline, professional appearance, personal hygiene, and ability to perform a physically strenuous job, than those students who read the *identical* resume but one that said the applicant was non-obese.

A recent survey of obese and non-obese members of an organization (Rothblum, Brand, Miller, & Oetjen, 1990) indicated a very high incidence of reported job discrimination among obese respondents. The survey results also indicated very high frequencies of discrimination in other areas that have implications for employment success, such as verbal taunts by co-workers and supervisors, victimization by peers while in school, and lowered self-confidence.

A second aspect of weight in the U.S.A. concerns the commonly made association between weight and poor health. Yet there are two major confounds in the research that purports to demonstrate a relationship between obesity and health risks. First, there is no control for socioeconomic differences between the obese and non-obese. When non-obese people are found to be physically healthier, there is no control for the fact that this population is likely to earn a higher income and to be better educated. Thus, non-obese individuals are likely to receive better medical and preventive health care, and to be more educated about new developments in health care techniques.

A second confound in much of the obesity and health risk literature is that there is some evidence that weight-reducing diets (rather *than* obesity) result in health problems, such as high blood pressure and increased cholesterol (see Rothblum, 1990, for a review of this literature). Obese people diet in greater proportions than do the non-obese (Dwyer et al., 1967, 1970). The greatest health risks for obesity are cardiovascular disease, hypertension, and diabetes mellitus (Gordon & Kannel, 1973; Rimm & White, 1979). Yet researchers continue to ignore the possibility that the confound of dieting may contribute to these diseases. And how many millions of individuals with hypertension and diabetes are told to go on weight-reducing diets?

Given the high standards of methodological controls required for publication of research results, it is surprising that these major confounds have not been more adequately addressed in the literature. Again, the assumption of obesity as a health risk is so ingrained in our culture that we are willing to forego tight standards in order to demonstrate this foregone conclusion.

In sum, people in the U.S.A., particularly women, have excessive concerns about being slim., Obesity is viewed as a stigmatized condition, obese women are rated negatively by others, and the obese face barriers that keep them in the lower socioeconomic income brackets.

Women and Weight in Other Western Countries: Issues of Relative Balance

To date, most research on weight, dieting, and attitudes about the obese has focused predominantly on the United States. In order to compare U.S. statistics with those of another developed nation, I spent the summers of 1984 and 1985 in Australia researching attitudes about weight (Tiggeman & Rothblum, 1988). As in the U.S.A., weight was a much greater issue for women in Australia, who felt more overweight, dieted more, expressed more body self-consciousness, and reported more often that weight had interfered with their social activities, than did men. However, Australian college students were less likely to be dieting, less concerned with their weight, and less self-conscious about their bodies than were comparable students in the U.S.A. (Tiggeman & Rothblum, 1988). Thus, Australia did not have the intense focus on body weight that is apparent in the U.S.A.

Europe suffered from lack of adequate food during both world wars, and thus body fat was viewed positively, not only during wars but also in post-war periods. Research in Japan indicated that Japanese college students tend to assign more negative stereotypes to thin body build drawings and more positive stereotypes to obese drawings, whereas the reverse is true for U.S. students (Iwawaki & Lerner, 1974).

Women and Weight in Poor Countries: Issues of Status

It is important to emphasize that concerns about weighing too much are limited to affluent, Western nations. In developing countries, in which major causes of death are due to malnutrition and infectious disease, thinness is not desired. Rather, increased body weight is associated with wealth (Pow-

ers, 1980). Research among adults in India, Latin America, and Puerto Rico, and among children in China and the Philippines has indicated that an increased standard of living is correlated with increasing body weight (Furnham & Alibhai, 1983). Asian women living in Kenya gave more positive ratings to drawings of heavy women and more negative ratings to thin women than did Asian women from Kenya who had emigrated to Britain and British women (Furnham & Alibhai, 1983). The *Report on the Regional Seminar on Traditional Practices Affecting the Health of Women and Children in Africa* (1987) indicates nutritional taboos for women in several African nations. Specific nutritional taboos are compiled for each country in Table 1 (because the Report indicates such taboos in the text only, my compilation attempts to use similar wording as much as possible) It is clear from this table that the overwhelming majority of nutritional taboos consist of meat and other forms of protein, and thus probably the most desirable types of food in the community. By depriving women of these sources of food, there is more available for men. The Report states that in many nations in Africa, men are served food first, so that women and children receive what is left over.

Secondly, nearly all taboos focus on pregnant women. The most extreme taboo is in the Central African Republic, that permits pregnant women to eat only green vegetables during pregnancy. Babies with low birth weight present advantages in rural areas with poor health care (since they create easy labors; Folta, personal communication, 1987). Furthermore, female circumcision increases birth complications and millions of women in northern and central African countries are circumcised (Hosken, 1986; Lightfoot-Klein, 1989).

Third, it is interesting to note that the reasons stated for nearly all food taboos is to ensure the health of the offspring and not the women. One of the exceptions (of green pepper, in Ethiopia) is to prevent increased sexual interest in women and young girls.

It would be an interesting exercise to reflect on the food taboos that U.S. society has established for women, ostensibly for women to remain slim and for the sake of their health. In the U.S.A. in the 1960's, obstetricians placed women on such strict diets to ensure a maximum weight gain of no greater than twenty pounds. The practice finally was discontinued because it was found to threaten fetal growth (Freedman, 1986).

An encyclopedic book on traditional health practitioners in Zimbabwe (Gelfand, Mavi, Drummond, & Ndemera, 1985) lists twenty pages of conditions treated by traditional healers and the plants used in treatment. Among the many conditions are seven remedies listed for poor appetite, seventeen

Table 1. Nutritional Taboos in African Countries

<i>Nation</i>	<i>Food Taboo</i>	<i>Persons Affected</i>	<i>Reason</i>
Ethiopia	milk	pregnant women	unknown
	green pepper	young girls and women	increases sexual interest
	honey	children	retards speech development
	breast milk	children	considered poisonous
Central African Republic	chickens, pigs and fish	women	unknown
	all foods except green vegetables	pregnant women	poisons the fetus
	monkey	pregnant women	affects child's appearance
	antelope and gazelle	pregnant women	weakens child or causes breech birth
	reptiles and tortoise	pregnant women	affects child's walk
Ghana	pigs	pregnant women	causes snoring in child
	millet flour with water	pregnant women	causes hypertension
	horse meat	pregnant women	affects child's crying
	beef	pregnant women	affects child's skin
	antelope	pregnant women	causes child to have a hunchback
	protein	pregnant women	results in large baby and thus difficult labor
	okra and snail	pregnant women	causes excessive salivation in child
Niger	eggs	pregnant women	causes mute or thieving child
	camel meat	pregnant women	results in a one- year pregnancy
Djibouti	tea	girls	causes fatness

Table 1. Continued

<i>Nation</i>	<i>Food Taboo</i>	<i>Persons Affected</i>	<i>Reason</i>
Nigeria	groundnuts	pregnant women	causes rashes and night blindness
Mauritania	Forced feeding of girls is an aspect of early childhood marriage Pregnant and lactating mothers fast during the Moslem holiday Ramadan		
Sierra Leone	Some food taboos exist that are believed to ensure the birth of small babies, which are preferred due to complications from female circumcision		
Togo	Pregnant women do not fast during the Moslem holiday Ramadan but instead "pay the debt" (i.e., fast) after delivery when lactating		

remedies to increase the weight of babies, one to prevent "wasting in babies," and seven to treat body weakness, but *none* to decrease appetite or decrease weight. Similarly, the village health care handbook for African health practitioners (Werner, 1987) includes twenty-five pages on poor nutrition, two pages on malnutrition, and two pages on malnourished children, but only one-half page on "fat people."

Once one considers the adaptive function of body weight in poor countries, the U.S. obsession with slimness seems ludicrous. However, weight and diet products comprise a twenty billion dollar industry in the U.S.A. "Liquid meals" (which have contributed to a number of fatalities among dieters) achieved sales of \$150 million within two years of their introduction, and appetite suppressants sold \$80 million (Stuart & Davis, 1976). Similar sales figures are achieved by companies marketing diet books, cookbooks for special diets, prescription drugs for weight loss (such as amphetamines), and athletic equipment for weight loss. Furthermore, the health spa, fashion, and medical industries gain from their customers' desires to change the shape of their bodies. Interestingly, when economics are mentioned in association with obesity, the emphasis is often on the *cost of* obesity to our society (through health care of obesity-related problems, absenteeism from work, etc.) rather than on the *profit* that concern with obesity provides for several major industries.

It is important to ensure that poor countries do not become the focus of

the efforts of multinational corporations to increase profits of diet and weight products as the Western market becomes saturated. The cigarette and diet beverage industries have become saturated in the U.S.A. and thus have begun to target poor countries.

Finally, the disease AIDS results in extreme emaciation, and is called "slim" in many African countries. As the U.S.A., too, grapples with this new infectious disease, it is possible that the stigma of slenderness may replace the stigma of obesity in the next decades. Thus, the U.S. focus on thinness should be viewed as passing fad, when taken in an historical context, but one that has the potential, through economic gains of the weight-loss industry, of affecting much of the rest of the world in health-threatening ways.

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