

There is a negative correlation between body weight and income in the United States, and epidemic numbers of people diet to become thin. In developing nations, on the other hand, there is a positive correlation between weight and income, and fatness is associated with wealth and abundance. Although these differing cross-cultural trends have been documented by anthropologists, there has been minimal cross-cultural research on attitudes toward obesity and thinness and corresponding dieting behaviors in the psychological literature. A sample of 349 students at a university in Ghana and 219 students at a U.S. university completed questionnaires about their weight, frequency of dieting and restrained eating, the degree to which their weight has interfered with social activities, their perceptions of ideal bodies, disordered eating, and stereotypes of thin and heavy people. Students in Ghana more often rated larger body sizes as ideal for both males and females and also assumed that these larger sizes were held as ideals in society, than did U.S. students. U.S. students (regardless of weight) were more likely to have dieted than were Ghanaian students, with U.S. females being most likely to diet. Additionally, U.S. females scored significantly higher on restraint, eating-disordered behavior, and experiencing weight as social interference. Findings illustrate that perceptions of ideal body size and corresponding behaviors are influenced by culture and gender.

### A COMPARISON STUDY OF UNITED STATES AND AFRICAN STUDENTS ON PERCEPTIONS OF OBESITY AND THINNESS

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**Thinness is indisputably** a strived for beauty ideal in modern U.S. society. Body dissatisfaction and dieting among U.S. women has become statistically

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JOURNAL OF CROSS-CULTURAL PSYCHOLOGY, Vol. 27 No. 1, January 1996 98-113  
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normative behavior (Rodin, Silberstein, & Striegel-Moore, 1985). Eating disorders are a major health issue for U.S. women (Striegel-Moore, Silberstein, & Rodin, 1986). Media images portray almost exclusively thin female models and characters (Silverstein, Perdue, Peterson, & Kelly, 1986). The United States has a dieting industry that yields over 33 million dollars in profits a year (Wolf, 1991). Finally, as an ultimate example of the desire for thinness in U.S. society, we turn to a recent celebration of the Statue of Liberty. According to Nichter and Nichter (1991), during the centennial celebration of the Statue of Liberty, a \$50.00 coin was modeled after a famous double eagle \$20.00 coin of 1932 depicting Liberty holding the torch and an olive branch. The later coin was almost identical to the 1932 coin with one exception: Lady Liberty's figure had been slimmed down to fit the current thin beauty ideal. Clearly, thin is in.

Although a thin figure is currently the beauty ideal in U.S. society, this has not always been the case (see Rothblum, 1990 for review). In fact, the desire for thinness is a relatively new phenomenon. Throughout history a large body size was valued, as fatness represented abundance and wealth that wielded physical and political power (Cassidy, 1991; Sobal, 1991). The shift from valuing fatness to thinness began in the early 1900s in concurrence with the economic growth of the United States and an emerging leisure class (Cassidy, 1991; Sobal, 1991). No longer was abundance being flaunted through overindulgence and subsequent large full-figured bodies but through the privilege to refuse food through dieting and pursuing a thin figure (Brumberg, 1988).

Anthropologists have documented that this desire for fatness, associated with economic prowess, is still found today among people of developing countries. For example, many cultures such as the nomadic Moors of Mauritania or the Annang of Nigeria still practice force feeding of girls (Brink, 1989; Cassidy, 1991). The most beautiful woman is one who is so fat she is unable to work or move about easily. This becomes a symbol of wealth, for only the richest man can afford to lose the potential productivity of a wife or daughter. Additionally, in much of Western Africa the term "fat" is viewed as a compliment, implying strength and beauty (Cassidy, 1991).

In relation to this link between economics and preferred body size is correlational research on socioeconomic status (SES) and body weight. There exists an inverse relationship between SES and body weight in the United States and most other fairly affluent countries (see Sobal & Stunkard, 1989 for review). By age six girls in the lowest SES group were nine times more likely to be obese than girls in the highest SES group (Stunkard, d'Aquili,

Fox, & Filion, 1972). The same SES difference was true for boys but to a lesser degree. At age six 40% of boys in the lowest SES group were obese as compared to 25% of boys in the highest SES group. In developing countries the opposite trend is true. There is a positive association between weight and SES (Sobal & Stunkard, 1989); people with higher SES have higher body weights.

Besides these correlational studies there is relatively little research that has empirically examined eating disorders, body image issues, and preferences for body size cross-culturally. The few studies conducted have found mainly two things. First, there are much lower rates of eating disorder symptoms and body dissatisfaction among samples in other cultures, such as Japan (Iwawaki & Kerner, 1974; see Rothblum, 1992, for international review), Australia (Tiggemann & Rothblum, 1988), and Spain (Raich, Rosen, Deus, Perez, Requena, & Gross, 1992). Second, there is a relationship between acculturation into Western societies (United States and Britain) and increased negative body image and a preference for a thin figure (Furnham & Alibhai, 1983; Mumford, Whitehouse, & Choudry, 1992; Nasser 1986).

Finally, because even fewer studies have focused on developing countries, this is still a largely unexplored area. One of the only studies that examined body image among women in a developing nation was conducted by Furnham and Alibhai (1983). They compared Asian women living in Kenya, Asian women who had emigrated from Kenya to Britain, and Caucasian women living in Britain on ratings of 12 drawings of female bodies ranging from anorectic to extremely obese. The respondents rated each figure on a number of constructs (e.g., attractive-unattractive, popular-unpopular). Both the British Caucasians and the immigrants rated the thin drawings more positively and the heavy drawings more negatively than the Asian women living in Kenya. This study suggests that the values associated with thinness and fatness are influenced by sociocultural conditions and that these ideas may be fluid as people move from one culture to another.

Although this study focused on characteristics associated with thin versus fat people, it did not focus on other related variables as well, such as the subjects' own dieting behaviors and attitudes. Additionally, there has been no research that has examined this issue among Africans. The present study compared students from Africa (specifically Ghana) with U.S. students to examine these nations on a number of measures of weight and dieting, as well as on their perceptions of the ideal body size. Given the economic difference between the United States and developing countries, it was predicted Vermont students would value thinness as would be reflected through dieting behaviors, attitudes, and preference of thin figures, when compared with students in Ghana.

## METHOD

### SUBJECTS

Subjects were 349 undergraduate students (165 men and 184 women) at the University of Ghana in Accra, Ghana and 219 undergraduate students (83 men and 136 women) at the University of Vermont in Burlington, Vermont. The mean age for the Ghanaian and U.S. samples was 24.6 years and 18.6 years, respectively, and this age difference was significant,  $F(1, 560) = 279.9$ ,  $p < .001$ . Among the U.S. sample there were 19 people (7%) who spoke a language other than English regularly while they were growing up. Thirteen of these students spoke European languages, five spoke Chinese, and one person did not specify. All Ghanaian students spoke another language besides English as they were growing up. The most common language was Twi with 91 people (26%) speaking this language while growing up; followed by Fante (14%), Ga (11%), or another language (32%). With 100 different ethnic groups in Ghana most Ghanaians speak English, the official language, and one or more African languages.

### MEASURES

The questionnaire given to subjects consisted of 6 measures and an introductory section focusing on demographic information. Of these, 4 measures were used in the study by Tiggemann and Rothblum (1988) that compared attitudes toward obesity and dieting of U.S. students to Australian students.

*Rewording of questionnaire items for cross-cultural use.* Because most of the subscales have been normed on U.S. samples, the questionnaire was distributed to a number of students in Ghana for feedback about the wording and comprehension of items. Based on their feedback, a number of items were changed, and these changes are described below for each subscale. Participants were also told to leave items blank that did not apply to them or to which they did not know the answer.

*Weight and Dieting Subscale.* This section of the questionnaire asked for weight, height, ideal weight, whether subjects had ever been on a diet for at least 2 weeks to lose weight, and whether they were currently dieting. Their perceived degree of overweight or underweight was measured on a 7-point Likert-type scale (1 = *extremely underweight*; 7 = *extremely overweight*).

Students were instructed to estimate their weight if they did not know their exact weight.

**Ideal Body Subscale.** This subscale was adapted from Furnham and Alibhai (1983). We presented the 12 figure-type drawings of women and 12 of men that range from extremely anorectic (figure-type 1) to extremely obese (figure-type 12) (refer to Figure 1 for scale). Rather than asking subjects to rate each of the figures as Furnham and Alibhai did, they were asked to indicate which of the female and male figures, respectively, they consider to be the ideal body and which of the female and male figures, respectively, they think other people would consider to be the ideal body.

**Perceived Etiology of Obesity Subscale.** This 10-item scale was developed by Tiggemann and Rothblum (1988) to measure subjects' beliefs about the etiology of obesity (e.g., eating large portions at meals, consuming large number of calories, eating in secret, and so on). Subjects were asked whether heavy or thin people are more likely to engage in the listed behaviors. Subjects rated each item on a 5-point Likert-type scale where 1 indicated that *thin people do this much more*, 3 indicated *there is no difference*, and 5 indicated that *heavy people do this much more*. A high score indicated that subjects rated the behavior as much more indicative of heavy people. To improve the wording of items for cross-cultural comprehension, the item "snacking between meals" was changed to "eating small amounts between meals" and the item "engaging in programmed exercise" was changed to "engaging in strenuous exercise."

**Revised Restraint Scale.** This 10-item scale developed by Herman and Polivy (1980) measures the extent of dieting and concern about weight gain (e.g., "What is the maximum amount of weight that you have ever lost within a month?"). Subjects rated each item on a 5-point Likert-type scale and a high score on this scale revealed a high degree of restraint. For cross-cultural comprehension, in the item that asks whether people "eat sensibly in front of others and splurge alone," the word "splurge" was replaced with "overeat." Internal validity of the measure is above .80 using the standardized Cronbach's alpha.

**Weight as Social Interference Subscale.** This 8-item scale was developed by Tiggemann and Rothblum (1988) to measure the extent to which subjects perceived their weight as interfering with social events (e.g., attending a party, asking someone out). A ninth item about wearing a bathing suit was omitted from the subscale in the present study, because some of the students were

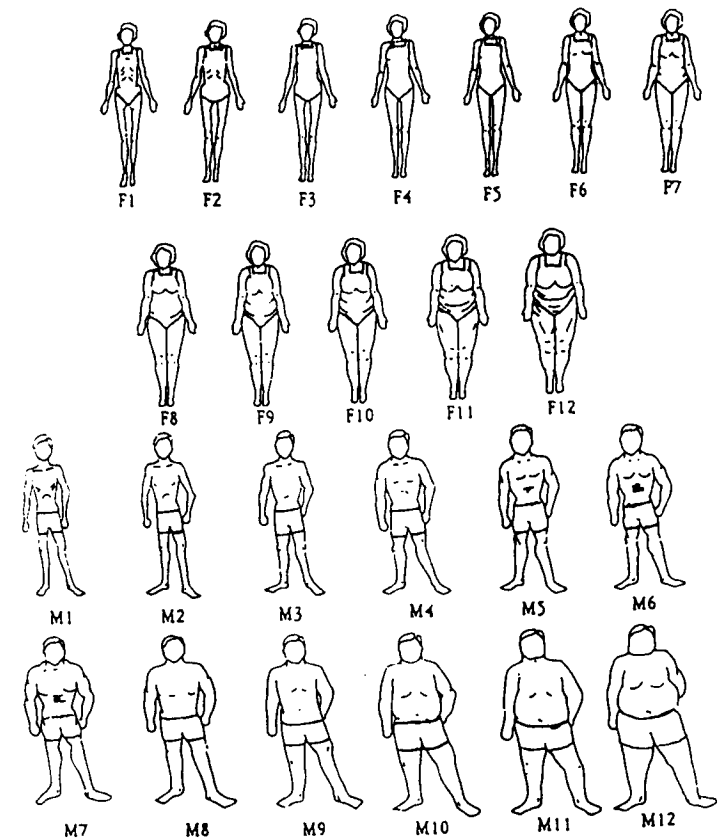


Figure 1: Adapted Subscale From Furnham and Alibhai (1983)

Moslem. Subjects rated items on a 5-point Likert-type scale (*not at all interfered to definitely interfered*) and a high score indicated that weight was perceived as interfering with social events. This scale has high internal reliability, with Cronbach's alpha = .88.

**Eating Disorder Inventory.** This 64-item scale was developed by Garner, Olmstead, and Polivy (1983) to measure psychological characteristics common in people with eating disorders. Items are scored on 6-point rating scales (1 = *always*; 6 = *never*). In the present study, 3 subscales of this scale were used. The Drive for Thinness subscale consists of 7 items that assess preoccupation with weight and dieting. The Bulimia subscale consists of 7 items

that measure binge eating and vomiting. The Body Dissatisfaction subscale contains 9 items that measure degree of dislike of body parts (e.g., stomach, thighs). The subscales were recoded on a scale of 0 to 3. Numbers 4-6, which correspond with *sometimes*, *rarely*, or *never*, respectively were coded as 0. *Often* was coded as 1, *usually* as 2, and *always* as 3. A high score indicates more drive for thinness, bulimia, and body dissatisfaction, respectively. These 3 subscales were found by Garner et al. (1983) to differentiate college women with bulimia from controls. For cross-cultural purposes, the item "I have gone on eating binges" defined this term in parentheses as ("eaten irresistibly"). Internal consistency of the subscales on this measure are all above .80 using the standardized Cronbach's alpha.

*Stereotypes About the Obese Subscale.* This scale, developed by De Jong (1980) and modified by Tiggemann and Rothblum (1988), measures whether people hold weight-related stereotypes. Subjects rated how characteristic (extremely characteristic to extremely uncharacteristic) 7 qualities (warmth, friendliness, happiness, self-confidence, self-discipline, laziness, and attractive appearance) were of a typical thin man, thin woman, fat man, and fat woman on a 5-point Likert-type scale. A high score indicated that subjects perceived that quality to be very characteristic of the target person. One quality (self-indulgence) was omitted from the subscale because Ghanaian students were often not familiar with this term.

## RESULTS

Prior to analyses the data were screened for violation of assumptions and missing data. It was fairly common for there to be a missing value on at least one item of the 5 measures embedded in the questionnaire; therefore, it was not feasible to delete cases with missing data. Analyses were conducted using the data that were available for each dependent variable separately. This approach was preferred over substituting group means for missing values, which seemed to inflate significant findings.

Because the height and weight charts used in many dieting studies are based on U.S. norms, cross-cultural studies typically calculate a Body Mass Index (Tiggemann & Rothblum, 1988). The Body Mass Index (BMI) developed by Powers (1980) has been found to be the most reliable and valid measure of weight, which accounts for height and is calculated by dividing weight by height squared. A BMI over 20 is considered overweight and a BMI over 24 is considered obesity (Garrow & Webster, 1985).

Due to a high skewness and kurtosis two variables were transformed. For the Body Mass Index that was derived from subjects' height and weight, a logarithmic transformation was applied. Before transformation BMI was 4.51 and 1.65 on kurtosis and skewness, respectively. The transformation resulted in 1.69 on kurtosis and .962 on skewness. For the Weight as Social Interference Subscale a square root transformation was applied. Before transformation this variable was 2.03 and 1.37 on kurtosis and skewness, respectively. The transformation resulted in .345 on kurtosis and .984 on skewness.

*Weight and dieting.* The mean weight for females was 10 kilograms lighter than males (see Table 1). U.S. students were 2 kilograms heavier than their ideal weights whereas Ghanaians were 3 kilograms lighter than their ideal weights. There was 1 kilogram discrepancy between females' current weight and ideal weight, and males' ideal weight was approximately 3 kilograms more than their current weight.

The BMI for women ( $M = 21.2$ ) was significantly lower than that of men ( $M = 22.5$ ),  $F(1, 485) = 27.1, p < .001$ , indicating that women were not as heavy as men. The BMI for Ghanaian students ( $M = 21.5$ ) was significantly lower than that of U.S. students ( $M = 22.1$ ), indicating that Ghanaians were lighter than U.S. students,  $F(1, 485) = 9.4, p < .005$ .

Chi-square analyses revealed a significant association between nation and whether people have ever been on a diet for at least 2 weeks to lose weight  $X(1, N = 559) = 34.2, p < .001$ , indicating that U.S. students were more likely to have dieted than Ghanaians. There was a significant relationship between nation and whether subjects were currently on a diet  $X(1, N = 559) = 14.4, p < .001$ , indicating that U.S. students were more likely to be currently on a diet (18.3%) than Ghanaians (7.6%).

Chi-square analyses revealed a significant association between gender and whether students have ever been on a diet for at least 2 weeks to lose weight  $X(1, N = 559) = 44.3, p < .001$ , indicating that female students were 3 times more likely to have dieted (36.2%) than males (11.5%). There was a significant relationship between gender and whether students were currently on a diet  $X(1, N = 559) = 33.6, p < .001, \Phi = .25$ , indicating that female students were 6 times more likely to be currently on a diet (18.8%) than males (2.9%).

All of the dependent measures were analyzed by 2 (nation)  $\times$  2 (gender) analyses of covariance, with BMI and age serving as covariates. BMI was used as a covariate because weight is often correlated with responses on these measures. Age was controlled for because the Ghana sample was significantly older than the U.S. sample. The results will be discussed separately by measure (refer to Table 1 for the means of each measure).

**TABLE 1**  
**Mean Scores on Weight and Weight-Related Measures**  
**Between Students in the United States and Africa by Gender**

Measure	Nation			
	United States		Ghana	
	Male	Female	Male	Female
Age	19.0	18.4	26.7	22.7
Height (meters)	1.79	1.66	1.70	1.63
Current weight (kg)	73.7	59.2	63.8	55.9
Ideal weight	75.3	55.0	67.9	57.0
Body Mass Index (BMI) <sup>a</sup>	23.2	21.4	22.0	21.0
Percentage BMI = average	3.8	25.9	24.8	39.6
Percentage BMI = overweight	66.3	63.0	56.9	44.8
Percentage BMI = obesity	30.0	11.1	18.2	15.7
Percentage ever on diet	5.3	43.5	6.1	13.3
Percentage current diet	.8	50.0	2.0	6.7
Ideal female body	4.9	4.8	6.2	5.6
Ideal male body	5.4	5.2	5.5	5.2
Societal ideal				
Female body	4.7	4.4	7.2	6.6
Male body	6.0	6.0	6.8	6.5
Perceived etiology of obesity	39.1	39.1	39.1	38.5
Restraint scale	10.8	16.3	11.9	10.9
Weight as social interference	11.4	15.0	11.2	11.6
Drive for thinness	.13	.91	.37	.53
Bulimia	.07	.23	.11	.05
Body dissatisfaction	.40	1.42	.38	.54

a. Body Mass Index (BMI) is weight divided by height squared.

**Ideal Body Subscale.** There were significant main effects for nationality, main effects for gender, and significant interactions on three of the four questions dealing with ideal body size. More specifically, there was a significant main effect for nation for the female body size considered ideal, indicating that Ghanaians preferred a larger female body size ( $M = 5.9$ , on a 12-point scale) than U.S. students ( $M = 4.8$ ). There was a significant main effect for gender, indicating that male subjects preferred a higher female body size ( $M = 5.6$ ) than female subjects ( $M = 5.4$ ). Additionally, there was a significant interaction for nationality and gender  $F(3,476) = 9.6, p < .005$ , indicating that Ghanaian males preferred the highest female body size ( $M = 6.2$ ) and U.S. females the lowest ( $M = 4.7$ ). There was a significant main effect for gender on the ideal male body size, indicating that women prefer a slightly smaller body size than men. There were significant main effects for

nationality,  $F(1, 465) = 118.0, p < .001$ , and gender,  $F(1, 465) = 9.5, p < .005$ , on what subjects perceived society to hold as its ideal for female body size. The mean size for U.S. subjects was 4.6 as compared to 6.9 for Ghanaian subjects, indicating that Ghanaians perceive society's ideal to be two sizes larger than that considered society's ideal by U.S. subjects. Additionally, female students had a smaller societal ideal than men. Finally, there was a significant main effect for nationality,  $F(1, 460) = 13.3, p < .001$ , on societal ideal for males.

**Perceived Etiology of Obesity Subscale.** There were no significant effects on this measure, with both samples revealing a slight belief that behaviors on the scale (e.g., eat large portions at meals) were more likely expressed by heavier people.

**Revised Restraint Subscale.** There was a significant main effect for gender and a significant interaction for nation and gender on this measure,  $F(3, 337) = 36.3, p < .001$ , with U.S. female students reporting the highest levels of restrained eating.

**Weight as Social Interference Subscale.** There was a significant main effect for gender and also a significant interaction for nation and gender,  $F(3, 341) = 10.3, p = .001$ , indicating that U.S. women had a higher score than did Ghanaian women, Ghanaian men, and U.S. men. All groups, however, scored fairly low on this measure indicating their weight was not much of an interference in social activities.

**Eating Disorder Inventory.** There were significant main effects and interactions of nation and gender on all 3 subscales (Drive for Thinness, Bulimia, or Body Dissatisfaction) of the Eating Disorder Inventory, with U.S. women scoring highest on each. There was a significant main effect for gender and a significant interaction for nation and gender,  $F(3, 436) = 28.3, p < .001$ , with the mean score for U.S. women being .91 suggesting that they were often (score of 1 = often) worrying about thinness as for example, compared to .13 for U.S. men. On the Bulimia subscale there were significant main effects for nation and gender and a significant interaction for nation and gender,  $F(3, 425) = 21.0, p < .001$ . U.S. women scored highest, although all groups revealed low scores, indicating little involvement with bulimic behaviors. On the Body Dissatisfaction subscale there were significant main effects for nation and gender and a significant interaction of nation and gender,  $F(3, 439) = 50.8, p < .001$ , with U.S. women scoring highest, indicating they are most often dissatisfied with their bodies.

*Stereotypes About the Obese Subscale.* This measure was analyzed using a repeated measures analysis of variance consisting of 2 between-scale factors (nation and gender) and 2 within-subjects factors (fat/thin target and male/female target).

*Thin/fat target.* There were significant main effects for the thin/fat target on all of the characteristics, indicating that both U.S. students and Ghanaian students rated qualities differently based on whether the target is thin or fat. Thin people were perceived more likely to be attractive, self-confident, and self-disciplined than fat people. Fat people were more likely to be perceived as friendly, lazy, and warm than thin people. There were significant interactions between thin/fat target and nation for all characteristics except for friendliness, indicating that the U.S. subjects perceived attractiveness,  $F(3, 530) = 27.7, p < .001$ ; happiness,  $F(3, 535) = 69.7, p < .001$ ; self-confidence,  $F(3, 531) = 95.6, p < .001$ ; and self-discipline,  $F(3, 515) = 5.5, p < .05$ , as more characteristic of thin people than Ghanaians did, whereas Ghanaians perceived being lazy,  $F(3, 527) = 70.2, p < .001$ , and warmth,  $F(3, 529) = 29.0, p < .001$ , as more characteristic of fat people than U.S. subjects did. Finally, there was a significant interaction between thin/fat target and gender on self-confidence,  $F(3, 531) = 12.1, p < .001$ , indicating that females rated fat people as less self-confident and thin people as more self-confident than males did.

*Male/female target.* There were significant main effects for the male/female target on three of the characteristics, indicating that both U.S. students and Ghanaian students rated these qualities differently based on whether the target was male or female. Females were perceived more likely to be attractive, lazy, and warm than males. There was a significant interaction between male/female target and nation for the laziness characteristic,  $F(3, 527) = 32.3, p < .001$ , indicating that Ghanaians rated females as lazier than males.

*Thin/fat target by male/female target.* There were significant interactions between the thin/fat target and the male/female target on three characteristics. Fat men were characterized as most friendly,  $F(3, 531) = 5.6, p < .03$ ; thin women as most happy,  $F(3, 535) = 54.0, p < .001$ ; and thin women as most self-confident,  $F(3, 531) = 62.2, p < .001$ . There were significant interactions between nations for the thin/fat target and the male/female target on three characteristics. U.S. subjects rated happy as being more characteristic of thin women,  $F(3, 535) = 6.6, p = .011$ , than fat women, which differed from Ghanaians that rated thin and fat males and females basically the same.

Self-discipline was rated as more characteristic of thin women by U.S. subjects,  $F(3, 515) = 13.5, p < .001$ , and warmth was rated as more characteristic of fat women by both samples with thin women being rated lower on this characteristic by Ghanaians than U.S. students,  $F(3, 529) = 4.4, p < .04$ .

## DISCUSSION

As predicted, students in Ghana tended to rate a larger body size as the ideal for both genders, than did the students in the U.S. sample. Additionally, the range of responses for Ghanaian students on these questions tended to be much wider than that of U.S. students. Answers ranged from figure-type 4 to figure-type 12 for Ghanaians, whereas the U.S. sample only picked figure-types 3 through 7. This reflects a more narrow definition of the ideal figure within the United States, although this is not the case among students in Africa. No one in the Vermont sample chose figure-types 8 through 12. Additionally, U.S. students tended to choose a figure one or two sizes smaller than the students in Ghana reflecting a thinner ideal. This was more so for female ideals than males. This is in congruence with the earlier mentioned research, suggesting that people in developing countries have a greater desire for a large body size whereas people in developed countries prefer thinness.

An alternative explanation for different ideals could be current body weights. Perhaps Ghanaians preferred heavier figures than the U.S. sample because they actually weighed more. However, this does not seem plausible because students in Ghana weighed on average 6 kilograms (13.2 lbs.) less than students in the U.S. sample. In fact unlike the correlational research cited earlier, this study found high BMI scores among the U.S. sample, yet given the high cost of attending the University of Vermont we would have predicted lower BMI scores. This is somewhat curious. Perhaps one explanation is that most U.S. participants were in their first or second year in college. These 2 years have been associated with weight gain, explaining the popular colloquial of "the freshman 10." Additionally, over the past decade, while ideal weights have been getting smaller, the average American has been getting larger (Rothblum, 1990). Finally, because we did not have actual measures of socioeconomic status as part of the study, we are unclear as to whether the majority of our sample were from the upper-class socioeconomic strata.

As far as ideal or desired weight, both male and female Ghanaians preferred to be heavier than their current body weights. For the U.S. sample, males preferred to be slightly heavier while females preferred to be about 4 kilograms (9 lbs) lighter.

The U.S. sample rated thin people more positively than Ghanaians, attributing to them such qualities as attractiveness, happiness, self-confidence, and self-discipline. Thin female targets were rated by the U.S. sample as being the happiest, whereas Ghanaians rated fat and thin males and females the same on this quality. This finding further reflects the value placed on a thin ideal as the definition of beauty in the United States. Those who fit the beauty qualification also possess other valued attributes. "What is beautiful is good." This is an example of the physical attractiveness stereotype (Kalick, 1988; Korabik, 1981). Furthermore, because thinness is such a valued goal for U.S. women (Rothblum, 1990), and beauty plays such a central role to female success (Wolf, 1991), it seems logical that U.S. subjects would rate a thin female target as happiest.

In fact, the most consistent finding on most of the subscales was the higher scores of U.S. female students. U.S. females showed higher rates on the 3 different subscales of the Eating Disorder Inventory on restraint behavior, were much more likely to diet than any other group, and more likely to experience their weight as social interference. This is in congruence with other cross-cultural research that has found U.S. samples to have higher rates of eating disorders and to be more concerned with thinness and dieting than other cultures. A study by Tiggemann and Rothblum (1988), comparing students in Australia to those in the United States, found that students in both countries showed a concern for weight, but the U.S. sample revealed significantly more concern. U.S. students dieted more often and were more self-conscious about their bodies than the Australian students.

Additionally, this finding corresponds with research that has found U.S. women to be far more disturbed about their body image than U.S. men and to have their lives far more disrupted by this dissatisfaction (Cooper, Waterman, & Fairburn, 1984; Dwyer & Mayer, 1970; Fullarton, 1977; Lundholm & Wolins, 1987; Simmons, 1986; Tiggemann & Rothblum, 1988; Wooley, Wooley, & Dyernforth, 1979). Research consistently illustrates the different emphasis placed on beauty and thinness for women and men. In the U.S., women are far more the targets of diet products and programs than men (Allon, 1982; Cogan & Rothblum, 1992; Silverstein et al., 1986), beauty is considered far more important for success for women than men (Mathes & Kahn, 1975; Stake & Lauer, 1987), people suffering from eating disorders are primarily (90%) female (Striegel-Moore et al., 1986), the stigma associated with obesity has greater consequences for women (Allon, 1982; Wolf, 1991), and the dieting industry is maintained mainly by female dollars (Cogan & Rothblum 1992; Wolf, 1991). Finally, the ideal female figure that is presented at the exclusion of any other image is that of extreme thinness (Rothblum, 1990).

This study illustrates that perceptions of ideal body size and corresponding behaviors are influenced by culture and gender. Cross-cultural research on body image perceptions and attitudes is critical in identifying that the pursuit for thinness and the thin ideal is not universal. Rather, the obsession with weight and dieting may be limited to Western nations that idealize thinness. It is important for Western societies, such as the United States, to consider the negative consequences of thinness worship. Valuing more of a diverse range of body sizes as we see among the Ghanaian sample, could positively impact the psychological well-being of many U.S. women.

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