


SOCIETAL INFLUENCE ON THE DESIRE FOR LARGER BODY SIZE IN A LOW INCOME COMMUNITY, ACCRA, GHANA

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Abstract

This study examines community perceptions of ideal body size and the underlying reasons in urban poor communities in Accra, Ghana. Using a qualitative research design, data were collected through eight focus group discussions and fourteen individual interviews with community members. The findings reveal that larger body size is highly valued within these communities, with women expected to have fuller figures, while men are expected to exhibit muscularity. To achieve the desired body size, particularly among women, the use of non-prescribed medications to gain weight was common. Factors that influence adherence to the community's ideal body size included the desire to attract sexual partners, avoid stigmatization, and gain peer acceptance. The study highlights how societal preferences for larger body sizes influence social acceptability and promote unhealthy weight management practices, which may contribute to the rising risk of obesity in Ghana. These findings underscore the urgent need for culturally sensitive interventions to address body image concerns and promote healthier lifestyle choices.

Keyword: Perception, Larger body size, Obesity, Community, Ghana

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Introduction

The World Health Organisation (WHO) defines obesity as excessive fat deposits that can impair health (WHO, 2024). In 2022, about 2.5 billion (43%) adults were overweight, out of these 890 million (16%) were obese (WHO, 2024). Recent evidence in Ghana indicates that half (50%) of Ghanaian women and 21 percent of men aged 20 to 49 were overweight or obese (Ghana Statistical Service et al., 2024). Obesity is a public health concern as it can increase the risk of many diseases and conditions including type 2 diabetes, heart disease, and certain cancers (WHO, 2024). Obesity is caused by biological, genetic, social, environmental, and behavioural determinants (Spinner, 2022). In urban sub-Saharan Africa, the food environment is becoming more energy-dense with a high intake of refined carbohydrates, fats, caloric sweeteners, and animal source foods. This has been accompanied by decreased physical activity levels, thus creating an imbalance of energy intake and expenditure (Popkin et al., 2012; Mayén et al., 2014). Besides, socio-cultural perceptions about body size have contributed greatly to the increasing overweight and obesity prevalence in the region (Chigbu et al., 2021).

The socio-cultural environment is a context in which body image develops and plays an important role in the perception of, feelings and attitudes about the body. The institutionalised cultural practices and internalisation of cultural norms may influence one's perception, preference for body size and behaviours toward weight management (Abdoli et al., 2024). In Africa, preference for larger body size and associated positive attributes have been well documented (Agyapong et al., 2020; Manafe et al., 2022; Naigaga et al., 2018; Chigbu et al., 2019). The preference for fatness has been linked to a presumed cultural valuation of it as a sign of

fertility, good health, beauty, wealth, respect and peace of mind (Okop et al. 2016; Matoti-Mvalo and Puoane, 2011). Chigbu et al.'s (2019) study among adults in Nigeria reported that more than two-fifths ($n = 6638$) of respondents perceived larger body size as desirable. A study among overweight Ghanaian women showed that although being overweight was considered undesirable by most women, weight gain was admired as it was perceived as a sign of wealth and good care by a spouse (Aryeetey, 2016).

Although evidence suggests a preference for larger body size in sub-Saharan Africa recent studies have reported a shift from the larger idealised body size towards a more Western slimmer body size, particularly among the youth (Gitau et al., 2014; Mchiza et al., 2015). The changing perception has been attributed to urbanization, exposure to Western culture and acceptance of Western ideals of beauty (Amenyah & Michels, 2016). Gitau et al.'s (2014) study among South African adolescents reported that normal body size was considered the ideal due to its association with respect, happiness, and being the best. On the other hand, being obese was considered the unhappiest and worst body size. This shift in perception and preference for body size may have implications on the incidence of obesity in sub-Saharan Africa, however, there is limited evidence in this regard, particularly, in Ghana. Therefore, it is important to examine whether the preference for larger body size still exists among adults. Additionally, studies on body size perceptions have predominantly been quantitative. The present qualitative study, therefore, explored community's ideal body size and underlying reasons in an urban poor context in Accra, Ghana. Findings from the study will help formulate and develop appropriate context-related interventions useful in addressing the increasing obesity burden in Ghana.

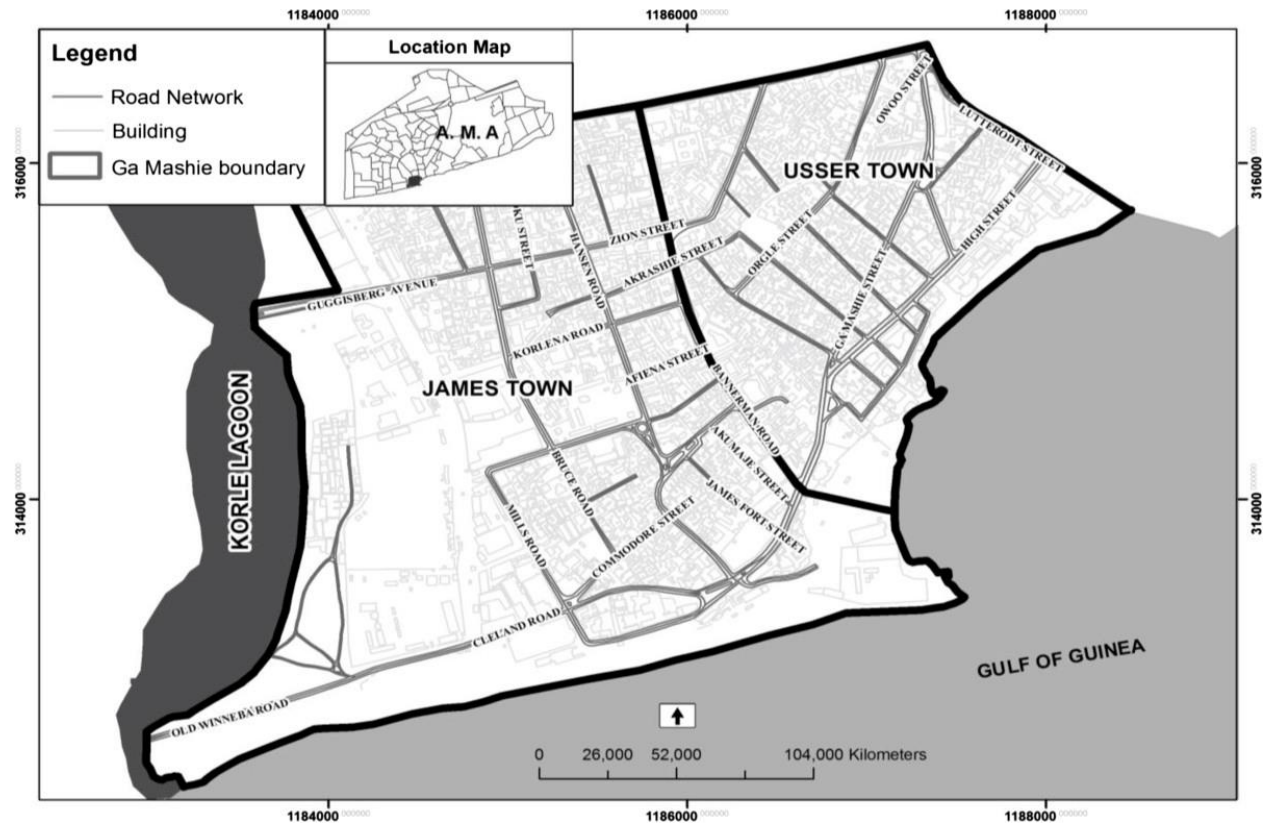


Figure 1: A map of the study area (James Town and Ussher Town)
Source: Oteng-Ababio (2014).

Materials and methods

This study was conducted in two urban poor communities in Accra - James Town and Ussher Town. These communities are spatially close to each other and are popularly referred to as Ga Mashie Traditional Area. They form part of the Ashiedu-Keteke sub-metro area in the Accra Metropolitan Area (AMA) and are predominantly of the Ga ethnic group (Ghana Statistical Service et al., 2015). Ga Mashie is located in the South of Accra, extending to the Atlantic Ocean. It is bounded in the West by a lagoon, north by an industrial area and east by a business district (See Figure 1). Fishing, fish mongering and small scale trading are the dominant economic activities of the area. Both communities are characterised by poor housing structure, sanitation and low educational status (Accra Metropolitan Assembly–UN Habitat (AMA-

UN Habitat), 2011). Ga Mashie is a densely populated urban setting with a population of about 100,000. It is an indigenous and traditional community and thus, serves as an important community to examine whether or not a preference for larger body size is culturally entrenched (Mahama et al., 2011). Moreover, high levels of obesity and chronic non-communicable diseases such as hypertension and diabetes have been reported in the communities (Afrifa-Anane et al., 2015; Amon et al., 2024), and thus important to examine the community's perception and preferences about body size.

The data for this study is part of a larger research project that employed a mixed method to examine issues about body image perceptions and weight management practices (Frempong, 2017). This paper draws on individual interviews and focus group

discussions (FGDs) with community members. Fourteen individual interviews and eight FGDs were conducted. The number of interviews was determined when the saturation of views was theoretically reached. Research has established that with twelve interviews, data saturation can be achieved (Guest et al., 2006). Respondents for the individual interviews were recruited from the survey sample to obtain a homogenous sample of respondents with similar backgrounds and experiences. A convenient sampling technique was used to select respondents from the community to participate in the FGDs. Individuals aged 18 years or older who had lived in the study communities continuously for more than six months were eligible to participate. Pregnant and lactating women were excluded from the study. This is because these conditions may affect one's body weight and bias the computation of their actual body sizes.

The focus groups were segmented by age (younger adults-18-35 years; older adults 36 years and above), sex (males and females), and locality (James town and Ussher town) to ensure homogeneity in the sample and allow participants to contribute and build consensus on the issues discussed without any constraint. Both FGDs and individual interviews were conducted by the author and four trained field assistants in the local dialects (Ga and Twi). The FGDs and the individual interviews lasted about 40 minutes and 25 minutes, respectively and they were audio recorded with consent from participants. The data were collected from November, 10 to December 1, 2016.

The community's ideal body size was measured using a 'Figural Stimuli' tool developed by Pulvers et al., 2004 (see Figures 2 and 3). This is a validated figure rating scale

that correlates with the standard WHO body mass index values (Underweight = BMI <18.50 kg/m²; Normal weight (18.50 kg/m²-24.99 kg/m²; Overweight (25.00 kg/m²- 29.99 kg/m²; Obese (\geq 30.00 kg/m²) (WHO, 2024). Nine silhouettes present sex-specific body sizes, ranging from a BMI of 16 to 40 with constant increments of 3 kg/m². The Silhouettes are labelled 'A' to 'I'. 'A' represents underweight body size, 'B' and 'C' normal weight, 'D' and 'E' overweight while 'F' to 'I' represent an obese body size. The height and weight of respondents were also taken to measure BMI. Height measurements were obtained using a measuring tape (5 M/16FT measuring tape) in centimetres (cm) after the removal of slippers or shoes, and a weighing scale (Seca Scale with a maximum measurement of 150 kg) was used to take participants' weights in kilograms (kg). BMI was calculated by dividing respondents' weight (kg) by their height in meters squared (m²) and classified according to the WHO cut-offs.

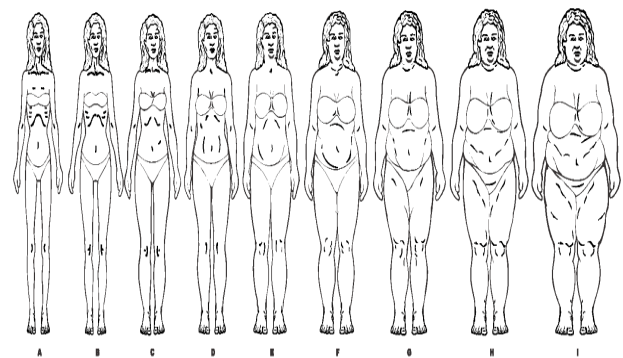


Figure 2: Females silhouette¹

¹ Pulvers et al., 2004. Development of a culturally relevant body image instrument among urban African Americans. *Obes Res.* 2004;12:1641–1651.

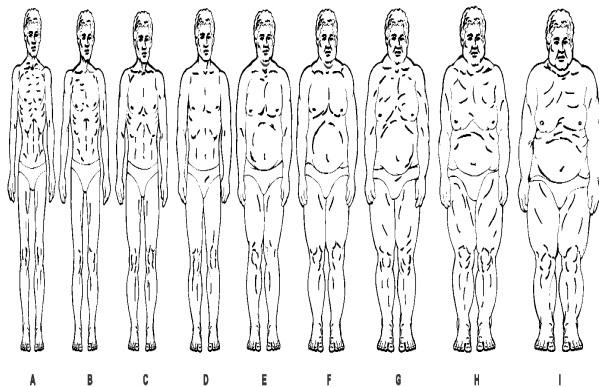


Figure 3: Male silhouettes

The audio recordings of the interviews were transcribed verbatim by two trained research assistants from the Ga and Twi languages to English. Afterward, the author and a data auditor listened to the audio files alongside the transcripts to ensure precision. To ensure anonymity, names were omitted from the audio and transcript. The transcripts were analysed in themes using Atlas ti. 7 software. The transcripts were read repeatedly for understanding and codes were developed. An initial coding framework was developed based on the interview guide and inductive codes based on emerging themes. The coding framework was reviewed by three doctoral with experience in qualitative data analysis. The revised coding framework was further reviewed by the author and the two doctoral candidates to reconcile conflicting codes.

The study protocol was approved by the institutional review board of the Ethics Committee for Humanities (ECH), University of Ghana on October 10, 2016 (ECH014/16-17). Before the data collection, the protocol was explained to each participant. They were

assured that participatory was voluntary and they could withdraw from the study at any time without any consequence. They were also assured of anonymity and confidentiality regarding the information they provided.

Results and discussion

Characteristics of the participants

Table 1 shows the characteristics of the study respondents. In total, 14 individual interviews were conducted: 8 with females and 6 with males. Eight focus group discussions were conducted with an average of 5 respondents in each group, giving a total of 44 respondents. The ages of the respondents ranged from 18 to 71 years. Four out of the 14 respondents had middle or junior high school education; 5 had secondary or higher education while 2 had no formal education. The BMI status indicated that 9 respondents were overweight or obese, 4 were of normal weight and 1 person was underweight. At the group level, more than half (25) of the 44 respondents were males and half (22) were aged between 18-35. Twenty-one out respondents had attained middle or Junior High school, 14 had secondary education and a few (two) had higher education. The Body Mass Index status (BMI) of the respondents showed that half (22) of the participants had normal body size, 13 were overweight and 9 were obese. Additional characteristics of respondents are shown in Table 1.

Table 1: Characteristics of the participants

Characteristics	Focus Group Discussion (Total Number of group discussion =8). A total of 44 participants	Individual interviews (Total Number =14)
Sex of respondents		
Males	25	6
Females	19	8
Age		
18-35	22	7
36-71	22	7
Level of education		
No education	5	2
Primary	4	3
Middle/JHS	21	4
Secondary+	14	5
Marital Status		
Single	12	3
Married	24	10
Widowed/divorce	8	1
Employment status		
Employed	29	9
Not employed	15	5
Body Mass Index (BMI)		
Underweight (<18 .5 kg/m ²)	0	1
Normal weight (18.5. to 24.9 kg/m ²)	22	4
Overweight (25 to 29.9 kg/m ²)	13	4
Obese (≥ 30kg /m ²)	9	5
Weight management goal		
Lose weight	10	5
Gain weight	2	2
Stay about the same	32	7

Source: Field data, 2016.

Community ideal body size and underlying reasons

The findings are presented under three thematic areas: (1) *perceived community ideal body size*, (2) *Strategies to attain the ideal community body size* (3) *Reasons for the desire for Community ideal body size* (reasons for conformity)

Perceived community ideal body size

When asked whether there is a community perceived ideal body size, there was a consensus among the participants that yes, there is an acceptable body size in this community. They explained that the community members cherish people who are of larger body size. This perception was highlighted by the participants using the silhouette and the choices they made ranged from card D to G as depicted in Figure 4.

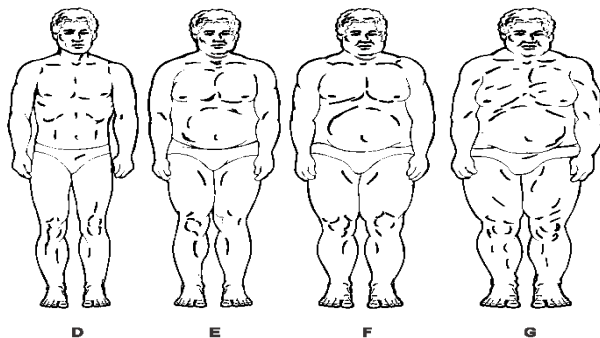


Figure 4: Female and Male silhouettes selected by participants as the community's preferred body size.

Below are some quotes from some women to support the points:

“The preferred body size lies in-between. Many people prefer to be medium-shaped (Overweight). They do not want to be obese, and they do not want to be slim either. They



want to be quite big, like this size (They pointed at Card D) (FGD 4, Younger women, James Town).

Another participant who was obese stated: *“Here, they (community members) prefer fat people because mostly you hear from the conversation of slim people that they wish they had put on extra weight” (She selected Card F to highlight her point) (II, obese older woman, Ussher town).*

Additionally, there were gendered dimensions of ideal body size in the study community. Both male and female participants reported that females are expected to have bigger body sizes compared to males. Males are however expected to look muscular. Below are quotes for illustration:

“Yes, the females are to be fat, that is, they must have enough body so that the breast and the hips must come out big and the guys must look muscular” (FGD 6, younger men, Ussher Town).

“Women are expected to weigh more than men. When a man grows bigger he is considered a fool. A man must not be too big but muscular” (II, an obese older, James Town)

“The women living in this community prefer a man who is tall, muscular and well-built so that when he appears everyone will catch a glimpse of him. But when you go for a man who is slim and short, the women will take you for a ride (II, Obese older woman, Ussher Town).”

Strategies to attain ideal community body size

Most participants reported that intake of medication was the main strategy adopted by most community members to gain weight. They explained that the community’s preference for larger body size and expectation for females to be fat compel some females in the community to take non-prescribed medicines to enable them to conform to the standards of the community. These medications included ‘Dexacortin’, ‘Paratin’, ‘blood tonics’, and ‘appetizers’ such as, ‘Apetamin blood tonic’, ‘Donewell blood tonic’, and ‘Bro O.T’. They further explained that in some instances, some of these medications are mixed and sold to individuals to stimulate hunger and longer sleeping hours, therefore, inducing weight gain. Below are quotes to support the notions:

“As for the medicines, they are not taken to lose weight. Many people want to gain weight; they apply the medicines to their buttocks, legs, face and everywhere. You will not see someone trying to lose weight. However, those who have gained weight continue to take medicines like Bro O.T and Dexacortin” (FGD 6, younger men, Ussher Town)

“Yes, there is an ideal body size for everyone to have but the medicines they are taking are making them grow huge and fat. They are taking drugs to grow fat. That has become the order of the day” (II, an overweight older woman, James Town).

The findings indicate that silhouettes D to G were selected as the ideal body sizes in the study areas. These cards represent an overweight and obese body size. Generally, females were expected to have larger body sizes with big buttocks and curvier shapes while males were expected to be muscular. Positive endorsement for larger body size has been documented to increase the odds of obesity (Chigbu et al., 2019). Therefore, the community’s preference for a larger body size and the expectation of females to be fat could be a contributing factor to the high prevalence of overweight and obesity (57%) in the study area (Frempong, 2017). Social representation of body size dictates acceptable and preferred body sizes and thus significantly influences individuals’ body image perceptions, preferences, and associated behaviours (Abdoli et al., 2024). In most societies in sub-Saharan Africa, larger body size is considered the traditional standard of beauty for women. As a result, there is greater satisfaction for larger body size and a belief that fatness has no association with developing health problems and chronic diseases such as hypertension, and diabetes (Tateyama et al., 2018; Niagaga et al., 2018; Manafe et al., 2022). This could partly explain the present finding of preference for larger body size. Although evidence in Western societies shows a preference for a slimmer body size (Aimé et al., 2020), there are variations within groups. Studies among Blacks and societies of low socio-economic status have reported a preference for larger body size (Swami, 2013; Spinner, 2023). Generally, individuals who perceive that their body size is accepted by others are less likely to want to modify it. Conversely, non-acceptance could lead to a feeling of dissatisfaction and this may drive individuals to engage in unhealthy weight management practices to help them meet the acceptable body size (Aimé et al., 2020). As found in the present study, individuals subscribed to the intake of non-

prescribed medications including Dexacortin' and 'Paratin' and other blood tonics to help them meet the societal standard of larger body size. The practice of self-medication using over the counter medications is a global healthcare challenge that is often motivated by societal and economic factors (Kamal et al., 2023). The use of non-prescribed medications to gain weight may not always be safe and thus their use may be detrimental to the health of individuals, particularly, when they are taken for an extended period. Public health education should focus on the dangers of non-prescribed medications. Also, safe weight management options including healthy eating and physical activity should be promoted.

Reasons for conformity

Three main sub-organizing themes emerged under this domain: to 'prevent stigmatization', 'attract sexual partners', and 'peer influence'

To prevent stigmatization

The participants reported that one of the main reasons for the desire among community members to have larger body size is to prevent stigmatization and mockery. According to them, slimness or loss of weight is mocked and socially not accepted. As a result, females mostly take non-prescribed medication to gain weight to avoid mockery or stigmatization. This notion was mainly highlighted by female participants as shown below:

"Someone can even ask you to look at yourself to see how dry you look. When that happens, you get worried, so you end up looking for a way to also gain weight. If I have money, I have to also get one of the medicines to gain weight" (FGD, older women, James Town).

"Slimness is mocked. That is why they go in for the medicines and all that. Because at the end of the day, the only thing someone will tell you is to look at how you have slimmed down like fried fish. Uhhmmm and all that...like a

sick person.... like a doll" (II, underweight young woman, Ussher Town).

"Some of the women make remarks like having an affair with a slim woman is like chewing bones. Therefore, they use that to insult their fellow females. The males also do the same. Imagining a slim woman walking on the street, they can refer to her as "shaking off bones" (II, overweight young woman, Ussher Town).

Attract sexual partners

Some of the participants narrated that most females desire to have a larger body size to attract male sexual partners. They explained that there is the perception that the men in the community express love to females who have larger body sizes with big buttocks and breasts compared to those who are slim. This therefore influences females in the community to put on extra weight. The perceptions of respondents are supported by the following quotes:

"In this community, we value people who are fat and so they take in medicines to gain weight. If she does not gain weight how will a man be interested in her? If you can gain weight the men will be interested in you, love you and you will be happy in the community" (FGD2, older women, James Town).

"They (females) like to put on extra weight because they believe that is the best way to attract a man. And they believe that is what the men also like. I am not too sure about other places but this is what they believe in this community. They do that because they feel that is what the men want and if they wear an attire, it will fit them thereby exposing their hips, body, and shape. Men go after females who are big with big buttocks and hips" (FDG 4, James Town, younger men).

"The fatness we are talking about is that the men prefer females who are big with big

breasts and big buttocks. They prefer women who appear big in shape or have gained extra weight” (II, Obese older woman, Ussher Town)

Peer influence

Some participants also reported that peer influence drives most females to conform to the community’s expectation to have a larger body size. That is, females who have fat friends are mostly pressured or influenced to become fat. The following excerpts attest to the notion:

“Yes, they (females) are worried. Let us say there are 3 friends and 2 of them are fat. People will make fun of her that her friends are good looking beautiful, so she should find a solution to her problem of slimness. I know a lot of people who are in such a mess. They want to do everything possible to look like their fat friends” (FGD, younger women, Ussher Town).

“It is the women who are usually worried about the fact that they are slim. The men are not worried. It is the women who go ahead to buy all sorts of drugs to gain weight so that they will also look beautiful. That may not be how God created them but because their friends are fat, they will also like to look the same” (FDG, Ussher Town. Older men).

The findings above show that one of the key reasons underlying the desire for an overweight or obese body size is to avoid being stigmatized. Stigmatization of slimness or weight loss has been reported as a major contributing factor to the increasing obesity prevalence in sub-Saharan Africa. Slimness or weight loss is mostly linked to poverty, marital abuse, and illness including HIV/AIDs and Tuberculosis (Matoti-Mvalo & Puoane, 2011; Okop et al., 2016). Therefore, most overweight or obese women are resistant to losing weight, and non-overweight/obese women are dissatisfied with their body size (Ozodiegwu et al., 2019).

Comparable to a study by Tuoyire et al., 2018 in Ghana, participants from the current study expressed that plump women, particularly those with wide hips, and big buttocks attract attention from the opposite side than those who are slim. To a larger extent, body size perceptions and preferences are affected by the desirability of an individual to the other gender (Abdoli et al., 2024). Larger body size has been associated with physical attractiveness and thus increases a female’s chances of attracting a sexual partner (Chigbu et al., 2021). A qualitative research synthesis by Ozodiegwu et al., 2019 in sub-Saharan Africa reported that men perceived the ideal body size for women to be overweight or obese, and thus, females internalized these expectations and considered larger body size as part of the African cultural identity. African men’s preference for women with larger body size, hips and buttocks has been linked to an evolutionary theory where women with such physiques are considered fertile (Pradeilles et al., 2022). However, a study carried out by Ahmed & Saltus (2012) among female university students in Sudan reported that fatness is considered unattractive as it reduces a woman’s chances of securing a boyfriend or husband. The difference in findings may be due to disparity in the study population. Ahmed & Saltus’ study was conducted among university students and thus, they may have acquired knowledge on the effect of obesity and related consequences.

Further, the findings indicated that peer influence compels females to desire a larger body size. This aligns with the tripartite model proposed by Thompson et al. (1999) which states that people are induced to attain ideals of socio-culturally adopted appearance because of social influences from family, friends, and media. The present finding that peers influence preference for larger body size contradicts previous findings among adolescents in sub-Saharan Africa which show that peer influence motivates

individuals to look slimmer or lose weight (Pradeilles et al., 2022; Ozodiegwu et al., 2019). Significant others can influence one's decision about weight and strategies for weight management. For instance, family members and friends can convey messages of encouragement or criticisms about the body and provide negative or positive social support for nutrition, and physical activity that may impact weight management (Spinner, 2022).

Conclusion and recommendations

The findings from this study reveal a strong socio-cultural preference for larger body sizes, especially among women. To this effect, women in the study communities subscribed to the intake of non-prescribed medication to gain weight to be accepted by peers, avoid stigmatization, and attract sexual partners. The findings from the present study suggest that societal veneration of larger body size influences social acceptability or otherwise, and engagement in unhealthy weight management practices. This may hinder intervention strategies that are put in place to reduce the incidence of overweight and obesity in sub-Saharan Africa and thus reinforces the urgent need for culturally sensitive approaches in addressing body image concerns. Health policy makers should partner with regional and district health professionals to develop health education strategies to raise awareness of the importance of attaining healthy body weight and the dangers of being overweight or obese. Greater efforts should be made to counter the use of non-prescribed medications for weight gain. Future studies could replicate this study in other societies and diverse groups concerning socio-economic status and age. In particular, exploring in affluent societies and among adolescents will help provide comparable data. Moreover, it will be important to examine how unhealthy weight management techniques affect long term health.

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