RACIAL INFLUENCES ASSOCIATED WITH WEIGHT-RELATED BELIEFS IN AFRICAN AMERICAN AND CAUCASIAN WOMEN

This study examines African American and Caucasian women's perception of how race affects their weight. Structured focus groups that used the nominal group technique (NGT) were conducted with four groups of African American women (*n*=30) and four groups of Caucasian women (*n*=30). Participants generated responses to the question, ''How does being a Black/White woman affect your weight?'' The African American groups generated 48 unique ideas, including unhealthy food preparation, poor food selection habits, lack of exercise, stress, increased risk of chronic diseases, and associated medical costs; the Caucasian groups produced 32 responses, including distorted expectations of perfect body type, success depended on thinness and beauty, social pressures, media, and men's preferences. Results suggest that the African American women focused on food choices and health consequences while the Caucasian women emphasized body size and aesthetics. The observed differences support a need for culturally specific interventions that promote good eating patterns and healthy body shapes. (*Ethn Dis*. 2007;17:1–5)

Key Words: African American, Caucasian, Culture, Nominal Group Technique

Christie Z. Malpede, MA; Lori F. Greene, MS, RD; Stephanie L. Fitzpatrick, BS; Wendy K. Jefferson, BS; Richard M. Shewchuk, PhD; Monica L. Baskin, PhD; Jamy D. Ard, MD

From the Department of Nutrition Sciences, Division of Clinical Nutrition and Dietetics (CZM, LEF, WKJ, JDA), Department of Health Behavior, School of Public Health (SLF, MLB), Department of Health Services Administration (RMS), University of Alabama at Birmingham, Birmingham, Alabama.

Address correspondence and reprint requests to Christie Zunker Malpede; 445 Webb Building; 1675 University Blvd.; Birmingham, AL 35294-3360; 205-996-4385; 205-934-7050 (fax); cbz9@uab.edu

INTRODUCTION

The prevalence of overweight and obesity is increasing among Americans, including a disproportionate number of African American women, with an estimated obesity rate of 50% for African American women compared to 30% for Caucasian women.[1,2] Many lifestyle behaviors are associated with obesity, including unhealthy eating habits and insufficient physical activity.[3] However, less is known about sociocultural beliefs and attitudes that may promote or mitigate weight trends, particularly as they relate to African American and Caucasian women.

The sociocultural influences that might have an affect on weight-related behaviors (eg, weight fluctuations, rationale for weight change) and rates of obesity for African American and Caucasian women are likely very distinct. With regard to desires for thinness, research suggests that weight concerns (eg, fear of being overweight, body image dissatisfaction, low self-esteem) and disordered eating (eg, anorexia, bulimia, binge eating) are frequently higher among Caucasian women than African American women; however, the reasons for these differences are unclear.[4,5] Furthermore, many Caucasian women tend to perceive themselves as overweight (ie, report an ideal body size lower than the perception of their actual body size), while obese African American women have been shown to underestimate their body size, which suggests the self-perception of being underweight.[6,7]

Differences also exist in the effects of socioeconomic status on obesity by race. Evidence suggests that body mass indices (BMIs) are higher among individuals with low education and low income.[8] While African American and Caucasian women of low education levels have a similar mean BMI, Lewis et al[9] showed that African American women with moderate or higher levels of education had a higher mean BMI compared with Caucasian women. This finding suggests that despite higher socioeconomic status, African American women may engage in behaviors that promote a larger body size or have beliefs that perpetuate a cultural preference for heavier figures.

These unique racial patterns suggest that racial identity affects weight-related beliefs and is likely to play a role in determining behaviors and attitudes associated with weight control efforts. A number of factors influence women's perception of weight, including body dissatisfaction, family pressures, social norms, and aesthetic preferences.[10,11] Understanding women's perceptions and mitigating ways of thinking is essential for overcoming barriers to change unhealthy weight patterns and its associated consequences.

Assessing and understanding the different racial perspectives that influence weight concerns is essential to effectively motivate women to achieve better health. For example, encouraging obese African American women to lose weight to decrease their risk of obesity-related chronic disease may be more

effective than attempting to motivate them for aesthetic standards, presumably because of greater acceptance of a larger body image and feelings of ambivalence toward their weight.[10,12] In addition, careful selection of the obesity treatment setting influences program adherence and weight loss maintenance among groups of African American women.[13] The present study explores how race affects weight and weight-related attitudes and beliefs among African American and Caucasian women. We wanted to determine if women who self-identified as African American and Caucasian would describe racially distinct factors that influence their weight and weight-control beliefs and behaviors.

METHOD

Participants

Study participants were recruited from the Birmingham, Alabama, metropolitan area by using advertisements in local publications and posting bulletins on the University of Alabama at Birmingham (UAB) campus. To be eligible to participate, women aged ≥19 years needed to identify themselves as either African American or Caucasian. All eligible participants were informed that the group would last approximately one to one and one-half hours, and they would receive $25 compensation for their time. This study was approved by the University of Alabama at Birmingham Institutional Review Board. Each participant provided informed consent. A total of eight group meetings were held, with four meetings for each racial group (African American and Caucasian). Each group had 5–12 participants. A group facilitator trained in the nominal group technique (NGT, described below) led the groups, and an assistant recorded responses. Group facilitators were of the same race as study participants.

Procedure

The nominal group technique (NGT), which is a qualitative method of data collection, was used to guide the group meetings.[14] The multistep NGT format is useful for systematically eliciting meaningful interpersonal disclosures among participants by gathering equally weighted responses to a specific question and tends to offer valid representation of group views.[15]

The highly structured format of NGT meetings promotes an equal and egalitarian level of participation and minimizes information loss by controlling the extraneous and evaluative discussions that frequently occur in less structured group settings when controversial or emotionally charged issues are addressed. In addition, the need for audio recording and transcription is unnecessary, given that the verbatim responses are written on a flipchart, thereby providing a concise summary of the session. Before conducting the NGT meetings, the investigative team articulated several questions that were then pilot tested to ensure that they would elicit the responses as intended.

The first step of the NGT process was to have participants address a specific question, which was read by the facilitator and printed on worksheets that the participants received. The African American groups were asked, "How does being a Black woman affect your weight?"; Caucasian groups were asked, "How does being a White woman affect your weight?" Participants were asked to work independently for five minutes and write down as many words or short phrases as possible that represented their individual perspectives.

The second step involved participants' sharing their written responses with the group in a round-robin fashion. The facilitator asked each participant to list one idea at a time, encouraged them to make their responses brief, and remained neutral (ie, refrained from giving positive or negative feedback, promoted equal par-

ticipation) to help avoid influencing participants. The assistant numerically listed each response verbatim on a flipchart in the front of the room.

The third step provided an opportunity for clarification and consolidation of ideas. The facilitator reminded participants that the purpose of this step was to clarify ideas, not to judge or evaluate. During the fourth step, participants prioritized their responses. The facilitator instructed the participants to select the three responses from the generated list that they perceived as most salient to them and write each response on a separate note card. Then they systematically ranked the cards by assigning three votes to the most salient of those selected, one vote to the least salient, and two votes to the remaining card.

Analysis

When all NGT meetings had been conducted, the investigative team employed a formal distillation process to identify the common themes that were generated across the different meetings. This process involved examining the responses and grouping those responses that appeared to be substantively similar into themes through consensus. The investigative team included an equal number of African American and Caucasian healthcare professionals with an interdisciplinary background. Table 1 and Table 2 list all of the themes that received votes from the participants, as well as their actual responses. An inclusive list with non-scoring responses is available from the authors.

Measures

A demographic questionnaire gathered information on age, race, educational level, marital status, and employment. Body weight was measured in light clothing without shoes by a Tanita digital scale (Model #BWB500A; Arlington Heights, Ill). Height was measured by using a wall-mounted stadiometer. Body mass index (BMI) was

Table 1. African American women's themes and ideas in response to "How does being a Black woman affect your weight?"

		Sum
1.	Unhealthy food preparation (high-fat, high-salt, fried foods)	33
2.	Poor food selection habits	18
3.	Lack of exercise	16
4.	Risk of chronic disease and medical cost	11
5.	Lack of education on how to eat healthy	10
6.	Increased stress leads to overeating	10
7.	Multiple roles prevent time to make healthy choices	10
8.	Low self-esteem	9
9.	Limited clothing choices	8
10.	Limited resources for healthier foods	7
11.	Lack understanding for maintaining healthy body weight	7
12.	Food habits from family	6
13.	Genetics	6
14.	Different cultural view of ideal weight compared to society and medical definition	6
15.	Lack of discipline to eat healthy and lose weight	3
16.	Cultural significance of food	3
17.	Taught not to be wasteful	3
18.	Extra weight from having children	2
19.	Large portion sizes	2
20.	Hair priorities	1
21.	Male influence	1

calculated as weight (kg) divided by height (m^2).

RESULTS

The mean age and BMI for African Americans was 34 years and 30.3 kg/ m^2, respectively; the mean age and BMI for Caucasians was 31 years and 26.6 kg/m^2, respectively. Thirty-two percent of the women reported that they were married. Most women had a college education and above, and 40% reported a household income ≥$40,000. No differences in mean income, education level, or age were seen by race.

For African American women, the number one theme for how being a Black woman affected their weight was the way they prepared their food (see Table 1). They reported that traditional cooking meant using high-fat meats (eg, ham hocks, fatback) and salt to flavor otherwise healthy dishes (eg, cooked vegetables). They explained that it was necessary to add fat and salt to create flavorful meals. In addition, fried foods (eg, chicken, fish) were popular because they tasted good, were part of the family tradition, and were easily accessible at fast food restaurants.

The African American groups also reported that making poor food choices and lack of knowledge and understanding on how to prepare healthy foods was a problem. For example, some women reported that they were interested in learning how to cook low-fat recipes, but multiple roles and responsibilities prevented them from preparing healthy meals (ie, involvement with job and family did not allow adequate time to devote to food preparation); other women were unsure if their families would accept the changes.

African American women reported that they were apprehensive of developing chronic diseases and worried about current and future medical costs due to their unhealthy dietary choices. Many reported that they did not engage in adequate amounts of exercise because of time constraints and lack of motivation. More specifically, hair maintenance activities (eg, flat iron, perms, frequent visits to beauty salon) after exercise were considered time consuming and expensive and generally avoidable if exercise was limited. In addition, they indicated that feeling stressed prompted them to overeat large amounts of unhealthy snack foods, often at bedtime. Moreover, they reported purchasing high-fat convenience foods (eg, fast food, chips) instead of healthy foods (eg, fresh fruits and vegetables) because of limited funds.

Table 2. Caucasian women's themes and ideas in response to "How does being a White woman affect your weight?"

		Sum
1.	Distorted expectations of perfect body type	33
2.	Success depends on being thin and looking beautiful	25
3.	Negative body image	16
4.	The standard for ideal body shape is thinness	16
5.	Men's preferences for thinner women	15
6.	Widespread social/cultural pressure to be thin	13
7.	Weight loss is a trendy obsession	9
8.	Different appearance standards for men and women	8
9.	Socially unacceptable for certain groups to be heavy, but ok for other groups	8
10.	Unhealthy body images given to our daughters	7
11.	White female celebrities have different appearance norms from men and other racial groups	5
12.	Genetics	4
13.	Having better access to health care makes it possible to stay thin	4
14.	White women are the target audience for weight loss market	4
15.	Health education available	4
16.	Positive cultural influences on foods	4
17.	Most clothing is designed for thin women	3
18.	Fast and convenient food makes it easy to gain weight	3
19.	Predisposition to health conditions and weight	3

Several of the African American women also reported that their weight influenced their clothing choices. They felt bothered that larger-size fashions were not readily available or as attractive as clothing choices for thinner women and believed that additional African American fashion designers were needed to accommodate the fashion preferences of "thick" women. In addition, they reported that their weight was influenced by the need to purchase clothing that flattered their individual figures, Black men's accepting attitude toward full-figured women, and encouragement from their friends not to lose "too much" weight.

The Caucasian women's most popular theme for how being a White woman affects their weight was having distorted expectations of the perfect body type (see Table 2). They also reported that being successful was dependent upon being thin and looking beautiful; many reported that a negative body image (ie, perceived failure to meet ideal expectations) affected their weight. In addition, they reported that social pressures, media images, and men's preferences prompted them to lower their weight in order to strive for ideal thinness.

The Caucasian group reported that they believed it was socially unacceptable for certain groups (ie, White women) to be overweight, but it was acceptable for others (ie, African American women and men in general). Furthermore, they stated that society enforced different physical standards for men and women, such that being overweight and unattractive is an acceptable appearance for men but unacceptable for women. For example, women recalled viewing television programs and commercials "with unshaven, fat men and thin women with perfect hair and make-up." They also reported that television shows for plastic surgery are usually full of White women in search of the "quick fix"; they reported that media messages and

products related to thinness, such as fitness equipment advertisements, are directed toward White women.

Caucasian women reported that their distorted perceptions and negative attitudes toward their body image were perpetuated by their families, in particular their mothers, and believed that the trend of giving unhealthy body images to young girls continues. Moreover, they reported experiencing a widespread cultural pressure to be thin and felt that weight loss was a trendy obsession among their peers.

DISCUSSION

The primary objective of this study was to determine if groups of self-identified African American and Caucasian women would provide racially distinct responses about the factors that influenced their weight and weight-related behaviors. Overall, the African American women were concerned with food choices/preparation and health factors while the Caucasian women were influenced primarily by body image and their view of aesthetic standards. These differing findings provide evidence that African American and Caucasian women have very distinct cultural factors and experiences that influence their perception of their weight and behaviors related to weight.

The results of the current study indicate that African American and Caucasian women report many unique factors that affect their weight and weight-related behaviors. Similarly, other researchers have shown that women's perception of their bodies may be influenced by their peers, family, socio-cultural attitudes, media, and men's preferences. Caucasian women often report higher levels of body dissatisfaction and drive for thinness compared to African American women; however, African American women report more disturbed eating patterns as they adopt White culture.[17] This evidence suggests

potential catalysts for dissatisfied body image as well as areas of opportunity for improvement.

In addition, this study shows that the Caucasian participants more frequently reported distorted attitudes and pressure for thinness compared with the African American participants. Caucasian women more commonly overestimate their body size, compared with African American women who tend to misperceive themselves as leaner than they actually are, even with the use of culturally acceptable figure rating tools.[6,18] One plausible explanation for this tendency may be that African Americans are more satisfied with body shape and engage in less disordered eating than Caucasians, presumably because they are protected by familial influences and cultural acceptance of larger body size.[19] Without an environment that supports acceptance of a larger body size, Caucasian women may adapt by perceiving themselves as overweight to justify engaging in restrictive dietary practices.

On the contrary, African American women may experience a more supportive environment. For example, African American participants reported that male family members, particularly fathers and husbands, encourage them not to lose weight because they do not like "bony women."[10] However, some evidence suggests that weight management behaviors of African American women are due to socioeconomic disparities, not a cultural tolerance.[20]

Limitations

One limitation of this study is the fact that many participants were younger and employed by or attended the university. This convenience sample may not be representative of the way that other groups of African American and Caucasian women would describe how their racial identity influenced their weight. Additional studies with women from a variety of different age groups, geographic areas, economic back-

grounds, and educational levels would provide a greater sense of generalizability for these findings.

Implications

Our study demonstrates the uniqueness of the factors that women of similar socioeconomic status but different ethnic/racial backgrounds encounter when dealing with their weight. The results of this study can be used to enhance our knowledge regarding race-specific influences of weight-related behavioral problems, such as dissatisfied body image, low self-esteem, disordered eating patterns, and obesity. These findings support the calls to develop culturally appropriate ways to encourage different racial groups of women to achieve and maintain a healthy weight status and a satisfied body image. Our study results also highlight the need to address permissive forces (eg, accepting attitudes toward larger body size by family and peers) for African American women and negative factors (eg, exceptionally thin role models) for Caucasian women, both of which can lead to unhealthy lifestyles, although on the opposite ends of the BMI spectrum. The cultural and social views that foster many of the beliefs expressed by our participants can be challenged by innovative campaigns to educate women of both racial groups about the importance of a healthy lifestyle and what this entails.

REFERENCES

1. Flegal KM, Carroll MD, Ogden CL, Johnson CL. Prevalence and trends in obesity among US adults. *JAMA*. 2002;288:1723–1727.
2. Mokdad AH, Serdula MK, Dietz WH, Bowman BA, Marks JS, Kaplan JP. The continuing epidemic of obesity. *JAMA*. 2000;284:1650–1651.
3. Jakicic JM, Winters C, Lang W, Wing RR. Effects of intermittent exercise and use of home exercise equipment on adherence, weight loss, and fitness in overweight women. *JAMA*. 1999;282:1554–1560.
4. Striegel-Moore RH, Dohm FA, Kraemer HC, et al. Eating disorders in White and Black women. *Am J Psychiatr*. 2003;160(7):1326–1331.
5. Thompson SH, Sargent RG. Black and White women's weight-related attitudes and parental criticism of their childhood appearance. *Women Health*. 2000;30(3):77–92.
6. Patt MR, Lane AE, Finney CP, Yanek LR, Becker DM. Body image assessment: comparison of figure rating scales among urban Black women. *Ethn Dis*. 2002;12:54–62.
7. Perez M, Joiner TE Jr. Body image dissatisfaction and disordered eating in Black and White women. *Int J Eat Disord*. 2003;33(3):342–350.
8. Truong KD, Sturm R. Weight gain tends across sociodemographic groups in the United States. *Am J Public Health*. 2005;95(9):1–5.
9. Lewis TT, Everson-Rose SA, Sternfeld B, Karavolos K, Wesley D, Powell LH. Race, education, and weight change in a biracial sample of women at midlife. *Arch Intern Med*. 2005;165:545–551.
10. Baturka N, Hornsby PP, Schorling JB. Clinical implications of body image among rural African American women. *J Gen Intern Med*. 2000;15:235–241.
11. Padgett J, Biro FM. Different shapes in different cultures: body dissatisfaction, overweight, and obesity in African American and Caucasian females. *J Pediatr Adolesc Gynecol*. 2003;16(6):349–354.
12. Wilson DB, Musham C, McLellan MS. From mothers to daughters: transgenerational food and diet communication in an underserved group. *J Cult Divers*. 2004;11(1):12–17.
13. Sbrocco T, Carter MM, Lewis EL, et al. Church-based obesity treatment for African American women improves adherence. *Ethn Dis*. 2005;15:246–255.
14. Delbecq AL, Van de Ven AH, Gustafson DH. *Group Techniques for Program Planning: A Guide to Nominal Group and Delphi Processes*. Glenview, Ill: Scott, Foresman; 1975.
15. Elliott TR, Shewchuk RM. Using the nominal group technique to identify the problems experienced by persons living with severe physical disabilities. *J Clin Psychol Med Settings*. 2002;9(2):65–76.
16. Freedman REK, Carter MM, Sbrocco T, Gray JJ. Ethnic differences in preferences for female weight and waist-to-hip ratio: a comparison of African American and White American college and community samples. *Eat Behav*. 2004;5:191–198.
17. Abrams KK, Allen LR, Gray JJ. Disordered eating attitudes and behaviors, psychological adjustment, and ethnic identity: a comparison of Black and White female college students. *Int J Eat Disord*. 1993;14:9–57.
18. Field AE, Franko DL, Striegel-Moore RH, Schreiber GB, Crawford PB, Daniels SR. Race differences in accuracy of self-reported childhood body size among White and Black women. *Obes Res*. 2004;12(7):1136–1144.
19. Franko DL, Striegel-Moore RH. The role of body dissatisfaction as a risk factor for depression in adolescent girls: are the difference Black and White? *J Psychometric Res*. 2002;53:975–983.
20. Wolfe WA. Obesity and the African American Woman: a cultural tolerance of fatness or other neglected factors? *Ethn Dis*. 2000;10:446–453.