

Religion, weight perception, and weight control behavior

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Abstract

Religion's relationships with weight perception and weight control behavior were examined using data (3032 adults aged 25–74) from the National Survey of Midlife Development in the United States. Religion was conceptualized as denomination, religious attendance/practice, religious social support, religious commitment, religious application, and religious identity. Weight perception was conceptualized as underestimating body weight, overestimating body weight, and accurately assessing body weight. Respondents also reported whether they had engaged in any intentional weight loss (yes/no) in the last 12 months. Logistic regression was used, with significant results being set at a p -values of $<.01$ and $<.05$. Accurately assessing body weight was the reference category for all weight perception analyses. Women with greater religious commitment and men with greater religious application had greater odds of underestimating their body weight. This relationship remained significant, controlling for age, race/ethnicity, education, and income. Jewish women had greater odds of overestimating their body weight. There were no relationships between religion and weight control behavior. Relationships between religion, weight perception, and weight control behavior illustrate religion's multidimensionality.

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1. Introduction

Body weight, whether it involves too much or too little, has become a topic of public health significance. Despite national efforts to fight the obesity epidemic, obesity continues to be a persistent public health problem (Flegal, Carroll, Ogden, & Johnson, 2002; Mokdad et al., 2003). Underweight and an excessive concern with thinness are also severe and prevalent problems with broad public health ramifications (Newman et al., 1996; Stice & Shaw, 2004; Weiss, 1995). Underlying the intricate relationships surrounding body weight and its associated problems are weight perception and weight control behavior.

Treating obesity involves weight loss. However, a significant proportion of overweight persons are not engaging in weight control behaviors (Serdula et al., 1993; Williamson, Serdula, Anda, Levy, & Byers, 1992). In contrast, a substantial proportion of those who are of normal weight or underweight are engaging in weight control behaviors, some

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of which are indicative of eating disorder symptomology (Serdula et al., 1993; Williamson et al., 1992). A reason for these discrepancies between actual body weight and weight control behavior is weight perception. Weight perception, or how one perceives her weight appropriateness, is strongly related with weight loss behavior, independent of actual body weight (Crawford & Campbell, 1999; Forman, Trowbridge, Gentry, Marks, & Hogelin, 1986; Serdula et al., 1993). Thus, better understanding weight perception can inform the creation of future interventions aimed to promote healthy body weight and healthy body weight perception.

Actual body weight is one of several factors that shape how one perceives her/his weight (Chang & Christakis, 2001, 2003). Predictable patterns of weight perception and weight control behavior by gender, age, race/ethnicity, income, and education have been demonstrated (French & Jeffery, 1997; French et al., 1997), (Chang & Christakis, 2001, 2003). There are several hypotheses as to why weight perception and weight control behavior varies by these social factors. Sociocultural norms of thinness may pressure certain population subgroups, such as younger white women, more than others. Some population subgroups, such as men or older adults, may not be as affected because the norms may be specific by gender, age, and other variables (Crawford & Campbell, 1999; Williamson et al., 1992). Standards of acceptable weight may also vary by culture, for which race/ethnicity can serve as a crude proxy (Rand & Kulda, 1990; Serdula et al., 1993). Body weight perception's relationship with social factors may also be due to status recognition and identification, with thinness being associated with higher socioeconomic status (Chang & Christakis, 2003). From the literature on social factors, weight perception, and weight control behavior emerges a description of body weight as a rich social display of societal norms, culture, and status (Chang & Christakis, 2003). Thus better understanding the social processes involved in weight perception and weight control behavior has tremendous potential in advancing research and practice concerning body weight. A significant social factor that has not been thoroughly examined in relationship to weight perception and weight control behaviors is religion. Religion, in this paper, is defined as the beliefs, practices, emotions, and relationships individuals have with the sacred, and the organization of these beliefs, practices, emotions, and relationships into rituals and activities (Zinnbauer et al., 1997).

Religion is a defining force in American society. Recent polls report that 90% of men and 95% of women believe in God, 30–42% of adults (72 million) attend church or synagogue weekly, and 85% report that religion is at least fairly important in their own lives (Poll, 2001; Worldwide, 2000). Religious beliefs about political issues and family also influence the cultural milieu on issues concerning abortion, sexuality, marriage, fertility, and childrearing. Recently, examinations of religion's influence have expanded to its relationship with health (Ellison & Levin, 1998; Powell, Shahbi, & Thoresen, 2003), and have reported religion's significant relationships with body weight (Ferraro, 1998; Kim, Sobal, & Wethington, 2003), and its significant role in eating disorders (Morgan, Affleck, & Solloway, 1990; Richards et al., 1997; Smith, Richards, & Maglio, 2004; Warren et al., 1994). However, weight perception and weight loss behaviors have not been thoroughly examined in relationship to religion. Religion may be related to weight perception and weight control behavior in several ways. Certain religious groups encompass intricate systems of social norms, values, and experiences that define religious group members and their relationship to the larger society (Shatenstein & Ghadirian, 1998). In contrast to mainstream society's norms concerning body weight, some religious groups may promote body acceptance and thus differential weight perceptions than the majority society (Groesz, Levine, & Murnen, 2002; Harrison & Cantor, 1997; Lavin & Cash, 2001; Shaw & Waller, 1995). Through providing a social enclave from societal norms of thinness, religious institutions may protect their adherents from overestimating their body weight. Thus religious adherents may not perceive their weights as heavier than they actually are, and may even perceive their weights as thinner than actuality. Consequently, the more religious may practice less weight control behavior than those not protected from social pressures to be thin. Believing that one has a relationship with a divine being who loves them personally and unconditionally may serve as a source of self-worth other than the physical body (Ellison & Levin, 1998; Sherkat & Ellison, 1999). Being thin endows one with sexual confidence, power, and security, whereas being overweight makes one untrustworthy, ugly, and weak (Brumberg, 2000). Thus social influences about the body encompass the meta-message that those who have the 'ideal' body have greater worth. Since the body ideal encompasses thinness, dieting is subsequently used to gain self-worth through striving for the attainment of a thin body (Brumberg, 2000; McAllister & Calabiano, 1994; Monteath & McCabe, 1997; Tiggemann, 1991). Practicing religious beliefs, or 'doing' religion through supporting others could also give participants a sense of worth. Religious adherents would thus not only derive self-worth from a deity's acceptance, but also from their service and kindness to others (Commerford & Reznikoff, 1996; Ellison, 1993). Thus, those who are more religious may be less likely to overestimate their body weight, and may even perceive their body weight as thinner than actuality compared to those who are less religious. Religion may also offer an alternative source of control other than the body. Controlling the body through dieting has

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