

Larger Women in a Society Over-Occupied with Thinness

A Research Report

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Introduction

In an article published in the November 28, 1988, Minneapolis *Star Tribune*, writer Jim Lenfestey discussed Oprah Winfrey's statement that her recent weight loss was the most significant achievement of her life. Lenfestey wondered why a woman with so much success in other areas of her life would cite weight loss as her most significant accomplishment.

The general trend throughout this century toward idealizing a leaner, more tubular shape has made it increasingly difficult for larger-sized women to have a good body image. Images of women in the media have grown ever smaller — so much so that they are now nearly 20% less than the medical ideal for normal weight. How much smaller can we get?

A recent radio commercial promoting a fitness club chain featured rock music star Sheena Easton discussing "those two pounds that the bikini can't lie about." This chain seems to be promoting insanity rather than health and fitness.

Dishman and Gettman (1980) point out that despite the benefits of exercise, adult fitness programs have had limited success with overweight people because individuals with high body fat tend to drop out. Dishman and Gettman blame the design of commercial fitness programs for emphasizing "getting fit in order to look seductive."

Why Aren't All People One Size?

Researchers Warwick, Toft and Garrow (1978) have found that there are individual differences in BMR (basal metabolic rate, the minimal amount of calories required to sustain the body's vital functions, such as respiration, circulation and maintenance of body temperature), which range between 400 and 500 calories a day.

Furthermore, there is an even greater difference in the thermic effect of food (how bodies store or burn off extra calories). Variability in the calories needed to gain weight by an individual has been cited in the literature as between 800 and 5,000 calories per day (Wooley, Wooley and Dyrenforth, 1978).

In another study, overfeeding of lean volunteers showed that weight gain was rarely as high as predicted and that in some lean individuals, the ability to dispose of excess calories was so strong that it was virtually impossible to make them fat. This difference in metabolic rate and thermic effect of food is seen on both ends of the spectrum, which is frustrating for larger women. Yet, with these large differences, we should expect to — and do — see a wide range of body sizes.

Studies of twins conducted at the University of Minnesota by Tellegen, Lykken, Boucharde, et al. (1988) have shown that twins reared apart in adoptive families had very similar body shape and size. The twins looked like their biological parents. Even if the adoptive family was thin, a child with a hereditary pattern of fatness was more likely to grow up fat. Yet, genetic factors are not always considered by those researching weight issues.

Stereotypes

Weight stereotyping begins early. Dyrenforth, Wooley and Wooley (1978) cite extensive research conducted by Lerner, Korn, Staffiere and Schroeder that examined children's and adults' perceptions of characteristics for various body types.

The endomorphic (rounded) body type was described with words such as "lazy," "mean" and "dirty," while such words as "strong," "friendly," "healthy" and "brave" were used to describe the mesomorph (muscular) type. Ectomorphs (thin) were also regarded unfavorably, although not to the degree or as uniformly as endomorphs. The findings were replicated across the lines of age, race, sex, socioeconomic status and geographic area of residence in the United States.

In an effort to find the age at which such concepts emerged, Dyrenforth, Freeman and Wooley (1978) conducted additional research. They found that fatness not only was regarded as a negative characteristic in our society but also that awareness of "fat" and "thin" values was established early in life.

Further evidence was reported in *The Bodywise Woman*. Quoting a study by Stager and Burke, Melpomene researchers stated that fourth through sixth graders "used the same adjectives to describe fat children, including 'less good-looking,' 'more often teased' and 'having fewer friends.' Some of the children saw themselves in the 'fat child' stereotype, even if they themselves were not overweight" (p. 36).

An article by Hoover, reviewing the literature on self-images of obese adolescent females, reports that the obese adolescent female maintained obsessive concern with her status (weight), accepted the dominant societal values related to this status and was passive and withdrawn from society. Hoover states that "these personality traits are thought to be largely a result of societal pressures on the obese population, rather than precursors of the obese state."

In addition to stereotyping by the general population, many larger people find physicians to be negatively judgmental.

Ernsberger, writing for *Radiance* magazine, believes doctors are the worst offenders regarding the obesity discrimination issue and states that "some fat people have had so many unpleasant encounters with physicians that they avoid health care altogether. Anti-fat bias within the medical profession may actually contribute to poor health among some heavy people who have become too intimidated to seek care. This professional bigotry creates a self-fulfilling prophesy wherein medical neglect, job discrimination and the resulting poverty combine with psychological stress to produce health problems that are then blamed on obesity."

What Is a Healthy Weight?

Much controversy surrounds the definition of a healthy weight. There is an abundance of information on weight control, exercise, dieting and nutrition habits of the obese population, but nothing conclusive can be said about what will work to achieve optimal mental and physical health.

Hilde Bruch, in her 1957 book titled *Importance of Overweight*, studied the psychological and sociological aspects of obesity in an attempt to integrate long-term clinical observations, concepts of metabolic and neurologic regulations and psychiatric thinking. Bruch's purpose was to point out the unsolved problems concerning obesity and the enormous difficulties of treating this seemingly simple condition.

An extensive article by Ernsberger and Haskew (1987) outlines the ways the health risks of obesity have been greatly overestimated by current research. They identify some biases in current research as well as subjective interpretations of data.

To substantiate these points, Ernsberger and Haskew review research showing that overweight can be beneficial to health. For example, the chief benefit of moderate overweight is a decrease in the likelihood of death due to cancer. Furthermore, they presented other reports showing that the composition of one's diet is more important in assessing health risks than body weight/fat measurements.

Conversely, a recent *New England Journal of Medicine* article by Manson, Colditz and Stampfer, et al. (1990) reports that obesity is a significant health risk for women. They examined the incidence of nonfatal and fatal coronary heart disease in relation to obesity in a prospective cohort study of 115,886 U.S. women who were 30 to 55 years of age in 1976 and free of diagnosed coronary disease, stroke and cancer. In the eight-year follow-up, they found that there was a greater risk that overweight women will develop coronary heart disease, especially women who are 30% or more above the desirable weight of the 1983 Metropolitan Life Insurance Company tables. Approximately 25% of American women, aged 35 to 64, are in this category.

What about Dieting?

The desire to be thin, prompted by the media and the medical profession, has resulted in an enormous number of weight control methods. Many people, especially women, are willing to try anything, regardless of its safety. Long-term results, however, are disappointing. Sjostrom (1981) reviews the gloomy situation by stating that the relapsing patient can be identified in advance with high precision by predicting that *everyone* will relapse. This has prompted researchers to investigate the role of exercise as a means to combat the weight cycling phenomenon.

On a slightly more optimistic note, Pavlou, Krey and Steffee (1989) report that 5% of people on a 1,000-calorie diet dispensed at physicians' offices will achieve at least a 22-pound weight loss. In addition, they demonstrate that individuals who maintain an active lifestyle by exercising at least three times per week to a

caloric equivalence of 1,500 calories are the ones who are successful in maintaining a reduced body weight.

But adherence to an exercise regime is a problem. Pavlou, Krey and Steffee report that simple instruction without supervision during weight loss was not adequate to reinforce activity changes in previously inactive subjects because only 5% of this group initiated exercise (and, thus, weight loss) on their own. Reasons for this may be found in a study by Bain, Wilson and Chaikind (1989). In their research, overweight subjects said their body size limited exercise choices because of embarrassment, physical discomfort and difficulty meeting performance expectations.

Using a physiological approach, Saris (1989) studied obese subjects who had undergone weight cycling. He found the active group had an increased efficiency in lipid oxidation and, therefore, produced a sparing effect of carbohydrate metabolism (they will burn more fat for fuel than nonexercising dieters). This evidence also supports the role of exercise as an aid in weight reduction.

In *Great Shape*, Lyons and Burgard take a different approach to the diet-plus-exercise issue. They believe it is important to live in the present rather than "when I'm thin" and that anyone, regardless of size, can be physically active and fit. Their aim is to motivate larger women to improve their mental and physical well-being through the joys of physical movement, which they separate from dieting and a desire to lose weight. In the chapter titled "Fat and Fit," they state that "physical activity is a way to nourish our bodies, not to reduce them; a way to enrich our lives, not punish ourselves" (p. 11).

Self-esteem, Body Image and Physical Activity

There are few studies focusing on exercise and body image among larger women, but White and Schroeder (1986) distinguished between body image and self-esteem, finding that many obese women did not view their "selves" as negative — only their bodies. They reported this to be contrary to the literature on self-esteem and obesity, which associated obesity with a negative self, self-esteem and/or self-concept.

Ledwedge (1980) found a positive correlation between exercise and improved mental health, or self-esteem, in depressed individuals, who showed decreased levels of anxiety and fatigue and improvements in sleeping because of exercise. While the positive effects of physical activity on psychological well-being have been observed in depressed people, a gap of understanding remains concerning self-esteem and physical activity for larger women.

Beatrice (Bean) Robinson, Ph.D., a clinical psychologist, is practicing a new therapeutic approach for larger women with self-esteem problems and a desire to lose weight. Her approach involves combating beliefs that exercise is appropriate only for already-slender individuals. Her focus is on increasing self-esteem and body image through group support and education. Lyons and others believe that physical activity designed specifically for overweight people should be encouraged because anyone, regardless of size, can be physically active and fit.

Melpomene's Research on Larger Women

Melpomene's interest in the larger woman and physical activity was first explored in an April, 1989, conference focusing on the body image, fitness and health of larger women. At this conference, we became aware of the lack of research in this area.

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Method

The main instrument for data collection was a questionnaire that was distributed at a second Melpomene conference focusing on body image, fitness and health of the larger woman, held October 27 and 28, 1989, in Minneapolis, Minnesota. A questionnaire was given to each of the 91 women who attended the conference. Fifty-eight questionnaires were completed and returned, a response rate of 64 percent.

The questionnaire, designed by researchers at the Melpomene Institute, inquired about menstrual history, sleeping patterns, eating patterns and food intake, frequency of weight loss diets, frequency of weighing and sources of stress and satisfaction. Some of these topics will be discussed in further papers using this data. This report concentrates on physical activity patterns and the reasons and ways larger women restrict their activities.

The questionnaires were coded by the staff of the Melpomene Institute, and detailed data analysis was carried out by the Wilder Research Center.

Description of the Sample

Fifty-eight larger women completed the questionnaire. Their ages ranged from 26 to 65, with a mean of 42. Height of the respondents ranged from 5'1" to 6'1," with an average height of 5'5-1/2." Because some larger women told us that reporting actual weight was a problem, we asked for "weight range" on the questionnaire. Weights ranged from a low of 135 pounds to a high of 300 pounds. The mean of weight range was 222 pounds.

The mean Body Mass Index (BMI) for the respondents was 36.2. For comparison, the BMI for a person who is 5'5" and weighs 125 pounds is 20.8. BMI is calculated as body weight in kilograms divided by height in meters². We chose BMI as a means of expressing body size because it takes into account weight in relation to height.

The group of women who responded to the Melpomene questionnaire not only considered themselves "larger women," but the great majority also said they considered themselves overweight. Only two women considered themselves "just right" with regard to weight; when asked how others judged their weight, 57 of the 58 respondents chose "overweight."

The sample was well-educated. Those in the largest group (40%) held a graduate degree or have taken graduate level courses. Additionally, more than a quarter of the respondents (29%) were college graduates, and over a quarter (26%) had some college. A small percentage of those surveyed (5%) had no education beyond completion of high school.

The participants evidenced a particular consciousness of themselves by their willingness to identify themselves as large and to attend a conference that addressed problems and issues associated with larger size. In addition, the group was particularly health-conscious. Fifty-two percent had never smoked, and only 10% currently smoked. Twenty-eight percent did not drink alcoholic beverages, and 62% drank less than one alcoholic drink per week.

Their reported dietary habits also indicated they were conscious of the nutritive value of various foods: they reported choosing foods that were low in fat and protein and high in complex carbohydrates. On the other hand, 24% reported their current diet was high in processed foods (frozen dinners, fast foods, restaurant foods).

The occupations listed by respondents were varied. The two most frequent occupations were business person (manager, administrator, proprietor — 22%) and professional with an advanced degree (22%). The next most frequently listed occupational categories were social services (nurse, schoolteacher, social worker, counselor — 19%) and secretarial, clerical or sales (15%).

Over a third of the respondents were married (36%). One-fourth of those women responding were separated or divorced (26%), and almost one-fourth were single (24%). One respondent was widowed, and seven (12%) of the respondents chose "other" to describe their marital status. Other responses included four women (7%) committed to a lesbian relationship and three who said "committed but separate," "single but in a long-term relationship" and "committed live-in relationship."

With respect to their history of weight reduction diets, 11 women indicated they were *currently* on a diet for weight reduction. The kinds of diets reported included: Weight Watchers or a similar food exchange program, commercial diet programs (weight loss clinic, Nutri-System, etc.), restricting or counting calories, skipping meals or restricting food amounts and fasting.

When asked about dieting during the five years prior to the survey, however, 48 reported they had dieted during that time. Of those, 59% said they had tried Weight Watchers and 31% had tried a commercial diet program. Fifty-nine percent said they had restricted or counted calories (Table 1).

Respondents to the questionnaire were asked about physical activity patterns both in 1) number of times per week of vigorous activity and 2) number of hours per week of vigorous activity. With regard to weekly frequency, well over half of the respondents (59%) said they were physically active once a week or less. About a third of the women (33%) said that they were active two to three times per week, and four respondents (7%) said that they were active four or more times per week (Table 2).

With regard to hours, almost two-thirds (62%) of those responding to the questionnaire said they were physically active

Weight Loss Diets — Prior Five Years

(N=48; Multiple responses possible)

	#	%
Restrict/count calories	34	58.6
Weight Watchers		
or similar food exchange program	34	58.6
Cut out junk foods	29	50
Skip meals/restrict food amounts	19	32.8
Commercial diet program		
(weight loss clinic, Nutri-System)	18	31.0
Popular diet		
(Rotation diet, grapefruit diet,		
Beverly Hills diet, etc.)	13	22.4
Fasting	11	19.0
Liquid diet plan	10	17.2
Other	7	12.1

Table 1

Times per Week Engaged in Physical Activity

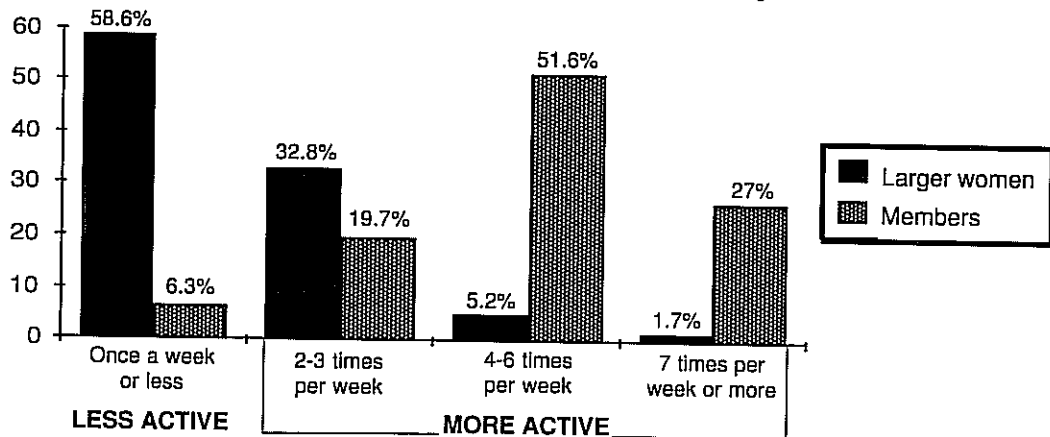


Table 2

one hour per week or less. Sixteen women (28%) said they exercised two to three hours per week, and six women (10%) responded that they were active four or more hours per week.

The most frequent physical activity was walking, with 45% of the respondents participating at least weekly (Table 3). Swimming was the second most popular activity, with 21% participating. Fourteen percent of those responding said they participated in aerobic dance or calisthenics at least weekly. "Other" activities, such as t'ai chi, yoga, dance, volleyball, Nordic Track, karate and yard work were mentioned by 12% of the sample.

The women who responded to the questionnaire indicated they had previously participated in physical activities that they had discontinued for a variety of reasons. The most frequently listed previously engaged in activities were aerobics (24%), swimming (21%), tennis (14%) and team sports (12%).

Results

We compared the responses of the larger women to those of our general membership, which from time to time has been surveyed about their physical activity patterns and attitudes, lifestyle practices, diet and general health. One membership survey, completed in 1985, was based on a population of 395 women who were demographically similar to the sample of larger women. The mean height and ages were similar, as were

occupational and educational characteristics.

Differences between the membership and larger women samples included: 1) level of physical activity (those responding to the membership survey were, on the average, more physically active than the larger women) and 2) weight (those in the membership sample averaged 131 pounds, and the larger sample averaged 222 pounds).

We divided the larger women into two groups in order to take into account the differing activity levels of the larger women respondents. The groups consisted of "more active" women who exercised two or more times per week and "less active" women who were physically active once or fewer times per week (Table 2).

The number of women of any size who are on a weight-loss diet is estimated by various studies to range between 40% and 50% at any given time. Yet, 81% of our respondents were *not* currently on a diet. Nearly fourteen percent of them, however, had dieted more than 100 times over their lifetimes.

While at the Melpomene conference, many larger women talked about the importance of breaking the cycle of dieting and regaining. One woman said, "Both physically and mentally, I think I am healthier to stop trying to lose weight. It (losing weight) doesn't work anyway!"

Obstacles and Benefits: Worst and Best

We asked the participants to identify those obstacles that discouraged their participation in physical activity. The obstacles most frequently identified by larger women were: 1) fear that they wouldn't do well; 2) not enough time due to job; 3) ridicule; 4) and people believing they couldn't be athletic.

In contrast, the obstacles that discouraged participation in physical activity most frequently cited by the members were: 1) not enough time due to job; 2) not enough time due to family responsibilities; 3) fear that they wouldn't do well; and 4) lack of encouragement (Table 4).

What benefits of physical activity did larger women report? The most frequently chosen item was "improved self-image," selected by 72% of the participants. Reduced stress, improved muscle tone, overall improvement in mental outlook and firmer body were also frequently mentioned.

Preferred Athletic Activities (At Least Once Weekly)

	#	%
Walk/hike	26	44.8
Swim	12	20.6
Calisthenics/aerobic dance	8	13.8
Bike	3	5.1
Golf	3	5.1
Lift weights	2	3.4
Cross-country ski	1	1.7
Racquetball/squash	1	1.7
Run	1	1.7
Other (t'ai chi, yoga, Nordic Track, dance, volleyball, yard work, karate, etc.)	7	12.0

Table 3

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**Larger Women in a Society
Over-Occupied with Thinness, cont.**

In order to give individuals a chance to tell us, in their own words, about physical activity, we asked two open-ended questions: "What do you think is the best part of regular exercise?" and "What do you think is the worst part of regular exercise?" The most frequently mentioned "best part" was improved mental outlook, mentioned by 50% of the women. Physical benefits were the best part for 26%, and improved self-esteem was identified by 22%.

Some of the individual responses to this question demonstrate the positive aspects. Participants said the best part is: "Knowing that you *can* do something. I always think what a failure my body is, but if you exercise, that's not true!" "The sense of inner peace and gracefulness I attain after 45 minutes in the pool." "Feeling better, not getting short of breath after a slight amount of exercise." "The feeling of accomplishment and self-pride." "Feeling strong, graceful and having fun!"

In response to the question "What do you think is the worst part of physical activity?", difficulties with scheduling or making the time for physical activity were the most frequently listed. Forty-five percent of the sample remarked that finding time to exercise was a major obstacle. Some of the responses linked finding time with the problem of motivation. For example, respondents wrote, "Getting up out of the chair and getting started" and "taking time to do it regardless of mood."

Another area that was mentioned as problematic related specifically to size. One women wrote that it was a problem "being large in a small fitness facility or when everyone else in an exercise group is small." Another wrote the worst part was "trying to find a group of like-sized women and space where we're not 'the show.'"

A large percentage of women indicated they had discontinued some physical activities. While 14% indicated they currently did

aerobic dance/calisthenics one to five times per week, 24% had done so in the past. Ten percent said they had run previously, but only 2% currently ran. Twenty percent currently swam; 20% had discontinued this activity.

Why had some of the women stopped their activities? In 20% of the cases, the reason had to do with size. A woman who formerly played tennis reported she had stopped because she was "embarrassed by size." Another women reported that she had stopped swimming because "bathing suits — aagghh!!" Another respondent discontinued aerobics "because I couldn't keep up and was self-conscious with mirrors." One stopped biking because she became uncomfortably conscious of what others thought about the "rear view."

In 16% of the cases, activities had been discontinued because of injuries, and 10% of the women had stopped because they considered the activity too strenuous. Several women mentioned they had stopped running or jogging because it was "too physically punishing" or "too hard on the joints."

Perceptions of Mental and Physical Health

When asked about perceptions of their present state of physical health compared to other women of a similar age, 47% said they thought their health was "about the same." Twenty-nine percent believed their health was "better" or "much better" than most, and 24% believed it was "worse" or "much worse."

In rating their mental health, the majority of participants (53%) reported they would rate their present state of mental health as "much better" or "better" than most women of a similar age. Twenty-nine percent thought their mental health was "about the same" as most women their age; only 17% thought it was "worse" or "much worse."

Restriction of Activities

We used the Robinson and and Bacon "Restriction of Activities" scale, which asks participants to complete the sentence, "How I

Obstacles to Physical Activity

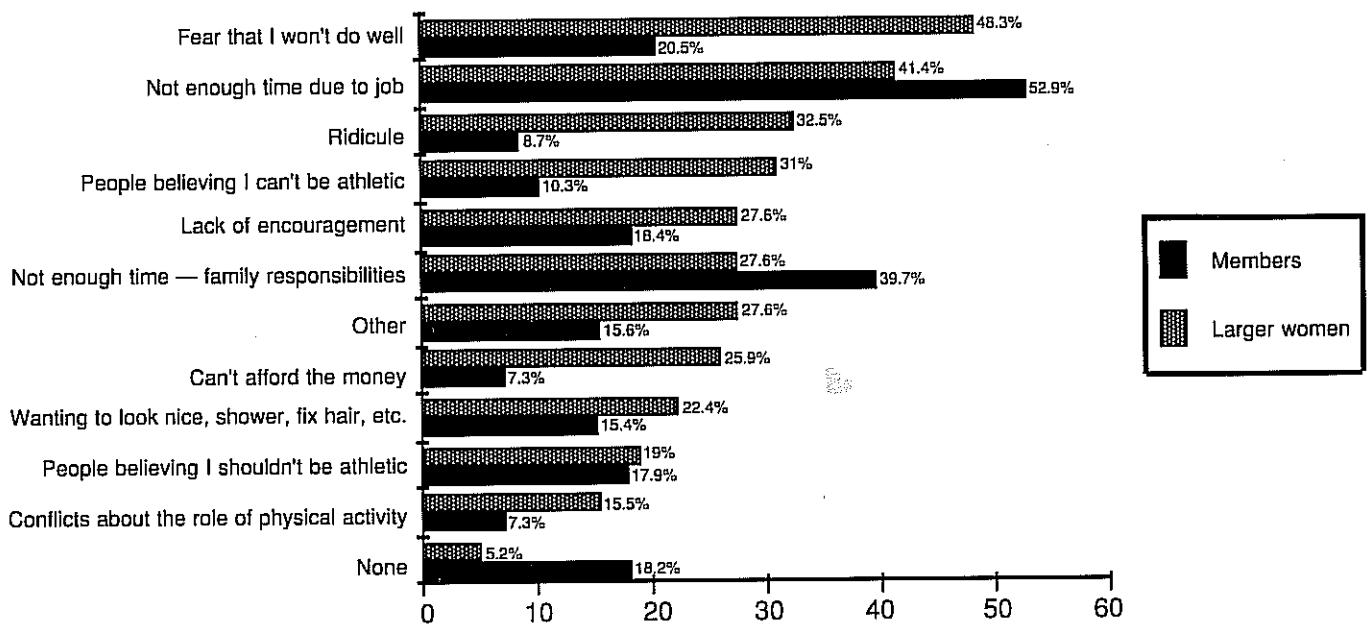


Table 4

feel about my weight, body shape or size prevents me from . . .” Participants completed the sentence with reference to the following categories: vocational and educational choices, food, appearance, physical activities/exercise and health activities.

We found that the respondents were most likely to restrict their behavior and, consequently, limit their participation in society because of discomfort with: wearing formfitting or sexy clothes, participating in physical activities out “in public,” wearing shorts or bathing suit, other physical activities, participating in health clubs and going to the doctor (Table 5).

In Table 5 we use the mean to rank the problem areas because the mean is a good indicator of what is most likely to cause restrictive behavior. In answering this section, women rated items on a scale from 0 to 4 where 0 = never and 4 = always. The higher the mean, the more likely it was that our respondents had said body size prevented them from participating.

Overall, the category in which our respondents were most likely to restrict their activity was that of physical activity and exercise. Restricted participation in physical activity out in public occurred “some of the time” for 38% of the respondents; 16% said their size “often” restricted participation, and 16% said it “always” restricted participation. Women in the study were not as likely to be prevented from participating in a health club and/or exercise class, although 26% indicated that their size “sometimes” prevented them from participation. Seventeen percent said “often”; 14% said “always.”

The most problematic item from the “Restriction of Activities” scale was the wearing of formfitting or sexy clothes. Seventeen percent said discomfort with their size “sometimes” prevented them from buying or wearing sexy clothes; 40% said it “often” restricted them, and 17% indicated it “always” prevented them. Wearing bathing suits and shorts was also difficult. Thirty percent indicated that discomfort with body size “sometimes” prevented them from wearing shorts; 24% chose “often” and 14% said “always.”

Comparison of Larger Women with Respondents to Melpomene Membership Survey

We found that larger women participated in physical activity much less frequently than the membership sample of smaller-sized women. This is not surprising given the fact that the respondents indicated that physical activity posed the most obstacles for them. They did not cite as many problems with occupation/vocational choices, food, appearance and health activities. Not only were the activities themselves intimidating, but the appropriate clothing for physical activity — shorts and bathing suits — increased the level of discomfort for large women.

Restriction of Activities

Rank	Activity	Mean
1	Wearing form-fitting or sexy clothes	2.44
2	Participating in physical activity “in public”	2.11
3	Wearing shorts/bathing suit	2.00
4	Other physical activities	1.95
5	Participating in health club	1.88
6	Going to the doctor	1.51

Table 5

Regarding the “best part” of physical activity, larger women gave mental benefits the highest ranking, followed by physical benefits. In contrast, the women responding to the membership survey gave physical benefits the highest ranking, with mental benefits ranking second. The “worst part” of physical activity for both larger women and the membership sample is time constraints. Motivation was a problem for 22% of those answering the member survey and for 14% of the larger women (Tables 6 and 7).

We found that certain obstacles were more likely to affect larger women than the membership population. Ridicule, fear they won’t do well, people believing they couldn’t be athletic and lack of encouragement were much more frequently mentioned by larger women as obstacles to participation in physical activity.

“What Do You Think Is the Best Part of Physical Activity?”

	Larger Women		Membership	
	Rank	%	Rank	%
Mental benefits	1	50	2	29.1
Physical benefits	2	25.9	1	32.4
Self-esteem, image	3	22.4	4	18.9
Sense of accomplishment			3	23

Table 6

Women who had been encouraged to be physically active by a health professional or an organization such as Weight Watchers were statistically more likely to be in the more active group of larger women. Those who were less physically active did not mention the influence of health care professionals nearly as often, and respondents to our membership survey rarely mentioned encouragement from either of these groups (Table 8).

Twenty-nine percent of the larger women said they thought their health was “better” or “much better” than other women of their age, compared with 90% of the smaller-sized women who answered our membership survey. Ten percent of the members thought their health was “about the same” as others their age, while 46% of the larger women chose this response. Twenty-four percent of the larger women felt their health was “worse” or “much worse” than other women their age.

“What Do You Think Is the Worst Part of Physical Activity?”

	Larger Women		Membership	
	Rank	%	Rank	%
Time constraints	1	44.8	1	37.9
Other (no immediate payoff, initial pain, cold water, etc.)	2	19.0	4	11.1
Motivation	3	13.8	2	22.2
Injuries			3	14.9

Table 7

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Areas That Were Not Significantly Different between More and Less Active Groups of Larger Women

There was no statistically significant difference between the more and less active groups of larger women regarding satisfaction with appearance. Forty percent of the women said they were "extremely" or "somewhat satisfied" with the way they looked. Nine percent were "neutral," and 52% said they were "somewhat" or "extremely dissatisfied" with their appearance. While not statistically significant, 32% of the less active women said they were "extremely dissatisfied" with their appearance. None of the more active women was "extremely dissatisfied."

The fear of ridicule was not statistically significant enough to help differentiate between our groups of less and more active women. Thirty-five percent of those who exercised infrequently said that ridicule was an obstacle, but so did 30% of those who exercised more often. The assumption a larger woman *can't* be physically active was a barrier for 29% of those who did little physical activity but also was cited by 34% of those who did exercise frequently. What are the characteristics of the women who are more physically active, who take regular walks, go swimming or attend aerobic classes? This clearly is an area needing further research.

When asked about the benefits of physical activity, the most frequently chosen response for the entire group of larger women was improved self-image, identified by 72%. Eighty-three percent of the more active group cited improved self-image as a benefit, but so did 65% of the less active women. There was no statistical significance between these percentages.

The second most frequently mentioned benefit of physical activity was that it helped reduce stress. This item approached statistical significance in comparing the two groups ($p < .058$). Eighty-three percent of the more physically active group said stress had been reduced by physical activity, compared with 58% of the less active group.

Statistically Significant Differences between More and Less Physically Active Groups

Statistically significant differences of $p < .05$ or better between the more and less active groups were found in the following areas. The more active group was more likely to report that physical activity improved their muscle tone, made it easier to maintain their body weight, gave them a sense of strength and power and improved their mental outlook. The more active group also reported themselves to be in better physical health, and they were better educated. In addition, they were significantly more likely to say that a group or an organization had encouraged them to be physically active.

Conclusions

Our results suggest that:

- The ways larger women feel about their weight, body shape and size play a *major* role in restricting participation in physical activities. Larger women are less likely to restrict behavior related to vocational/educational choices, food, appearance or health care.
- Ridicule is a problem for both more and less physically active larger women. More detailed questions and interviews with physically active larger women could suggest ways to overcome this hurdle.
- Popular beliefs that larger women have poorer mental and physical health and a higher likelihood of being on a diet were not borne out by our study.

Responses to "Who Currently Encourages You to Be Physically Active?"

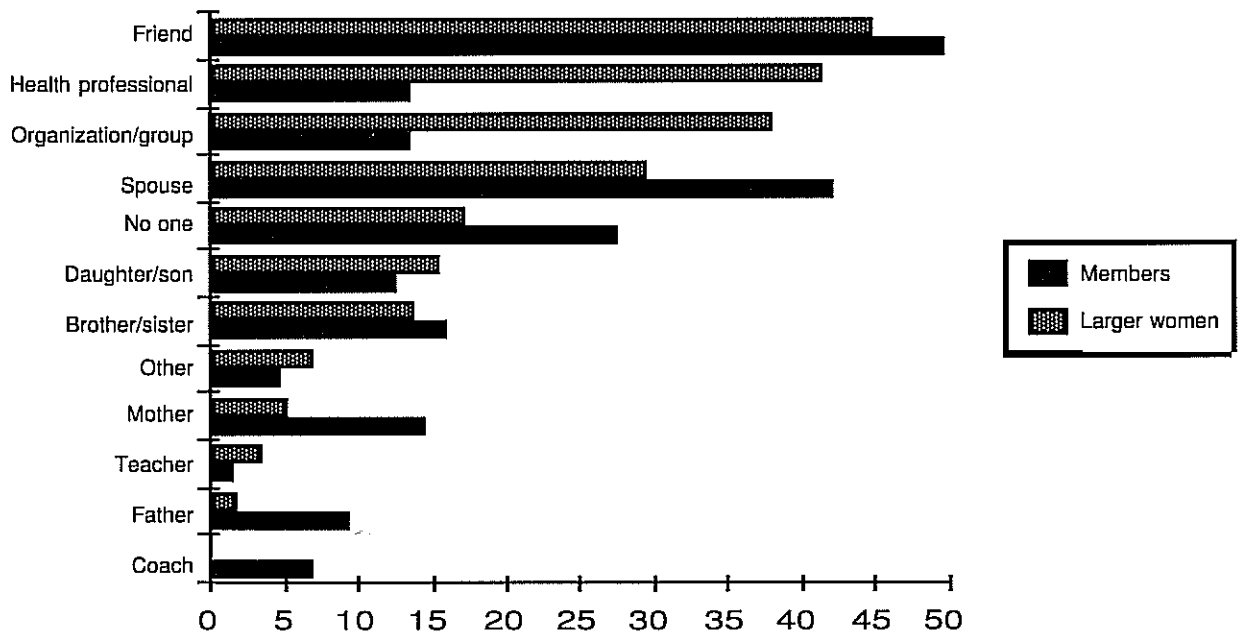


Table 8

