Body size preference: A study of Igbo people of Nigeria

Victor O. Odo[1] **& Ike E. Onyishi**[1]

[1]*Department of Psychology, University of Nigeria, Nsukka, Enugu state, Nigeria.*

ARTICLEINFO

Keywords:
Body Size
Igbo
Mate Preference
Physical Appearance
Perception

ABSTRACT

This study investigated body size preference among Igbos in Nigeria. Two hundred and five (205) sandwich students of the University of Nigeria Nsukka were sampled in the study (100 females and 105 males). Stunkard's Figure Rating Scale was used to elicit information on ideal body size for self and desired body size for the opposite sex from participants. A two-way Analysis of variance was used to analyze the data. Result showed that Ideal body size for self (IBS) significantly differ by gender. Participants' desired body size for the opposite sex (PDBS) significantly differed by age. Both age and gender were implicated for 21% and 4% variance in body size preference for the IBS and PDBS respectively among Igbo people of Nigeria. There is a significant gender differences in ideal body size for self and the desired body size preference for the opposite sex among the Igbos with other findings obtained across the globe. Implication for general well-being and relationship satisfaction were discussed.

Introduction

Scholars have identified body size preference as an important component of body image that plays a substantial role in many aspects of our everyday lives; mentally, physically socially, psychologically and emotionally otherwise (Swami, Hadji-Micheal & Furnham, 2008). Preference for body size plays a significant role when it comes to mate choice and selection. Based on the assumptions of matching hypothesis, people naturally exhibit stronger preferences for attractive traits in opposite-sex. The more physically attractive the body size of an individual, the more likely the person will be desirable and attracted to (Walster, Aronson, Abrahams & Rottman, 1966). It is evident that many research has been conducted on different parameters of body size preference (e.g., Anderson et al., 2002; Atabel, 1998; Becker et al., 1999; Cohen et al., 2015; Jackson & McGill, 1996; Jones et al., 2006: Neal-Walden, 1996; Shih & Kubo, 2005; Swami et al., 2012; Swami et al., 2007). Most of these findings reported that a slim body size is widely cherished in the Western countries in both men and women respectively (Musaiger, 2013; Nicolaou, et al., 2008; Swami et al., 2007; Tiggemann & Dyer, 1995). It remains speculative if these perceptions of ideal body size preference is or still the same or have changed and can be generalised across the globe.

A diverse view has been reported on the dominant preference for an overweight body size both at the individual level and in the opposite sex in sub-Saharan Africa (Agyapong et al., 2020; Agyemang et al., 2016; Naigaga, et al., 2018). In many African countries, perception of body size has been strongly linked with cultural constellations associated with that society (Naigaga et al., 2018). Ideally, the ideal body size cherished in one culture may differ in what is considered ideal in another culture. The differences in perception of an ideal body size across the globe and culture could be attributed to globalization, urbanization, and a shift in dietary consumption and energy expenditure, linked with the nutrition transition (Musaiger et al., 2012).

We considered it worthwhile in this study to explore more on this subject matter by examining this variable using the Igbo samples in Nigeria to provide an indebt insight in understanding what could be the cause of these discrepancies in determining which ideal body size is considered ideal for a particular set of people across the globe. Based on reviewed literature, and to the best of the researchers' knowledge there is still discrepancy and paucity of research on body size preference among the Igbo ethnic group in Nigeria with regards to what is the required ideal body size for self and the desired body size preference for the opposite sex. It is evident that most of these researches were carried out in the Western countries. There may be psychosocial factors that influences how and why people do make such preferences.

None of these studies have investigated what actually is responsible for such discrepancy in body size preference within and across the globe. The researchers strongly believed that differences in descriptions of and standards for attractiveness could vary from one country to another may not be generalise across the globe and thus, could be attributed to culture and value constellation of each particular society. Secondly that body size which people cherish in one culture may significantly differ from those obtainable in other cultures. We considered it worthwhile to contribute to African/Nigerian perspective in the existing literature of body size preference among the Igbos using Nigerian sample. It is hypothesized that:

Victor O. Odo, Department of Psychology, University of Nigeria, Nsukka, Enugu State, Nigeria.
Email: victor.odo@unn.edu.ng

1. Body size preference will significantly differ by age among Igbos.

2. Body size preference will significantly differ by gender among Igbos.

3. Body size preference will significantly differ among Igbos and other findings obtained across the globe.

Method

Participants and procedure

Two hundred and five (205) sandwich students of the University of Nigeria Nsukka participated in this study. Participation was based on participants' willingness to participate. Participants were all Igbos and comprised of 105 males and 100 females. The participants mean age was 35.13 (SD = 7.84). Females constituted (48.8%) while males constituted (51.2%). Copies of the questionnaire were given to participants who voluntarily accepted to fill them. Explanations were made to the participants to ensure they carefully read and understand the instructions given in the questionnaire. Participation in the study was voluntary and all efforts were made to ensure confidentiality during their involvement in the study. With the help of two research assistants, 225 copies of the questionnaire were distributed and 216 were returned. Out of the 216 copies returned, 11 were wrongly filled and were discarded. Two hundred and five copies of the questionnaire were properly filled and represented a return rate of 91.5% which was used for data analysis.

Instruments

Stunkard's Figure Rating Scale (SFRS) developed by Stunkard et al. (1883) was the instruments used in the study. The study adapted a two-item scale to examine body size preference. The instrument required respondents to specify what body size they desire for themselves and also what body size they prefer or desire their opposite sex should have. The scale consisted of nine silhouette line drawings of both male and female adult figures ranging from very thin (1) to very obese (9). The figures are classified into underweight or thin (figures 1 and 2), normal weight (figures 3 and 4), overweight (figures 5 through 7), and obese (figures 8 and 9). Stunkard's (1883) reported .83 as the reliability coefficient index for the scale. In our study, SFRS had an α of .81.

Design/Statistics

We adopted a cross sectional design for this study. A two-way ANOVA was used to analyze the data.

Results

Table 2 showed the frequency and percentage scores of age on IBS and PDBS. The descriptive statistics for the IBS indicated that (1%) preferred figure 1 in the figure rating scale, figure 2(8.3%), 3 (22%), 4 (28.8%), 5 (29.8%), 6 (8.8%), 7 (1.5%). For the PDBS (6.3%) preferred Figure 2, 3 (18%), 4 (23.9%), 5 (23.4%), 6 (25.4%), 7 (2.4%) and 8 (.5%).

Table 1: **Descriptive statistics for the mean and standard deviation scores for age, gender, IBS and PDBS**

Variables	Minimum	Maximum	Mean	*SD*
Age	19.00	53.00	35.14	7.84
Gender	1.00	2.00	1.51	.50
IBS	1.00	7.00	4.10	1.19
PDBS	2.00	8.00	4.52	1.31

Table 2: Descriptive statistics of age on the IBS and PDBS

	IBS					PDBS				
Scale items	Young Adult	Adulthood	Middle age	(F)	(%)	Young Adult	Adulthood	Middle age	(F)	(%)
1	0	2	0	2	1.0	0	0	0	0	0
2	3	11	3	17	8.3	2	11	0	13	6.3
3	9	28	8	45	22.0	7	23	7	37	18.0
4	5	40	14	59	28.8	5	29	15	49	23.9
5	2	40	19	61	29.8	4	38	6	48	23.4
6	0	14	4	18	8.8	1	32	19	52	25.4
7	0	2	1	3	1.5	0	3	2	5	2.4
8	0	0	0	0	0	0	1	0	1	.5
9	0	0	0	0	0	0	0	0	0	0

Note: IBS = Participants reported ideal body size for self, PDBS = Participants reported desired body size for the opposite sex. F = Frequency, (%) Percentage.

Table 3. Descriptive statistics of gender on the IBS and PDBS

	IBS				PDBS			
Scale items	Male	Female	*F*	(%)	Male	Female	*F*	(%)
1	0	2	2	1.0	0	0	0	0
2	1	16	17	8.3	2	11	13	6.3
3	10	35	45	22.0	15	22	37	18.0
4	35	24	59	28.8	30	19	49	23.9
5	41	20	61	29.8	25	23	48	23.4
6	16	2	18	8.8	29	23	52	25.4
7	2	1	3	1.5	3	2	5	2.4
8	0	0	0	0	1	0	1	.5
9	0	0	0	0	0	0	0	0

Note. IBS = Participants reported ideal body size for self, PDBS = Participants reported desired body size for the opposite sex. F = Frequency, (%) Percentage.

The descriptive statistics in **Table 3** indicated the frequency and percentage scores of gender for the IBS and PDBS respectively as follows: For the IBS, figure 1, (1%), 2 (8.3%), 3 (22%), 4 (28.8%), 5 (29.8%), 6 (8.8%), 7 (1.5%). For the PDBS, 2 (6.3%), 3 (18%), 4 (23.9%), 5 (23.4%), 6 (25.4%), 7 (2.4%) and 8 (.5%).

Table 4. Means (X) and Standard Deviation (SD) of age and gender on IBS and PDBS

	Variable	Levels	Mean	SD	N
IBS	Age	Young Adult	3.31	.88	19
		Adulthood	4.13	1.21	137
		Middle Age	4.32	1.10	49
	Gender	Male	4.63	.95	105
		Female	3.54	1.15	100
PDBS					
	Age	Young Adult	3.73	1.09	19
		Adulthood	4.51	1.32	137
		Middle Age	4.87	1.20	49
	Gender	Male	4.73	1.20	105
		Female	4.31	1.38	100

Table 4 indicated the mean scores for age bracket on IBS and PDBS. For the IBS, mean scores of the age groups were as follows: young adults (M = 3.31, SD = .88), adulthood (*M* =

4.13, SD = 1.21) and Middle age (M = 4.32, SD = 1.10) respectively. Males reported a mean score for the IBS as: (M = 4.63, SD = .95), and females (M = 3.54, SD = 1.15) respectively. For the PDBS, participants reported mean scores for young adult (M = 3.73, SD = 1.09), Adulthood (M = 4.51, SD = 1.32) and Middle age (M = 4.87, SD = 1.20) respectively. Males reported a mean score (M = 4.73, SD = 1.20) and females (M = 4.31, SD = 1.38).

Table 5. A 2-way ANOVA Summary Table for age and gender on IBS

Source	Type III Sum of Squares	*df*	Mean Square	*F*
Age	5.76	2	2.88	2.60
Gender	14.67	1	14.67	13.25**
Age * Gender	1.45	2	.73	.66
Error	220.44	199	1.11	
Total	3739.00	205		
Corrected Total	288.85	204		

Note. R Squared = .24 (Adjusted R Squared = .22). $^{**}p<.001$.

Table 6. A 2-way ANOVA Summary Table for age and gender on PDBS

Source	Type III Sum of Squares	df	Mean Square	F
Age	10.951	2	5.475	3.342*
Gender	.549	1	.549	.335
Age * Gender	1.677	2	.838	.512
Error	326.080	199	1.639	
Total	4550.000	205		
Corrected Total	349.102	204		

a. *R* Squared = .066 (Adjusted *R* Squared = .042) $^{*}p<.05$.

The result in Table 5 shows that age is not a significant factor in IBS. The result indicated gender as a significant factor in PDBS, F(205 = 13.24, p<.001). The interaction between age and gender was not significant. In Table 6, age was indicated as a significant factor on PDBS, F(205, 3.34, p<.05) whereas gender was not. The result also showed that there was no interaction effect between age and gender on PDBS.

Mean scores in Table 6 indicated African Americans men had the least score of 2.9 for the IBS, followed by Egyptians and Syrians. Moroccans had a mean score of 4.2 and the present study indicated Nigerians had mean score of 4.6. For the PDBS Asians scored least (2.8) while Nigerians scored the highest (4.7). African American women scored least on IBS with mean score of 2.6 while Moroccans had the highest score of 3.9 followed by Nigerians 3.5. White women in US had the least score on PDBS having obtained 3.6 while Nigerians score is the highest having obtained 4.3 followed by Moroccans with 4.2.

Table 7. Mean and Standard Deviation scores of participants on body size preference using Stunkard's Figure Rating Scale in some countries

Authors	Country	Participants	Men				Women			
			IBS		PDBS		IBS		PDBS	
			M	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*
Nicolaou et al., (2008)	Netherland	Turkish	4.0	0.7	3.8	0.6	3.4	0.8	3.9	0.7
Nicolaou et al., (2008)	Netherland	Moroccans	4.2	0.5	4.2	1.1	3.9	0.9	4.2	0.6
Jones et al., (2007)	USA	Caucasians	3.8	1.2	3.3	1.1	2.7	1.0	3.8	1.1
Jones et al., (2007)	USA	African Americans	2.9	0.8	3.5	0.9	2.6	1.0	3.7	1.1
Cachelin et al., (2002)	USA	Blacks	3.9	0.9	3.0	0.9	3.1	0.8	3.6	0.9
Cachelin et al., (2002)	USA	Hispanic	3.9	0.9	3.0	0.8	2.9	0.8	3.5	0.9
Cachelin et al., (2002)	USA	White	3.8	0.8	3.0	0.7	2.7	0.8	3.6	0.9
Cachelin et al., (2002)	USA	Asians	4.0	0.9	2.8	0.9	2.7	0.7	3.7	0.9
Musaiger (2013)	Bahrain	Bahrainis	3.5	1.2			2.8	0.8		
Musaiger (2013)	Egypt	Egyptians	3.2	1.2			3.1	0.9		
Musaiger (2013)	Jordan	Jordanians	3.5	1.0			2.8	0.8		
Musaiger (2013)	Oman	Omanis	3.8	3.0			3.0	0.6		
Musaiger (2013)	Syria	Syrians	3.4	0.9			2.9	0.9		
	Nigeria (Present study)	Igbos	4.6	0.9	4.7	1.2	3.5	1.1	4.3	1.3

Discussion

The current study explored body size preference among Igbo people of Nigeria and the finding indicates that IBS differs according to gender. Igbo men reported higher mean scores on IBS for themselves and for the opposite sex than the women. It indicates that Igbo men prefer a significantly heavier ideal body size for themselves and that of their opposite sex than women. The result also indicated significant age differences in PDBS. We also obtained evidence that middle aged persons prefer a significantly heavier ideal body size than young adults and adulthood. However, our findings supported most findings that reported a mean figure rating indicating that females prefer slimmer body size for themselves than males (Anderson et al., 2002; Collins, 1991; Musaiger, 2013; Sharp et al., 2001; Shih & Kubo, 2005). It is also consistent with reported findings that indicate males' preference for heavier ideal body size for themselves and that of their opposite sex (Agyemang et al., 2016; Appiah et al., 2016; Naigaga, et al., 2018). We observed that in most literature reviewed in this study that participants often prefer body sizes ranging from very thin to normal body size or weight within a mean range of 2.6 to 4.2.

Meanwhile in our findings the mean scores obtained ranged between 3.5 to 4.7. The results of the present study showed that there are variations in mean scores obtained in this study compared to what were obtained by other scholars in European, American and Asian countries. The mean scores indicate that the body sizes preferred by Igbos in Nigeria differed from body sizes preferred in the western world. Our finding is consistent with the findings of Naigaga et al., (2018) that reported an overall preference for an overweight body size for men, and a significant difference in body size perception associated with age among African sample. It indicates that Igbos prefer body size ranges from normal body size to overweight. In a collectivist and traditional cultural context such as in the Igbo culture, being fat or huge is often regarded as a symbol of good health or evidence of good living. On several occasions it is attached with prestige and respect. In addition to these, the HIV epidemic was shown to have had a great impact with regards to perception towards having a slimmer body size in such cultural context. All these could be attributed to Igbos

in Nigeria having general preference for a larger body size tending towards overweight rather than slim or obese body size.

Our findings indicates that the way Igbos perceive their body size or make preferences for body size either for themselves or that of others may influence every aspect of their lives, mental and physical health, how they take care of themselves, how they interact with and relate to other people (Dai, Harrist, Rosenthal & Labarthe, 2009). Consistent with other findings having distortion in body size preference has substantial influences on general well-being of the individual, quality of life, self esteem, divorce, marital satisfaction and other associated problems with marriage and family (Millstein et al., 2008; Markey & Markey, 2006).

Conclusion

The result of this study indicates that age and gender differences exist with reference to IBS and PDBS among Igbos in Nigeria. Secondly it also provided substantial evidence that refute the claim that men and women preferred slim body size as an ideal for self and that of the opposite sex as our finding indicates that body sizes preferred by Igbos in Nigeria differed from what is considered ideal in the western world. The major factors identified are cultural views and individual beliefs where large body size is associated with symbol of wealth, health, strength and fertility. The limitations we encountered include that limited number of participants were sampled in this study and thus it will be difficult to generalize the findings to all Nigerians. This is because participants for the study were drawn only from Igbo ethnic group which is just one among many ethnic groups in Nigeria. It was also noted that age and gender only explained 21% and 4% variance in body size preference for the IBS and PDBS respectively among Igbo people of Nigeria. This is an indication that other variables such as body height, body weight, facial look and could also be accountable for such variances, which the present study did not paid attention to. There is a need to explore if these behavioural mechanisms involved in body size preferences among the Igbos in Nigeria are subject to boundary conditions as these would go a long way to provide explanatory model for this condition and will inform healthcare services and intervention.

Declaration of conflicting interests

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publications of this article.

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