

Perceived Ideal Body Size of Ghanaian Women- “Not too Skinny, but not too Fat”

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Abstract

Body size issues are gaining public health attention because of the fast rising epidemic of overweight and obesity across the globe. This study explored Ghanaian women's subjective perceptions regarding ideal body size for women.

A purposive sampling strategy was employed in recruiting 36 women across the body weight spectrum from Tamale (n=17) and Accra (n=19) in Ghana. Qualitative data were obtained from in-depth interviews using a semi-structured interview guide. Data from the interviews were analysed deductively.

The mean body mass index of participants was 33.5 ± 10 kg/m²: 16 of the participants were obese, 8 overweight, 11 normal weight, and one underweight. The participants almost unanimously had a preference for an ideal body size slightly above the normal, but not necessarily obese. Typically described as "not too skinny, but not too fat", this preferred ideal reflected a fuller, curvier and shapelier, as opposed to the western ideal of thinner body type. Women often felt pressured by peers and family members to have a slightly heavier body size.

Health education efforts are needed to focus on messages that seek to challenge existing body size perceptions that may inhibit women's willingness to maintain a healthy body weight.

Keywords: *Women, body size, obesity, overweight, Ghanaian.*

Introduction

Body size issues have gained global importance in recent decades because of the fast rising global epidemic of overweight and obesity and the tendency for obese individuals to misrecognize their weight status and hence feel less motivated to engage in healthy weight control behaviors. According to the world Health Organization (WHO 2015), about 39% of adults 18 years and older globally were overweight, with about 13% being obese in 2014. Obesity is associated with an increased risk of non-communicable diseases, with 44% of diabetes burden, 23% of ischemic heart disease burden and between 7 and 41% of certain cancer burdens being attributable to overweight and obesity (WHO, 2014).

Although global phenomenon, prevalence rates of overweight and obesity in less developed countries continue to increase at a fast pace (WHO 2015; Ng et al. 2014). In the WHO African Region, about 10% of adults aged 18 years or older were estimated to be obese in 2014, with women (15.2%) roughly having triple the obesity prevalence of men (5.5%) (WHO, 2016). A recent analyses of demographic and health survey (DHS) data of women from 32 sub-Saharan African countries conducted between 2003 and 2013 estimated a pooled prevalence of overweight and obesity to be 15.9% and 23.7%, respectively (Neupane, Prakash and Doku, 2016).

The increasing trend of overweight and obesity in developing countries has largely been attributed to ongoing nutrition transitions associated with urbanisation and rising incomes which have altered traditional physical activity and dietary patterns (Prentice 2006). That notwithstanding, high social and cultural valuation of large body size or fatness in some developing countries has significantly contributed to the growing prevalence of overweight and obesity (Renzaho and Mellor 2010; Swami et al. 2010).

Therefore, the recent increases in overweight and obesity in many developing countries could be the consequence of society-wide preference for larger body sizes fuelled by changes in dietary and physical activity patterns (Swami et al., 2010).

Similar to many developing countries, including those in sub-Saharan Africa, Ghana is not impervious to the fast-rising global epidemic of overweight and obesity. In Ghana, overweight and obesity disproportionately affect more women than men. For instance, estimates from the 2014 Ghana Demographic and Health Survey (GDHS) indicate that 40% of women aged 15-49 years were overweight or obese compared with 16% of men in the same age group (Ghana Statistical Service (GSS), Ghana Health Service (GHS) and ICF International 2015).

The increasing prevalence of overweight and obesity in Ghana has popularly been linked with factors associated with the nutrition transition, as in other developing countries (Benkeser, Biritwum, and Hill 2012). The nutrition transition theory, however, fails to explain why women in particular are disproportionately affected by the epidemic in Ghana. In view of this, the historic African social desirability for large bodied women has been cited as an alternative explanation for the high preponderance of overweight and obesity among women in Ghana. Indeed, a number of prior studies (Appiah, Steiner-Asiedu, and Otoo 2014; Benkeser, Biritwum, and Hill 2012) have suggest that Ghanaian women have a preference for body sizes corresponding to a Body Mass Index (BMI) above the normal range of 25-29 kg/m².

Nonetheless, studies about body size preference for women in Ghana have to a large extent been quantitative in nature, based on analysis of data gathered using pictorial figures, mostly in the form of silhouettes. Little is known empirically about how Ghanaian women subjectively construct body size ideals and the considerations that

influence their perceptions of such ideals. Indeed to avoid speculations, Benkesser et al. (2012) suggested the need for qualitative studies to provide a better understanding of the ideal body size desires of Ghanaian women.

The present qualitative study, therefore, explored the perceptions of Ghanaian women about preferable body size using in-depth interviews. Understanding women's preferences for body size is critical for crafting future public health obesity related interventions. The results of this study are potentially useful for providing insights into women's view of body size in this era of ever burgeoning global epidemic of obesity. In addition, the study opens new pathways for holistically tackling the rising prevalence of obesity [and related non-communicable diseases] in Ghana and beyond.

Theoretical perspective

Issues concerning body ideals are typically conceptualised from a subjective rather than an objective perspective. This is because the way one constructs body image ideals with respect to weight, size and general appearance is greatly influenced by the person's social experiences (Grogan 2007). Thus, the social constructionism serves as a useful theoretical framework for comprehending how women construct ideal body image.

Social constructionism emphasizes the essential role that social context plays in building and shaping people's knowledge and understanding of social phenomenon such as ideal body image. The theory maintains that social objects, truth, and realities are constructed, negotiated and organised by people through their interactions with each other (Jessup, Bundy, and Cornell 2013).

Thus, women's body image related discussions and conversations with peers (Cafri and Yamamiya 2005) and parents (Cooley et al. 2008) enable interpersonal relationships which play a significant role in transmitting social and cultural preference of body size

or weight. This consequently exerts socio-cultural pressures which help construct and shape women's views of ideal body size or weight, as well as their eating and physical activity behaviours. Similar effects of media representation of idealised body images cannot be overemphasised (Fernandez and Pritchard 2012).

A classical example is Western society's standards of beauty which heavily emphasize the value of being thin as ideal for women, compared with the cultural valuation of plumpness as a sign of prosperity, beauty, fertility, health and prestige in some non-Western populations (Renzaho and Mellor 2010; Swami et al. 2010). In view of the high value placed on the social processes in which people form, reproduce, and reaffirm social realities and truths (Grogan 2007), social constructionism provides a backdrop for subjectively exploring the perceptions of Ghanaian women about ideal body size.

Methods

Study Setting

The study was conducted in Accra and Tamale, Ghana to reflect the differences in socio-economic and cultural environments between the Northern and Southern parts of Ghana. Accra is the capital city and the largest urban centre in Ghana. The cosmopolitan nature of Accra provides interplay between traditional and modern cultures resulting from urbanization and associated social changes, making it a suitable setting for studying issues related to body size ideals in Ghana. Two communities (Labone and Teshie) within the Accra metropolis were selected for the study. Labone, a high-class urban housing area was chosen in contrast to Teshie, a lower-class indigenous community of Accra (Amoah 2003). In contrast, Tamale is Ghana's third largest city with a population that represents that of the Mole-Dagbani people found in the three Northern regions (Upper West, Northern, and Upper East) of Ghana. The effects of rapid

urbanization and associated social changes in Tamale may not be as profound compared with the city of Accra, therefore making it suitable for a complementary exploration of the views of women concerning body size in Ghana.

Sampling and Data Collection

The study employed a purposive sampling strategy in recruiting participants. Inclusion criteria were: (a) women aged 18 years or above; (b) resident in the respective study areas; (c) ability to communicate sufficiently in English; (d) willing to offer consent and participate in audio-taped interviews; and (e) willing to have anthropometric (height and weight) measurements taken. The recruitment strategy used was mainly the canvassing method. In each study site, the interviewer walked around looking for women who appeared to meet the criteria for inclusion, bearing in mind the need to recruit women with varied weights, ages and backgrounds to obtain varied views and experiences on the issues being discussed. Interested potential participants were asked to determine the date, time and venue of their convenience for interviews.

No sample size was assigned a-priori; hence, participants were recruited until saturation was reached (Guest 2006). A total of 47 potential participants were approached, but four declined to take part in the study, yielding a participation rate of 91.5% among those approached. Out of the 43 willing participants, five could not express themselves in English, yielding an eligibility rate of 88.4%. Two of the 38 eligible participants failed to appear as scheduled despite several attempts, yielding an overall participation rate of 94.7%.

Written and signed informed consent was obtained from all participants, prior to the interviews. All interviews were conducted by the lead author between October 3, 2014 and January 28, 2015 as part of data collection for a Ph.D. dissertation. In-depth

interviews were conducted with a total of 36 women drawn from Accra (n=19) and Tamale (n=17), using a semi-structured interview guide. The interview guide had two main sections. The first section was designed to collect background information of participants including age, educational level, marital status and number of children. In addition, space was provided in this section to record the heights and weights of participants at the end of each interview. The questions in the second section of the interview guide were designed to elicit the views of participants on the main issues of interest in the study. These included questions regarding their perceptions about body size, body size preferences, as well as attitudes relation to overweight/obese and thin persons.

Participants were reminded of their rights outlined in the consent form and assigned unique identification numbers to assure anonymity before each interview began. The interviews were conducted at locations mutually agreed upon between the interviewer and the participant, either at participants' homes or near-by spaces where confidentiality of discussions could be assured. Each interview lasted for approximately 45-60 minutes. To generate adequate depth of the issues during interview, probes were used at every stage of the interviewing process (Bernard 2012). All interviews were audio-recorded so that attention could be paid to non-verbal cues such as fidgeting, hesitations or long pauses.

Using a standardized procedure, the weight of each participant was measured to the nearest kilogram using a digital heavy duty floor scale. The measurements were taken at the end of the interviews, so that participants' impressions of their measurements would not influence their perspectives on the issues discussed. Similarly, the height of each participant was measured to the nearest centimeter using a folding stadiometer.

The weight and height measurements were used to compute the BMI (weight in kilograms divided by square of height in meters) of participants according to WHO classifications (WHO, 2000).

Data Analyses

Analysis and writing of memos began from the time of the initial interview to become familiar with the data being generated and to help improve questions or ask questions in different ways so as to improve the quality of data. Each recording was played back and transcribed verbatim. All of the transcripts were reviewed multiple times to familiarize the investigators with the data while making reference to field notes where necessary. Codes were written in the margin of each transcript and organized into categories using terms from the actual language of the participants (Creswell 2009). The codes generated were used to develop themes and subthemes, which became the major headings in the results. The three main themes extracted from the data were: (i) the “not too skinny, but not too fat” ideal body size for Ghanaian women; (b) voluptuousness as a definitive feature of ideal body size; and (iii) social influences to attain the ideal body size.

Investigator triangulation of data was employed to ensure quality control of coding and enhance validity of the results. Initially, each of the investigators coded and selected themes and subthemes from the transcripts independently. Then all investigators met and reviewed the codes, themes and subthemes exhaustively, thereby resolving inconsistencies and disagreements. Through this process, a final consensus was reached on the themes and subtheme to be used in the study. Two of the investigators with substantial experience in qualitative research provided valuable feedback on the themes and subthemes. A similar process was followed in extracting relevant quotes

from the transcripts to illustrate and shed light on the themes and subthemes discussed to represent the findings.

Member checking was the technique employed in clarifying the view point of participant (Lietz and Zayas 2010). Hence, follow up interviews were conducted with a few of the participants with the aim of clarifying and validating some of the preliminary findings. Ethical approval was given by the Ghana Health Service Ethical Review Committee (GHS-ERC) in Accra.

Results

Study Participants

The mean age of the participants was 33 ± 9.2 years. Their level of education ranged from primary to university education, although they typically had completed secondary level education. Ten of the women were married; two were divorced while the rest were never married. Most of the participants were mothers ($n=19$), with the number of children per mother ranging from 1 to 6. The anthropometric measurements collected from the participants revealed that the mean BMI was 33.5 ± 10 kg/m²: 16 of the participants were obese; eight were overweight; 11 were of normal weight and one was in the underweight category. Overall, the participants from the two study sites did not differ significantly in age, education marital status, number of children or BMI.

The “not too skinny, but not too fat” ideal body size for Ghanaian women

Although the initial premise of this study was to elicit potentially different perspectives between the two study sites (Tamale and Accra) and among participants of different weight status, the responses did not differ materially from one another in those respects as originally expected. Regardless of study site and weight status, the participants in the study shared similar opinions about the ideal body size for Ghanaian women.

Rather than make reference to any specific standard measures (such as BMI classifications) for determining weight status, participants generally preferred to offer subjective descriptions of the ideal body size for a Ghanaian woman. From the interviews, “not too skinny, but not too fat” emerged as the overarching theme used by most participants (n=34) to describe the ideal body size for Ghanaian women. This description of the ideal body size for Ghanaian women was synonymous with being “normal”, “medium size” or “in-between”. In many of the descriptions, participants in the study relied on the use of comparative adjectives in espousing their views such as in these excerpts:

Oh! Too much weight is not good, but a little weight is not bad. So not too skinny, but not too fat should be ideal for every Ghanaian woman. [27 years, normal weight (BMI=23.8kg/m²), Tamale]

Women should not be too slim but they shouldn't also be too fat....At least a bit of flesh to cover the bones. [25 years, underweight (BMI=17.9kg/m²), Accra]

As a lady you shouldn't be too skinny and too fat, you should be medium. [47 years, obese (BMI=35.3kg/m²), Tamale]

Women should not be too slim and not too fat. They should be in-between. [33 years, normal weight (BMI=24.4kg/m²), Accra]

Based on the descriptions, the ideal body size for Ghanaian women could be estimated to be anywhere between the upper limits of the WHO healthy weight category and the mid-point of the WHO overweight category, if one were to classify their descriptions with reference to BMI. The views suggested a general preference for a slightly above normal build, but not necessarily an obese image. Thus, in many cases participants

(n=23) tried to explain what it meant to have a bit more weight without being obese. Much emphasis was placed on having enough body mass or “flesh” as epitomized in the following excerpts:

Like me here, Ghanaian women should have body. Body as in not being too overweight, but weighty. Not being skinny, not being fat, you are in-between. You are not too overweight and you are not skinny too. [32 years, overweight (BMI=29.3kg/m²), Accra]

Well, a woman should have a bit of flesh. Like size 16. The person can be fat but not too overweight and not too skinny you know. [27 years, normal weight (BMI=22.8kg/m²), Tamale]

Some participants (n=8) seemed to be cognizant of western social norms of acceptable body size. A few were emphatic in attempting to draw a line between the western ideals of acceptable body size and their own subjective descriptions of “not too skinny, but not too fat” as ideal for the Ghanaian woman:

The ideal size for a Ghanaian woman should not be as slim as a white person oooh, but it should be normal. [41 years, overweight, Accra]

You see, the Ghanaian women should not be slim like a white woman. As for them, they are always slim like that, but a Ghanaian woman should have enough body. And it's not only Ghana, but Africa in general. [35 years, normal weight (BMI=24.7kg/m²), Tamale]

A number of reasons were advanced to justify “not too skinny, but not too fat” as the ideal body size for Ghanaian women. In the view of most participants (n=22), this body size was considered more beautiful, and allowed one to go about their daily activities without much difficulty or concern about what others would say. Negative attributions

associated with thinness were mostly cited as reasons for which having a bit bigger body size was more preferable. For those who endorsed this view (n=11), being too small was associated with illness and not having adequate nutrition. The following excerpts attest to that:

The ideal should be in-between, because when you're too fat or you look too slim, it makes you look ugly. So in-between makes you look nicer in your cloths. You are able to do whatever you like but when you are too overweight, it becomes a worry, you are always concerned about what your friends say... [30 years, overweight (BMI=28.3kg/m²), Accra]

One should be fat, but not overweight, and not too skinny. Because if you are too skinny, it means you kind of lack nutrients and stuffs like that. [26 years, normal weight (BMI=22.7kg/m²), Tamale]

Although, the participants overwhelmingly preferred “not too skinny, but not too fat” as ideal for the Ghanaian woman, two contrary views emerged regarding the ideal size for the Ghanaian woman. One participant from Accra maintained that the ideal should not be one size fits all ideal, but rather every woman should choose her own ideal, so long as that ideal does not lead to any health implications. She stated:

Yes, so far as they are healthy, and it doesn't have any negative health implication for the person, any size is ok. Because some people are big but are healthy. So I don't think there should be just one size or a range of sizes that all Ghanaian women should fall into but I think once the person is healthy. So there is no ideal for Ghanaian women. Every woman should choose their own ideal depending on the health implications. [29 years, overweight (BMI=28.2kg/m²), Accra]

The second contrary view focused on relative benefits that a male partner would enjoy depending on the size of a woman. According to one participant, no ideal body weight or size should exist. To her, the ideal is determined by the extent to which a woman's partner enjoys being with her. She contended:

Well, for me, everybody believes in themselves; a woman who is large-bodied and one that is not are clearly different. Yes, for me an ideal weight for a woman should be one that will make the husband enjoy being with her. So being overweight or slim does not mean that your husband will not enjoy you. [33 years, obese (BMI=35.5kg/m²), Tamale]

Voluptuousness as a definitive feature of ideal body size

The description of "not too skinny, but not too fat" as ideal for women went beyond just having "a bit of flesh to cover the bones", but had more to do with having the right kind of flesh, in their right proportions, and in the right parts of the body. Participants emphatically underscored the need for a woman to be voluptuous as an additional requirement to not being too thin or too large. Hence, for most participants (n=27), being curvy and shapely was as essential feature of being "not too skinny, but not too fat". Using football teams in the English premier league, one participant metaphorically emphasized this assertion when expressing her discontentment with being too thin:

'Eho na ho' [in-between] is okay, not too big and not too slim. Because too slim doesn't even appeal to me, as a woman, I don't know about men, but you see, with "eho na ho" you get the Arsenals, the Chelseas and the Man-Us at the right places,...you see a little breast, a little buttocks, hips and then you are okay. Not too slim without, any shape and then not too big without shape. [33 years, overweight (BMI=28.6kg/m²), Accra]

Probing further, she explained that having the *Arsenals* meant having the hips; having the *Chelseas* meant having the buttocks, while having the *Man-Us* referred to having very conspicuous breast. This description highlights the premium placed on having a body shape that gives one's hips, buttocks and breast prominence. A similar sentiment was shared by one participant from Tamale emphasizing the need to be shapely enough to look good in outfits, rather than merely being large:

They want to see features as far as the Ghanaian woman is concerned. At least with some hips to keep the 'coca-cola' shape kind at least to appear nice in your outfit. Yeah, I think that is it but not so fat. [40 years, normal weight (BMI=24.2kg/m²), Tamale]

Yet, a few other participants (n=9) placed greater emphasis on women maintaining a good body shape irrespective of how large one is. In this regard, women who would otherwise be described as obese using conventional classifications were deemed very admirable, so long as their hips, buttocks and breast kept them in good shape:

An African woman or Ghanaian woman should have enough flesh, but even that is defined by body contours. It doesn't mean it should be out of shape oo. You can be big, but not out of shape. That's where the limit is. Out of shape means you can't see the difference between upper body and a lower body; like you're straight, just being fat, round and all. You see, some people can be fat, but then you have all the contours at the right places, and they look nice. [44 years, obese (BMI=33.7kg/m²), Accra]

For women considered to be "too fat", maintaining a flat belly was deemed very essential for sustaining a nice shape. In other words, it was considered more acceptable for women to be "fat" so long as the belly is not affected. Coming from this context,

participant stressed the need for one to maintain a flat belly even in instances when a woman is fat. The two narratives below summarise such views:

In-between is ideal, but even if you are fat, there should be some shape in the body, nice shape. Even for me, sometimes when I see some fat women with shape I admire it a lot because it makes them look good in their dresses. That one is good. But for you to be really disfigured by gaining too much weight, then you're out of the system. Even if you have weight, for your stomach, you should maintain a flat stomach. [30 years, normal weight (BMI=24.6kg/m²), Accra]

...Your tummy shouldn't be too big. If your tummy is too big, you become straight and so it spoils your shape and curves. [28 years, normal weight (BMI=18.9kg/m²), Tamale]

Social influences to attain the ideal body size

Most participants (n=26) reported feeling pressured by people within their immediate social environment to attain the acceptable body size requirements for Ghanaian women. Such pressures mostly came from their peers and family members who considered them to be "too skinny", thereby, pressuring them to eat more to gain weight. This was especially the case for those considered to be below the expected ideal size:

...They tell you that you are skinny, and so you should eat. Just yesterday at work, someone was telling me that I should eat. Three days ago, someone told me the same thing, but I eat, I just don't put on weight. So they prefer you being somehow big. Yes! Not skinny like me. I think that's the ideal, but that's not what I want, I don't prefer that. It's everywhere,

that's why I say everywhere I go people ask me "don't you eat?" [25 years, underweight (BMI=17.9kg/m²), Accra]

My auntie has been asking me 'why, don't your parents give you food to eat? Come to my house to eat'. She says as a woman I should eat and put on some flesh to look good. Every time she sees me she says the same thing. [20 years, normal weight (BMI=22.6kg/m²), Tamale]

Those who could not withstand the frustrations associated with social expectations of acceptable body size had no choice but to succumb. As such, many succumbed to such pressures at various points in their lives by modifying dietary intake to put on a bit more weight to measure up to social expectations of body size. For example, one participant described how her friends described her as "skinny" and disapproved of her going to school in that state. She was forced to take measures to attain the acceptable body size before school resumed:

I once had a stressful internship which made me lose a bit of weight. My friend saw me and told me that, 'no you can't come to school looking like this, you are looking too skinny'....So, I had to force to eat, I tried to eat a lot, and I took some multivitamins too. She didn't complain again so I guess it worked. [29 years, normal weight (BMI=24.3kg/m²), Accra]

Another participant described that her friends used to tease her at school until she resorted to consuming a daily portion of ice *kenkey* [a local staple] in an effort to gain weight and subsequent approval of her body size. She intimated:

When I was in secondary school, I was very slim and my friends used to make fun of me and all that. So there was this ice *kenkey* I was told when you take it, it makes you put on weight. So in the morning I would go and

buy it just to put on weight. It was when I completed school that my weight started changing and now they don't worry me. [31 years, obese (BMI=36.5kg/m²), Accra]

None of the participants mentioned feeling pressured by family and peer expectations of desirable body size to reduce weight. Thus, there appeared to be greater social pressure for women with body sizes thinner than the ideal to measure up through weight gaining measures, compared with pressure for women with sizes larger than the ideal to reduce weight.

Discussion

Considering the relatively small, but largely quantitative body of prior work on body size perceptions in Ghana, this study extends the frontiers of the discourse by providing firsthand qualitative glimpses into Ghanaian women's perceptions regarding ideal body size. While the present study intended to compare perspectives of participants from Tamale and Accra, as well as participants of different weight status, the responses did not indicate any such differences, as presented in the results section. The rather similar than dissimilar constructions of the participants in this study regarding the ideal body size of Ghanaian women could be explained by the high cross-cultural cohesion and mingling in Ghana. For instance, in a study drawing samples from a multicultural context (in a university) in Ghana, Oduro (2014) noted that almost all participants preferred women with busty or big breasts and wide hips, ringed neck, big thighs, big buttocks and curvy shapes. Thus, these social scripting of female body in Ghana seem to pervade north, south, east and west.

Irrespective of study site) and weight status, the shared opinions of the women who participated in this study suggested that the ideal body size for the Ghanaian women is

one slightly larger than the normal (with reference to WHO's BMI categories), although not necessarily obese. They described this preferred body size as one that is "not too skinny, but not too fat". In tune with the tenets of social constructionism, this description could be a reflection of their socially constructed views based on their understandings and internalization of preferable body size for women in Ghana.

The qualitative evidence provided by the current study generally augments earlier conclusions from quantitative studies in Ghana (Benkeser, Biritwum, and Hill 2012; Appiah et al. 2014) that Ghanaian women generally preferred above normal body size. Comparable findings suggesting that women would rather be a little overweight have also been reported in studies involving South African women (Swami et al. 2010; Venter et al. 2009). Nonetheless, such views about body size could be counter-effective in helping women in Ghana maintain to a normal weight in the face of the rising obesity in the country.

To consolidate their position regarding the ideal body size for Ghanaian women, some participants in the present study acknowledged, but contested the dominant western ideal of thinness by seeking to clearly delineate the difference between the Ghanaian ideal of "not too skinny, but not too fat" and that of a "white person". Similar contestations were found when Viladrich et al. (2009) studied Latino women residing in the New York City in the United States, noting that although participants acknowledged the pervasive influence of mainstream ideals that privilege slim and thin body weight types, they also challenged those paradigms by subscribing to heavier body types, as in the case of the present study.

Further in accord with Viladarich et al. (2009), the results of the current study highlight the premium placed on women having curvier and shapelier body contours (prominent

hips, buttocks and breast). Thus, women who would otherwise be described as obese, but met such expectations were deemed acceptable and admirable. This highlights the extent to which body image ideals can sometimes take precedence over considerations such as health (Speaks 2012; Appiah et al. 2014). While most participants reflected on and rationalized “not too skinny, but not too fat” as ideal body size for Ghanaian women, a few others opposed any notion that one size fits-all. According to such participants, any body size was deemed acceptable so long as one’s partner approved of it, and so long as it had no imminent associated health implications. Similar oppositions of main stream body size ideals in the United States have been reported by Viladarich et al. (2009).

Social constructionism highlights the role of social interactions (peers, family and media) in shaping women’s body size ideals, as well as their eating and physical activity behaviours (Cooley et al. 2008). Reflecting that, most participants in this study reported instances in which friends and family members pressured them with negative ascriptions such as being “skinny” or lacking food. As a result some participants aspired to attain the preferred ideal (not too skinny, but not too fat) by eating more to put on weight. Similar pejorative terms for thin women have previously been noted in other studies in sub-Saharan Africa including Kenya and Somalia (Renzaho and Mellor 2010). The important role that social processes play in shaping people’s body image preferences and related behaviors can, therefore, not be overemphasized (Speaks 2012; Befort et al. 2008).

The findings as presented could have profound implications for the growing prevalence of overweight and obesity among women in Ghana. The cultural acceptance of larger, fuller and shapely body types coupled with social pressures could reinforce such ideals

among women, while potentially hampering their recognition of obesity as a health problem. This highlights the crucial role of social pressures in advancing healthy/unhealthy habits, particularly in contexts where social and cultural connectedness is high and people's daily life experiences are embedded and shaped by the views of 'significant others' such as family members and peers (Robinson and Kirkham 2014).

Much as being shapely, but not fat may be a desirable outcome for women, the fine line between the two may not easily be drawn, and may not be attainable for the majority. In other words, women attempting to gain a little extra weight to suite the socially acceptable body size could end up accumulating excess weight than may be intended. This is more plausible in developing country settings where access to and use of preventive health services are rarely available and/or utilise. After all, being shapely is not necessarily synonymous with being healthy.

This study was not without some limitations. Sampling from Accra and Tamale, which are both urban environments, may limit the applicability of the findings only to respondents in the two study sites and perhaps urban settings. Indeed, this could explain why the views of the participants did not remarkably differ between the two study sites. It would be useful for further studies on the discourse to consider exploring the rural settings. Limiting participation to those who could express themselves in English meant that the views of non-English speakers were not captured. Nonetheless, the strength of this study include the use of qualitative design to elicit the subjective desires and views of Ghanaian women regarding body size.

Conclusion

The qualitative evidence presented in this study corroborates prior quantitative conclusions that Ghanaian women desire to be slightly larger, although not necessarily obese. Simply described as “not too skinny, but not too fat”, this ideal reflects a fuller, curvier and shapelier body considered as very attractive and desirable. Therefore, obesity-related public health interventions should focus on developing messages that challenge existing socially constructed views about body size which may inhibit women’s desire and willingness to maintain a healthy weight status.

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