

# Subjection to culturally constructed physical standards in low-income women

Manoel Antônio dos Santos<sup>1</sup>  
Rosa Wanda Diez Garcia<sup>2</sup>  
Marília Liotino dos Santos<sup>2</sup>

<sup>1</sup> Universidade de São Paulo, Departamento de Psicologia, Faculdade de Filosofia, Ciência e Letras de Ribeirão Preto. Ribeirão Preto-SP, Brasil.

<sup>2</sup> Universidade de São Paulo, Departamento de Clínica Médica, Faculdade de Medicina de Ribeirão Preto. Ribeirão Preto-SP, Brasil.

Correspondence  
Manoel Antônio dos Santos  
E-mail: masantos@ffclrp.usp.br

## Abstract

Female obesity is one of the most worrying nutritional problems nowadays, with higher prevalence in women of low socioeconomic status. The social perception of the phenomenon of obesity has significantly changed throughout the ages. There is a contemporary subjection to culturally imposed and socially constructed physical standards, prevailing the aesthetic imperative that establishes thin and slender bodies as the standard to be achieved by all women. This becomes particularly perverse in low-income women because of the specific “food ethics” that guide their actions, according to which people should be educated to like everything, and to which the act of eating is valued more than the food itself. This article is justified by the importance of understanding the changes in the valued image of the female body, using studies of authors who address the problem of obesity in women of low socioeconomic status. The aim is to reflect on the contemporary subjection to culturally constructed physical standards and on how they affect low-income women. The findings reveal the suffering caused by body dissatisfaction that afflicts poor women, since the access to goods and services to transform the body is far from their financial possibilities. To deal with the frustration that inevitably sets in, the pleasure that is overly focused on food is exaggerated. It is the possibility that women find a way to express their frustration and at the same time ensure the enjoyment of immediate pleasure.

**Key words:** Obesity. Nutritional Transition. Poverty. Lifestyle. Dietary Behavior. Aesthetics.

## Introduction

Overweight and obesity are conditions defined as abnormal or excessive accumulation of adipose tissue, which poses a health risk.<sup>1</sup> A person is considered obese when their body mass index (BMI) is greater than 30 kg / m<sup>2</sup>.

Recent estimates of the World Health Organization show that in 2014, more than 1.9 billion adults were overweight, of which 600 million were obese. In total, about 13% of the adult population met the criteria for obesity; 15% of women and 11% of men. 39% of the adult population was overweight, which corresponds to 40% of women and 38% of men. The worldwide prevalence of obesity has more than doubled between 1980 and 2014, to the point that the majority of the world population currently lives in countries where overweight and obesity kill more people than underweight.<sup>1</sup>

Following this worldwide trend, the prevalence of obesity in the Brazilian population has increased dramatically over the past four decades. This phenomenon, known throughout the whole contemporary world, is the result of a combination of multiple factors such as rapid urbanization, industrialization and a sedentary lifestyle, that set the nutritional transition. Thus, factors such as inadequate dietary habits and low physical activity are seen as determinants for the growing rates of overweight/ obesity in Brazil. It is estimated that half of the population is overweight and about 16% is obese.<sup>2</sup>

If on the one hand a growing epidemic of obesity can be seen, especially in industrialized countries,<sup>1</sup> a counter flow of this movement shows the emergence of a lipophobic society that stigmatizes the obese,<sup>3</sup> linking obesity to negative moral values.<sup>4</sup>

The movement of globalization that accompanies the expansion of the capitalist system in its latest component, has a direct impact on the food culture, resulting in significant changes in the dietary patterns of urban people.<sup>5</sup> These changes in dietary patterns must be understood in their complexity,<sup>6</sup> which includes considering the multidimensional determinants, such as social, cultural and psychological factors that intersect with the food culture. Obesity not only causes damage to health, but also significant psychological and social changes for the obese person, such as decreased self-esteem, depreciation of quality of life, negative perception of one's body and a damaged social identity.<sup>2</sup>

Among women, particularly those with a low income, submission to certain aesthetic standards that are impossible to achieve (or incompatible with being healthy) becomes even more perverse, which makes the "social burden" of obesity particularly intense and intolerable for this social group.

This is expressed in social appeals for thinness and in the obsessive cultivation of the ideal of a slender body. The assumption that a skinny body is the undisputed standard of beauty leads to a number of serious problems, which affect physical and mental health, the most extreme being eating disorders such as anorexia and bulimia.

One can question whether the process of increasing body weight in the context of low-income women wouldn't be related to the changes observed in the life cycle. Thus, it is interesting to consider the generational terms of weight gain and obesity. These questions mark out the development of this study.

Given these assumptions, this study aimed to reflect on contemporary subjection to the culturally constructed body patterns, to examine how they focus on low-income women.

## Method

To achieve the proposed objective, a reflective study was chosen, based on literature devoted to the subject.

## Analysis and development of the theme

Epidemiological studies show that female obesity is configured as one of the most worrying nutritional problems of the present day, with a higher prevalence in women of low socioeconomic status.<sup>7</sup> When evaluating the lifestyle as a risk factor for the prevalence of obesity among low-income Brazilian women, it was observed that 31.9% were overweight and 22.2% were obese. There was a statistically significant difference between BMI and the variables "income" and "age".<sup>8</sup> The authors found excessive consumption of fat and low consumption of carbohydrate and fibers; 88.9% of women were sedentary. The study concluded that obesity among poor women expressed, in fact, the new contours of urban poverty and is associated with low income, a sedentary lifestyle and food culture.

Seen in a historical perspective, the social perception of the phenomenon of obesity has changed significantly in the course of time, which can be summarized in the following maxim: what was *good* has become *ugly*, and later what was *ugly* became *evil*.<sup>9</sup> The social construction of evil obese can therefore be understood. This course, which progressed from "good" to "ugly" and from "ugly" to "evil" as it is nowadays, shows how obesity as a social category, is subject to moral judgment. Currently, the obese individual is often seen as someone who is morally loose, who has

a weak and undisciplined character, and is a person “without shame”, who succumbs to the most primitive impulses and who, ultimately, seeks to ruin their own health through self destruction. On the other hand, we witnessed a contemporary subjection to culturally and socially constructed body patterns.

Thus, it can be said that the current demonization of the obese body meets the same cultural imperative that establishes slenderness and the “lean” body as a standard to be achieved by all. It is slightly ironic that the same society that strives to condemn obesity as a vector for numerous diseases, develops huge tolerance for skinny, “toned” and pumped bodies, which are actually as sickly or even more so than obese bodies.

### Self-image and (dis)satisfaction one's body

A Brazilian study involving 100 women between the age of 20 and 50 from a low-income population with a BMI classified as obesity levels I and II, investigated the satisfaction and idealization of the body.<sup>10</sup> The data obtained provide valuable insights to show the strength with which certain models and imposed standards negatively influence the self-esteem of these women of low socioeconomic status. Self-image is formed by perception, that is, the impressions assimilated by the senses, linked to the attribution of meaning.<sup>11</sup> This set of information captured by the sense organs and incremented by meanings they receive, calibrates the perception associating knowledge, memory and cognition.<sup>12</sup> Therefore, the interaction between these various components shapes the perception of the individual, which is also mediated by social factors.

Comparing yourself with others helps to consolidate benchmarks in this case, translated to the construction of the concept of weight and idealized body.<sup>13</sup> Individuals living with a high prevalence of obesity will be less likely to realize their excess weight, determined by normal epidemiological. The self-image is adjusted by the perception built by social interactions and cultural standards.<sup>13-15</sup> Following from this perceptive ability, the satisfaction of belonging to the appreciated standards of beauty and body size, and otherwise, the dissatisfaction of falling short of appreciative values.

If there was no exposure to the standard that governs what the body and beauty should look like, our perception would basically be modulated by what is seen on the streets and verified by statistics. Consequently, satisfaction with the body would be more influenced by the predominance of what is common. However, it appears that the propagated image defines more than the observed reality.

This reflective study focuses on the relationship between the force of these designed constructs of the ideal body with the analysis of data from studies of low-income women with obesity.<sup>3</sup> In the

study by Liotino-Santos,<sup>10</sup> weight gain in the last year, referred to by most women, was excessive and rapid when compared to other populations.<sup>16-18</sup> On average, the increase of said weight was 10,5 kg among younger women (generation 1980/1990) and 7.7 kg for older women (generation 1960/1970). Adolescent practices could have motivated the acute and fast weight gain reflected in the 1980/1990 generation; practices like the increased consumption of simple sugar, processed foods, a reduced consumption of fruits and vegetables, a habit of skipping meals, a sedentary lifestyle and an increased activity requiring less energy like watching television, playing video games or using computers.<sup>19,20</sup>

Also according to the study results of Liotino-Santos,<sup>10</sup> the participants reported strong dissatisfaction with their weight, as only 2% of women of the younger generation and 8% of the older generation were satisfied with their weight. Negative comments about weight were reported by, respectively, 84 and 89% of participants. Negative comments on the weight contribute to weight gain, since overweight women consume up to three times more calories when exposed to negative content related to weight stereotypes than those who were not exposed to these contents.<sup>21</sup>

The abovementioned study,<sup>10</sup> in sharing the stories of weight gain of the participants, shows that older women reported that they began to gain weight later than the younger women. The women of the generation 1980/1990, who are now classified as obese level I or II, may be in the weight gain process following the line of progression of weight throughout life. For younger women, this weight gain process was already faster. Pregnancy was the reason given for the weight gain by 56% of older women, in addition to emotional problems (13%) and illness or medical treatment (12%). For the younger, the weight gain was mainly a result of pregnancy (29%) and illness or medical treatment (25%), followed by marriage (10%), emotional problems (10%) and staying at home (10%). The generation of older women reported greater weight gain during pregnancy than the younger women.<sup>10</sup>

79% of older women and 52% of younger participants also reported to being thin or normal when they were 20 years old. However, the weight they mentioned for when they were 20 years old, was similar. Of the total, 86% of older and 64% of younger women were considered thin or normal at their wedding. Weight differences represent an average gain of 21.9 kg for the younger women, and 28.2 kg for the older women. These differences between the weight at the age during the wedding, were on average, 24.4 kg and 29.8 kg.<sup>10</sup> One reason for the increased perception of obesity by younger women could be the increased contact with health services capable of diagnosing and warning about weight gain. Studies show the influence of the diagnosis information of excess weight by healthcare professionals and the exerted influence on correct self-perception of the

nutritional status.<sup>22,23</sup> On the other hand, earlier perception of obesity can be explained by the fact that women gain weight earlier in life and, currently, by society paying more attention to obesity.

In summary, the participants in the study showed dissatisfaction with their body. They were unhappy because they did not like or wanted to keep the body they had. They were obese and gaining too much weight, on average 10 kg in the last year. The younger women had gotten married with a greater weight than the older generation. Or they reached this above the desired weight earlier than was observed in older women, which indicates that obesity seems to be “moving forward” in this social group. In addition to this trend, they later continued gaining weight after marriage and pregnancies.

Following a diet is perceived as challenging, limiting on impossible. Silva<sup>24</sup> draws attention to peculiar food ethics amongst low-income populations. The behavior of eating everything and of everything is part of the popular dietary discipline determined by the moral rule that condemns waste. People are educated to like everything. In general, the act of eating is more valued than the actual food. These findings clearly show that food and cultural identity go hand in hand.<sup>25</sup>

In addition, by having a low income, these women can not “buy” the ideal body they want, with their fashionable attributes, like breasts (breast implants) a certain size and shape. Certainly, the market has a network of professionals from different specialties that shape the female body according to fashion trends. For example, to sell the alleged wonders that can be achieved with dietary supplements or by undergoing liposuction, there are those who show pictures of the “chubby” person and then, without sequence, another picture, of the person “healed”, as it would allegedly be after intervention.

## The Apollonian body cult portrays society and the time in which we live

The body cult is closely associated with the time and society in which we live.<sup>26</sup> What every social context and historical period establishes as the ideal shape of the body varies greatly throughout history, since the established aesthetic standards are conditioned by the characteristics appreciated at each moment in time. When reviewing women who in their time were known as standards of beauty, some interesting observations impose themselves. In Brazil in the 1950s, Miss Brazil Martha Rocha lost the Miss Universe contest in 1954 allegedly because she had “two inches too many.” The additional volume was concentrated on her hips and made the “girl from Bahia” loose against “thin Yankee” Miriam Stevenson. The episode ended being immortalized in a carnival’s

song called “Two inches”, recorded by Martha Rocha: “By two inches more / they left the Bahiana behind / By two inches, and so close to the hips, / Have pity, have pity, judge. / Martha, Martha, doesn’t care any more about it. / Martha, Martha, no one has your guitar<sup>a</sup>. “

Having been the runner-up in the Miss Universe pageant didn’t stop Martha Rocha from rising to stardom and becoming a reference of beauty in Brazil, with blue eyes and short, curly blond hair, and her robust body, with generous forms, far from the ghastly pattern that dominates today’s social imaginary.

In the following decade, a new standard of female beauty was imposed, shaking Western society. Twiggy, stage name of Lesley Lawson, was born in London, and appeared in the 1960s as one of the first supermodels in the world. Her almost androgynous image, carved in a small and extremely thin body, helped to secure the image of super skin models in the social imagination that would come to dominate the fashion runways in the following decades. The pictures of that time in which she lived the height of her career, show an air of deep sadness. The feeling of helplessness expressed in her face, is reinforced by the very short blond hair and huge eyes highlighted with mascara and false eyelashes. This figure has become an icon of fashion and style, serving as an inspiration for millions of Western women from all latitudes and longitudes of planet.<sup>1</sup> Interesting to note is that, at 21, Twiggy prematurely ended her successful modeling career for to pursue music, cinema and theater. She said at the time “no one can be a clothes hanger for ever.” Later she led her own talk show, Twiggy’s People.

Twiggy consecrated the image of women without curves, “flat-chested” and without voluptuous forms, which had been the standard for women in previous times. The established break with the previous standard of female beauty was evident, but was still far from the media spread that can be observed in the following decades, with the consecration of the slender body, extreme thinness and squalid. Before that, however, in the 1970s we experienced a transition. The American actress Jane Fonda established a standard for women that was permanently focused on the scale, physical exercise and the pursuit of thinness. The actress, who had fallen into obscurity, began producing videos in which she appears in fitness pants teaching aerobics for women. More than two decades later, in her autobiography, the actress confessed that she was deeply unhappy at the time of the exercise classes and had suffered from bulimia nervosa. Jane states she became aware that she had spent her life trying to please the men in her life, while seeking an unreal body, which supposedly would please her partners, thus avoiding rejection.

---

a In Portuguese “guitar” refers to a specific shape of a woman’s body.

And with that the standard for women was born that would arise in later decades; the woman made in the gym, slaves of physical exercise and dependent on anorectic drugs, with the anorexic/cadaverous standard being elevated to the ideal for women from 1970s. Until we came to the current standard of “paniquetes” from the TV show<sup>b</sup>, which enshrines the *pumped* woman, with toned abdomen and inflated and upright buttocks. It is clear, therefore, that the idealization of a certain body pattern is the counter face of the imposition of a culturally constructed ideal body.

The issue, in this reflection, is how these patterns, both idealized and unreal, focus on the imagery of low-income women. Or to what extent the image of thinness (“clothes hanger”) leaves the runway to be installed in hidden spaces of the families who have teenage daughters. More than a change of scenery, this is an idealized model of the body that disseminates, generalizing and dissipating this ideal to be absorbed by society.

### The social construction of body dissatisfaction in low-income women

The perception that individuals from each social class have about their own body is one of the factors that mediate the perception of the effects of food on oneself and the relationship between health and beauty. Silva,<sup>24</sup> using the design of Bourdieu,<sup>27</sup> considers that lower income populations prioritize body strength - the workforce - at the expense of body shape. This is true for male eating habits, but can't be generalized for women. In addition, the literature shows great dynamism and a variety of perspectives in the low socioeconomic layers of society. In dietary analysis of the female population, you must consider the role of women in the context of food in the family, because it fits her responsibility to take care of the food in the domestic environment.<sup>24</sup>

One must also consider that the burden of domestic work, including tasks related to the preparation of meals, is higher among low-income women. Besides their roles in the paid extra-domestic context, they can't count on the support of a maid, and they don't have a series of appliances that contribute to reducing the workload at their disposal. Regarding the latter, it is necessary to consider that, in recent years, to encourage the consumption of low-income populations, policies have been implemented. It must also be considered that the increased consumption of durable goods in this population has been widely boasted by the government as a produced conquest of these policies. It can also be observed that in low-income families preparing dishes tends to be less individualized. When women try to follow a diet, they have more work to prepare a specific diet, not to mention the resistance of men to accept the modification of the menu.<sup>24</sup>

---

b    Panicats or Paniquetes are Brazilian women who dance during the TV show 'Panico'

As might be expected, after the enthronement of the ideal body shape, a multitude of services was created in the field of physical aesthetics, medicine, physical education and cosmetology, offering many concrete possibilities to intervene in the body; reshaping it, correcting it and re-educating it incessantly, following its own aesthetics of modified bodies. Thus arises, what we call “design of the built body” by means of plastic surgery, the miracle diets and frenetic workout in gyms that promise to sculpt the bodies according to the body stereotypes.

A solid commodification of the body is installed in contemporary society. In other words, the idea is spread that it became possible to buy the body you want. The technological society promises to put within reach - of course, for those who have purchasing power - a rich arsenal of body transformation. This notion seems to be a joke as if a woman says, “Yes, these are my breasts. I bought them, so they are mine. “

In addition to the plastic surgery market with aesthetic purposes, profitable cosmetics industry takes advantage of the vogue of body commodification to provide options for physical metamorphosis within reach. There are constant changes in *shape*, with the creation of artificial and often extremely inhuman body models. Moreover, nowadays obesity is strongly subject to medicalization, especially from the development of medical technologies that have improved techniques of bariatric surgery.<sup>9</sup> Radical interventions such as bariatric surgery, emerge as a kind of panacea that promises to quickly eradicate the conditions that perpetuate weight gain without eliminating the causal factors. For the individual who has gone through a significant portion of his life fighting obesity, to find a way to transform their obese condition that doesn't require an exhausting routine of food control associated with regular physical exercise, appears to be the possibility of long-awaited redemption.

We are referring to the sale of a certain body standard artificially created for the glorified image of the female body.<sup>26,27</sup> Rapid changes of unnatural standards, built chirurgically and sold in packages of various plastic segments of hormones, gyms and diets. An example of the changes of the aesthetic standard can be searched for in the current fashion that pontificates that men and women should be hairless. They are prepubescent; they have no pubic hair.

Findings from studies of low-income women allow unveiling the suffering generated by body dissatisfaction that afflicts them. If there is, on the one hand, a body dissatisfaction, access to goods and services to transform the body is unavailable. Poor women do not have the means to consume the body that is for sale in the social counter, with which they believe they could achieve an idealized shape. Why suffer in long queues of public hospitals waiting - for example, to undergo bariatric surgery. Poor women do not have the means to consume the body transformation technology

with which they believe they could achieve an idealized body shape. The overwhelming majority remains far from realizing this. To deal with the frustration that inevitably sets in, the pleasure that is overly focused on food in our society may be exaggerated. It is a possibility that women find a way to express their frustration, while at the same time feeling the relief provided by the enjoyment of the immediate pleasure.

From the reflections developed in this study, we postulate that dissatisfaction is consistently produced in order to ensure that women, especially those belonging to low socioeconomic layers of society remain feeling they always fall short of the valued standard of ideal, which perpetuates the dissatisfaction cycle that traps them. With this, women are more subdued and immobilized, because they are fighting an enemy who, after all, is “within” themselves.

There is a minimum standard of satisfaction, and it fulfills a purpose in maintaining the commodification machine. Only an unhappy body can consume endlessly. Therefore, there is no clearly discernible limit to the strategy of maintaining women permanently dissatisfied, demobilized, unsafe and confined in their human drama.

It is important to consider this configuration of factors when considering the milestones of the life cycle of body increase for women. Health professionals need to know how the body change evolves and which socioeconomic variables influence these changes, considering the centrality of the body as the element of reproduction of femininity.<sup>28</sup>

Taking as a reference low-income women, it can be observed, from the results obtained by Liotino-Santos,<sup>10</sup> that there is a calibration of the desired ideal when considering the different stages of life. The idealization of the body pattern remains the same, regardless of age, meaning that the same requirements that are set for a 20-year-old woman stays strong and decisive for the later phases in life. In this social stratum, the woman is often economically dependent on her husband. She wants to be attractive for him and the models that she encounters in the culture in which she lives crystallize desires, in general, for younger women, who are in the prime of their youth and therefore theoretically more able to achieve the valued standard. Therefore, the possibility of finding themselves frustrated is appreciable. As weight gain in women of low socioeconomic status is increasing with the years, the trend of dissatisfaction with the body will also grow.

## Conclusions

The contemporary world is experiencing a nutritional transition process, resulting in a high prevalence of overweight and obesity in the global population.<sup>4</sup> In fact, today we observe the emergence of profound changes in eating habits, with a dramatic impact on health. The so-called

*junk food* culture, the exponential increase in consumption of manufactured goods and the spread of *diet/light* food have brought tremendous changes in the nutritional composition of the family diet.

In this study, we reflect about the question of dissatisfaction from woman of low socioeconomic status with her body, taking it through the prism of currently valued standards. We propose that it is quite instructive to analyze this phenomenon over the decades. We saw that adult women with low incomes do not adjust their ideal body image according to age, meaning that body idealization does not take into account the limits and possibilities consistent with the stage of the life cycle they are in. To fix what they consider to be their ideal body, they are guided more by aspects of the socio-cultural context, like models and standards imposed by the media discourse that gauge the perception of self-image and body image. The critical sense in relation to endlessly worshiped shapely bodies therefore gets lost by the media and indelibly registering to the collective imagination, determining the tyranny of thinness.

As usually happens, appearances are deceptive and manufactured and sported bodies on the covers of magazines sold at newsstands or in television commercials hide their unenforceability. They are completely unrealistic and unattainable, to the extent that they translate the ideal of perfectibility and performance cultivated by the consumer society, and is shifted to the plan of the shape and body weight. Or, in other words, these slender bodies represent a distorted ideal pattern that can only be achieved through compromising physical and mental health.

Following this line, we also identified in this study the establishment of the culturally value standard for the female body over time, which leads us to postulate that the media appeal reflects the commercial interests of health turned into a commodity.

The emotional distress shown by women of low socioeconomic status is considerable. Poor women do not have the means to consume the body transformation technology with which they believe they could achieve an idealized body shape. To deal with the inevitable frustration, sensory pleasure overly focused on food becomes exaggerated.

Society, which currently carves the Apollonian ideal body in gyms and *spas*, condemns those who go astray from good physical shape, stigmatizing these individuals as persons with unruly bodies according to existing body standards. The cultural construction of evil obesity shows that the load to get along socially with excess weight is substantial and can't be ignored, because it can be as or more painful than carrying the heavy body. Understanding its subjective and existential impact is part of the solution.

## Acknowledgements

National Council for Scientific and Technological Development - CNPq, through the Scholarship for Productivity in Research granted to the first author.

## References

1. World Health Organization. Obesity and overweight. Fact sheet n° 311. Genebra: WHO; 2015. Disponível em: <http://www.who.int/mediacentre/factsheets/fs311/en/>
2. Mendonça CP, Anjos LA. Aspectos das práticas alimentares e da atividade física como determinantes do crescimento do sobrepeso/obesidade no Brasil. *Cad. Saúde Pública* 2004; 20(3):698-709.
3. Mattos RS, Luz MT. Sobrevivendo ao estigma da gordura: um estudo socioantropológico sobre obesidade. *Physis* 2009; 19(2):489-507.
4. Neves AS, Mendonça ALO. Alterações na identidade social do obeso: do estigma ao fat pride. *Demetra* 2014; 9(3):619-63.
5. Diez-Garcia RWD. Reflexos da globalização na cultura alimentar: considerações sobre as mudanças na alimentação urbana. *Rev. Nutr.* 2003; 16(4):483-92.
6. Mondini L, Monteiro CA. Mudanças no padrão de alimentação. In Monteiro CA, editor. *Velhos e novos males da saúde do país*. São Paulo: Núcleo de Pesquisas Epidemiológicas em Nutrição e Saúde, Universidade de São Paulo; 2000.
7. Instituto Brasileiro de Geografia e Estatística. Pesquisa de orçamentos familiares 2008-2009: antropometria e estado nutricional de crianças, adolescentes e adultos no Brasil. Rio de Janeiro [Internet]. Rio de Janeiro: IBGE; 2010. [citado 23 mar. 2015]. Disponível em: [http://www.ibge.gov.br/estadosat/temas.php?sigla=rj&tema=pofantropometrica\\_2009](http://www.ibge.gov.br/estadosat/temas.php?sigla=rj&tema=pofantropometrica_2009)
8. Franke D, Wichmann, FMA, Prá, D. Estilo de vida e fatores de risco para o sobrepeso e obesidade em mulheres de baixa renda. *CINERGIS* 2007; 8(1):40-9.
9. Eknoyab G. A history of obesity, or how what was good became ugly and then bad. *Adv. Chronic Kidney Dis.* 2006; 13(4):421-27.
10. Liotino-Santos M. Percepção da obesidade em mulheres obesas e profissionais de saúde [dissertação]. Ribeirão Preto (SP): Faculdade de Medicina de Ribeirão Preto da Universidade de São Paulo; 2012. 111 p.
11. Allport FH. The problem of perception: its place in the methodology of science. In: Allport FH. *Theories of perception and the concept of structure*. New York, 1955. p. 14-57.

12. Lent R. Às portas da percepção: as bases neurais da percepção e da atenção. In: Lent R. Cem bilhões de neurônios: conceitos fundamentais de neurociência. São Paulo: Atheneu, 2001. p. 557-586.
13. Johnson F, Cooke L, Croker H, Wardle J. Changing perceptions of weight in Great Britain: comparison of two population surveys. *BMJ* 2008; 337:270.
14. Almeida GAN, Santos JE, Pasian SR, Loureiro SR. Percepção de tamanho e forma corporal de mulheres: estudo exploratório. *Psicol. Estud.* 2005; 10(1):27-35.
15. Christakis NA, Fowler JH. The spread of obesity in a large social network over 32 years. *New Engl J Med* 2007; 357(4):370-79.
16. Williams L, Germov J, Young A. The effect of social class on mid-age women's weight control practices and weight gain. *Appetite* 2011; 56(3):719-25.
17. Brown WJ, Williams L, Ford JH, Ball K, Dobson AJ. Identifying the energy gap: Magnitude and determinants of 5-year weight gain in midage women. *Obesity Research* 2005; 13(8):1431-41.
18. Purnslo LR, Young EH, Wareham NJ, Forouhi N, Brunner EJ, Luben RN, et al. Socioeconomic position and risk of short-term weight gain: prospective study of 14,619 middle-aged men and women. *BMC Public Health* 2008; 8:112.
19. Fonseca VM, Sichieri R, Veiga GV. Fatores associados à obesidade em adolescentes. *Rev Saúde Pública* 1998; 32(6):541-9.
20. Enes C, Slater B. Obesidade na adolescência e seus principais fatores determinantes. *Rev. Bras. Epidemiol.* 2010; 13(1):163-71.
21. Schvey NA, Puhl RM, Brownell KD. The impact of weight stigma on caloric consumption. *Obesity* 2011; 19(10):1957-62.
22. Post RE, Mainous AG, Gregorie SH, Knoll ME, Diaz VA, Saxena SK. The influence of physician acknowledgment of patients' weight status on patient perceptions of overweight and obesity in the United States. *Adv. Intern. Med.* 2011; 171(4):316-21.
23. Yaemsiri S, Slining MM, Agarwal SK. Perceived weight status, overweight diagnosis, and weight control among US adults: the NHANES 2003-2008 study. *Int. J. Obesity* 2011; 35(8):1063-1070.
24. Silva LAS. O corpo, o comer e a comida: um estudo sobre as práticas corporais e alimentares no mundo contemporâneo. *História: Questões & Debates* 2011; 54:287-290.
25. Maciel E. Identidade cultural e alimentação. In: Canesqui AM, Garcia RWD, organizadores. *Antropologia e nutrição: um diálogo possível*. Rio de Janeiro: Fiocruz; 2005. 49-55.
26. Castro AL. Culto ao corpo e sociedade: mídia, estilos de vida e cultura de consumo. São Paulo: Annablume; Fapesp; 2003.

27. Bourdieu P. La distinción: critérios y bases sociales del gusto. Madrid: Taurus; 1988.
28. Bordo S. O corpo e a reprodução da feminilidade: uma apropriação feminista de Foucault. In: Jaggar A, Bordo SR, organizadores. Gênero, corpo, conhecimento. Rio de Janeiro: Rosa dos Tempos; 1997. p. 19-38.

Received: April 18, 2015

Revised: July 11, 2015

Accepted: October 17, 2015