

Objectified Body Consciousness in a Developing Country: A Comparison of Mothers and Daughters in the US and Nepal

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Abstract Self-objectification (Fredrickson and Roberts 1997) has been related to negative psychological consequences in U.S. women. However, little cross-cultural research has been done. We compared convenience samples of American and Nepali women on two measures of self-objectification. Pairs of Nepali mothers and daughters ($N=23$) and pairs of U.S. mothers and daughters ($N=24$) completed a quantitative and a qualitative measure of self-objectification. Cultural and generational differences were found. Nepali women engaged in less self-surveillance than U.S. women. Older women engaged in less self-surveillance than younger women. Women in both cultures had high beliefs in their ability to control the body. An additional dimension of body consciousness, termed Functionality, was particularly important to younger Nepali women.

Keywords Self-objectification ·
Cross-cultural comparisons · Modernization · Globalization ·
Nepal · Nepalese women · Body image ·
Body consciousness · Mothers and daughters

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Introduction

In Western societies, the female body is often treated as an object for evaluation and consumption. Adolescent girls and adult women routinely encounter sexual objectification in the way they are appraised by others, and they also routinely observe other women being represented and treated as objects. When women are sexually objectified, their value as human beings is equated to their physical and sexual attractiveness. Objectification occurs through widespread cultural representation of women as sexually appraisable body parts and through interpersonal interactions that focus on a woman's body and sexual desirability. However, in the literature, few studies have explored cultural effects on women's objectification (McKinley 1999). As a result, cultural impact on women's objectification has rarely been discussed. In this study, we compared the U.S. with Nepal, a culture relatively secluded from Western influence, in order to examine cultural effects on women's objectification of the body. Moreover, globalization is affecting even relatively isolated cultures such as Nepal (Liechty 2003; McHugh 2004). Thus, we compared two generations of women within each culture. By comparing generations, we assessed individuals' self-objectification in two age cohorts with differential exposure to Western cultural standards of beauty.

The cross-cultural method is important because objectification is so normative in Western societies that it may go largely unnoticed and unremarked. Feminist theorists have proposed that objectification is an important factor affecting girls' and women's psychological well-being in part because cultural objectification can lead to self-objectification (Fredrickson and Roberts 1997; McKinley 1999, 2006). Living in an objectifying culture socializes girls and women to objectify themselves, that is, to internalize the

culture's feminine ideal of thinness, youthfulness, attractiveness, and physical perfection, and to measure one's worth as an individual against this ideal. Thus, women who self-objectify adopt a critical observer's perspective on their own bodies.

The negative consequences have been detailed in Fredrickson and Roberts' (1997) general theoretical account of objectification. *Objectification theory* proposes that self-objectification leads to a cluster of negative psychological consequences including body shame, appearance anxiety, reduced concentration or attentional focus in non-appearance-related tasks, and decreased awareness of internal states such as hunger and sexual arousal. Thus, objectification theory provides a framework for understanding how living in a sociocultural milieu of objectification can shape the affective and cognitive experiences that foster negative outcomes for girls and women. A cultural context of objectification affects individual cognitive and affective variables that in turn predict psychological problems such as depression, eating disorders, and sexual dysfunctions.

The construct of Objectified Body Consciousness (OBC; McKinley and Hyde 1996) has been proposed as an aid to understanding the effects of internalizing cultural ideals and adopting an observer's perspective on the body. OBC is conceptualized in terms of three components, self-surveillance, body shame, and control beliefs. When a woman internalizes a cultural ideal of appearance, she adopts the belief that appearance is an extremely important dimension for judging women's worth, and that the ideal is the only acceptable standard by which to judge her appearance. Therefore, she is likely to engage in frequent or continual self-surveillance: thinking about how she looks to others, comparing her body to the cultural standard, and judging herself in terms of how closely her appearance compares to the ideal. However, because the ideal is virtually unattainable, she usually fails to "measure up," and therefore is likely to experience shame and anxiety about her body. Body vigilance then increases, making the failure to meet the ideal even more salient, and leading to a constant state of self-surveillance in the service of reducing shame and avoiding criticism by others (McKinley and Hyde 1996). In addition, a woman's belief that she can and should maintain control over her body size, shape, and appearance is related to OBC. By believing that control is in their own hands, women accept that both negative and positive judgments of their bodies are warranted. Control beliefs may reduce stress (Taylor 1989) but they also may fuel self-blame for perceived failures of control and lead to excessive exercise or dieting.

Objectification theory and the related construct of OBC have fostered a great deal of research. It has been demonstrated that girls and women self-objectify more than boys and men do (Fredrickson et al. 1998; McKinley 1998;

Tiggemann and Kuring 2004) and that this difference in trait self-objectification emerges between the ages of 11 and 13 (Grabe et al. 2007). To date, several studies have demonstrated direct links between measures of trait self-objectification, self-surveillance, and body shame in samples of U.S. college students (McKinley 1999; McKinley and Hyde 1996; Muehlenkamp et al. 2005; Noll and Fredrickson 1998; Tylka and Hill 2004) and adolescent girls (Grabe et al. 2007; Slater and Tiggemann 2002).

Many of objectification theory's proposed pathways between objectification and psychological consequences have received empirical support. In particular, girls and women have been found to suffer from negative consequences of self-objectification more than their male counterparts. For example, several studies have shown theoretically predicted direct and indirect links between trait self-objectification and disordered eating in female U.S. college students (McKinley 1999; McKinley and Hyde 1996; Morry and Staska 2001; Muehlenkamp and Saris-Baglama 2002; Noll and Fredrickson 1998; Tylka and Hill 2004) and in adolescent girls (Slater and Tiggemann 2002). In some studies, body shame has been shown to mediate the relationship between self-objectification and eating disorders (Greenleaf 2005; Noll and Fredrickson 1998; Tiggemann and Slater 2001). Others have shown that self-surveillance is linked to anxiety and depression in female college students (Miner-Rubino et al. 2002; Muehlenkamp and Saris-Baglama 2002) but not in male college students (Tiggemann and Kuring 2004), and may be mediated by body shame (Muehlenkamp et al. 2005). Thus, research to date suggests that the self-surveillance and body shame aspects of self-objectification contribute directly and indirectly to the large gender differences observed in the U.S. in eating disorders (e.g., 90% of people with anorexia and bulimia are female; Kashubeck-West and Mintz 2001; Striegel-Moore and Caechlin 2001) and depression (a 2:1 female-to-male ratio; Nolen-Hoeksema 1987; Nolen-Hoeksema and Girgus 1994).

Limitations of Research: Lifespan and Cross-Cultural Perspectives

To date, the great majority of objectification studies have focused on U.S. college students, which means that the age range, socioeconomic status, and ethnicity of the participants are quite restricted. Clearly, this population, with its high rate of body dissatisfaction and eating disorders, is relevant for testing predictions based on objectification theory and the OBC construct. However, the consensus among researchers is that U.S. college women are not the only group for whom these concepts are relevant. Indeed, virtually every published study using objectification theory or OBC has acknowledged the over reliance on college

student samples as a serious limitation and called for more diverse samples to be used in future research.

The restricted samples have limited the understanding of cultural and age effects on women's perceptions of their bodies. With respect to cultural effects, living in a global community has many more implications than rapid access to information and services. As Western standards of beauty spread internationally, women in developing countries are under increasing pressure to meet White American beauty standards. Indeed, subjecting a developing country's women to Western standards of beauty may become a nationalistic endeavor signifying modernity and a country's presence on the global stage (Ahmed-Ghosh 2003; Banet-Weiser 1999; Cohen et al. 1996; Oza 2001).

Little is known about levels of self-objectification and body shame among women in developing countries. Scattered studies in developed countries (Great Britain, Australia, New Zealand, Brazil, Israel, Japan, Sweden, Croatia) and less developed ones (China, Fiji, Nigeria, South Africa) suggest that body dissatisfaction is an emerging global phenomenon (Gura 2007; Toriola et al. 1996). In one striking study, within three years after television was introduced into a Fijian village almost a third of the adolescent girls had developed eating disorders. Fiji is transitioning from an agrarian to a Westernized market economy, and the girls, influenced by media images, equated extreme thinness with power and modernity (Becker et al. 2002).

Objectification research using college-student samples also fails to inform how aging affects women's perceptions of their bodies. A handful of studies to date have found mixed results regarding self-objectification comparisons between younger and older women (see Greenleaf 2005; Gura 2007; McKinley 1999). Researchers have speculated about life-task and cohort differences that could affect self-objectification (Fredrickson and Roberts 1997; McKinley 1999). Life-task perspectives suggest that appearance may be particularly important for younger women because many are establishing heterosexual relationships; middle-aged women, in contrast, may be more invested in other life projects (work, parenting, contributing to the community) and therefore may be less likely to focus on their bodies. Cohort-oriented explanations stress that cultural standards for the ideal body, particularly standards of thinness, have become more extreme and more difficult to attain over recent decades, which would suggest that younger U.S. women would be more vulnerable to self-objectification and body dissatisfaction. On the other hand, there is increasing pressure in U.S. society for middle-aged women to strive for a young appearance (Gura 2007). Thus, at least in the U.S., older women may also be facing more extreme and unrealistic appearance standards than in the past. In a longitudinal study of OBC in young and middle-aged U.S.

women, McKinley (2006) found support for both age-related changes and cohort differences.

Nevertheless, the negative consequences of self-objectification may be similar in different age groups. Similar relationships between self-objectification and psychological well-being have been found with both older and younger women. For example, self-surveillance and body shame have been linked to disordered eating in samples of younger (age 18–30) and older (ages 39–64) women, and body shame mediated the relationship between self-objectification and eating disorders in both age groups (Greenleaf 2005).

Based on the two limitations of using U.S. college student samples, we opted to study mothers and their daughters in the U.S. and Nepal. Due to the powerful globalization effect, we have reasons to believe that Nepali women are not exempt from the objectification of women's bodies. The inclusion of two generations in two cultures allowed us to examine how Western standards of beauty and aging may influence individuals' self-perceptions of the body across age cohorts and cultures.

Objectification in a Developing Country: The Current Study

Nepal, a South Asian country transitioning from an agrarian to a consumer society, has received little attention in social science research (Srivastava 2004). By studying older and younger women in Nepal and the U.S., we were able to examine cultural and lifespan similarities and differences in self-objectification. We hoped to offer some understanding of how self-objectification is experienced in a non-Western culture compared to U.S. culture, and some insights into similarities and differences among women in different age groups in the two cultures.

The influence of Western culture in Nepal has been quite limited until recently. Unlike India and many other South Asian countries, Nepal was never colonized. From the mid-18th century to 1951, the ruling family cut off the country from foreign contact, closing the borders and restricting entry. Its citizens have seen the development of roads, air routes, television, video, satellite communication, mass tourism, and imported goods largely in the past 25 years, and their availability is still largely restricted to the Kathmandu valley. Most of Nepal remains rural, inaccessible except on foot, and extremely poor. Meanwhile, newly middle-class, urbanized Nepali people in the Kathmandu valley are currently situated in an uneasy relationship with modernity (Liechty 2003). Educated in English medium schools, they have become avid consumers of Western (and contemporary Indian) movies, fashions, material goods, and lifestyles. Within this group, women in particular face contradictory pressures to uphold traditional religious and

patriarchal values and at the same time to adopt modern Western dress, relationship norms, and values.

We explored self-objectification in Nepali mothers and daughters with comparisons to U.S. mothers and daughters. With mother/daughter pairs, the older and younger cohorts are equated for socioeconomic status, ethnicity (Nepal has some 70 ethnic groups), and caste, a relevant social classification system in Nepal (Bennett 1983; Cameron 1998). To examine cultural and lifespan similarities and differences in self-objectification, we used the OBC construct (McKinley and Hyde 1996) and its accompanying measurement scale (the Objectified Body Consciousness Scale, OBCS), which assesses self-surveillance, body shame, and control beliefs, as discussed earlier. In addition, we used an open-ended response measure to gather data on women's feelings about their bodies as expressed in their own words. The latter measure also allowed us to compare OBCS responses to open-ended responses as one measure of the validity of the OBCS with a Nepali sample.

Predictions

We predicted that there would be differences in self-objectification among the women in our sample as a function of both culture (Nepali and U.S.) and generation (mothers and daughters). We tested the following hypotheses:

1. U.S. women of both generations should score higher on Surveillance than Nepali women, because Nepali women have had less exposure to objectifying representations of women and thus would be less inclined to adopt an observer's perspective on their own bodies.
2. Daughters should have higher Surveillance scores than mothers in both cultures. This generational difference has previously been found in a U.S. sample (McKinley 1999). Our rationale for expecting it in the Nepali sample is that younger Nepali women may be more affected by exposure to objectifying media images than are older women. Television, fashion magazines, and advertising were relatively unavailable for the Nepali mothers in their youth. Moreover, there is minimal cultural pressure for older Nepali women to remain thin and youthful in appearance.
3. Body shame should be higher in the Nepali samples. Anthropological sources suggest that shame about the body is prevalent in Nepali women, and particularly among higher-caste Hindu women, even prior to the introduction of Western influences. In addition to shame produced by objectification processes, body shame may be fostered by religious strictures about the female body as a source of pollution, particularly in connection with childbirth and menstruation (Bennett 1983; Cameron 1998).
4. Hypothesis 4 predicts correlations among OBCS scores between mothers and daughters. Assuming that Western standards of beauty remain stable over different age groups, we hypothesized that U.S. mothers' and daughters' OBCS scores would be positively correlated (Hypothesis 4a). Without dramatic cultural changes (as in Nepal), U.S. children's developing gender schemas generally are related to those of their mothers (Tenenbaum and Leaper 2002). A daughter's experience of her body is likely to be affected by what her mother tells her about her body and also by how the mother feels about her own body. Supporting evidence was found in a significant positive correlation between U.S. mothers and daughters on Surveillance by McKinley (1999). For the Nepali sample, the recent cultural changes would be expected to reduce mother/daughter correlations. However, despite the impact of globalization, Nepali religious traditions remain strong and may affect body shame in both generations. Thus, for the Nepali sample, we predicted that mothers' and daughters' Body Shame scores would be positively correlated (Hypothesis 4b).

We also planned to assess the correlations between body surveillance, body shame, and body control over the four samples, in order to explore the implications of body perceptions. For example, if body surveillance was positively related to control beliefs, it would imply that women who hold stronger beliefs about their own body control may tend to monitor their own body or that women who monitor their body may tend to increase their control beliefs. In this case, monitoring the body may not necessarily result in negative consequences.

We offered no specific predictions about cultural or generational differences in Control Beliefs. Instead, we used the open-ended questions to elicit culturally based feelings about one's body to explore participants' control beliefs.

Method

Participants

Participants were 23 pairs of Nepali mothers and daughters residing in Kathmandu, Nepal, and 24 pairs of American mothers and daughters residing in the northeastern United States, all of whom volunteered to participate.

American and Nepali pairs of mothers and daughters were recruited by American and Nepali research assistants, respectively. Research assistants were 4 advanced students (BA or MA holders in anthropology, sociology, women's studies and medicine, Nepal) and 3 advanced students in

psychology (U.S.). All research assistants were engaged with the first author in ongoing projects, either as paid assistant (1), volunteers (3), or advanced students earning course credit in research (3). With respect to caste, the Nepali research assistants were from three caste/ethnic groups (Bahun/Brahmin, Chhettri, and Gurung). Research assistants were instructed to seek mother/daughter pairs in which both mother and daughter were fluent (Nepal) or native (U.S.) speakers of English and the daughter was at least 18 years old by asking for volunteers from within their own social networks.

Although caste is still a relevant social marker in Nepal, it is to some extent being supplanted by class (Liechty 2003), and for purposes of this study, social class was a more relevant dimension than caste. By recruiting from the social networks of upper-middle-class research assistants in both cultures, and by specifying English fluency in the Nepali samples, we attempted to insure that the samples would be relatively homogeneous within cultures and comparable across cultures.

All participants were over the age of 18 and fluent speakers of English. The Nepali sample was comprised of 9 Brahmin, 5 Chhettri, 3 Newar, and 1 Tamang mother-daughter pairs, along with 1 pair of mixed caste (a Chhettri mother with an adopted Tibetan-heritage daughter). Four pairs did not specify caste. The U.S. sample all identified as White.

The mean age for Nepali ($M=23.78$, $SD=4.34$) and U.S. daughters ($M=26.63$, $SD=6.09$) did not differ, $t(45)=1.83$, n.s. However, The Nepali mothers were younger than the U.S. mothers, Nepali mothers ($M=48.78$, $SD=7.66$) and U.S. mothers ($M=54.75$, $SD=6.88$).

Overall, the marriage rates were similar between the two cultures within the same generation (chi-square tests showed $p=.52$ among mothers and $p=.23$ among the daughters). Among the mothers, 82.6% of the Nepali sample and 87.5% of the U.S. sample were married; among the daughters, 30.4% of the Nepali sample were married and the remaining 69.6% were all single; 16.7% of the U.S. sample were married, 8.3% were divorced, and the remaining 75.0% were single.

Measure

All measures were presented in English to both Nepali and U.S. participants. As noted earlier, middle-class urban Nepali women, who typically are educated in English-medium private schools, often are fluent speakers of English, and English fluency was stipulated in our sampling criteria.

Demographics

Participants indicated their age, marital status (single, married, widow, divorced, other) education (6 categories

ranging from high school through “PhD, MD or other higher degree”), and their occupation.

Objectified Body Consciousness Scale

The objectified body consciousness scale (OBCS; McKinley and Hyde 1996) consists of 24 items, eight items assessing each of three subscales: Body Surveillance (e.g., “I often worry about whether the clothes I am wearing make me look good”), Body Shame (e.g., “I would be ashamed for people to know what I really weigh”), and Control Beliefs (e.g., “When I can’t control my weight, I feel like something must be wrong with me”; see Appendix). The OBCS uses a seven-point scale with 1=strongly disagree to 7=strongly agree. The OBC scales have been demonstrated to be factorially sound, internally consistent for women over a wide age range, and reliable over time (McKinley and Hyde 1996). Two items (13 and 18) were deleted from the OBCS after administration due to low reliability in the Nepali samples. The double negative grammatical form in item 13 may have impeded interpretation by non-native English speakers; item 18 produced a skewed distribution. Reliabilities for the final 22-item scale were adequate in the U.S. (Surveillance, $\alpha=.76$, Body Shame $\alpha=.74$, and Control Beliefs $\alpha=.73$) but relatively low in the Nepali sample (Surveillance, $\alpha=.64$, Body Shame $\alpha=.70$, and Control Beliefs $\alpha=.61$). To avoid unstable findings due to low reliabilities in the Nepali sample, we conducted analyses of repeated measures to examine individual items.

Open-Ended Questions

After completing the OBCS, participants were asked to describe their feelings about their body and the reasons for those feelings in two open-ended questions: “Of the 24 statements on the previous page, which one best expresses your feelings about your body? Why?”, and “Is there anything else you would like to say about how you feel about your body?” These questions were added for two reasons. First, Nepali participants were unlikely to be familiar with Likert-type scales, and the open-ended questions allowed a check for their interpretation of the meaning of scale items. Second, due to the lack of previous cross-cultural research on self-objectification, this study was largely exploratory, and the open-ended questions allowed participants to address feelings about their bodies in their own words.

Three readers examined the responses and identified emergent themes. The five prominent themes that emerged were Surveillance, Body Shame/Dissatisfaction, Control Beliefs, Body Acceptance/Satisfaction, and Functionality. After the themes were identified and operationally defined,

they were presented to coders who had not participated in the original identification of themes. Coders were provided with a detailed description of each theme and then coded the open-ended responses for the presence or absence of each theme. About half the responses were coded by two independent coders whose initial agreement was 83%. Together with the first author, the coders discussed the results, refined the definitions of the themes, and resolved initial disagreements. The remaining responses were then coded by one of the original coders.

Surveillance was coded when a respondent endorsed a high-scoring (non-reversed) item from the Surveillance scale of the OBCS (e.g., “During the day, I think about how I look many times”) and/or described a concern with her appearance or how her body might be judged by observers. Body Shame/Dissatisfaction was coded when the respondent endorsed a non-reversed item from the Shame scale of the OBCS (e.g., “When I’m not the size I think I should be, I feel ashamed”) and/or made negative statements about her body or parts of it, or expressed dissatisfaction with her weight, appearance or physical qualities. Control Beliefs was coded when the respondent endorsed a high-scoring item from the OBCS Control scale (e.g., “I think a person can look how they want to if they’re willing to work at it”) and/or reported striving or feeling that she ought to strive to improve her body shape, weight, or appearance. Body Acceptance was coded when a respondent said that she was satisfied with her weight, appearance, shape or size, or reported liking her body, and/or chose an OBCS item that indicated a lack of concern with meeting external standards (e.g., “I rarely compare how I look with how other people look”). Finally, Functionality was coded when the respondent endorsed an OBCS item that indicated a focus on the body’s capabilities rather than its appearance (e.g., “I am more concerned with what my body can do than how it looks”) and/or when her response referred to the importance of health, well-being, strength, physical functioning, or mind-body balance. A response could be coded into more than one category.

Thirty-six Nepali women (78.3% of the total Nepali sample) and 42 U.S. women (87.5% of the total U.S. sample) responded when asked which OBCS item best expressed their own feelings about their bodies. Responses to the question, “Is there anything else you would like to say about how you feel about your body?” were provided by 27 Nepali respondents (59% of the Nepali sample) and 24 U.S. respondents (50% of the U.S. sample).

Procedures

Participants read an informed consent statement that invited them to participate in the study “so that we can learn more about your experiences of how women feel about their own bodies during a period of changing times and changing customs” and assured them of confidentiality. They next completed demographic measures followed by the OBCS. The open-ended questions were on a separate page following the OBCS items, with space provided for participants’ written responses.

Participation was anonymous. Nepali participants received a small gift of sweets as a token of thanks for their participation; U.S. participants received verbal thanks.

Results

Objectified Body Consciousness

To ascertain the interdependence of mother-daughter pairs, we ran a mixed-effect model to test pair variance on each of the three subscales. The pair variance was negligible ($p > .81$); therefore we report results from conventional ANOVA, MANOVA, and repeated measure analyses.

To examine Hypotheses 1 and 2, a 2 (Culture: Nepal v. U.S.) \times 2 (Generation: mother v. daughter) analysis of variance was conducted on the three subscales of the OBCS. As predicted, there were significant main effects for Culture and for Generation. The Culture \times Generation interaction did not reach significance ($p = .92$). As shown in

Table 1 Self-objectification in U.S. and Nepali mothers and daughters.

Parameter	U.S.		Nepal	
	Mothers	Daughters	Mothers	Daughters
OBC subscales				
Body surveillance ^{ab}	4.14 (.97)	4.72 (.79)	3.27 (1.01)	3.77 (.82)
Body Shame ^a	2.59 (.87)	2.82 (.93)	3.10 (.88)	3.05 (.99)
Control Beliefs	5.00 (.81)	4.98 (.81)	4.90 (.59)	4.89 (.89)
Sample size	24	24	23	23

Items are rated on a scale from (1) *strongly disagree* to (7) *strongly agree*.

Numbers in the parentheses indicate standard deviations.

^a Cultural effect

^b Generation effect

Table 1, Surveillance scores were higher for U.S. women ($M=4.43$, $SD=.92$) than for Nepali women ($M=3.52$, $SD=.94$), $F(1, 90)=23.98$, $p<.0001$. We also found daughters to be higher on Surveillance ($M=4.26$, $SD=.93$) than mothers, ($M=3.71$, $SD=1.07$), $F(1, 90)=8.49$, $p<.005$. Moreover, due to the somewhat low reliabilities for this subscale, we ran a repeated measure analysis with subscale items as repeated measures and culture and generation as between subject variables. The results corresponded with our findings for the subscale as a whole, in that significant cultural and generation main effects appeared. All the items but one showed, significantly or with means in the predicted direction, that U.S. women reported higher surveillance than Nepali women. Similarly, all items, significantly or in the direction of the means, showed that daughters reported higher surveillance than mothers. The only item (item 7) that showed stronger surveillance among Nepali women than U.S. women did not approach significance ($p=.32$). Moreover, because Nepali mothers and U.S. mothers differed on their age, we entered age as a covariate to examine cultural difference among mothers. The cultural main effect remained between the U.S. and Nepali mothers, $F(1, 44)=7.31$, $p=.01$. Thus, Hypotheses 1 and 2 were supported, in that U.S. women endorsed higher levels of self-surveillance than Nepali women and daughters reported more self-surveillance than mothers.

The MANOVA also found some supporting evidence for Hypothesis 3, that Nepali women would report higher body shame than U.S. women. There was a marginal effect of Culture, $F(1, 90)=3.18$, $p=.06$, but there was no effect of Generation, nor was there an interaction between the two. As expected, Nepali women reported higher Body Shame ($M=3.07$, $SD=.93$) than U.S. women ($M=2.71$, $SD=.90$). Due to the low reliability of this subscale, we also ran a repeated measure analysis on individual items to examine the effects of culture and generation. All items but one showed, significantly or with means in the predicted

direction, that Nepali women reported higher body shame than U.S. women. The biggest differences were in items 9, 10, 14, and 15. The only exception to the pattern of higher scores for Nepali women was that the U.S. women tended to report more shame than Nepali women when others know of their weight (item 3; $M=3.37$ and $M=2.15$). Thus, there was limited support for Hypothesis 3.

We also examined cultural and generational effects on the Control Beliefs subscale. However, neither the main effects of culture and generation nor the interaction was significant, on both MANOVA and repeated measure analysis ($ps>.57$). In both cultures, endorsement of Control Beliefs was above the scale midpoint ($M=4.90$ for Nepali women and 4.99 for U.S. women), indicating a relatively high degree of perceived control over one's weight and appearance in both cultural groups and both age cohorts.

Correlations Among OBCS Scores

To examine hypothesis 4a and 4b, to see whether mothers' and daughters' scores on all three OBC subscales would be positively correlated in the U.S. and whether mothers' and daughters' scores on Body Shame would be positively correlated in Nepal, we conducted paired samples correlations on Nepali and U.S. samples, respectively. Body Shame in mothers was related to Body Shame in daughters for the Nepali sample only, $r(23)=.44$, $p=.04$. None of the five other predicted correlations reached significance, thus Hypothesis 4b but not Hypothesis 4a was supported (see Table 2).

We explored correlational relationships among subscales to understand the implications of body perceptions. The only significant correlation we found in Nepali samples was among Nepali daughters; their Surveillance and Control Beliefs were positively correlated, $r(23)=.54$, $p=.008$. We found two significant correlations in U.S. samples, both involving body shame. For U.S. mothers, Surveillance and

Table 2 Correlational matrix on the OBCS: Nepali and U.S. women.

Parameter	Surveillance	Body Shame	Control
Nepal mother–daughter ($k=23$)	.13	.44*	.30
U.S. mother–daughter ($n=24$)	-.16	-.06	-.27
Mothers ^a			
Surveillance	1.00	.23	.24
Body shame	.52**	1.00	.08
Control	-.14	-.02	1.00
Daughters ^a			
Surveillance	1.00	.04	.54**
Body Shame	.09	1.00	.12
Control	.16	-.48*	1.00

* $p<.05$

** $p<.01$.

^a Numbers of the upper diagonal half were for Nepali women ($n=23$); numbers of the lower diagonal half were for U.S. women ($n=24$).

Body Shame were positively related to each other, $r(24) = .47, p = .02$, whereas Body Shame and Control Beliefs were negatively related to each other in the U.S. daughters, $r(24) = -.40, p = .05$.

The correlational results suggested cultural and lifespan differences in sources of Body Shame. Body Shame for U.S. women may derive from their inability to measure up to the ideal body. For older U.S. women, the more they monitor their body, the more they feel ashamed, presumably due to effects of the aging process. For younger U.S. women, the more they feel that they are in control of their body, the less they feel Body Shame. Among Nepali women, Body Shame was not found to correlate significantly with other types of body consciousness, suggesting that it may have different sources.

To explore further the cultural and generational similarities and differences in Nepali and U.S. women, we examined their responses to open-ended questions.

Open-Ended Questions

Chi-square tests on the frequency of responses in coding categories of Surveillance, Body Shame/Dissatisfaction, Control Beliefs, Body Acceptance/Satisfaction, and Functionality showed a significant cultural difference between Nepali mothers and U.S. mothers ($\chi^2_{(4)} = 13.81, p = .006$), as well as between Nepali daughters and U.S. daughters ($\chi^2_{(4)} = 11.09, p = .007$). We also found an overall generational difference between Nepali mothers and daughters ($\chi^2_{(4)} = 9.07, p = .05$). We conducted 2×2 post hoc chi-square tests with an adjusted Type I error at .019. The posttests for cultural differences showed that U.S. mothers reported more Body Shame/Dissatisfaction than their Nepali counterparts ($\chi^2_{(1)} = 19.27, p = .008$), whereas Nepali mothers reported more Body Acceptance/Satisfaction than U.S. mothers ($\chi^2_{(1)} = 12.54, p = .0009$). Among daughters, U.S. daughters were more likely to monitor their body than their Nepali counterparts, Surveillance ($\chi^2_{(1)} = 22.24, p = .004$), while Nepali daughters thought of their body in terms of how it functions rather than how it looks, Functionality ($\chi^2_{(1)} = 22.24, p = .005$). The posttests for generational differences in the Nepali sample showed that Nepali mothers were more likely to be accepting of or satisfied with their body than their daughters were ($\chi^2_{(1)} = 8.73, p = .005$).

Individual Perspectives on the Body

The qualitative results derived from answers to open-ended questions were broadly congruent with the pattern of quantitative results from the OBCS. For example, differences emerged as a function of cohort and culture in both kinds of responses. Moreover, the open-ended responses

provided unique depictions of women's perspectives on their bodies, expanding on the group differences found on the OBCS and the qualitative coding categories. For example, U.S. women reported more concerns over how their appearance was perceived by themselves and by others than did Nepali women, both quantitatively (U.S. women scored higher on OBCS Surveillance) and qualitatively (U.S. mothers reported less body acceptance and greater body dissatisfaction, U.S. daughters reported higher surveillance). In the qualitative responses many U.S. women elaborated on their focus on appearance, both their own and other women's:

If there is a mirror, I will most likely to do a quick glance to be sure that my looks are in order (i.e. hair in place, no lipstick on the teeth or smudged makeup). I worry that if something is out of place, that I might be unintentionally embarrassing myself. I also feel that it boosts my confidence to periodically look at myself and reassure myself that I look good. (U.S. daughter, age 26).

I'm pretty satisfied with how my body looks—as long as it's covered by clothes! I find that I am amazed when people (i.e., young women) wear tight clothes that emphasize a big belly. I wonder if they don't care how they look or if they think they look good. Or maybe they do look good and I'm no judge (U.S. mother, age 55).

I look and compare myself to other women constantly. I feel that I spend too much energy on worrying about what others think about me (appearance) (U.S. daughter, age 24).

I don't care if I get blisters on my feet, can't breath(e) because my pants are too tight. As long as I think it looks good, it's worth it (U.S. daughter, age 22).

In contrast, Nepali women never mentioned viewing their bodies from an outsider's perspective. Instead, they focused on accepting their bodies and stressed health and function.

There were some areas of difference between qualitative and quantitative results. On the OBCS Body Shame scale, Nepali women scored marginally higher than U.S. women, but on the open-ended questions U.S. mothers referred to body shame more frequently than Nepali mothers. U.S. women's body shame was intensely personal:

I find my weight to be an obsession. I think of it at least 20 times per day. This ... makes me think that there is something wrong with me psychologically. I also think there is something wrong with me since people around me are able to lose weight and maintain a healthy body (U.S. mother, age 45).

Aging stinks. I've always tried to take care of myself... but there's a lot about aging that just can't be

controlled (wrinkles, sagging, arthritis, hormones, etc.) (U.S. mother, age 53).

In contrast, Nepali mothers more often wrote about their overall satisfaction or lack of concern with their bodies:

Every individual is endowed with unique features which sets us all apart and makes us special in our own exquisite ways (Nepali mother, age 45).

I rarely worry about how I look to other people because it's me only who has to be comfortable about my weight and my body...I think I know my body better than anyone else (Nepali mother, age 39).

I rarely think about how I look. Because a person does (her) work with his/her brain, it has nothing to do with the features or face (Nepali mother, age 42).

Interestingly, the open-ended responses revealed a dimension not tapped by the OBCS, Functionality. Compared to young women in the U.S., young women in Nepal were much more conscious of the general health and functioning of their bodies. To a striking degree, they seemed oblivious to surveillance concerns. Their responses focused on health, intelligence, mind-body balance, and self-confidence rather than being looked at or evaluated by others:

At this age, i.e., studying age, we should give more priority to our studies rather than our body. (The) shape of our body keeps on changing but knowledge is immortal. (Nepali daughter, age 18).

I'm concerned for the movement of my body and its activeness rather than it(s) looks (Nepali daughter, age 21).

In my opinion, it is more important to be healthier than look beautiful. So, looks come secondly after health (Nepali daughter, age 25).

Moreover, they endorsed OBCS items such as "I think it is more important that my clothes are comfortable than whether they look good on me," and justified this choice by elaborating on the importance of feeling relaxed, poised and able to present oneself well. They also contrasted appearance with function, and stressed that clothes should be suitable for work and a variety of other activities:

As I'm a teenager, what I feel is that you must...first be comfortable (with) what you're wearing. Suppose...a skirt looks pretty on you, but you don't feel comfortable (in) it. Then you shouldn't wear it at all no matter how good it looks on you. Comfortable clothing makes you feel better and (it is) easier to move about. We shouldn't go for those uncomfortable clothes which makes us beautiful from outside, but those clothes which are comfortable and make us look good from both aspects (Nepali daughter, age 17).

If I am comfortable with my clothes then I can act normally but even if I am in my best outfit and not comfortable... then I may be self-conscious about myself and may not be able to carry myself with good spirit (Nepali daughter, age 18).

In summary, quantitative and qualitative results showed a pattern of greater self-objectification among U.S. than Nepali women, and among younger rather than older women. Although they engaged in more self-objectification than their mothers did, young Nepali women still were less likely than their U.S. counterparts to view their bodies from the perspective of external observers. Instead, young Nepali women regarded their bodies in terms of function—health, comfort, physical competence, and well-being—and older Nepali women expressed acceptance of their bodies.

Discussion

In this study, we examined cultural and generational differences in women's body consciousness using a quantitative measure, the OBCS, and a qualitative, open-ended measure. By combining results obtained from the two different methods we explored under-researched aspects of women's self-objectification. By comparing samples from the U.S. and Nepal, we hoped to offer a novel perspective on self-objectification in a rapidly modernizing culture that has seen very little social scientific research on issues of importance to women.

Our research hypotheses about cultural and generational differences received clear support. Hypothesis 1 predicted that U.S. women would score higher on surveillance than Nepali women. The hypothesis about cultural differences was supported, we suggest, because U.S. women have had more exposure to objectifying media depictions of women and thus are more inclined to adopt an observer's perspective on their own bodies. Rather than objectifying their bodies, Nepali women spoke of comfort and practicality as the main dimension for evaluating clothing and appearance. They thought about function—being able to work at a variety of tasks and move about freely—when they thought about what to wear, and they expressed acceptance of their bodies. In contrast, some U.S. women described intense self-scrutiny and self-judgment over appearance.

Hypothesis 2 predicted that daughters should have higher Surveillance scores than mothers in both cultures. The hypothesis about generational differences, supported in both the U.S. and Nepali samples, is consistent with evidence that younger women are more exposed to, and thus more affected by, exposure to objectifying media images than are older women. In the U.S., objectified media images have been aimed more at younger women, although

they are now on the increase for older women as well. For the Nepali sample, the generational difference in objectifying media exposure is large. The Nepali mothers in our sample were exposed to little, if any, television programming, fashion magazines, or advertising in their youth, and were not expected to remain thin and youthful in appearance as they aged. In contrast, their daughters are often consumers of western media, fashion and lifestyles, and increasingly are confronted with a thin and youthful ideal (Liechty 2003).

We also predicted that Nepali women would endorse higher levels of Body Shame on the OBCS (Hypothesis 3). This hypothesis received limited support. Interestingly, results from the quantitative and qualitative measures diverged. On the OBCS Body Shame subscale, the Nepali sample scored marginally higher. However, Nepali women were unlikely to express shame or dissatisfaction with their bodies on the open-ended questions. Moreover, Nepali women's responses on the Body Shame subscale were unrelated to their scores on the other OBCS subscales.

The OBCS may have been an inadequate measure of Body Shame for Nepali women for two reasons. First, items centering on ability to control weight may be less personally relevant to Nepali women. UN data show that, whereas 24% of U.S. women over the age of 15 are overweight, only 1% of Nepali women are (World Health Organization 2006). Therefore, when Nepali women respond to these items, they are more likely than are U.S. women to be imagining a remote possibility than remembering actual attempts to control weight. Second, the OBCS does not tap body shame related to religious beliefs. There is a need for further cross-cultural research on body consciousness and in particular on body shame, which may be influenced not only by objectification but also by culture-specific ideologies about the female body.

Our remaining OBCS prediction, that the scores of U.S. mothers and daughters on each of the OBCS subscales would be correlated, was not supported. Contrary to our expectations, the OBCS scores of mothers and daughters were unrelated to each other in the U.S. Earlier research, too, has found fewer relationships than expected among mothers' and daughters' self-objectification and other appearance- and weight-related variables (McKinley 1999). It appears that American culture is still changing with regards to beauty standards and that different age cohorts are experiencing different pressures that affect their degree of surveillance, shame, and perceived control.

It is interesting that perceived control over the body was an important dimension in both cultures and both age groups, as indicated by OBCS scores and open-ended responses. It appears that women in both cultures have strong beliefs in their ability to control their health, weight, and appearance. Although Nepali culture is often seen as

fatalistic (Bennett 1983), cultural fatalism clearly does not preclude strong personal control beliefs, at least in our sample of women.

Limitations, Implications and Future Directions

The most obvious limitation of this exploratory study is its use of small convenience samples. The sample size was mandated by the difficulty of doing research in Nepal during the study period, when civil strife was endemic. Convenience samples were used because there was no institutional structure for obtaining research participants in Nepal or older women participants in the U.S. Another serious limitation was that reliabilities for the OBCS scales were relatively low, particularly for the Nepali samples. On the other hand, participants' scores were reasonably consistent with their open-ended responses. However, Body Shame scores should be interpreted cautiously; inconsistent results suggest possible cultural differences in sources of shame. Future research could compare the results of scales presented in English with scales translated to Nepali, and add other measures of body shame. Nevertheless, the study is one step in expanding research on self-objectification beyond samples of U.S. college students.

Another limitation was the lack of direct measures of media exposure and religious beliefs. Thus, our reasoning about the causes of the cultural and cohort differences in self-objectification we found remains speculative. The Nepali women in this study had no experience of participating in surveys or any other kind of social science research, and we chose to limit the research questions to simplify the participants' task. Adding measures of media exposure is a feasible next step.

Future research also could include monitoring self-surveillance in women in the Nepali population over time. The influence of commercialized beauty ideals appears to be strong in other South Asian countries, where a "global femininity" based on a Western model is being adopted (Cohen et al. 1996; Oza 2001), and these new norms are spreading via India and Thailand to Nepal. It is also important to test causal and mediational models as has been done with studies in the U.S. In particular, because self-surveillance has been linked with body shame and disordered eating in many U.S. studies, it would be useful to investigate this link in Nepali women. However, to date little is known about the forms disordered eating might take in a country where food is scarce, the typical diet is simple and unvarying, and unhealthy (overly processed, nutrient-poor) food is not readily available.

In our future research, we plan to further explore the meaning and sources of body shame for Nepali women. In Nepal, menstrual pollution beliefs are prevalent, particularly in the Hindu community (Bennett 1983; Cameron 1998),

and may affect women's generalized body shame. Recent research in the U.S. has shown a relationship between OBCS scores and beliefs about menstruation (Roberts 2004); the more a woman objectifies her body, the more likely she is to hold the attitude that menstruation is bothersome and shameful, and to feel negative emotions such as loathing and self-consciousness about it. Roberts (2004) noted that this research is correlational, and the direction of the effects has not yet been determined. Self-objectification may distance women from their physical functioning and lead them to be ashamed of menstruation or, alternatively, menstrual practices and customs could lead to increased self-objectification such as self-surveillance and body shame. In the U.S., these customs consist of "feminine hygiene" rituals designed to sanitize and conceal the fact of menstruation. In Nepal, added to these are religious strictures that forbid the menstruating Hindu woman to enter a temple, share a bed with her husband, prepare food, or touch a male relative. As Roberts (2004) noted, "the cultural construction of menstruation as disgusting, shameful and polluting cannot be contributing to good feelings in girls and women about their physical bodies" (p. 25).

Research on self-objectification suggests that the more women do it, the more cognitive and affective problems can result. Self-objectification turns women inward to self-surveillance, self-blame, and strenuous efforts to discipline their bodies rather than outward to making full intellectual and social contributions to their communities. Thus, research on the incidence and prevalence of self-objectification in developing countries is timely and important.

Appendix

Body Consciousness Scale

Adapted from Objectified Body Consciousness Scale (McKinley and Hyde 1996)

Please rate the following statements on a scale from 1 (strongly disagree) to 7 (strongly agree), by *writing the number* next to the statement.

1	2	3	4	5	6	7
Strongly disagree	Disagree	Disagree somewhat	Neutral	Agree somewhat	Agree	Strongly agree

- ___ 1. I rarely think about how I look.
 ___ 2. I think it is more important that my clothes are comfortable than whether they look good on me.
 ___ 3. I think more about how my body feels than how my body looks.

- ___ 4. I rarely compare how I look with how other people look.
 ___ 5. During the day, I think about how I look many times.
 ___ 6. I often worry about whether the clothes I am wearing make me look good.
 ___ 7. I rarely worry about how I look to other people.
 ___ 8. I am more concerned with what my body can do than how it looks.
 ___ 9. When I can't control my weight, I feel like something must be wrong with me.
 ___ 10. I feel ashamed of myself when I haven't made the effort to look my best.
 ___ 11. I feel like I must be a bad person when I don't look as good as I could.
 ___ 12. I would be ashamed for people to know what I really weigh.
 ___ 13. I never worry that something is wrong with me when I am not exercising as much as I should.
 ___ 14. When I'm not exercising enough, I question whether I am a good enough person.
 ___ 15. Even when I can't control my weight, I think I'm an okay person.
 ___ 16. When I'm not the size I think I should be, I feel ashamed.
 ___ 17. I think a person is mostly stuck with the looks they are born with.
 ___ 18. A large part of being in shape is having that kind of body in the first place.
 ___ 19. I think a person can look how they want to if they are willing to work at it.
 ___ 20. I really don't think I have much control over how my body looks.
 ___ 21. I think a person's weight is mostly determined by the genes they are born with.
 ___ 22. It doesn't matter how hard I try to change my weight, it's probably always going to be about the same.
 ___ 23. I can weigh what I'm supposed to when I try hard enough.
 ___ 24. The shape you are in depends mostly on your genes.

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