PERCEPÇÃO DA IMAGEM CORPORAL DE PESSOAS COM BAIXO PESO E FATORES ASSOCIADOS

RESUMO
A busca pelo corpo socialmente visto como ideal têm sido uma preocupação, principalmente das mulheres, no decorrer do tempo, interferindo diretamente no estado nutricional e nas relações interpessoais. Nesse sentido, objetivou-se analisar a percepção da imagem corporal de pessoas com baixo peso e fatores associados. Trata-se de um estudo transversal, qualitativo, realizado com 7 universitários de uma instituição de ensino superior privada, localizada em Juazeiro do Norte, Ceará, entre março e abril de 2018. Os dados foram coletados através de entrevista semi-estruturada e utilizou-se a análise temática de Minayo. Os critérios de inclusão foram: universitários dos cursos da área da saúde, maiores de 18 anos de idade, em estado nutricional de magreza pelo IMC, e exclusão, gestantes e portadores de alguma patologia com utilização de algum medicamento que pode levar à condição de magreza. Percebeu-se então, que há insatisfação e que a autoestima é influenciada pela própria imagem corporal; os mesmos se sentem afetados e influenciados pelo que veem e ouvem com relação à corpos; genética e alimentação emergiram como causas do baixo peso; não se abalar psicologicamente foi o principal desafio enfrentado; e, como métodos utilizados para promover o ganho de peso, estão a academia e estimulantes de apetite. Portanto, a percepção da imagem corporal de pessoas com baixo peso, em suma, não é satisfatória, ficando susceptíveis à influências do meio em que vivem, e gerando, assim, consequências que interferem na autoestima, no convívio social e na saúde.


ABSTRACT
The search for the body socially seen as ideal has been a concern, especially for women, over time, directly interfering with nutritional status and interpersonal relationships. In this sense, the objective was to analyze the perception of body image of people with low weight and associated factors. This is a cross-sectional, qualitative study, carried out with seven university students from a private higher education institution, located in Juazeiro do Norte, Ceará, between March and April 2018. Data were collected through semi-structured interviews, using Minayo's thematic analysis. Inclusion criteria were: university students from health courses, aged over 18 years, in nutritional status of thinness by the BMI, and exclusion, pregnant women and people with some pathology using some medication that can lead to thinness. There is dissatisfaction and self-esteem is influenced by the body image itself; they feel affected and influenced by what they see and hear in relation to bodies; genetics and food have emerged as causes of underweight; not being psychologically shaken was the main challenge faced; and, the methods used to promote weight gain include the gym and appetite stimulants. Therefore, the perception of body image of people with low weight, in short, is not satisfactory, being susceptible to the influences of the environment in which they live, thus generating consequences that interfere with self-esteem, social life and health.

Keywords: Thinness. Beauty. Self-Concept.
INTRODUCTION

The search for the body socially seen as ideal have been a concern, especially for women, over time. Various beauty body patterns have already been imposed, being individuals impelled to try to reach them, at all costs. This dissatisfaction with one’s own body image is influenced by several factors, including low self-esteem, and is often found in the population, regardless of their nutritional status.1,2

The fitness culture that has dominated lately emphasizes a type of so-called beautiful and healthy body, with determined shapes and sizes, young, inducing the feeling of inferiority to those without those characteristics, which may generate disorders. Students from courses in the health area, especially Nutrition and Physical Education seem to be more prone to suffer from pressures from society and the media in general in order to fit the established standards of beauty.3,4

In this sense, one questions about the perception that people below the weight have in relation to the pressure of having an ideal body. Therefore, individuals in a state of thinness are supposed to suffer from external pressures, such as the media and society in general, which hinder the acceptance of body image, and can lead to psychological and food disorders, resulting in the search for alternatives, without the prescription of a qualified professional to reverse the situation, which can generate undesirable consequences for health.

The construction of body image is directly linked to the relations established by the subjects with family members, acquaintances, in addition to suffering from external influences, among others. The thin, athletic body, i.e., perfect from a social point of view, is not limited to healthy aspects nor to different existing physical structures. In this context are also those who want to gain weight, however, commonly without using appropriate methods.5

In the face of the intense pressure that society exerts on the body image, which imposes a so-called perfect body for everyone, many individuals enter into a deep search to fit this beauty standard. Nevertheless, the methods are not always the best and the most healthy, which can bring risks to the individual as a whole.6

The reality between what the media presents and what actually happens is often very distant. Therefore, a health condition is always a factor that should be sought, thus, when it comes to thinness, it is important to be aware to recover the nutritional status early, to avoid damage to health, decrease some disorders in adulthood and prevent bone loss.7

In this way, from the moment a perception often hidden is evidenced, an unnoticeable reality only judged, one corroborates a new look on the theme, a new way of dealing with the situation and thus, new possibilities of change to resolve the case.

In this perspective, the present study aims to analyze the perception of body image of people with low weight and associated factors.

METHOD

The research in question is of a qualitative nature and is classified as a descriptive cross-sectional study.

Data collection took place in a private higher education institution, located in the city of Juazeiro do Norte, metropolitan region of Cariri, belonging to the state of Ceará, between March and April 2018.

The same was directed to individuals in the nutritional condition of underweight according to the BMI, university students from courses in the health area and aged over 18 years. The exclusion criteria were: pregnant women and patients with some pathology using medication that may lead to the condition of thinness.

After approval by the Research Ethics Committee of the institution itself, under opinion number 2.657.984, the project was presented to the pedagogical coordination of the institution by means of a letter.

The search for individuals who met the inclusion criteria was divided by courses A, B and C and terms from 1 to 10. When approaching an individual, his/her BMI was calculated through the self-reported weight and height. Being within the range of thinness (<18.5 kg/m²),8 and within the inclusion criteria, the invitation to participate in the research was done, explaining the method that would be used and about the study.

The individuals willing to participate were approached for the interview (scheduled on day and time according to the availability of the participant and the researcher), based on a questionnaire previously prepared with 7 questions on subjective perception of body image, self-esteem, methods for weight gain and influences resulting from others, which occurred in an isolated room in the institution itself and was audio-recorded. The Informed Consent Form (ICF) was delivered for the protection and security of the interviewee.

The statements were fully transcribed for the computer and stored in a file from Microsoft® Office Word®. Their grouping and categorization was performed according to the Thematic Content Analysis described by Minayo,9 which is a procedure based on the opinions and response with similar and/or equal content. The analysis of the interviews originated the themes: Body satisfaction, self-esteem and physical self-concept; Influence of the media, friends and family for the individual’s body acceptance; and, Possible causes of low weight, challenges faced and the methods used for weight gain.

RESULTS AND DISCUSSION

Seven semi-structured interviews were performed, lasting up to nine minutes, and the participants were students from the Nursing, Pharmacy and Nutrition courses from distinct terms, six females and one male, aged between 18 and 25 years and BMI ranging from 14.7 to 17.7 kg/m².

The data obtained were separated by categories according Minayo10 and complemented with the literature presenting themes and objectives similar to this study. Aiming to ensure the participants’ anonymity, their names were replaced by the word interviewee, followed by the number of order of the interview.

Theme 01: Body satisfaction, self-esteem and physical self-concept

The theme aimed to verify the satisfaction with the current body, if the self-esteem is influenced by the appearance and the interviewees’ physical self-concept. In terms of appearance and relationship with the self-esteem, the following categories emerged from the discourses of the interviewees: interference in self-esteem; no interference; and a bit of
interference; where most of them reported no interference between both. The statements below represent how the interviewees perceive this issue.

“It interferes. Because I [...] I hate to be thin (laughs). Being high is not a problem, but I do not like to be too thin.” (INT.7)

“It interferes. [...] my self-esteem used to be lower because of my thinness but then I realized that it was really part of my genetics [...]. But sometimes it makes me angry, because sometimes I wanted to have [...] more muscle mass, gain some weight [...]” (INT.6)

Regarding the body satisfaction issue, the emerging categories from the participants’ discourse were: satisfied with the body, little satisfied and dissatisfied, in which the majority reported being little satisfied and dissatisfied with their body image. The statements below reveal this perception:

“I would say not always, but at some points, especially in collective environments, etc. The simplest example I would have to go to a bathroom [...] I sometimes don’t feel very comfortable, depending on the situation and... and also in relation [...] to some clothes... it’s harder to find! [...]” (INT.2)

“Dissatisfied.” (INT.6)

Similar results of dissatisfaction can also be seen with people in nutritional status of obesity, according to the study by Macedo et al., who they felt frustrated and not socially accepted by the fact of being different from the standard of thinness, on the other hand, there were some that, despite the weight, were well themselves.

The culture that thinness is an essential factor for the individual’s acceptance goes against the present study, because, although participants were in a state of thinness according to the BMI, they often feel dissatisfied with their own body and not accepted socially, perhaps because the concept of thinness as “beautiful” is not always appreciated. Or because thinness as synonym with the ideal body is related to the numbers found by Damasceno et al.: for women and men, is around 20.5% and 9.8% of fat, 20kg/m² and 23.1Kg/m² of BMI, respectively. With less volume for women and more volume for men.

The exacerbated appreciation of the standard of beauty seen as socially ideal causes more cases of anorexia and bulimia, increased number of people who practice bodybuilding and the growing trend of plastic surgery to modify unaccepted body parts, which cause dissatisfaction. Equally, the consumption of products to lose weight and increase muscle mass has also increased.

Nonetheless, the willpower, persistence and the monitoring of qualified professionals are essential to achieve what one wants, regardless of the nutritional status. As evidenced by Viana et al. in their study with an obese population, in which the majority managed to lose weight, some even more than 10% of their initial weight, with the therapy prescribed by professionals and their regular monitoring, however, it is important to stress that there were also those who failed to achieve such results, probably because of the larger interval between appointments and the lower multidisciplinary follow-up.

**Theme 02: Influence of the media, friends and family for the individual’s body acceptance**

This theme aimed to ascertain whether respondents feel affected by body images that are daily published, both by the media as within the family environment and acquaintances, and if they suffer from external influences for making decisions, routine behaviors and for their own acceptance.

When the participants of this study were asked about whether they feel affected by what they see and hear in relation to the bodies, the following categories were obtained: does not affect me; and affects me; according to the interviewees’ reports, in which ‘affects me’ was the most frequently reported. The statements below show this perspective:

“So, I see that there is, indeed, there is a beauty or physical stereotype, right?! thrown at us. The media it doesn’t...I don’t care much [...] in relation to the media, but more the family environment, I see that... that they are always concerned [...] Ah! *** you’re so skinny! Ah! *** you have to do something to get better. You know?! Then, in the media, I feel there is that [...] standardization, but... well... my family manages to bother me more.” (INT. 2)

“It affects. Especially the media, but not within the family, because family has... has that thing of seeing the person as her best [...] in relation to the media, I think that it is almost inevitable to see a beautiful body and not desire that body, realizing you’re outside the pattern, so to speak.” (INT. 4)

When asked about being influenced by something or someone and how, the categories that emerged from the participants’ reports were: not at all; and I feel influenced. Among them, the latter prevailed, as illustrated by the statements below:

“Ah! I am influenced by my... my course, by [...] the profession (laughs) I’ve chosen, especially for this. But, not by people [...] but by the career I’ve chosen. Because when I... when I first had contact with nutrition I realized the damage this weight could bring me [...]” (INT. 4)

“[...] sometimes, I have good influence, for example: when my boyfriend cooks for me, I eat better, his meals are better... with more spices, with more... things like that. Sometimes I also have negative influence of eating junky food, such as pasta, soft drinks, that sort of thing. And... yeah, I think that influences me [...] my

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food and some other people try to influence me, as my friends, who ask me to go to the gym, but I don’t feel like going to the gym... I’m... I’m kind of lazy, it’s not lack of will... sometimes I feel a bit ashamed to wear my own clothes, because I’m too thin, [...] I feel like I’m thinner when I wear those tight clothes. So I end up not being influenced on this issue, but in relation to food, I am open to [...] discovering new things [...]” (INT. 6)

Alves et al.25 point out that the culture has always been fundamental in the sense of determining the human behavior, and the degree of satisfaction with the body image results from the attributes defined culturally, mostly deriving from the media, which reinforces a pattern ideal for all, encouraging the constant search for this pattern to feel accepted and accomplished.

According to Oliveira and Paul16, an aspect inherent to the self-esteem is the media. This, in turn, induces the standardization of concepts, tastes, styles, desires, which provide low body self-esteem in people, leading to dissatisfaction, because they do not fit those requirements seen as “ideal”.

Lopes and Mendonça27, in their study with young people aged between 18 and 29 years, who attend a high mid-class gym situated in a city in the countryside of the Brazilian Northeast, also noted, in the participants’ speeches, that the family, society in general, the perception about other people’s body that culminates in comparisons and media standards are strong influencers of concepts and behaviors, which, depending on the individual’s view, can negatively or positively affect, in this case, generating incentives.

In relation to the chosen profession, similar results were found in the study of Araújo, Pena and Freitas18, however, with obese female nutritionists, in which one of the interviewees affirms also feeling influenced, because society cannot accept the existence of an obese nutritionist who is also a human being.

In this sense, the sociocultural environment is strongly linked to the emergence and evolution of disorders related to body image, since the environment in which one lives and the acquaintances are intrinsically related to the desired body shape and the reasons or primordial comparisons for this yearning.19,20

**Theme 03: Possible causes of low weight, challenges faced and the methods used for weight gain**

The theme aimed to verify the possible causes of low weight, the challenges that people with this nutritional status face regarding the society and which methods, such as medicines, physical activity, and others, have been or are being used to promote body weight gain.

When study participants were asked about the reason for the nutritional status of thinness, from the speeches, the following categories emerged: I do not know; genetic issue; anxiety; metabolism; and food. Among them, genetics and food predominated. The statements below represent how the interviewed subjects perceive this issue.

“Genetics. I mean, I used to follow a diet to gain weight, but I couldn’t gains... I eat well, I think my food is good.” (INT. 3)

“Imbalanced nutrition, because I live alone [...] is pure laziness sometimes to cook (laughs), so I don’t eat. And living in other countries too, because they not always offer everything for us to do it.” (INT. 7)

When questioned about the challenges faced by the nutritional status and the pressure that the media and society in general impose, the following categories emerged from the statements: finding clothes with a size suitable for the body; not being psychologically shaken; family demand to fatten; bullying; and cooking. Among them, not being psychologically shaken represented the majority. Regarding the methods used to promote weight gain, the following categories emerged: appetite stimulant; gym; food supplement; and Pilates; of which, gym and appetite stimulant were the most cited. The following statements represent those findings:

“I think the biggest challenge of who is [...] skinny, in a certain way, as well as the obese, is to have a reason, a balanced mind, because the media says that a beautiful person has breasts, legs and everything else. And who is thin, like me... I am 20 years old, but I don’t seem to be 20 years, often because my weight does not correspond with my age, the physical size does not match, then, the greater difficulty is to know how to deal [...] with everything [...] not minding with what people say [...]” (INT. 5)

“Everything. Everything you can imagine, supplement, gym, I’ve already tried. [...] I remember I’ve taken Cobavital, Apevitin, I’ve already taken... what else? Oh, I can’t remember, I know I’ve taken many, many, many. And, physical activity, I’ve only gone to the gym so far.” (INT. 1)

According to Shils et al.21 the genetic factors are essential to determine the weight of an individual, since most of them have the weight adjusted within an established range. The acceptance and the feeling of belonging in social and family contexts are placed in association with the physical form and beauty, so that, in a dysfunctional context, it is preferable to follow the current standards of beauty, than risking reframing such concepts and not being socially valued. Therefore, one of the biggest challenges was having a good mental health.22

In this sense, the consumption of products to lose weight and to increase muscle mass has also increased, because, at the same time many want to lose weight to suit the physical standard of thinness, others want to leave this pattern, because they consider themselves too thin, as is the case of adolescents, especially males, who reported using medications or supplements to increase body weight.13,23 And Kubota24

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observed that the use of drugs to gain or lose weight were higher for adolescents too thin and too fat.

Liz and Andrade found in their study that one of the main reasons for the practice of bodybuilding in gyms Florianópolis (SC) is the body aesthetics, as well as the well-being and health improvement. With this, it is possible to perceive how the concern with the physical appearance is also linked to the gym, and how this information is disseminated to the population of this study, considering that many reported joining or having already attended it, aiming to promote weight gain and consequently alter the body aesthetics.

However, the search for a body within the standard considered “beautiful” may be the result of competitiveness, comparison and not motivated by issues of health and well-being. Therefore, it is important to be careful and attentive when addressing those questions.

CONCLUSION

The study allowed verifying that the body satisfaction, self-esteem and physical self-concept of most people with low weight are bad, that there is the influence of the media, friends and family for the individual body acceptance, who feel uncomfortable with comments, situations and with what is socially exposed, and regarding the causes, challenges and methods used to promote weight gain, there are several.

Therefore, the perception of body image of people with low weight, in short, is not satisfactory, becoming susceptible to influences from the environment in which they live, and thus generating consequences that interfere in the self-esteem, in social coexistence and health, through psychological pressures to have the so-called ideal body, and the use of appetite stimulants and food supplements without professional guidance.

As limitations of this study, there are: a small sample and the refusal of some to participate, perhaps because of embarrassment. In this context, further studies should include bigger samples, with a wider age range and in other places, in order to observe the prevalence of those results in other areas.

REFERENCES


