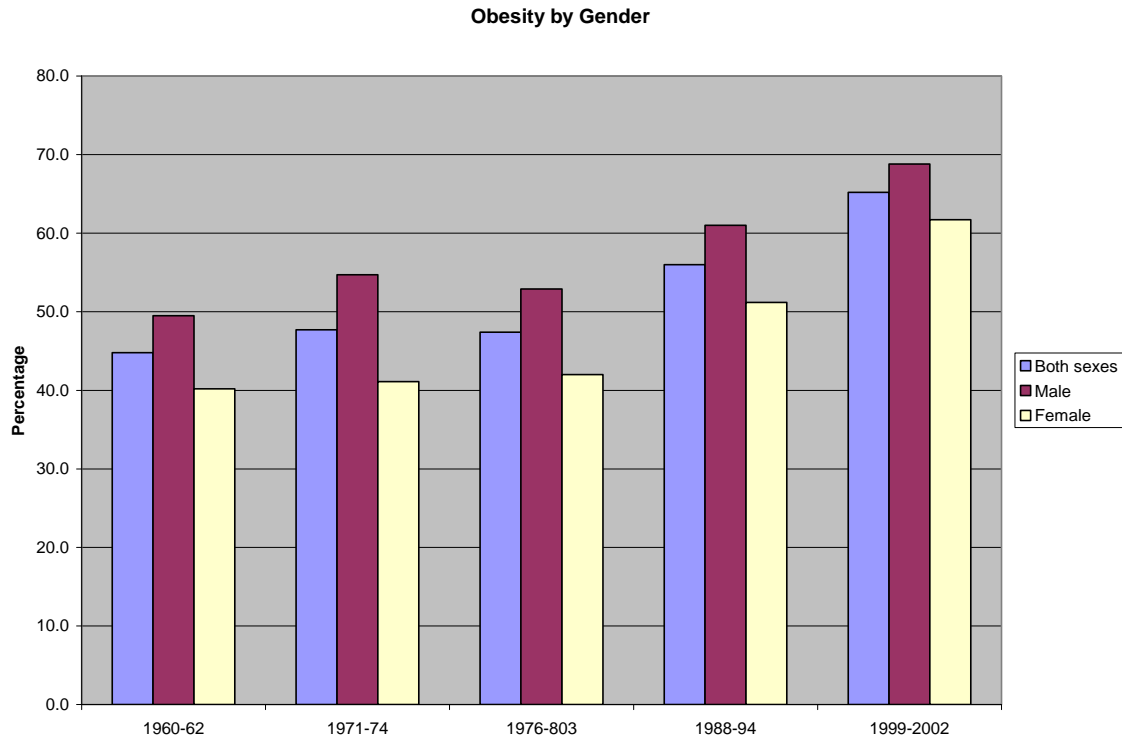


## Fast Facts: Obesity and Gender

Obesity is associated with significantly increased risk of more than 20 chronic diseases and health conditions that cause devastating consequences and increased mortality. Beyond the significant personal toll, obesity and related health complications are driving up health care costs and threatening employers' bottom lines. This fact sheet is one in a series of 'Fast Facts' that provides information to help shed light on this complex health issue.

- Since 1971, average body mass index (BMI) has increased more rapidly in women than in men.<sup>i</sup>
- In 1971, men tended to have higher BMIs than women, but have been overtaken by increasing BMIs in women. Since the late 1990s, women tend to have higher BMIs than



men.<sup>ii</sup>

Source: NHANES data. <http://www.cdc.gov/nchs/data/hus/hus04trend.pdf#069>

- In 2007-2008, the prevalence of obesity was 32.2 percent among adult men and 35.5 percent among adult women. The increases in the prevalence of obesity previously observed do not appear to be continuing at the same rate over the past 10 years, particularly for women and possibly for men.<sup>iii</sup>
- Regardless of race, women have a higher risk of obesity and overweight than men.<sup>iv</sup>
  - The relationship between obesity and income is different in men and women.<sup>v</sup>
  - Among men, income makes little difference in the risk of being overweight or obese. Among women, those with higher incomes (over \$75,000 a year) are less likely to be overweight or obese than women in lower income brackets.
- Many studies have shown that men and women experience living with and being treated for obesity very differently.
- Women tend to report worsening quality of life as obesity increases, with Caucasian women reporting the largest effects.<sup>vi</sup>
  - Women report significantly higher impairment of self-esteem with obesity, even when compared within racial groups.
  - Men were most likely to report the most impairment in physical function.
- Physicians tend to treat overweight and obesity differently in men and women.<sup>vii</sup>
  - Physicians are more likely to recommend weight loss to women in the overweight category (BMI 25 - 30) than to men of equal height and weight.
  - Physicians are less likely to recommend weight loss to women in the obese category (BMI >30) than to men of equal height and weight.
- In a study of stigma, women were less likely to have a negative response to obese peers than men. Of the groups studied, African American women were the least likely to have a negative response to obese peers.<sup>viii</sup>
- In a study by the Alliance on attitudes toward obesity and health, women were more likely than men to:<sup>ix</sup>
  - Believe weight loss programs such as Weight Watchers helped seriously overweight people lose weight or maintain weight loss.
  - Believe subsidizing healthy foods in employer cafeterias helped people lose or maintain a healthy weight.
- In the same study, women were less likely than men to:<sup>x</sup>
  - Believe seriously overweight people are less productive in the workplace than their normal-weight counterparts.
  - Report excellent health.

## About the STOP Obesity Alliance

The Strategies to Overcome and Prevent (STOP) Obesity Alliance is a collaboration of consumer, provider, government, labor, business, health insurers and quality-of-care organizations united to drive innovative and practical strategies that combat obesity. The STOP Obesity Alliance is directed by Research Professor Christine C. Ferguson, J.D., of The George Washington University's Department of Health Policy and former Health Commissioner for the State of Massachusetts. Richard H. Carmona, M.D., M.P.H., FACS, 17th U.S. Surgeon General (2002-2006) and President of the non-profit Canyon Ranch Institute, serves as Health and Wellness Chairperson of the Alliance. The Alliance Steering Committee is comprised of the following public and private sector organizations: American Diabetes Association, American Heart Association, America's Health Insurance Plans, American Medical Group Association, Canyon Ranch Institute, the Center for Disease Control and Prevention's Division of Nutrition, Physical Activity and Obesity (DNPAO), DMAA: The Care Continuum Alliance, National Business Group on Health, National Quality Forum, Partnership for Prevention, Reality Coalition, Service Employees International Union, The Obesity Society and Trust for America's Health. The Strategies to Overcome and Prevent (STOP) Obesity Alliance receives funding from founding sponsor, sanofi-aventis U.S. LLC, and supporting sponsors, Allergan, Inc. and Amylin Pharmaceuticals, Inc. For more information, visit [www.stopobesityalliance.org](http://www.stopobesityalliance.org).

---

<sup>i</sup> Wang, Y. & M. A. Beydoun. (2007) The Obesity Epidemic in the United States—Gender, Age, Socioeconomic, Racial/Ethnic, and Geographic Characteristics: A Systematic Review and Meta-Regression Analysis. *Epidemiologic Reviews*. 1: 6-28.

<sup>ii</sup> Wang, Y. & M. A. Beydoun. (2007) The Obesity Epidemic in the United States—Gender, Age, Socioeconomic, Racial/Ethnic, and Geographic Characteristics: A Systematic Review and Meta-Regression Analysis. *Epidemiologic Reviews*. 1: 6-28.

<sup>iii</sup> Flegal K.M., Carroll M.D., Ogden C.L. et al. (January 13, 2010). Prevalence and trends in obesity among US adults, 1999-2008. *JAMA*. 303(3):235-241. Available at: <http://jama.ama-assn.org/cgi/content/full/303/3/235?ikey=jkHq6YbJn3Oo&keytype=ref&siteid=amajnl>

<sup>iv</sup> Borders, T. F., et al. (2006) Gender-Specific Disparities in Obesity. *Journal of Community Health*. 31: 57-68.

<sup>v</sup> *ibid*

<sup>vi</sup> White, M.A., et al. (2004) Gender, Race, and Obesity-Related Quality of Life at Extreme Levels of Obesity. *Obesity*. 12: 949-955.

<sup>vii</sup> Anderson, C., et al. (April 2001) Weight Loss and Gender: An Examination of Physician Attitudes. *Obesity*. 9: 257-263.

<sup>viii</sup> Jain, A., et al. (November 2, 2007) Re-Visioning Success: How Stigma, Perceptions of Treatment, and Definitions of Success Impact Obesity and Weight Management in America. *Strategies to Overcome and Prevent (STOP) Obesity Alliance*. Available at: [http://www.stopobesityalliance.org/wp-content/assets/2009/06/report\\_re-visioning\\_success.pdf](http://www.stopobesityalliance.org/wp-content/assets/2009/06/report_re-visioning_success.pdf)

<sup>ix</sup> Jain, A., et al. (November 2, 2007) Re-Visioning Success: How Stigma, Perceptions of Treatment, and Definitions of Success Impact Obesity and Weight Management in America. *Strategies to Overcome and Prevent (STOP) Obesity Alliance*. Available at: [http://www.stopobesityalliance.org/wp-content/assets/2009/06/report\\_re-visioning\\_success.pdf](http://www.stopobesityalliance.org/wp-content/assets/2009/06/report_re-visioning_success.pdf)

<sup>x</sup> Jain, A., et al. (November 2, 2007) Re-Visioning Success: How Stigma, Perceptions of Treatment, and Definitions of Success Impact Obesity and Weight Management in America. *Strategies to Overcome and Prevent (STOP) Obesity Alliance*. Available at: [http://www.stopobesityalliance.org/wp-content/assets/2009/06/report\\_re-visioning\\_success.pdf](http://www.stopobesityalliance.org/wp-content/assets/2009/06/report_re-visioning_success.pdf)