PERCEPTIONS ABOUT BODY IMAGE AND SIZES AMONG BLACK AFRICAN GIRLS LIVING IN CAPE TOWN

Objective: To assess beliefs about body size (fatness and thinness) and body image in Black girls aged 10–18 years living in Cape Town.

Design: Exploratory using qualitative methods.

Setting: Cape Town, South Africa.

Method: Participants were Black African girls (*n*=240), aged 10–18 years, who attended 5 primary and 6 high schools in Black townships in Cape Town. The schools and the girls were randomly selected. This paper presents qualitative data from 6 focus groups among 60 girls regarding their beliefs about thinness and fatness, and the advantages and disadvantages of being overweight or thin.

Results: Beliefs regarding body image indicate that two thirds of the girls perceived fatness as a sign of happiness and wealth. Socially, fatness was accepted but one third of the girls had contradictory views about its advantages. Among obese girls who believed that being obese was preferable, the dominant reasons were that being fat allowed one to engage in sport activities that need strength and also makes one look respectable. On the other hand fatness was viewed as associated with diseases such as diabetes and hypertension and with increased difficulty in finding appropriate clothing sizes. Three quarters of the girls associated thinness with ill health particularly HIV and AIDS and tuberculosis. An advantage of thinness was being less prone to develop chronic non-communicable diseases.

Conclusion: The study shows that opinions and beliefs about body image start in adolescence. It is therefore important to consider these perceptions when designing interventions for preventing obesity and other chronic non-communicable diseases during early childhood. (*Ethn Dis.* 2010;20:29–34)

Key Words: Overweight, Obesity, Body Image, Beliefs about Weight, Black Girls

INTRODUCTION

The study of weight issues among Black young girls and adolescents is important because the prevalence of overweight and obesity in Black South Africans is increasingly becoming a public health concern. While in 1998 the prevalence of overweight and obesity among women was 56.6%,1 a recent national survey reported a prevalence of 29% overweight (body mass index [BMI] range of 25–29.9) and 23.3% obesity (BMI≥30) in Black women.2 Steyn et al examined the prevalence of obesity among first year Black female students at the University of the North, and found that 18% and 6.5% of students were overweight and obese, respectively.3 Epidemiological studies show that overweight increases with age and seems to originate in adolescence, particularly among girls.4 In many developing countries there has been an increase in overweight and obesity in the last few decades. Excess weight seems to appear first among the affluent and then among low-income classes, including young children and teenagers. Economic development and urbanisation alter dietary and lifestyle patterns, contributing to excess kilojoules intake and increased sedentary lifestyle, both of which contribute to adiposity.6

There is some evidence that women’s concepts of body size do not correspond with their body mass indexes.7 Studies conducted among Black women in South Africa8,9 and Black American women10 found that, although overweight women were aware of the obesity-related risk factors, they considered themselves as attractive.

Dawson examined the relationship between actual weight, self-perceptions and attempts to lose weight among three different ethnic groups in the United States.11 She found that Black women’s perception of whether they were overweight or not was influenced by their own weight compared to the weight of their peers, rather than by health standards or ideal body weight norms. Studies on perceptions of body weight and image in Black and White American girls also revealed similar findings.12,13

A study conducted to assess body shape concerns among adolescent schoolgirls of all ethnic groups in South Africa found that White girls exhibit greater body image concerns and body image dissatisfaction than mixed race or Black individuals.14 These findings suggest that body shape preferences may be influenced by culture. However, interpretation of these findings may be limited, since the questionnaires used to measure body image had not been previously validated in this group.

It has been shown that children acquire prevailing cultural beliefs, values and behaviors during different phases of the life cycle.15,16,17 Meal patterns and food habits have been reported to change during adolescence,18 while physical activity beliefs change in the transition from primary to secondary school.19 Information about cultural values on body shape change during the lifecycle is, however, lacking in Black children.

To learn more about the age at which girls begin to associate weight status with attractiveness, we need to study girls’ behavior during different stages of development. Once we have a better understanding of this, the chal-

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Challenge will be to develop and test interventions, which can effectively prevent the public health problem of obesity in Black women. The aim of this study was to examine the perceptions of Black schoolgirls aged 10–18 years about body size and body image. In this article, we focus on our qualitative findings.

METHODS

Participants

Participants were Black girls (N=240) aged 10–18 years, who attended 5 primary and 6 high schools in a Black township (Khayelitsha), in Cape Town. The schools and girls were randomly selected. Khayelitsha is about 15 km from the center of Cape Town and mainly consists of informal settlements, however, there were also formal house structures. A majority of the residents were Xhosa-speaking and came from rural areas.

Data Collection by Means of Questionnaire and Silhouettes

Data were collected in two phases. During phase 1, beliefs about fatness and thinness were measured. Beliefs regarding body weight relate to feelings that subjects have about being thin/normal and overweight. Body image reflects the overall picture that a person has about himself/herself as small, fat or normal. Beliefs were measured using nine yes/no statements that related fatness or thinness to themes of popularity (“A fat/thin girl has more friends”); self image (“A fat/thin girl feels better about herself”); empowerment (“A fat/thin girl is less likely to be pushed around”); control (“A fat/thin girl is less in-charge of things”); femininity (“A fat/thin girl feels more like a girl”); physical appearance (“A fat/thin girl is prettier”) and health status (“A fat/thin girl is healthier”).

Body image was measured using silhouette drawings of body shapes ranging from very thin (1) to very obese (9) (Figure 1). These drawings were adapted from those developed by Stunkard.20 The following statements were used to classify body image:

- A girl looks best when she looks like?
- Which of these images would you like to look like?
- Which of these images would your mother like you to look like?
- Which of these images would your friend like you to look like?
- Which of these images do you think is fat?
- Which of these images do you think is thin?
- How happy are you with your (waist, stomach, arms, breast, etc)?

Data Collection by Means of Focus Discussions

During the 2nd phase, six focus groups were conducted with girls who either: 1) had positive beliefs and perceptions about fatness, namely, girls who felt positive about being overweight, and had chosen a large body image (7–9 silhouettes) as an ideal image for women; or 3) had contrasting perceptions and ideal body images; who either had positive or negative perceptions and beliefs about fatness or thinness, but chose opposite images to their beliefs. Two discussions with each type of group named above were held resulting in a total of 6 focus group discussions.

A total of 60 girls took part in six focus group discussions conducted by two Xhosa-speaking research assistants. All discussions were taped, transcribed and translated into English by two researchers independently. The discussions took 45 minutes to an hour. At the beginning of the discussions, participants were given 9 pictures and were asked: “Choose a picture that looks fat to you?” and “Choose a picture that looks thin to you?” (Figure 1) Questions relating to fatness and thinness were asked (Table 1).

Permission for the Study

Ethical approval was obtained from the Medical Research Council and from the University of the Western Cape. Permission to conduct the study was obtained from the principal of each school participating, who in turn con-

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Fig 1. Stunkard’s silhouettes20 used to define thinness and fatness

Table 1. Questions discussed in the groups

<table>
<thead>
<tr>
<th>Question</th>
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<tbody>
<tr>
<td>What does thin mean to you?</td>
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<tr>
<td>What does fat mean to you?</td>
</tr>
<tr>
<td>What is good about being thin?</td>
</tr>
<tr>
<td>What is good about being fat?</td>
</tr>
<tr>
<td>What do you think other people in general feel/think about a girl who is fat?</td>
</tr>
<tr>
<td>What do you think other people in general feel/think about a girl who is thin?</td>
</tr>
</tbody>
</table>
tected the parents to obtain consent for girls (aged 10–15 years) to participate in the study. Verbal consent was also requested from all the girls at the beginning of the study. Girls aged 16–18 years were required to sign their own consent forms.

**DATA ANALYSIS**

Responses on beliefs about fatness/thinness were used to develop a 0–5 score for the questionnaire. A score of 0 indicated a negative belief, and a score of 1–5 indicated positive beliefs (1=less positive, 5=more positive beliefs). Silhouette outcomes were categorized as follows: 1–3 (thin), 4–6 (medium), 7–9 (large).

Focus group texts were analyzed for content as follows: 1) open coding was generated into units of meaning, which were labeled and categorized; 2) main themes that emerged were summarized and illustrated with direct quotes; and 3) two researchers analyzed the focus group discussions to enhance inter-researcher validity.

**RESULTS**

**Beliefs and Body Image**

Table 2 shows the results of data collected in Phase 1 of the study. These results were used to select girls for the focus group discussion. Girls who selected images 1–3 were positive about thinness, those who selected image 7–9 were positive about fatness and those who thought girls look good when overweight (images 4–6) but preferred to look like images 1–3.

**Focus Group Discussions**

The main themes that emerged from the focus groups were: the meaning of fatness; meaning of thinness; perceived advantages of fatness/thinness; perceived disadvantages of fatness/thinness and attitude of peers and of parents.

**Table 3. Quotes from the focus group discussions**

<table>
<thead>
<tr>
<th>Perceived Meaning of Fatness and Thinness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Three quarters of girls in all the groups defined fatness according to the fat content of the body (Table 3). The issue of being naturally overweight or obese due to genetic reasons also emerged in most of the discussions. A quarter of the thin girls appeared to sympathize with those who were fat as a result of genetics. A girl commented, “There are people who are born fat even though they try to lose weight.”</td>
</tr>
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</table>

Happiness and wealth were also regarded as important factors related to fatness and these two factors were seen as a possible cause of fatness. Some girls said, “…People say that sometimes you become fat because you are happy and when you are happy you become fat,” and “From my knowledge fatness has

**Table 2. Results from girls aged 10–18 years regarding their beliefs about body image**

<table>
<thead>
<tr>
<th>Questions</th>
<th>Silhouette Category</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A girl looks best when she is................</td>
<td>Normal (1–3)</td>
<td>57.9</td>
</tr>
<tr>
<td></td>
<td>Overweight (4–6)</td>
<td>41.3</td>
</tr>
<tr>
<td></td>
<td>Obese (7–9)</td>
<td>0.8</td>
</tr>
<tr>
<td>Which of these images would you like to look</td>
<td>Normal (1–3)</td>
<td>62.1</td>
</tr>
<tr>
<td>like?</td>
<td>Overweight (4–6)</td>
<td>35.5</td>
</tr>
<tr>
<td></td>
<td>Obese (7–9)</td>
<td>2.4</td>
</tr>
</tbody>
</table>

**Table 3. Quotes from the focus group discussions**

<table>
<thead>
<tr>
<th>Perceived meaning of fatness and thinness</th>
</tr>
</thead>
<tbody>
<tr>
<td>“I think that being fat means that you have a lot of fat in the body”</td>
</tr>
<tr>
<td>“I can say a fat person is one who has fat in her body, who also eats too much fatty food”</td>
</tr>
<tr>
<td>“To be fat means that you eat junk and fatty foods”</td>
</tr>
</tbody>
</table>

Advantages and disadvantages of being overweight

- “What is good about being fat is that people can see that you are healthy.”
- “…when you are fat people look at you as someone beautiful whereas if you are thin people think that you have a disease.”
- “When you are fat you look good in clothing.”
- “When you are fat you look dignified.”
- “I think that there is nothing good about being fat because you are constantly sick, and you constantly have pains.”
- “…if they are in matric and they want a dress they will struggle to get their size because it won’t be available in shops.”

Perceived advantages and disadvantages of thinness

- “You look presentable.”
- “You look good in clothing and there are many things that you can do in your life like dancing, playing sports and modeling.”
- “Thin people don’t easily get ill with diseases like high blood, diabetes unless you eat fatty food, that’s when you can get ill.”
- “She doesn’t look good on her clothes because she’s not full.”
- “Thin people always look younger than their age.”
- “Our parents say that it is right to be fat because it shows that you are happy.”

Quotes related to attitude of peers

- “It depends on the person whether they have friends or not, sometimes you will have friends and other times you will not have friends especially if you are too fat and they say she is ‘fatty boom-boom’ and cannot be with her.”
- “…people make comments about your friend having big bumps and bad smell and because of such comments you end up avoiding having a friendship with her”
- “Another problem is that fat people tend to have a bad smell, people tend to lose their interest on them.”
two meanings it means that you have cars, money and other things.” Some of the girls defined fatness was based on its causes, namely fatty food and junk food (Table 3).

Three quarters of girls in all the groups associated thinness with ill health, namely HIV and AIDS and or tuberculosis (TB) (Table 3). A third of the girls defined thinness as a condition where the body has little fat. They believed that thinness was related to wasting, for example, “The word thin can be used when a person is thin and their bones and ribs become visible; and they don’t look like someone who is healthy.”

Perceived Advantages and Disadvantages of Being Fat

Among obese girls who believed that being obese was preferable, the dominant reasons were that being fat allows one to engage in certain activities that specifically needed strength and also makes one look respectable. The secondary reason cited by obese girls is that fatness is a sign of good health (Table 3).

Two specific issues emerged in the discussions regarding disadvantages of being fat, namely, fatness was associated with specific diseases such as diabetes and hypertension by two thirds of thin girls and those with contradictory beliefs while half of obese girls highlighted the difficulty in finding appropriate sizes of clothes. However, despite these disadvantages, there was resistance to losing weight in case people thought one had HIV/AIDS or TB.

Perceived advantages and disadvantages of being thin

Perceptions were related to physical appearance and fashion (Table 3). An advantage of thinness was less risk for developing chronic non-communicable diseases (NCDs). A disadvantage was perceived to be the stigma of HIV associated with thinness.

Attitude of peers when a person is fat or thin

Three quarters of thin girls and those with contradictory beliefs felt that fat people are not well accepted by their peers. There are many negative connotations including name-calling and saying that fat people smell (Table 3). A few commented that it’s the character of the person and not the size that matters, “It depends if the person is friendly to other people and if the person is not friendly people won’t be interested to visit her,” or “It also depends as to how she is treating her friends.”

Parents’ perceptions about fatness and thinness

All groups felt that parents had mixed feelings about their weight, however, a third of fat girls’ parents thought that they would miss opportunities if they remain fat, “They say I must not get too fat because many things will just pass me, things like sport, and other things in my street in the community, so my mother says it’s not good to become fat, sometimes it’s good and sometimes it’s not good.”

Parents who viewed thinness as a sign of poor health preferred fat children. They commented, “My mother prefers a fat person than a slender person because she said when a person is slender it looks like that person is ill so because of that I ended up feeling proud for being fat,” and “I think it’s better for us to stay fat because if we can lose weight people will say we are infected with a certain disease.”

DISCUSSION

This article offers information on important issues concerning overweight in Black girls, namely body image and perception and beliefs about fatness/thinness. It also highlights the opposing and confusing issues relating to fear of being overweight and developing NCDs versus being thin and regarded as having HIV/AIDS or TB.

According to Thomas, there are little data on the beliefs, attitudes and perceptions that promote lifestyle behaviors of African Americans, although it has been documented that Black females prefer a heavier body weight and are more satisfied with their body image and larger body size. A qualitative pilot study by Boyington et al that explored cultural attitudes and perceptions toward body image, food, and physical activity among overweight African American girls reported that weight and body size preferences were primarily determined by the individual and her immediate social circle and less by the opinions of those outside the social circle.

A study in Gambia showed that different generations had different attitudes towards obesity. Older women were not worried about their body size until they were overweight (BMI = 27.8) while younger women (aged 14–25 years) started to be concerned at a BMI of 21.5. This was largely ascribed to the demographic transition taking place in urban areas of Gambia. It was also believed that younger generations were more educated and influenced by western ideals than the older generation. This was the case in the present study where 62.1% indicated that they prefer silhouettes with BMI less than 25.

Although it has been well-documented that the most common risk factors for obesity include consumption of energy-rich diets and lack of physical activity, it would also be reasonable to argue that specific attitudes and beliefs about body image may influence the effort of maintaining an ideal body size. Perceptions about body size may play an important role in both the development of obesity and reduction of weight. The findings of the present study support this hypothesis and provide useful information to be considered when planning health intervention programs.
Positive attitudes toward a larger body image are symptomatic of socioeconomically disadvantaged communities in which thinness is tantamount to poor health and misery.

for prevention of obesity among school-going children.

Socially, fatness was accepted but there were some girls that had contradictory views about its advantages. Positive perceptions of fatness exhibited by some girls could be attributed to prevailing cultural beliefs in the society where they lived. Positive attitudes toward a larger body image are symptomatic of socioeconomically disadvantaged communities in which thinness is tantamount to poor health and misery. Although some girls associated fatness with dignity and looking good, they also identified disadvantages of being too fat including risk for diabetes and high blood pressure. Such negative attributes of obesity appear to be neglected by the majority of young girls and are often not enough to induce an inclination to lose weight. It may partly be due to the notion that such disadvantages of large body sizes do not affect them in their day to day activities nor do they bear a direct or physical threat on their health in the short term. This is in contrast with findings from a study that points out that many Western adolescent women harbor a negative self-image of body size and perceive themselves as fat even when they have a somewhat acceptable body size. Insight into the possible nature of differences between socioeconomically disadvantaged communities and those that are not can be accounted for by examining complex determinants of health vis-à-vis obesity. These differences may include exposure to the media, public figures as role models, culture and sexual preferences. Some who have been exposed to those infected with TB and HIV/AIDS cannot easily rid themselves of the image and try to avoid a thin body stature so as to counteract the effect of being regarded as an ailing person.

It was surprising that girls as young as 11 years had perceptions similar to those reported in other studies. The fact that girls expressed mixed feelings about body size and image together with the inherent advantages and disadvantages points to the need to embark on educational campaigns within primary schools. The findings of this study revealed challenges faced by the health institutions and policy makers in efforts to prevent obesity in the Black population of South Africa.

CONCLUSIONS

The study shows that opinions and beliefs about body image start in adolescence. It is important to consider these perceptions when designing early childhood interventions that are intended to prevent obesity and other chronic non-communicable diseases.

REFERENCES


BODY IMAGE PERCEPTIONS FOR GIRLS IN CAPE TOWN - Puoane et al


