SOCIO-CULTURAL FACTORS INFLUENCING ATTITUDES TO BODY IMAGE AND THEIR HEALTH IMPLICATIONS AMONG THE LUO OF WESTERN KENYA

BY

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DECLARATION

I declare that this thesis is my original work and has not been submitted to any other University for examination.

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This thesis has been submitted with my approval as University Supervisor;

SUPERVISOR: PROF. ISAAC K. NYAMONGO ..... (SIGN) 22/10/14 (DATE)

Dedication

To my mother, Dorice Mideva Akusala

Who has sacrificed so much to ensure I get a decent education

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ABBREVIATIONS AND ACRONYMS

ART – Anti Retroviral Therapy

ARV – Anti Retroviral

BMI – Body Mass Index

CDF – Constituency Development Fund

CHW – Community Health Workers

FGDs – Focus group discussions

FP – Family Planning

GOK – Government of Kenya

HIV/AIDS – Human Immunodeficiency Virus /Acquired Immune Deficiency Syndrome

IDIs – In-depth Interviews

KES – Kenya Shillings

KIIs – Key informant interviews

KNBS – Kenya National Bureau of Statistics

LATF – Local Authority Transfer Fund

LH – Life History

MOH – Ministry of Health

MOMS – Ministry of Medical Services

MoPND – Ministry of Planning and National Development

NGOs – Non Governmental Organizations

WHO – World Health Organization

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Abstract

Earlier studies have shown that socio-cultural forces usually impose upon individuals within particular communities to display their bodies in various ways. In matters of body image, there are communities that value slender bodies while others adore large bodies resulting in overweight individuals and, in both cases, leading to the detriment of the subjects' health. This study sought to examine the influence of socio-cultural factors on the perceptions of and attitudes to body image, and their relationship to health among the Luo of Bondo in Western Kenya. The study was based in Nyang'oma division, Bondo sub-County of Siaya County. It applied phenomenological reasoning in both the conceptualization of variables and in the methods of data collection. The methodology involved the use of an exploratory, descriptive and cross-sectional study design while the data collection was essentially qualitative, with use of participatory methods. The analysis was done thematically.

This study established that there exist perceptions of and attitudes to body image among the Luo of Bondo sub-County. The community is more tolerant to obesity, and members are encouraged to pursue overweight bodies. However, the people do not relate this obesity to any health risk. They consider obesity as a sign of wealth, peace, good health and general social worth; thus predisposing themselves to obesity-related conditions such as diabetes. The emphasis for obese bodies is however skewed towards women and the elderly, making them more-at-risk groups.

Pursuant to this, the study recommends that more studies be conducted in this study site to ascertain the clinical implications of these attitudes to curb a potential diabetes epidemic especially among the elderly and the women. More studies also need to be done to establish the influence of these attitudes on compliance to medication.

CHAPTER ONE

BACKGROUND TO THE STUDY

1.1 Introduction

This study sought to examine influence of socio-cultural factors on attitudes towards body image, and its relationship to health among the Luo of Bondo in Western Kenya.

Good health implies the achievement of a dynamic balance between individuals or groups and their environment (Better Health Commission, 1986). To the individual, good health means improved quality of life, less sickness and disability, a happier personal, family and social existence, and the opportunity to make choices in work and recreation. To the community, good health means a higher standard of living, greater participation in making and implementing community health policies, and a reduction in health care costs.

People, both individually and as society throughout time, have sought to achieve this balance and in the process compromised the same feat they seek to realize – good health. This is mainly because people less often associate lifestyle to health. This is evidenced by the perpetual rise of lifestyle-related diseases in children (Boyington *et al.,* 2008), youth (Kattakayam, 2010) and adults (Prentice, 2006) gender notwithstanding.

In social theory, characterization of the body recognizes that the body is an unfinished entity at birth and requires active molding for it to be accepted in the different arena that it is supposed to play as an agent with capabilities and knowledge (Shilling, 2003), the result of this social and cultural molding has had health implications to the bearer of the body. Most people seek social status through expression of their bodies in socio-cultural appropriate ways (Shilling, 2003; Helman, 2007) such as overweight bodies. This is

common in those societies where a large body has more social capital. Individuals in such societies adopt nutritional habits and physical [in]activity to realize the large body.

1.2 Statement of the Problem

Obesity is the most proximate indicator of type 2 diabetes and a host of other health risks such as coronary heart disease, high blood pressure, stroke, abnormal blood fats, Metabolic Syndrome, cancer, osteoarthritis, reproductive problems, Obesity Hypoventilation Syndrome and gallstones (Boyington *et al*., 2008). Unfortunately, obesity may not always be viewed by individuals and communities as a health risk. People regard obese individuals as 'healthy' and affluent (wealthy) and – especially for women – as highly fertile. These perceptions influence ideas on ideal body image and direct discursive practices adopted by individuals in the community.

Socio-cultural forces often impinge upon the individuals within particular cultural contexts to display their bodies in various ways. A context that revels slender bodies results to slim individuals (Bukachi & Shilabukha, 2008), while a matrix that adores large bodies result to overweight individuals, both of which may impact on the subjects' health. There is no doubt that obesity is socio-culturally distributed, that is, the prevalence of obesity is known to vary according to socio-cultural factors, including socio-economic position, social roles and circumstance, and other cultural factors (Ball & Crawford, 2010). Further, these socio-cultural patterns are complex and specific to gender, age, and sometimes racial groups, as well as type of society, with patterns of relationships observed in developed countries sometimes reversed in developing countries (Ball & Crawford, 2010).

It has been noted that African men and women alike are more accepting of being overweight (Faber & Kruger, 2005) and this makes preventing or treating obesity difficult. In most African societies, beliefs that a big (fat) body is a sign of fertility in the case of women, encourages the would-be brides to pursue the ascribed status (Bukachi & Shilabukha, 2008) hence, dietary regimes aimed at fattening are adopted to woo potential suitors and increase the value of bride wealth at marriage. On the other hand, a large potbelly is an indicator of wealth in men, thus the luxury of inactivity and overeating becomes a sign of 'good health.' These attitudes may trigger the development of obesity.

In such African societies, the people's attitudes influence their behavior, and become a link between knowledge and practice. While pursuing the culturally accepted (ideal) body, members of such society engage in skewed dietary practices, eating mainly those foods that they believe will increase the size of the body; and participate in as little physical exercise as possible, oblivious of the eventual health implications of their actions – dangerous and even fatal.

There is little doubt of the importance of the changing physical environment to the increases in obesity observed over several decades (Ball & Crawford, 2010). However, far less attention has been paid to investigating the potential contribution of socio-cultural factors and to changes in the socio-cultural environment over time to the current obesity pandemic. The mechanisms through which socio-cultural factors may influence body weight and risk for obesity are not well understood. This study investigated the effect of these socio-cultural influences on obesity and other health risks, and considered the potential pathways through which these influences operate among the Luo of Western Kenya. It also looked at the potential effect of socio-cultural trends on health.

To achieve this, the study sought to answer the following questions:

1. What are the people's attitudes to body image?
2. What socio-cultural factors influence people's attitudes to body image?
3. How do nutrition and physical activities influence body image?
4. What is the relationship between body image and health?

1.3 Objectives

1.3.1 General Objective

To explore the influence of socio-cultural factors on attitudes to body image among the Luo of western Kenya and how these relate to health.

1.3.2 Specific Objectives

1. To identify the people's attitudes to body image
2. To identify the socio-cultural factors influencing people's attitudes to body image
3. To determine how nutrition and physical activities influence body image
4. To determine the relationship between body image and health

1.4 Justification of the Study

Although much has been done to establish lay people's attitudes and practices on body image, physical activity and nutrition (Puoane *et al*., 2005; Grogan, 2008), little is known on how these attitudes and practices influence risks to their health. The findings of this study attempts to fill the knowledge gaps on the subject and add to the literature on obesity and diabetes and guiding future researches on lifestyle-related diseases.

The study findings will influence strategies for capacity building and advocacy for behavior change through awareness creation on mitigation of obesity and related health risks. Furthermore, the results may be used to bring socio-cultural discourse in preventive and therapy programmes into the arena of policy makers. Similarly, health providers will be able to understand better, how people contextualize themselves in the face of health risks in order to provide better services.

There is need for precursors to chronic ailments to be addressed in Kenya to reduce the accompanying health and financial burdens. Therefore, exploration of people's attitudes and practices on pre-conditions of diabetes such as obesity may offer the opportunity to minimize or avoid later difficulties such as non-adherence to treatment of diabetes and other lifestyle-related diseases or recommended behavior changes (Weinman & Petrie, 1997). Information on people's perceptions and attitudes, therefore, can help health professionals to formulate effective objectives and develop relevant strategies to curb the condition.

1.5 Scope of the Study

This study was carried out in Bondo sub-County of Western Kenya. The study utilized the phenomenological approach drawing concepts from the field of Medical Anthropology. The focus of the study was on the relationship between the perceptions of, and attitudes to body image, physical activity and nutrition and how these predispose people to obesity and other health related risks. The actual study was carried out in a period of thirteen months, with the first two months being used to identify the informants, train the research assistants and establishing contacts with gatekeepers in the community. Data collection and cleaning and analysis took three months each; while follow-ups lasted one month. The writing up took four months. The study was purely

qualitative, involving thorough participatory approaches in data collection, and adopting an exploratory, descriptive and cross-sectional design.

1.6 Limitations of the Study

In exclusive qualitative studies, the number of participants from the study population potentially limits the generalization and extrapolation of the study results. However, most qualitative studies such as this, focus on a small section of individuals who provide an in-depth view into the problem under investigation, and rely on subjective information from the informants which might not be conventionally shared by the population (Frankfort-Nachmias & Nachmias, 2005) and hence provides more realistic responses than a purely statistical survey (Shuttleworth, 2008). The study nevertheless adopted triangulation using a variety of approaches in order to take care of subjective biases and increase the validity of the findings.

1.7 Definition of Terms

Attitudes – learned ideas and predispositions that exist in the minds of people as the product of careful mental evaluation. It is the judgment that individuals make about things they hold in mind as objects of thought. It is operationalized as a person's evaluation of target behavior.

Body image – the subjective sense people have about their bodies, encompassing self-perception and attitudes towards their physical appearance (shape and height), weight and size.

Body Mass Index (BMI) – a measure computed from height and weight as weight/height^2 e.g. kg/m^2.

Cultural factors – ideals that, consciously or otherwise, are forced upon an individual as a member of a particular group with shared traditions, laws, norms and values which are transmitted and reinforced by members of the group.

Knowledge – organized body of information by an individual, community or group of individuals from which thoughts and behaviors are referred as being either wrong or right

Obesity – a condition in which an individual's body mass index (BMI) is at or above the 95^{th} percentile. WHO (2008) has classified BMI into underweight (BMI < 18.5), normal (BMI 18.5 - 25), overweight (BMI 25-30) and obesity (BMI > 30). See appendix 6.

Perceptions – the human ability to process, interpret, and attribute meaning to the information received via the sensory system that is, seeing, hearing, smelling, tasting and touching.

Social factors – ideals that, consciously or otherwise, forced upon an individual as a member of a particular societal unit such as school, family and peers.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This section reviews the literature relevant to the research problem. The literature is reviewed under the following subheadings: Obesity and health; Socio-cultural perception of obesity; influence of socio-culture on ideal body image and health; influence of socio-culture on nutrition and health; and influence of socio-culture on physical activity and health. The theoretical framework guiding the study is described.

2.2 Literature Review

2.2.1 Obesity and Health

Obesity continues to be a serious public health problem across the globe. The problem is increasingly affecting both developing and developed countries alike, albeit at different rates. In most African countries, including Kenya, the problem is aggravated by the rapid nutrition and physical activity transition currently taking place (Onywera *et al.*, 2011). This transition is the result of an increase in the use of energy-saving devices, insufficient physical activity at home and in the school environment, and increased availability of cheap high calorie, nutrient-poor foods. The situation is exacerbated by socio-cultural beliefs held by some communities in which being overweight is an admired trait, and seen as a sign of wealth, prestige and the 'good life' (Bukachi & Shilabukha, 2008).

Health consequences of obesity are increased morbidity and mortality, which contribute considerably to rising health care costs. Obesity is also a major risk factor for chronic diseases of lifestyle (CDL), such as type 2 diabetes, coronary heart disease, stroke,

hypertension, gallbladder disease and certain types of cancer (Puoane *et al.*, 2005). Environmental, socio-economic, behavioral and cultural factors contribute to the development of obesity. Moreover, poverty, lower educational attainment and low-status employment increase the susceptibility to obesity and worsen its progression.

While age and genetics play a role in the development of pre-diabetic conditions, obesity is usually the main risk factor. Unfortunately, however, obesity is a condition that does not fall squarely into the primary or secondary prevention domain and, therefore, tends to be inadequately addressed by interventions in either health promotion or disease management (Biuso *et al*., 2006). As obesity remains the main risk factor to the development of prediabetes, prediabetes equally has been cited as the precondition for diabetes (American Diabetes Association, 2009). Indeed, studies have shown that a large proportion of prediabetes sufferers end up developing diabetes (American Diabetes Association, 2009; Puoane *et al.*, 2005)

On its own, diabetes has been identified as a global silent killer, killing as many people each year as HIV/AIDS and it may soon claim more lives than malaria, HIV/AIDS and tuberculosis combined (Wanja, 2010). In Kenya, it is a major health problem both in urban and rural areas, with an overall prevalence rate of 6% (KNBS & ICF Macro, 2010). It is a major threat to public health and development, mostly affecting the age group that is economically active (between 35 and 64 years). It is also a costly disease both to the health agencies in terms of service provision, and to the diabetic individuals and their families in terms of loss of productivity and reduced quality of life. Moreover, utilization of healthcare facilities in Kenya has been undermined by, among other things, poor infrastructure, weak health care systems and expensive financial costs.

Consequently, most patients opt to manage their conditions by seeking convenient and affordable sectors of health care.

Obesity is a global public health problem, and therefore needs to be approached from a broader population perspective. Interventions should focus on increasing the awareness of the risk factors associated with it and preventive strategies among the groups at risk. Accordingly, there is a growing interest in identifying individuals in stages preceding overt diabetes mellitus especially obesity in order to potentially prevent the occurrence of diabetes and associated complications (Yach *et al*., 2006).

As illustrated above, the physical and medical effects of obesity are well documented and thoroughly researched. However, obesity is not only a physical condition. People who suffer from obesity are subject to a range of psychological and social effects as well. Not surprisingly research has shown that obesity is linked to low self-esteem (International Diabetes Federation, 2010). Western society emphasizes physical appearance, in which weight carried a significant role, and often equates attractiveness with slimness, especially for women. Such messages are internalized by obese people, making them feel not only unattractive, but also unworthy. Obese children have also been reported to be suffering from more behavioral problems than children who do not suffer from obesity (International Diabetes Federation, 2010). Obesity has been linked to clinical depression, especially in women, and can lead to withdrawal, suicide and insanity (International Diabetes Federation, 2010).

The effects of obesity range outside the self. Obese people are stigmatized in much of the modern world (Puoane *et al.*, 2005). People may perceive the obese as gluttonous, lazy, or both. Therefore being obese often means suffering prejudice and discrimination when searching for a job, at school, and in social situations. Rejection, shame, and

depression are compounded by the medical difficulties faced by obese people, and create a vicious cycle which makes the struggle to lose weight even more difficult than it already is (Puoane *et al.*, 2005).

The physical effects of obesity are the direct result of the sheer body mass of the obese person. Obese people obviously suffer from poor mobility and pains in the lower back, and they tend to develop osteoarthritis causing severe pains in the joints. Cellulites and stretch marks are common external effects, and lack of ventilation in the fold of fat often leads to blotchy skin and frequent inflammations, while urinary incontinence is another unattractive feature. Among men, erectile dysfunction is a major effect of obesity, while for women obesity is especially dangerous during pregnancy, and can lead to many complications during pregnancy, birth defects and even stillbirths.

2.2.2 Socio-Cultural Perception of Body Size

With the health implications of obesity almost obvious, it seems absurd for people to cherish lifestyles that may be fatal. However it is noteworthy that in most African traditional societies, the social and cultural benefits attained by having such large bodies overshadow the health implications (Bukachi & Shilabukha, 2008). The body image ideal for most of the African population is the fat body (Bukachi & Shilabukha, 2008). For instance, the lure for the girls to be branded marriageable, fertile and to fetch better bride wealth outsmarts health issues (Bukachi & Shilabukha, 2008). Likewise, for the male, the social capital gained by being seen as wealthy due to a big body is far more important than medical consequences (Bukachi & Shilabukha, 2008).

2.2.3 Influence of Socio-Culture on Ideal Body Image and Health

Body image is the subjective sense people have about their bodies, encompassing self-perception and attitudes towards their physical appearance (Puoane *et al.*, 2005). One's perception of how their body looks forms their body image (Bukachi & Shilabukha, 2008). Anthropologically, issues of the ideal body image have to do with the socially and culturally defined body size and shape and which is considered erotic or sexually appealing (Bukachi & Shilabukha, 2008).

From cognitive–behavioral perspectives, socio-cultural factors are seen as powerful determinants of body image development (Cash, 2005). It has been proposed and evaluated that there is a tripartite influence model that delineates three primary sources of influence vis-à-vis risk factors for the development of body image problems and eating disorders – peers, parents, and media (Cash, 2005). All human societies hold fundamental conceptualizations of the human body that underlie concept of relatedness, rights, gender, growth and development that are performed through fields of actions as diverse as healing, nourishment and other rites (Izugbara & Undie, 2008).

In the analysis of the body, the physical body is essentially thought to be shaped by a myriad of complex bodies as described in social theory (Helman, 2007; Shilling, 2003), and hence many factors influence the feelings we have about our bodies and whether or not the bodies are ideal. Some of the description of the body in social theory include; social body (being able to form social relations and interactions with other bodies), technological body (the cyborg – being able to be integrated with machines such as in the case of comatose patients kept alive by machines, paraplegics using artificial sensory tools and artificial organs such as lungs and heart within the body), sexual body (representing roles, stereotypes and rewards of a specific gender), aesthetic body (able to

take up fashion) and civilized body (able to learn the proper and modernized disposition).

Furthermore, in many African settings as in several other parts throughout the world, the body is largely symbolic (Izugbara & Undie, 2008), and does not merely represent that which is seen – that is, the individual's personal, physical entity – but an extension of many other phenomena that are central to the society with which the individual is affiliated. Thus, the body transcends its biological, anatomical and physiological substrate. It becomes a medium of culture and the locus of the construction of society (Izugbara & Undie, 2008).

The cultural body, thus on its part, assumes the body is the vessel and transmitter of culture and accordingly subject to laws, morals, traditions, beliefs and rituals of a culture in which it is found. The cultural body becomes the interpretation and consumer of culture. In such cases, beliefs of a fat and big as indicators of a 'healthy' and fertile body among women may compromise health of an individual as they seek to be culturally relevant. Some cultural perspectives of the ideal female body image have forced marriage-age women to seek fattening schemes to attract suitors and fetch more bride wealth (Bukachi & Shilabukha, 2008). Such women often indulge in overeating and less physical exercises to achieve the culturally defined ideal body, hence predisposing themselves to obesity and diabetes.

Such obesity-tolerant attitudes do not leave out the men. In most African cultures, fat men with huge 'pot' bellies have always been perceived as successful and wealthy (Bukachi & Shilabukha, 2008). Thus, every man worth his salt would seek this kind of a body by, among other habits, engaging in uncontrolled beer and red meat consumption. In other cultures, such as that of Peruvians, a slim person will be considered as sickly

and unattractive while among the Samoans, high value was traditionally placed on obesity as a sign of social status (Connelly & Hanna, 1978). Such cultural attitudes make the partakers of the cultures engage in poor dietary habits so as to be fat, hence risk of obesity and prediabetes.

Slenderness has not always been associated with good health. At the start of the twentieth century, thinness was associated with illnesses in the USA and in Britain, because of its link with tuberculosis (Grogan, 2008). More recently, extreme thinness has come to be associated with AIDS. Indeed, AIDS is known as 'slim' in some African countries such as Uganda and Togo (Grogan, 2008). The cultural effects of this association between thinness and illness in non-western countries may be the reason for much negative attitude against thin individuals. There is a general belief in many African societies that to be plump is healthy, and that thinness is an indicator of poor health (Bukachi & Shilabukha, 2008).

Children are not left out. Culturally, a healthy child is one who is plump. More often, the maternity health care givers, and especially nurses indeed, accord the status of health to endomorphic (plump) babies regardless of the risks the babies are exposed to, while offer intervention for the ectomorphic (thin) ones (International Diabetes Federation, 2010). Unlike adults, children are only partially responsible for their eating and exercise choices. Parents and other care givers exert an influence over the diet and exercise patterns, especially when children are young (Young-Hyman *et al., 2000).*

Efforts to prevent childhood obesity need primarily to change caregivers' attitudes and behaviors in order to impact the eating and activity patterns of their children. Parents and caregivers may not initiate preventive changes unless they first perceive that their

child is at risk for some adverse outcome (Uzark *et al.*, 1988). Therefore, it is important to understand caregiver perception of child body weight and health risk.

2.2.4 Influence of Socio-Culture on Nutrition and Health

There is a direct correlation between food intake, body image and heath. As indicated above, a desire to achieve a certain cultural body may prompt individuals to seek practical measures for remedy. These may include unhealthy dietary patterns such as eating fatty and sugary foods to increase the body size. Similarly, children are often fed on foods that will make them fat and thus 'healthy,' all to the detriment of the health of the child. The pursuit for a cultural body has been blamed for a majority of overweight and obesity cases especially in African and 'non-Westernized' cultures (Altabe, 1996).

With the influence of western cultures and economic transformation from the traditional small-scale cultivation to mechanized agriculture, industrialization and refined food production, there is a shift from diets that were once consumed whole, towards more refined foods and high-density fats. Furthermore, with the advent of industries and the subsequent development of the low-income earners, food is no longer consumed for its nutritive substance rather for its affordability. Obesity is increasingly affecting the poor who can only afford the cheap refined foods and high-density fats.

The physical characteristics of food and contextual challenges related to dietary choices are often mentioned as hindrances in the pursuit of healthy nutrition habits (Boyington *et al*., 2008). People have, more often than not, adequate knowledge of healthy nutrition but perceive a lack of self-management and negotiation skills (Boyington et al., 2008). Their expressed desires to acquire these skills indicate a willingness to take

responsibility for their choices and suggest that efforts focusing on self-efficacy may be highly beneficial to them.

2.2.5 Influence of Socio-Culture on Physical Activity and Health

Physical exercise is the engagement of the physical body to activities that cause strain to the muscles and skeletal tissues. In more recent times, as a result of more sedentary lifestyles, physical exercises have taken the role of toning the muscles as well as healing (Dishman *et al.,* 2005). Most participants in physical exercises seek to achieve the ideal body image, and so a correlation exists between body image and physical activities in most modern groups, with rewards being both psychological, social as well as health (Grogan, 2008).

Although there is some evidence that participants in sports (where thinness is an advantage for performance) are more preoccupied with weight than the general population (Grogan, 2008), moderate exercise, focusing on mastery rather than aesthetics, can improve perceptions of control, self-esteem, and satisfaction with the body, as well as improvements in health and fitness. Exercise improves mood, well-being, and perception of control, and body satisfaction (Grogan, 2008).

Limitations to engagement in physical activity include the amount of time already taken up with school, office work and extracurricular activities, limited access to opportunities for exercise, time and beauty cost, and lack of safety (Onywera *et al*., 2011). Collectively, these challenges signal the interplay between personal factors and global-societal factors over which individuals lack control.

These challenges suggest potential areas for creative explorations for public health interventions. For example, approaches favoring school- or home-based physical

activities have not been well explored and may be useful for school-going children, who perceive lack of opportunities because of limited access to activities and unsafe neighborhoods (Dishman *et al.*, 2005). Furthermore, concerns about personal aesthetics indicate that activities perceived as less disruptive might be more easily adopted than those perceived to be aesthetically costly (Roberts & Barnard, 2005).

A rather peculiar factor pertaining to physical activities relates to cultural beliefs about the ascribed roles either gender is permitted to undertake. In most African societies, women are only allowed to undertake physical activities that would not endanger their reproductive roles and abilities such as conception, pregnancy, lactation and home making. Their activities, therefore, tend to be much lighter and less demanding in terms of calories compared with those of the outgoing and risk taking men. As a result the women tend to gain more weight relative to the men, hence predisposing themselves to overweight-related diseases (Dishman *et al.*, 2005).

The Diabetes Prevention Program of the CDC has shown that at-risk individuals can reduce the threat of diabetes by 58% by consuming a diet low in total and saturated fat and engaging in physical activities for at least 30 minutes every day (CDC, 2008). Additionally, encouraging the adoption of these behaviors by children and young adolescents can yield healthy lifestyle changes that can last into adulthood.

2.3 Theoretical Framework

2.3.1 Phenomenology

This study applied the phenomenological approach. Phenomenology is a research practice that involves and provides the careful description of aspects of human life as they are lived. It is an effort at improving our understanding of ourselves and our world

by means of careful description of experience (Jackson, 1983; 1998; Merleau-Ponty, 1998). Phenomenology was made prominent by the works of Merleau-Ponty and ramified by Michael Jackson in *Things as they Are – New Direction in Phenomenological Anthropology* (1996) and *Minima Ethnographica: Intersubjectivity and the Anthropological Project* (1998). In this work, phenomenology is used in both its explanatory capacity and methodological strength.

Phenomenology argues that the world of immediate or lived experience takes precedence over the objectified and abstract world of the 'natural attitude' of natural science (Merleau-Ponty, 1998). Science is thus secondary to the world of concrete lived experience. Phenomenology clarifies things and experiences, thus bringing them to the common knowledge (Jackson, 1996). Phenomenological method is one of direct understanding of the 'thick' description, a way of putting to balance the diverse human experiences and to deconstruct ideological traps that experiences would become if theorized.

The first hurdle in social science research is the traditional dualism between subject and object, which splits man as knower from his environment as the known. But in the phenomenological attitude, experience doesn't show this split. Knower and known are both inextricably bound together (Jackson, 1998).

Phenomenology engages in a process called 'bracketing' in which the 'natural attitude' is placed aside such that the researcher begins with the 'phenomena themselves' and lets the phenomena show themselves from themselves in the very way in which they show themselves from themselves (Merleau-Ponty, 1998). In this sense, 'the being-in-the-world' of and agent is reinforced. Being-in-the-world means that the agent (the being) never acts in solitude but in and through a matrix (the world), thereby reproducing the

structures of the matrix while at the same time creating newer structures to suit its survival. Phenomenology thus envisages that an agent experiences the environment in a unique way and therefore it is only through the agent that we can understand the experience of the agent.

With phenomenology, skepticism is replaced with a more generous, and ultimately more satisfying, curiosity. By returning to the phenomena themselves, or to the lived world, the study stands a better chance of developing a true understanding of the people's behavior (Jackson, 1998). The same applies to phenomena in general (Merleau-Ponty, 1998; Jackson, 1998): we must approach them without theories, hypotheses, metaphysical assumptions, religious beliefs, or even common sense conceptions. The point of the anti-theoretical attitude is that the variety of human experience cannot be comprised in a body of enumerable theories (Jackson, 1996). Phenomenology, thus, never begins with a theory but, instead, begins anew with the phenomena under consideration. Ultimately, bracketing means suspending judgments about the 'true nature' or 'ultimate reality' of the experience – even whether or not it exists.

Another element of phenomenology is that it views human lived experiences from the insider rather than pretending to understand it from an outsider, 'objective' point-of-view. The insider's perspective therefore became the focus of interrogation in this study. Phenomenology thus espoused the careful description of the lived experiences from the people's own perspective. All prejudiced knowledge was shed off and the researcher literally entered the mind of the informants to understand how and why they expresses itself in the way they do. This is the only way that a phenomenon could possibly be essentially understood (Jackson, 1996).

2.3.2 Relevance of Phenomenology

The society has perceptions and attitudes which are instilled to the individual through socialization. Theoretically, the society's perceptions and attitudes become an individual's perceptions and attitudes. However agents have power and capability to act otherwise and therefore develop varied perception and attitudes that give them the capital over other agents within the same society. The agent therefore becomes a more practical element of study when one seeks to understand a phenomenon.

Body image is construed differently from culture to culture, and even differently by different individuals within the same culture. The notion of an ideal body image is shaped by the society's expectations though in all cases it is the individual who works to attain the ideal body image. This makes the individual develop attitudes and perceptions of body image that may (in various degrees) differ from that of the society. These individualized perceptions and attitudes guide the individual to take up practices that will make them achieve their idealized body image. This includes engaging in certain dietary patterns and physical activities. These practices have health implications, whether positive or negative, of which the individuals may or may not be conscious.

In this study, in line with the principles of phenomenology, there was a careful description of the people's beliefs in relation to diet, physical activities and body image as told by the informants. As far as this is concerned, the study took the orientation in the methods of data collection to ensure that there were no preconceived ideas on what to find in the field. Every informant was approached in their individual capacity an allowed to express themselves without reference to other individuals. Furthermore, the views espoused by the individuals were treated with objective singularity and not a continuation or part of the other. To achieve this, all biases against the respondents were

put aside. When we have a prejudice against a person, we will see what we expect, rather than what is there.

The aim of this study was to describe the perceptions and attitudes of body image among the Luo of Western Kenya, and how these relate to health. To satisfactorily understand the people's attitudes and perceptions, there was need to overlook objectified realities and rationales according to the researcher, and instead get into the field with empty minds ready to be filled by the experiences of the object under study, see through the objects' eyes, hear through their ears, and walk in their bodies. This gave a more elaborate and authentic respondents' knowledge, attitudes, perceptions and practices and, in this respect, phenomenological anthropology brought back the critical sense of the vision of fieldwork.

Phenomenological methodology becomes the core of this anthropological project. For ethnography to achieve its fundamental nature, researchers must be ready to describe events as they manifest. Phenomenology informed the collection of data in systematic and non-prejudiced way since the researcher was limited only to the unfolding phenomena, the occurrence of the activities and the narrations by the informants.

2.3.3 Conceptual Framework

Body image is shaped by a complex interrelation between attitudes, perceptions and practices. The perceptions and attitudes define what the ideal body image is. These are shaped by the socio-cultural matrix in which they play, and are therefore as dynamic as the culture where they are found.

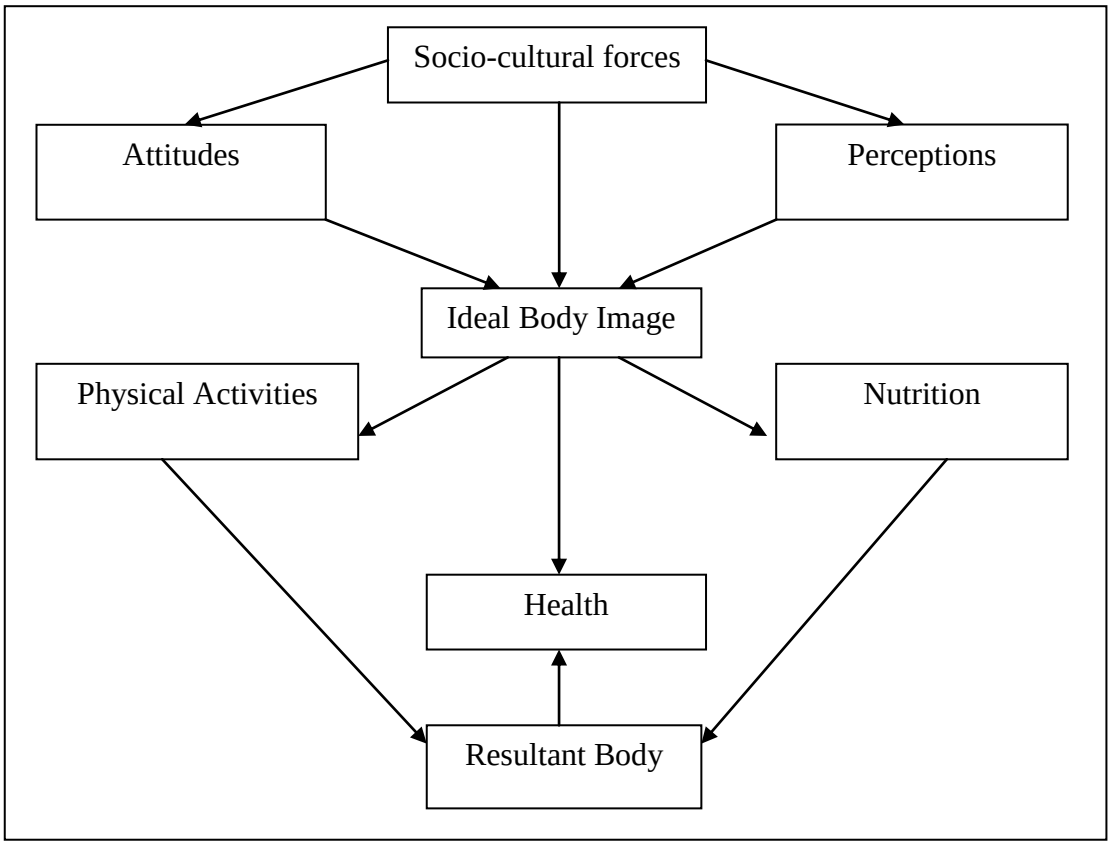


Figure 2.1: Conceptual framework showing relationships between concepts

The notion of the ideal body image makes the individual take up practices to achieve this ideal body image, mainly through dietary patterns and physical activities, in the course of which, a resultant body is developed.

This resultant body is measured in relation to the ideal body image, and worked upon until it becomes equivalent to the ideal body image (see Fig. 2.1 above), failure to which, a continuous process of modification of the resultant body ensues through physical activities and dietary practices, which in turn have an implication to health.

2.4 Operationalization of Variables

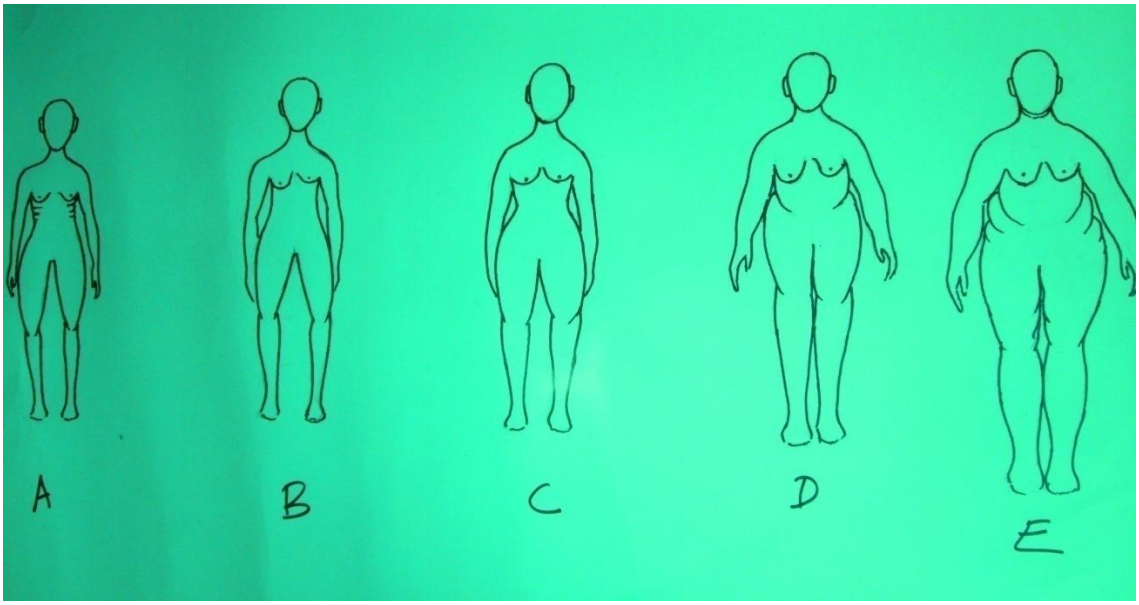
Body image is the subjective sense that people have about their bodies, encompassing self-perception and attitudes towards their physical appearance (shape and height), weight and size. It was necessary to operationalize the concept of body image since the

concept was foreign to majority of the informants, most of whom had barely gone beyond the primary level of education, and could not conceive the idea of 'body image'.

For 'body image' to be conceptualized in a mutually exclusive and exhaustive way, its attributes of appearance, weight and size were used. Specifically, since the study delved more on obesity, body size and body shape were appropriate attributes of the concept of body image. It was observed during the initial stages of the fieldwork that these attributes were more relevant to the informants and could associate with them more easily than the 'body image'.

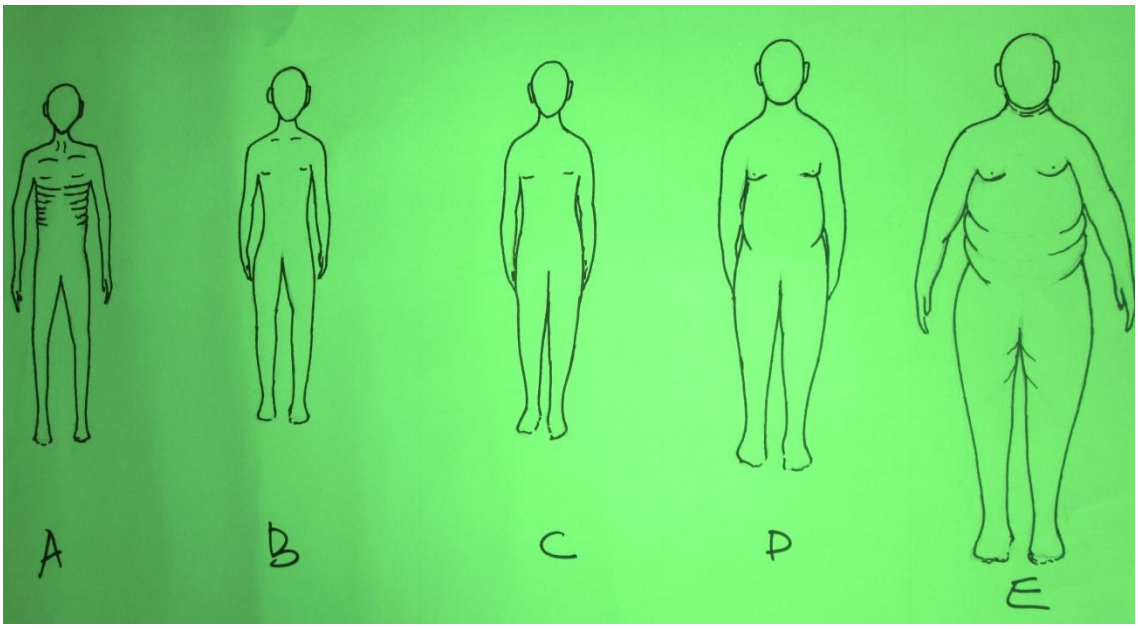
Another concept that needed to be operationalized is obesity. To describe obesity, a range of variation of fatness was used. For example 'very fat' was used instead of obese, 'fat' for overweight, normal for a normal body, 'very thin' for underweight. To supplement this, as well as to make a fine distinction among the attributes of obesity, a chart was used (*Fig 2.2*)

Women



Ectomorph Mesomorph Endomorph

a) Men



Ectomorph Mesomorph Endomorph

Fig. 2.2 Illustrations of various body shapes and sizes

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This section focuses on the methodology of the study. It contains a description of the research site, research design, study population, sample size and sampling procedure. The different methods of data collection as well as the data processing and analysis are also described. Finally, ethical issues regarding the study are described.

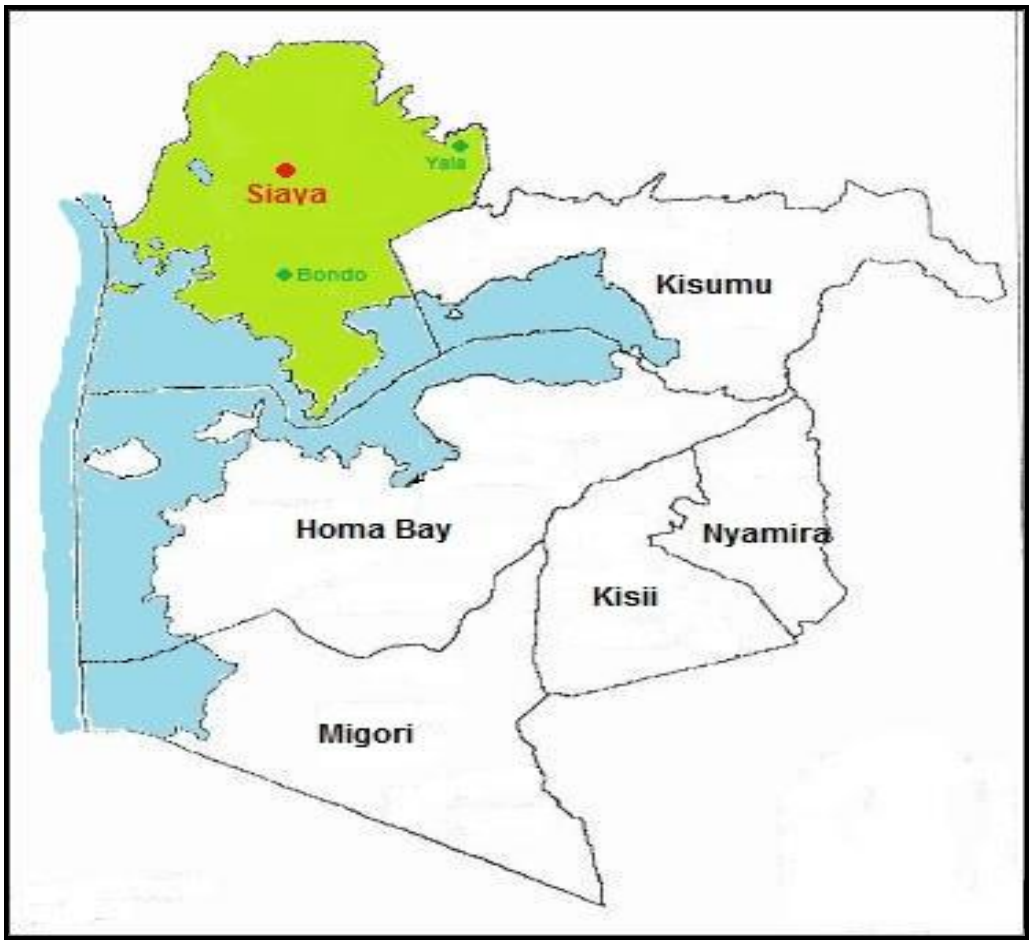
3.2 Research Site

The study was conducted in Bondo sub-County, Siaya County which is one of the counties that make up the region of Western Kenya. Bondo lies between latitudes 0° 26'S and 0° 90'S and longitudes 33° 58' E and 34° 35' E (MoPND, 2009). The sub-county borders Siaya and Busia counties to the North, Rarieda sub-county to the East and Homa Bay and Suba across the Winam Gulf to the South East and South. To the West is the Republic of Uganda. It covers a total of 1,328km^2 out of which 577km^2 is land mass while 751km^2 is water surface (MoPND, 2009). Topographically, the sub-county is divided into scattered highlands such as Got Ramogi and Usenge in Usigu division, Got Abiero and Sirafuongo in Nyang'oma division, lowlands of Yala Swamp and Uyoma Plains. These result in differences in relief, soils and land use (NEMA, 2007).

Administratively, the sub-county is divided into three divisions, namely, Maranda, Nyang'oma and Usigu (Map 3.1). It has a total of eleven locations and twenty seven sub-locations. Nyang'oma has two locations and seven sub-locations, while Maranda

has four locations with ten sub-locations. Usigu leads with five locations but only sub-locations (KNBS & ICF Macro, 2010).

In 2009, the sub-County had a population of about 140,901 living in 56 607 households. The population is extremely young: 47% of the population is 14 years old and younger and 58% is 19 years and younger (KNBS & ICF Macro, 2010). According to the 2009 census, the 'core urban' population in and around Bondo town is 12,202 comprising a mere 8.6% of the total sub-County population. On the other hand, the rural population density of Bondo Sub-County is high at around 230 people/km^2, though not as high as that for Lake Victoria region as a whole (KNBS & ICF Macro, 2010).



Map 3.1: Map of Bondo sub-County (Source: NEMA, 2007)

3.2.1 Economic Activities

Fishing is an important economic activity in the sub-County. The Sub-County is endowed with an estimate of 751 km^2 of water mass making fishing to be one of the major economic activities in the Sub-County. However, it is imperative to note that over-fishing in breeding grounds in bays along the lakeshore and trawler fishing has negatively affected sustainable exploitation in the industry (NEMA, 2007).

Agriculture, which also contributes to a proportion of household economy, is predominantly small scale in nature (MoPND, 2009). The production is carried out on farms averaging 2-3ha mainly for subsistence purposes. The main food crops are maize, sorghum, beans, cassava and sweet potatoes, with maize and sorghum being the staple foods with an annual production of 201,080 bags, which is way below the sub-County consumption requirement of 350,000 bags (MoPND, 2009). Irrigation based farming is still limited. The area under irrigation is about 106ha while irrigation potential is estimated at 1186ha (MoPND, 2009). The vast land in the Sub-County has a high potential of indigenous livestock production. Unchecked keeping of livestock has resulted in overgrazing which has increased the loss of soil cover, through soil erosion (NEMA, 2007).

Mining and quarrying are also income-generating ventures in a number of households. This enterprise is, however, unregulated and in most cases leads to land degradation (NEMA, 2007).

Bondo is rated as one of the poor sub-Counties in the country with poverty levels being as high as 70.6%, which is higher than the larger Nyanza region (56.3%). The most affected group is that of women, though, whose ratio compared to that of males is higher

(11:10) are twice as poor. Another group, which is affected, is that of the youth (15 – 49 years), whose percentage stands at 52.4% of the total population (KNBS & ICF, 2010). With such a high number of youth competing for the limited employment opportunities, many youth engage in income generating activities that are not environmentally friendly such as charcoal burning and firewood selling.

Population distribution statistics show that poverty levels are higher in rural areas (70.6%) compared to the urban centres (67.5%). This is mainly attributed to the availability of formal employment opportunities in urban centres compared to unprofitable farming, which is the major economic activity in the rural areas. Faced with unreliable farming, many people in rural areas look for other ways of earning a living. These include selling firewood, charcoal, quarrying and mining, which lead to environmental degradation.

3.2.2 Health Amenities

The sub-County's health infrastructure has improved as a result of the construction facilities through devolved funding such as the constituency development fund (CDF) and the Local authority transfer funds (LATF) and the involvement of the private sector through the private-public partnership. The sub-County has 24 public health facilities. These include one Sub-County hospital – Bondo sub-County hospital) with three medical doctors, one Sub-sub-County hospital (Matangwe sub-sub-County hospital) headed by a Clinical Officer, four health centres, three of which are headed by Clinical Officers while one is headed by a nurse and 18 dispensaries, which are headed by nurses (MoPND, 2009; KNBS & ICF, 2010). Nyang'oma division has a mission centre which houses a Mission Hospital, School for the Deaf, a Girls' Boarding School and a

Technical College. There are also illegal medical clinics and dispensaries operating in the sub-County.

There is deficiency of medical practitioners in the sub-County. All serious cases have to be referred to the sub-County hospital and the three doctors cannot effectively attend to such patients. Among the government health facilities, only the sub-County hospital has doctors. The doctor patient ratio is estimated at 1:1700 while the nurse patient ratio is estimated at 1:50 (KNBS & ICF Macro, 2010). The implication is that the poor who cannot afford private health facilities are unlikely to be well attended to; this increases the probability of death. The most disadvantaged areas are Mageta and Ndeda-Oyamo islands where there are health centres that lack basic facilities such as electricity and thus responding to emergencies is impossible. Accessing the sub-County hospital is very difficult. Patients rely on boats to cross the lake after which they use road transport to reach the hospital.

3.2.3 Social Amenities

The main activities in the central part of town are limited to business/economic activities, schools, hospitals and other health facilities, institutional offices and other essential social infrastructure. Bondo has 133 primary schools and 24 secondary schools, to which the learners walk from their homes. The sub-County also had 6 tertiary institutions as at 2008 (MoPND, 2009), which includes Bondo Teachers Training College. There is also Bondo University College, a constituent college of Maseno University. Several new hotels have come up in Bondo town catering for the growing market for business people and for workshops and conferences.

There is a marked improvement in service delivery in the sub-County, enhanced by the rapid results initiative (RRI) reform program. There is service from the ministries of Provincial Administration and Internal Security, Office of the Vice President and Ministry of Home Affairs, Justice, National Cohesion and Constitutional Affairs. Others include the State Law Office, Judiciary, Kenya National Audit Office, National Assembly Electoral Commission of Kenya, Kenya Anti-Corruption Commission and the Ministry of Immigration and Registration of Persons (MoPND, 2009).

3.2.4 Culture and Ethnicity

Bondo is predominantly Luo, an ethnic group that is majorly located on the Kenyan side of the Lake Victoria basin. Bondo's urban population, however, is relatively cosmopolitan due to the immigrant population that works in the government offices traders and road construction workers, even though the Luo constitute a larger population of the town centers. The rural areas on the other hand are wholly Luo with exception of countable traders, public serants in health facilities and schools, public service vehicle (*matatu*) operators and domestic workers from mainly the Bakuria, Baganda, Abagusii, Baluhya, Agikuyu, Somali and other communities.

Bondo has a variety of religions with Christianity having a larger share of followers, with its various sub religions – Catholics, Anglican and Pentecostal churches. There are also smaller percentages of followers of Islam and various African traditional religions. An interesting religious movement is the Legio Maria, a New Religious Movement which is an off shoot of Christianity. This movement proscribes its followers some foods.

3.3 Research Design

This study used an exploratory descriptive cross-sectional research design. Exploratory design was appropriate because the perspective adopted in this study has not been saliently surveyed in health and cultural studies and this study therefore sought prospective of developing more solid and particular studies. In this study, the researcher observed phenomena and then described what was observed in the sample population at one point in time – hence the need for a descriptive cross-sectional approach. The study was carried out in two phases. The first phase involved establishing the objects/units of analysis that best fit criteria of the study and recruiting them. This included knowing their homes, places of work and/or school. It also involved recruiting and training research assistants. The second phase consisted of the actual data collection, processing, analysis and presentation.

3.4 Study Population

The study population consisted of all the individuals aged between 25 and 60 years in the study area who are economically active, estimated at 34.2% of the total population (MoPND, 2009). Since the study considered gender and socio-economic aspects, both women and men of this age group, with a source of income and willing to participate in the study formed the this study population.

3.5 Sample Size and Sampling Procedure

The sample population was recruited purposively to satisfy the categories that best fit the requirements of the study. The age group was chosen because it was considered to be working, has independent income, and therefore self-determines what they eat and what physical activities they engage in. Most members within this group are also married and

were therefore subject to expectations of the society related to changes in lifestyles and body image after marriage. Purposive sampling was also used during the recruitment of the Life History cases where the overweight/obese and underweight informants were sampled. The unit of analysis was the individual recruited.

The study consisted of 23 individuals; 20 for in-depth interviews (10 of whom were considered for Life Histories), 3 for the key informants' interviews. There were also 14 FGDs as described in 3.6.2 below. The individuals selected included both the male and female, divided into younger (25 – 40 year olds) and older (41 – 60 year olds) groups.

3.6 Methods of Data Collection

3.6.1 In-depth Interviews

Twenty (20) IDIs were conducted. This method was considered because it provides a richly detailed exploration of individual's own accounts of their lived-experiences, thereby helped in achieving a holistic understanding of the informants' situation. The informants were of different body sizes and shapes.

The interviews were conducted with the help of an in-depth interview guide (*Appendix 1*) containing open-ended questions so as to provide room for thorough probing to elicit detailed information. It was used to elicit the informants' perceptions pertaining nutrition, physical exercise and body image matters and how these predispose them to obesity and other health risks.

3.6.2 Focus Group Discussions

The FGD sought to identify the perceptions with respect to obesity, nutrition, body image and physical activities, and how these affect health. There were fourteen (14) FGDs each consisting between 6 and 10 individuals. The groups were constituted as

follows; 3 groups of younger males (aged between 25 and 40 years), 4 groups of younger female, 3 groups of older male (aged between 41 and 55 years) and 4 groups of older female. The FGDs were done until saturation was attained and no new information was yielding from the subsequent groups.

The purpose of the FGDs was to use the social dynamics of the group, with the help of a moderator/ facilitator, to stimulate participants to reveal underlying opinions, attitudes, and reasons for their behavior. To achieve this, an FGD guide was used (*Appendix 2*).

3.6.3 Life Histories

The study also used Life histories (LH) to obtain detailed information from informants' broader socio-cultural context, their attitudes to body image and its relation to health. 10 individuals were selected from the 20 IDI informants to participate in this category. This selection for the LH was purposive – only those who were considered by other members of the community to be either fat (overweight/obese) or thin (underweight). It was thought that they could give insight on the experiences of overweight and underweight individuals. The selection was done during and after the IDIs. The individuals also consented to the taking of their heights and weights, which were used to confirm their BMI levels by use of a chat (*appendix 6*).

The 10 consisted 3 underweight, and 7 overweight. The selection was done so as to include both age (4 younger and 6 older) and gender (4 male and 6 female) categories. Two of the overweight confided that they were HIV positive-on-ART, and were very helpful in the understanding an emerging proposition observed earlier during the FGDs and IDIs on the changing perceptions of body image in the wake of HIV/AIDS.

The LH adopted an array of tools including life histories (LH) guides (*Appendix 3*), informal conversations at different times and going out for walks with the informants. The informants in the LH were identified quite early so that the researcher could build rapport with them and their households.

3.6.4 Key Informants Interviews

Key informant interviews were conducted during the last stages of the data collection. The study utilized the key informants to obtain complementary information that could not be obtained from the FGDs and IDIs, as well as objective information on health, beliefs and practices. The key informants were also used to clarify issues that were obtained from the FGDs and IDIs done earlier.

The key informants were: Medical officer, Community health worker and Community leader. The issues sought for in the KII included the health information available on the issues of the body image, it's uptake by the community in relation to the ideal body image. It was done with the help of the KII guide (*Appendix 4*).

3.6.5 Secondary Sources

Relevant literature on knowledge, attitudes, perceptions and practices of obesity, nutrition, physical exercises and body image were reviewed to provide background information to the study. Documentary materials such as health education pamphlets, newspaper clippings and journals were also explored.

3.7 Data Processing and Analysis

This stage involved cleaning, coding and data entry. All audio-recorded work was transcribed and those that had been done in other languages other than English were translated into English.

Qualitative data obtained from IDIs, FGDs and LHs was transcribed and analyzed thematically. For each of these data, separate code sheets were created in an attempt to establish and interpret the patterns and relationships. Observations notes, pictures, drawings and charts from the LH were attached to the respective transcripts and analyzed thematically.

3.8 Dissemination of Study Results

The results of this study will be made available at the library of the University of Nairobi including and e-repository copy. A final report of this study is also to be made available to Steno Health Promotion Centre, Denmark. The results will be published in peer-reviewed journals as well, so as to share knowledge with the scientific community worldwide

3.9 Ethical Considerations

3.9.1 Ethical Consideration

Before the interviews were conducted, a statement of consent was read to all respondents in the study, and they were asked for their informed consent to participate. In some instances such as IDIs and LHs, the consent form was used (*Appendix 5 (a) and (b)*). Participants were briefed about objectives and procedures of this study and that it was in their own discretion to agree or object to their participation, or withdraw from the study at any time they so wished. Permission was also requested from informants to audio-record their information.

Explanation was given to all the informants and respondents concerning confidentiality. It was made clear that the information they provide, whether orally or in writing, would be treated with strict confidentiality and that it would only be used for research

purposes. Confidentiality and anonymity were maintained throughout the study by using pseudonyms and codes to protect the identity of the respondents. Furthermore the data was kept under secure lock and key cabinets and password protected computers that were accessible to the researcher only.

Research permit was sought from the National Commission for Science, Technology and Innovations (NACOSTI), before the onset of the fieldwork. Since this was a social science study, physical harm to the subjects being interviewed were not anticipated. However, since the topic of overweight and obesity is increasingly developing in discourse, people who are affected by obesity could have been psychologically distressed. Services of a counselor and able family members were therefore arranged, though no such a case ever emerged. The greater benefits of this study might not have been specific to the study site. However, the benefits highlighted in 1.4 above will apply.

3.9.2 Paying for Information: An Ethical Concern

An ethical question that arose in the field was the idea of paying participants. While all participants were adequately reimbursed for transportation and a small snack during the discussions, some informants insisted that they be paid upto1,000 shillings per individual and meals before participating. Despite the plea that this was an academic project and had not been funded to include such kinds of demands, they persisted and declined to give audience. They influenced others not to participate, and indeed some, especially younger men declined to participate. The field assistants and even senior members of the community's plea did not work either, it seemed difficult to conduct any meaningful study with these groups of individuals. Such individuals were dropped from the study and I had to find more groups within the area to conduct the study.

It is a growing trend that some groups and organizations that have recently been conducting studies in this area have made it a habit of paying informants. It is alleged that some groups have been organizing seminars and workshops, and have been paying the participants money as sitting allowance, transport re-imbursement and even buy them foods and drinks. This has somehow 'professionalized' data collection in the part of the informants, making it impossible for students, and other groups that cannot afford such funding, to conduct studies in this area. One of the 'professional' remarked that he understood the information that we were collecting would be used to make us rich yet they would remain in poverty.

CHAPTER FOUR

ATTITUDE TO OBESITY

4.1 Introduction

This chapter focuses on the Socio-Cultural factors that people refer to and how these influence their attitudes toward obesity. The chapter is divided into two parts. The first part deals with the perceived causes of change in the size and shape of the body. The second part explores the various socio-cultural factors and how they impinge on the attitudes that people have towards an obese body. In this, the following are explored: health and work stamina, beauty, wealth and status, moral issues arising from body image and how obesity relates to age and gender. Lastly the part deals with the influence of body image in the choice of marriage partners.

4.2 Causes of Change in Body Size and Shape

Among the Luo of Bondo, there are varied perceptions and attitudes to different body sizes and shapes. Even for a similar body shape and size but with different individuals, there are varied perceptions as far as the individuals are concerned. The perceptions and attitudes to the various body sizes depend on what the people consider to be the cause of the body size. If the body is thought to be reducing as a result of a certain problem, then an obese body will be cherished as an indicator of lesser or absence of the problem. Similarly, if the body is thought to be increasing as a result of a problem, then a less obese body will be cherished.

For the Luo in Bondo Sub-County, apart from genetics, nothing positive causes one to be thin. A thin person is associated with stressed life, poverty, poor nutrition and diseases. People are thought to reduce in weight or remain thin because of ‘too much

thinking.' Marital problems, economic woes such as inability to meet the basic needs of the family like food, clothing and education, may cause the individual to reduce in their body size. The body size and shape of the guardians may reduce when they have too much to think about (stress), and also when abrupt chronic sickness and accidents befall the family, as illustrated in the following excerpts.

> My daughter's sickness made my body to reduce because it was something so abrupt, she became sick before I had gotten well after the accident that we had. When she was brought to me and the way I was then, I was very confused and I wanted her to come back to her senses fast, but she is coming slowly by slowly. But the way my body was before she fell sick, is different from the way it is now. That is what shook me a lot …even if I try to make it grow a little fat it does not. So I am just there. (*An underweight Older Female, 56 years old, in Nyang'oma*)

> My body has decreased in weight…due to the conflicts at home and loss of lives, I cannot eat well. When I look at the achievements like the money we got from the gold, I would eat well but when I lost a person then I again had a lot of stress…stress and especially when I lost my father...and losing my elder brother because he was a very helpful man to me... I am praying God to help me find someone who can help in paying my school fees, because that is the main reason why I am continuing to lose my body size. That is the main thing nothing else…school fee. But if I can find someone to help in paying it…I think my body can increase. (*An underweight Younger Male, 29 years old, in Wagusu*)

On the contrary, obesity is associated with a stress free life. People who are obese are thought to be having less or no marital strain/family conflicts, less work-related anxieties and no financial pressure. In their stead, their lives are full of comfort. People who are recently married are expected to grow fat since, as a result of enjoying proper diet (for the men) and the joy of managing their own homes (for the women); they are

believed to be having peace of mind. Indeed, a married person is never expected to grow thinner, for this would imply that the other partner is treating them unfairly and exerting stress on them.

Table 4.1: Perceived causes for the changes in the body size

Causes for a thin body (underweight)		**Causes for a fat body (overweight)**	
Positive	**Negative**	**Positive**	**Negative**
	Marital and family conflicts	Peaceful home (stable marriage)	
	Doing strenuous/menial jobs for pay	Ability to pay for jobs to be done	
	Poor nutrition	Good nutrition	
	Poverty and low income	Good income	
Genetics		Genetics	
Therapeutic measures e.g. Eating lemon			Drugs e.g. ART and Family planning
	Diseases (HIV/AIDS)	Healthy life	
Self-control in feeding			Gluttony
	Misfortunes in life e.g. deaths in family		
			Laziness

On the negative, obesity is thought to be caused by laziness, lack of self-control in feeding, poor physical activities and uptake of drugs such as family planning drugs and those on anti-retroviral therapy. Young men who are obese are believed to be gluttonous and lazy individuals who would easily take advantage of those they oversee, therefore

for the young men, obesity has a negative cause. Excessively obese younger women are also avoided since they are considered too old. These women, who in many times are younger in age, are considered too experienced in matters of sex and use of family planning methods, and thus believed to be promiscuous, are avoided by potential marriage partners. These women are advised to take up therapeutic measures such as eating lemon to reduce weight. Other drugs that cause people to be obese are the ARVs.

4.3 Attitude to Obesity

4.3.1 Health and Work Stamina

Obesity is associated with good health. The more obese a person is, the healthier they are thought to be. In fact, they are thought to be healthy enough to even donate blood. This perception cuts across age and gender; obese children attract praises to the guardians while obese wives are status symbol for the men. General scenarios of mothers with obese babies to the dispensary are not rare to the medical staff at the Nyang'oma dispensary, yet the mothers perceive that since the baby has a fat body then the baby is healthy, neglecting any information of the health risks they might be putting their babies at. According to the KII with the medical officers, the adults are not left behind in this notion;

> *INT: That is on the part of the children.*
>
> R: Yes.
>
> *INT: What about the adolescents, the youth and the old?*
>
> R: Well…the same thing cuts across all the ages. It is not uncommon for, say, if I happen to add on more weight and come here I'm sure two or three people will tell me "I see nowadays you are doing well."
>
> *INT: So a good body to them is a sign of good life?*

> R: yes, the impression here is that you see most people congratulate the size of a big body but they undermine the thin bodies, so this makes most people from around or everybody wishing that "if am fat then I'm comfortable." (*A Clinical Officer at the Nyang'oma dispensary*)

And,

> *INT: You have told me when you were young you were very fat; how was that kind of a body a benefit to you?*
>
> RESP: First and foremost, working people would come and start praising me saying I was healthier than them, this used to make me very happy. (*An overweight Older Male, 60 years old, in Mbeka)*

An obese person cannot be easily 'shaken' by sickness. An obese woman (BMI=34) in Bondo, commenting on her body, describes it as healthy and normal, she does not consider herself being overweight. Weight becomes an issue only when it inconveniences one from attending to the daily chores and reproduction duty;

> [Since childhood] I used to like it because I was not sickly or somebody whom when shaken by something (diseases) gets weak fast. So I did not think it was bad. I liked it…my weight has not been bad apart from the time I used to have problems with giving birth, that is when I reduced a little. But after they (doctors) helped me solve the problem, I now gained my normal weight. (*An obese older female, 52 years old, in Nyang'oma*)

The thin people on the other hand are perceived as being sickly and can potentially infect others with whatever they are suffering from, and people are usually uncomfortable around them. All informants, when asked what comes to their mind when they see a thin person, among other issues, would mention that a thin person is sickly. In most of the FGDs, the very thin participants attracted sympathy from other members.

> R1: The first thing is that you will look down upon the person and you will just greet him like this (demonstrates the half-palm shake and the unconcerned, sneering look) because you are not comfortable shaking his hand and will even shake his hand half way, because he can even infect you…you might feel that there is something wrong with the person, could it be that he is starving or…? But you will look down upon that person. You will not feel comfortable greeting such a person the way you might be while greeting a fat person. Because you might think that the fat person can take you to where they are getting that fatness. (*FGD with younger males in Nyang'oma*)

Being thin is linked to HIV infection. This is in reference to the wearing and weakening of the body tissues associated with the advanced stages of the infection. This is captured in the following excerpt from an FGD with older males in Kopolo.

> *INT: What comes to your mind when you see an extremely thin person?*
>
> RESP: In the world that we are in now if you see a very thin person what will come to your mind is that he has '*jakom'* or chairman (a euphemism for AIDS) (*FGD with older males in Kopolo*)

As much as obese bodies are lauded, the rate of the increase in body size has an influence on how one is perceived. Of interest, there seems to be reservations on the absolute health credit for the obese individuals. For instance, those people who were once very thin or moderately built, but all of a sudden (within few months) they start to increase in body size, are viewed with cynicism. Such individuals are believed to be taking medications such as family planning (especially for the women) and are therefore considered immoral; or are under anti-retroviral therapy (ART). It is believed that these drugs make the women fatter within short periods of time.

> R1: On my side…it is said that there are some drugs which now fatten people, isn't it? And you have met a fat woman…your first mind will be this one is swallowing [the drugs] or this one is sick…For me I will see that this one is sick so let me go back to this slim one…this medium sized. That is why I still prefer

this medium size. If I see a fat woman what will come to my mind on my side and the way I have put my life…this fat person I will fear a little. I will prefer that thin one. (*An FGD with young males in in Nyang'oma*)

In the initial stages you may find this person raising up very fast, recovering the body worn out tissues, capturing the old body texture that was there before. This is why these people are relating this to the issue of HIV treatment that is part of it. It's a misconception that has been there, it's circulating within the society... (*A Clinical officer at the Nyang'oma dispensary*)

Not only ARVs [are thought to increase the body size]. I have known it coming out even with the FP (Family planning), that perception is also related to that. So they either rate this person among the FP takers or ARV takers but these [consumers] do not care about what they say. (*A community health worker at the Nyang'oma dispensary*)

Thin men are considered weak and unable to take up tasks that require a lot of energy. Similarly, thin women are perceived to be too weak and not be able to effectively handle the household chores or give birth to healthy children, they are therefore avoided too when it comes to marriage choices;

R2: I will say that if you are a man and thin it will make you not have enough energy according to your body size because maybe if you are thin then you may also be weak. This will not enable you to do your duties in the right way.

R3: You will find that if a person continues growing thin people will have different thoughts about him/her. Say if you wanted to be a go-between for two unmarried people, you might say that since this lady is too thin one day that [thinness] will cause some problems for you. That is a belief that people have. That when a girl is very thin then she must be suffering from chest problems. (*FGD with older females in Bondo*)

4.3.2 Beauty

An obese body is considered the '*maber'* (good*)* body. In one of the life histories (LH), an underweight older female, lamented about her present body and how it has depreciated in quality compared to the younger days. The older female in the LH describes her former body (which was fat) as being good

> *INT: How was your weight then…?*
>
> RESP: I was good, I was fat because by then there was nothing that I had in mind that could make me think a lot. I was just fat. (*An underweight older female, 56 years old, in Nyang'oma*)

Indeed obese people are considered the role models in terms of the body image. Both men and women are believed to be handsome and attractive when they have more muscular and fat bodies than when they are bony. Given an option between an obese and a thin person, most people would choose an obese body because a thin body looks so strange and the fat one attracts more respect;

> R: The one who is thin he/she looks strange, so strange…the thin/slender people take the fat people as their role models such that they feel they want to be like so and so, not caring if this person is overweight or otherwise. (*A Medical officer at the Nyang'oma dispensary*)

A thin body on the other hand is considered *'marach'* (bad) and ugly; and attracts negative attention and comments from others because it's considered 'sickness' which needs to be cured. Thin people, especially the women desire to be fat, only so as to be accepted and appreciated. Both the thin individual and the family are concerned about the thin member, and more often than not comment in a negative way to make the individual pursue a fatter body. The thin individuals also on their part wish they had a fat body. A married younger female lamenting on her underweight body;

> My weight now is bad I have 47 kilograms… [Others] are commenting badly, [especially] those who saw me in the past. And for the parents, it is only nowadays that they ask me what I am doing to make me have this bad body.
>
> *INT: Which body shape and size does your husband like you to have?*
>
> RESP: When I have a good body…when I hear them commenting about the kind of body that I had back then and now it's gone, I feel bad. (*An underweight young female, 27 years old, in Wambarra*)

It is so regretful to have a thin body, and if the body does not respond to (increase with) diet, one may become helpless. If given an option, people would prefer to have a fat body than a thin one. Two underweight women, one older and the other younger, yearn to have the fat body

> *INT: What choices would you make differently about your body if you had a chance?*
>
> RESP: If I can be fat again? (*An underweight young female, 27 years old, in Wambarra*)
>
> RESP: I never knew [of any information that would enable her to grow fat]. If I did I would have changed my body…if I knew I was going to have this thin body I would have changed my mind. (*An underweight older female, 56 years old, in Nyang'oma*)

4.3.3 Wealth and Status

Obese people are associated with a lot of wealth and higher social position. They are considered to be leading a peaceful and satisfied life even when in reality they don't. In most of the FGDs, both young and older women considered an overweight man attractive and most importantly – considering the worth fat men are accorded – as being wealthy and not lacking in means (land, laborers and money). Such men (husbands) are also respected by their in-laws, a fact that the women cherish. It seems no woman

desires a husband who is despised by her people. One of the factors that would make her people despise her husband is when the he is so thin such that he cannot properly fit in ceremonial dresses such as suits. The rich man is considered to be able to attain this body which fits into suits.

> R1: I like a fat one because when he walks people think he is rich even if we are poor. (Causing an acclamation laughter) People can also think he is a boss...
>
> R2: I will choose D [fat/overweight] (Causing acclamation)
>
> *INT: Why?*
>
> R2: If he goes to his wife's home, where she was born, people will say her husband is good. This is a rich man who fits his suit. (*An FGD with Young women in Wagusu)*

And, *INT: What comes to mind when you see a very fat person?*

> R1: This person is leading a very good life.
>
> R2: That person is rich.
>
> R3: That person is leading a peaceful life. (*An FGD with Older men in Bondo*)

In one of the after-the-FGD informal discussion with the older male in Nyang'oma, I inquired which body size (from the chart) they would have if they were earning a lot of money, and they unanimously pointed on the obese – E. Obese men are considered rich and living a comfortable life.

Some of the nick names given to the extremely obese person are '*mdosi'* and *'boss*' which mean a wealthy person and one who has servants thus living a sedentary lifestyle with no need to labour because he can afford to pay for his work to be done.

This position however is not conventional as others dismiss the notion that overweight people lead comfortable life. In one of the group discussions, a woman describes her fear for the overweight men, routing from her experience

> R4: In the past I used to think that this person was well-off yet such people have nothing. A man can be fat and has a very thin wife; I fear a fat person. (*A younger female in an FGD with younger females in Wagusu*)

The thin people on the contrary are associated with poverty, lack, sickness, marital problems and general life's misfortunes.

> R1: He (the thin person) is poor.
>
> R2: He may be sick
>
> R3: He is poor or that is the nature of his body...
>
> R4: He is poor.
>
> R5: When I see a thin man I think his wife is not taking good care of him. Because a thin man could be thin but healthy, so if that is the nature of his body it will look healthy. But when you see that he is thin and his skin looks pale then may be his wife is not taking good care of him.
>
> R6: Maybe his wife is a quarrelsome woman and he buys food and after it is put on table he cannot even eat. Maybe when he just enters the house the first thing he will encounter is a fight with his wife so he will always be sad, and might make his body not to be good. (*An FGD with Young women in Bondo***)**

Associated to this, thin people are also perceived to be struggling in life, poor and sick;

> *INT: What comes to mind when you see a very thin person?*
>
> R1: For the thin ones you may hear someone say 'this one are struggling with life just look at how thin he is'. That is what will be said.
>
> R2: Or could it be that this person is sick?
>
> R3: Maybe the person is thin because there is *modho*
>
> *INT: How?*

R3: Does not have enough to eat, if say, you eat today during lunch time the next time you will eat is tomorrow. (*An FGD with Older women in Nyang'oma*)

Obese people (both men and women) can be trusted with other people's resources**.** Courtesy of their fat bodies, they are considered to have attained ultimate material wealth and therefore cannot misappropriate or steal money entrusted to them. On the contrary, the thin people are thought to be potential thieves of other people's resources. Furthermore, the obese people can easily access financial loans as opposed to the thin ones because the obese ones are perceived to be able to repay the loans advanced to them but the thin ones are not.

INT: Whom would you consider giving a loan amongst them?

R1: E (the obese)

R2: E

R3: E because she is the one who looks like a person who eats well, lives well and has money.

R4: She also has money.

INT: Do you mean that people with fat bodies are people with money?

R1: Yes, they have money.

R2: She is living a good life.

R3: and has a good source of income. (*An FGD with Older men in Kopolo*)

R1: He (E) is rich and can refund the money.

R2: I can give this (E) rich person who can refund the money. (*An FGD with Older women in Kopolo*)

And,

R2: They say that a person who has a little is the one who can be added. And if we look at E she looks like she has something and she is the one who will be

> added something. Because even if it is a donor who has come, they will just want to add you a quarter of what you have, but one who does not have anything will be told to wait they go and think then come back. (Causing laughter) Because they know that there is nowhere you will get anything. You are like a small child who has just been born and in fact it is like they will start feeding you and your children. So if you are someone who has a little they will think about adding you a quarter so that you may continue growing. (*A young woman, 30 years old, in Bondo*)

In so far as remedies that would change their body size and shape are concerned, people are more ready to take up remedies that would increase their body size and weight than those that would reduce their bodies. Most obese people would not take up advice on reducing the body weight, rather, obviously contented with their body; they consider such advices as jokes.

> You will tend to advise them on the sensitive issues on the need of reducing the body weight. But to most, when you look at the person psychologically he is impressed with the size of the body such that if you are giving this advice (on reducing the size of the body) it's like you are joking. He does not take it serious. He feels good about being fat, so even if you are giving the advice on reducing the body…it's like singing a song to a goat; they do not take it seriously… (*A Clinical Officer at the Nyang'oma dispensary*)

On the contrary, the thin people are more than ready to take up remedies that would increase their bodies;

> …but when you talk to that person who is malnourished, they will at least see some sense…and feel they should increase the body. But then the danger is that this person will have the perception of increasing the body even more because the thin/slender people take the fat people as their role models such that they feel they want to be like so and so not caring if this person is overweight or otherwise. (*Clinical Officer at the Nyang'oma dispensary*)

Thin people are seen to be needy and are thought to be suffering from some kind of problems and therefore need merciful attention. They are analogized with dry seasons that can turn to be productive if it rains;

> So I would prefer that the loan be given to A (the thin/underweight), because that thin person...does not have but if she can get something she would move to B and even go to C. If I look at them I would prefer that we give [person] A support because we don't know why she is thin. That might not be her normal body, but if she can eat, just like we have dry and rainy seasons, if it is rainy season for her you would wonder and ask whether she has found somewhere fertile. She might be growing thin because she is thinking too much and there is nothing she can do. (*An older male, 49 years old, in Kopolo*)

4.3.4 Moral Issues associated with Obesity

Among the people of Bondo, moral issues are raised when certain categories of people, especially the younger groups, become more obese than is necessary. For the women, too fat ones are feared since they are thought to be using family planning methods to avoid pregnancy, an element associated to promiscuity. Parents and peers would prevent the young men from marrying too fat women for this reason. In addition, excessively fat women are believed to be poor in hygiene and clumsy. They are believed to be lazy and incapable of taking household chores as they are expected to.

Among the young men, obesity is associated with 'not sweating'. 'Sweating' occupations (such as gold mining, fishing, farm-work and bicycle-transport operation) are seen by many as the most legitimate way of acquiring wealth. Other forms that do not involve sweating are seen as less hard work and are equated to bribery and extortion. Obese people are those that participate in this vice and are proverbially analogized as people who eat with the blind, meaning that they take advantage of other peoples' misfortunes and ignorance to enrich themselves;

> That guy has become fat, could it be that he is eating with the blind? (*An older man, 58 years old, in Nyang'oma*)

Similar to the younger women, obesity among the younger men is associated with laziness. Most employers who require menial laborers would avoid hiring obese people because they believe that the fat people get tired easily and take a longer time to complete their delegated work.

> R1: *Tunasema ni kama…hata kazi ya kiume hawezi fanya* (what we say is that they can't even do menial work). Even at times when you call people for work, some [employers] ignore them (the obese).
>
> *INT: Mmmh…*
>
> RESP: They say even if you call him…because most of them have that habit, when he comes he will be a back-sitter. He will work a little…then, we believe that men who are too fat when they get involved in the heavy activities, they rest so often. They work for a short time then they look for somewhere to rest. So we don't like heavy people. (*A young man, 36 years old, in Nyang'oma*)

A thin person on the other hand is considered a hardworking person. They do not get tired and weary easily during work;

> R2: I like a small body because a thin person does not get weary fast and even if you are doing work that involves riding you can ride to Bondo and don't get tired. You just ride on hilly areas and you don't get tired, but a big body after sometime the person can easily be tired. After sometime the person has pressure, what so that is why I like this small size of mine. (*An FGD with older women in Nyang'oma*)

4.3.5 Obesity across Gender and Age

Obesity is tolerated differently according to the gender and the age of the individuals in the society. The women are allowed to be more obese than the men. Among the younger groups, a younger male should be strong and flexible for him to create wealth easily and

thus, the less fat the younger man is, the more convenient. Obese younger men are considered lazy and are ridiculed. This is in contrast to the woman, whose role is mainly home making and attending to 'simple' farm and household work, and could be excused for being obese since she does not need to move as frequent and as fast.

> RESP: You see here even if you [as a man] go for number A or B [referring from the chart], it is ok but if you go for E people will not take you to be serious…you see if you come with someone like this and you are a youth of about twenty [years], people will not take you to be serious. (*An older man, 52 years old, in Nyang'oma)*

Pertaining age, the older people, both men and women are encouraged to pursue an obese body. It is believed that the older people have already made it in life and therefore do not need to struggle moving up and down, their bodies therefore should not be like those of the younger ones, they should be obese. Older people with employed children are encouraged to pursue a more sedentary lifestyle and be fatter as a sign of being well taken care of by the children. An employed child whose parents are thin is rebuked by the peers and the society in general; and is ridiculed for 'abandoning' the parents. Furthermore, obese parents stand a better chance in managing their homes than the thin ones. It is believed that when obese parents give instructions to their children, the children are more likely to obey as opposed to if the parents were thin. Thin parents risk being disobeyed and pushed away by their children when they try to give instructions that are not favorable to them.

4.3.6 Obesity in Partner Choice and Marriage

Most young people indicate 'medium' shape and size – illustrated as 'C' in the chart – as the most attractive for partners (for both the male and female), and describe this shape as a healthy frame. The illustration 'C' portrays both the shape and size that most of them

consider attractive, that is, wide hips, small bust, thin waist and 'strong legs' for the women; and muscular torso and legs for the men. This however seems only to be idealistic. In the actual day to day life, people are consciously working (through their diet and discourses such as when they praise the obese individuals and criticize the thinner ones) to be obese – an admired trait for all people regardless of gender and age.

A mild dichotomy exists between the preferred size at marriage and the expected size during marriage. While there is no standard body shape and size for anyone to qualify for marriage, more overweight individuals stand at an advantage in getting a marriage partners as opposed to their thinner counterparts.

> …So people have different choices and that is why when you showed us those illustrations we chose C to be the better option because A had a lot of ribs and that is why we could not choose her because we saw a lot of ribs in her such that even if you give her food she cannot grow fat. So choices differ. *(An FGD with young men in Nyang'oma)*

Young women believe that the fat ones have more chances of getting married earlier than the thin ones. Fat women appear mature much earlier in life than their thin counterparts and start attracting men much earlier thus the fat ones get married while the thin ones continue with schooling;

> R3: According to my own view I can say that for a girl who is fat, that body will make her to know men early in life when still too young. And if she is thin she can go to school for very long before she gets to know men and it will even be difficult for men to know that she is of age. The one with a big body will get married early and if she is still goes to school she will be feeling ashamed and feel like an old woman among the rest. *(An older man, 49 years old, in an FGD in Kopolo)*

Of more interest, a fat girl attracts rich people for marriage, and this is perceived to be a great benefit for the girls' household as it may uplift them from poverty.

R2: A girl with a fat body can attract somebody with money and you might be surprised if a rich man comes to take her for marriage that can also bring you some help. That body is also attractive to the eye.

The older men would prefer their sons to marry fat women

R1: … men don't like thin women and if one takes a thin one, you will hear them whispering "what did the son of so and so marry" most of them like fat ones. Because if a fat one is walking you will hear people say 'just look at her!' meaning that men have urge for a fat woman than thin one or the medium one. (*An old man in an FGD in Kopolo)*

INT: So, does body shape and size influence marriage?

RESP: Yes, that's true… You know a woman can marry anyone [man] whether he has a big or small body but you see for a lady, if the body is not well built then she has a problem, that much you know. (*An older male, 58 years old, in Nyang'oma*)

Opinion on the alternative suggests that unmarried fat women only look appealing when they are much younger (mostly in their teens and early twenties), but as they grow older, they are feared by men interested in marriage. These fat women appear to be much older and promiscuous; and the parents to the son, fearing for the welfare of their son, advise him not to marry the fat woman.

R5: When a girl is still here in my house she has to have a good body. You know when a girl is very fat men will be afraid of her.

INT: Why?

RESP: They will say 'the daughter of so and so is *mwamba* (very big) just look at her chest, her chest is wide' and if she has big breasts like mine they will say *'yago koluga gi ohinge manadi*' (her big breasts are heavier for her) there are always some words that are insulting which they use to spear your heart.

R2; They even say 'this one is old'

R3: Yes ‘this one is old, this one with big breast and just look at her buttocks’ so she should have a smart body.

R4: A body that can earn you something. **(***An FGD with Older women in Nyang’oma***)**

After marriage, there is a general expectation for both the men and women to increase in size, though this expectation is more pronounced for the women than for the men. Often, a fuss is generated whenever a woman does not conform to these expected changes after being married. The men prefer that their wives grow fat after marriage. This is because he will be seen to be taking good care of the woman and therefore gain respect from his peers, in-laws and the whole society. When a woman grows fat in her matrimonial home, it is ascribed to the high quality of life in the home, the household is thereafter respected.

INT: What would be your reaction if your wife grew fat?

RESP: If she grows fat I will be happy because it shows that we are living well…it will make you happy because you married her when thin and could be blown by wind and now that she is here with you and has started changing, that shows that you are taking good care of her, and she is also having peace. But if she is not at peace and came when she was thin and could be blown by wind, she will not only be blown but will now fall down. (Causing laughter)

R2: To sum up I will say that people (men) like someone who is fat. If a man stays with his wife and she is gaining weight that will make him happy. So we should just agree to choose this fat one because that is the one who makes them happy. (*An FGD with Older men in Nyang’oma***)**

When the body reduces conflicts are bound to arise. This may lead to the parents of the affected partner intervening, and at the worse withdraw their child from the marriage. It is believed that quarrels in the household makes the women reduce their body sizes.

When the married woman becomes thinner than she was before marriage, this may make the husband seek to marry another fatter woman.

> R: It can be an issue if maybe you were fat and then started growing thin. He will now start looking for fat ones outside because you are now thin and maybe he is the one who is not taking good care of you. (*An FGD with younger women in Wagusu*).

And,

> R: You might have married a fat lady because that was your choice. Then in the long run she now becomes thin and you start wondering might she have eaten manila (*An FGD with younger men in Nyang'oma*)

Much as the men are expected to increase their size after marriage, failure to achieve that does not create much of a fuss as it would for the women

> You know for the man, he can be thin and still look fine. But a woman would look very ugly and miserable. (*An older male, 58 years old, in Nyang'oma*).

CHAPTER FIVE

INFLUENCE OF NUTRITION AND PHYSICAL ACTIVITY ON BODY IMAGE

5.1 Introduction

This chapter deals with the perceptions and attitudes that people have on nutrition and physical activity, and how people relate nutrition and physical activity to body image. First, the concept of nutrition is explored and how this is perceived to influence body image and health. Secondly, the perception of physical activities is explored in relation to body image.

5.2 Influence of Nutrition on Body Image

Most of the informants in the study knew the elements of a balanced diet, poor diet, unhealthy and healthy foods. All the 14 FGDs recorded a consensual understanding of the issues and elements of proper diet (carbohydrates, vitamins, proteins, water and minerals), while 19/25 individual informants (LH and IDI) stated the elements and examples of the elements of a balanced diet. However, there was no agreement in any one group as to how many meals one should have per day to be considered healthy. Others thought three meals per day, while others were of the opinion of four, five, and even six meals per day as proper. However, one member of an FGD with younger females in Wagusu proposed that one should only eat when hungry.

INT: How many meals should one take in a day to be considered healthy?

R1: Three times

R2: Four times

INT: Which are these meals?

R1: Breakfast, lunch, supper and after supper you also eat something…it is five times because after breakfast one should have porridge at 10 o'clock, after you eat lunch, then porridge at 4 o'clock, then after that supper

INT: Who has a different idea?

R1: One should eat whenever hungry (*FGD with younger females in Wagusu*)

One informant in Nyang'oma, a vegetarian and a diabetic, considers a proper/ balanced diet as comprising fruits, vegetables and brown (millet meal) and eggs. According to him, an individual should have an average of three meals in a day to be considered healthy. To him poor diet depends on the way the meal is prepared

R: You need fruits, you need vegetables. I like brown *Ugali* it is very healthy also eggs partly, yeah.

INT: What about a bad/ poor diet? What kind of foods would you consider poor diet?

R: You know it depends on how something is made. You might have a vegetable or *sukuma-wiki* (kales) if it is cooked well but some people just boil it and that is it. Therefore, for the body there are things that you people know which I do not know. (*An older male, 58 years old, in Nyang'oma*)

A person who takes a balanced diet can grow fat easily even when they eat less quantities of the food

INT: Why do some never eat a lot yet they get fat easily?

R1: They are following balanced diet. They eat small quantity of foods but rich in energy, is protective food and body building food.

R1: If you eat three types of food. (*FGD with Old men in Kopolo*)

It emerges that anyone is at risk of being affected by poor dietary practices. The youth for instance are mostly affected by poor dietary practices since they have an unstable

income and some even sleep on an empty stomach after a day's work. Some resort to drinking *busaa* (local brews) to forget the stresses of daily life.

> That is mostly youth here. Because most old people are actually established and they know that; "in my home here I have fruits and I can see some animals here." He is selling milk. He can sell milk and eat with it properly. Therefore, these young people have problems because when you reach some stage…stage called adolescent. You can be walking up to Nyamnwa or Wichlum [beach]. When you come back, having not even tasted anything from wherever you come. When you come back you just go and sleep. *Umetoka Wichlum umekunywa busaa kidogo, wewe unakuja na unalala tu* (you've come from Wichlum tipsy from local brew and you just go to sleep) (*An FGD with younger men in Nyang'oma*)

According to some, the women are more susceptible to the effects of poor dietary practices since they were created weak than men (who can fight for longer) by God. The older women are affected because they are always lazy to cook on frequent basis, and they therefore cook a lot of food and ration it as long as possible, only saucing it with fermented milk every time they want to eat. Old men who live with such kind of women are equally affected, and even more since the women can easily go for the women's welfare meetings or visit their peers where they are fed then come home to serve the old men with the sauced meals, which by then have lost almost all the vital nutrients due to over cooking.

People are more ready to change their diet in cases of sickness, pregnancy, inadequate resources (un-affordability) or when advised by the doctor.

> R: My diet would change if I'm sick, that is one…I would do what I am told [by the doctor]. They would tell you "please do not go for this processed food it will make you grow fat," they will tell you to go for gym, they will tell you to do work and so many things…if I am advised by a doctor then I will. (*An older man, 52 years old, in Nyang'oma)*

In addition,

> R: I stopped eating meat because of a disease. I was tested and they found that I had the disease that affects the bones. Therefore, even if I eat meat but in very low quantity it affects me, but I love roasted meat. I wish I could eat. (*An FGD with older men in Bondo*)

However, they are not so keen to change their diet if they realize that it may only make them obese. Indeed, more individuals will opt to keep up with a diet that makes them fat and change one that makes them thin. Nevertheless, there are cases when diet leading to more overweight condition is changed, this however, is only done when the health of the individual is at risk. People are keener on diet whenever their health is on test; otherwise, they would favor an obese body. Furthermore, an overweight body is considered good and only raises alarm when the person becomes incapable of performing the daily chores, or has difficulties in sleeping;

> R1: You can grow fat and become over size and this can cause you diseases. Therefore, if you realize that it is a type of food making you to be overweight and causing you diseases, you will stop eating it. (*An FGD with older women in Kopolo FGD*)

And,

> I nowadays also do not like *ugali* or porridge cooked with maize flour; because if I eat maize flour for long I add weight…I feel my body is not well. If I stop it and go back to millet flour or even if it is porridge I take one prepared with millet or eat *ugali* made with millet flour I just find myself coming back to normal, and I don't even get those problems I get when I sleep at night. (*An older female, 55 years old, in Bondo FGD*)

Whenever people eat, there is an expected visible outcome – increased body size. People who eat and yet do not get fat are believed to be having evil spirits in their bodies. It is believed that some people in a number of religious sects are possessed by various spirits

that make them either over-rely or abhor certain kinds of foods to an extent of convulsing, vomiting or becoming hysterical whenever such foods are prepared, are served in their presence or the utensils used for cooking the kind of food they abhor are mixed with those that are used to cook their choice food. One such religion espouses the belief that once a person has the spirit of an ancestor who disliked a certain kind of food, the possessed will also be guided by the spirit to avoid those foods. Failure to adhere to the spirits' direction leads to such convulsions and hysteria. The most common of the foods that are avoided are mutton, eggs, some vegetables, and certain types of fish. This makes them rely on a limited kind of food.

Some traditional African religions dictate what kinds of foods the followers should consume. For instance, Legio Maria followers are prohibited from taking milk and some kinds of meat. This may affect their health

> RESP: Yeah, Legio Maria do not take milk, they do eat meat.
>
> *INT: Can that be a risk to their health?*
>
> RESP: You know there are things that the body needs sometimes you are not in a position to eat a balanced diet. Because sometimes the body needs protein, where do you get it? Therefore, if you mix these small things from both sides you find that you are not well built. (*An older male, 52 years old, in Nyang'oma)*

5.3 Influence of Physical Activity on Body Image

The people are knowledgeable on the issues of physical activities. There is no difference between physical exercises and daily work. All of the daily chores require physical activities. From farming, mining, fishing, collecting firewood, herding to riding of bicycle and walking, the main means of transportation, their daily life is full of physical activities. The children walk to school, fetch firewood, play and help in farm work. The women do household chores apart from tilling the farms using *jembe* (manual hoes) and

forked *jembes*, slash the grass to keep the homestead clean and walk for long distances to and from the markets. The men on their part engage in manually tilling the farms, riding bicycles, walking, mining gold and fishing. Night running (an associate of witchcraft) is also considered a physical activity.

Comparatively, the elderly take up much lighter physical activities than the younger members, and the female take up lighter physical activities than the male. Similarly, the younger males take up more strenuous activities than their female counterparts do. While the younger males cut huge trees in preparation for first tillage, their female counterparts only do simple slashing of the homesteads. Likewise, while the younger male take up heavy farm work such as plowing the land during the first cultivation, the younger female do the lighter planting and weeding roles (Table 5.1).

Both men and women engage in community sports such as football, volleyball, handball and athletics, most of which are organized by politicians and special interest groups such as medical organizations, civil groups and local administration; to promote topical emerging issues including HIV/AIDS awareness, education and political processes. The people consider these as part of physical activities. However, the younger groups are more likely to take up extra physical activities in the form of sports, jogging and running. Indeed, in the period of the fieldwork, a number of organizations and politicians facilitated many of these ball games (soccer, handball, volleyball and netball) activities in the area, that being a festive season (Christmas and New Year festivities) as well as an electioneering period. Only the younger people and children actively took part in the activities. Largely, the elderly groups were spectators.

Table 5.1: Physical activities engaged by various members of the community

Physical activities engaged by various members of the community				
Children	**Women**		**Men**	
	Younger	**Older**	**Younger**	**Older**
Help in farm work	Light farm work	Light farm work	Heavy farm work	
Household chores	Household chores			
Collect firewood	Washing gold deposits		Mining gold	
	Slashing in the homestead		Cutting trees and clearing bushes	
	Cleaning fish at the shores		Fishing	
Walking to and from school	Walking to and from market	Walking around	Walking around	Walking around
	Riding bicycles		Ferrying loads on bicycles	
Herding	Selling wares in the markets			Herding
Playing	Community sports		Community sports	

The environment also limits uptake of physical activities. This is because the culture does not smile on certain groups of people doing extra exercises apart from the daily chores, bearing in mind that facilities for more private activities such as gyms are inexistent and therefore the people use open fields for exercises. For example, the

elderly, the overweight and the women are pessimistic when it comes to taking exercises such as jogging, as they would be thought not to be serious;

> R3: But again, in addition to that, you see the location where we are right now also, to some extent, contributes to negative mentality towards big bodies. For example if [we] were in a set up where somebody can go for exercises, say a gym, or a place where people who are obese or rather overweight can go for their exercises then it can help when you tell somebody about exercises then he/she can take it seriously. Take a situation where you are telling someone that "from today if possible you need to be jogging around" and you see jogging, an elderly person will tell you, "you do not know what you are telling me!" (*Medical Officer at the Nyang'oma dispensary*)

Physical activities were mentioned throughout the study as one of the ways to attaining the attractive body shape and size. For the people who are considered too fat, doing extremely strenuous physical activities such as working in the farm, or mining gold will reduce the excess fat in the body. To reverse the overweight condition, one needs to sweat and burn the fats in the body

> R1: You sweat and burn fats in the body when you exercise if you are very fat.
>
> *INT: Okay?*
>
> R1: The fats now reduce. When you are running and sweating you will also be burning fat and this will reduce them.
>
> R2: In addition to that, when a person exercises, he will be light and despite being fat, he can jump and run. If he does exercise daily, it will make his body flexible and can do the same duties others do like thin or medium people. (*An FGD with older men in Kopolo).*

CHAPTER SIX

DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

6.1 Introduction

This chapter focuses on the discussion and makes conclusions to the findings of the study. The chapter is divided into four parts. The first part deals with the Socio-culture and its influence on the attitudes to body image, while the second part looks at the role of nutrition and physical activities in the pursuit for an ideal body image. The third part explores the relationship between body image and health in terms of the likelihood of diabetes among various members of the population, and the influence of body image to uptake of medication. Finally, this chapter makes recommendations for further studies and policy implementations.

6.2 The Socio-Culture and Attitude to Body Image

Body image is a psycho-social dimension of body size that encompasses both perceptual and attitudinal factor, and has been associated with eating disorders (Bukachi & Shilabukha, 2008; Grogan, 2006). It is recognised that individuals make decisions on lifestyle behaviours based on body size perceptions (Swaminathan, *et al.*, 2013). On its part, body size and weight has been identified as an important health concern, a source of psychological stress and measure of self-esteem among people (Parker, *et al*., 1995) .The findings from the study indicate more tolerance, and indeed, a promotion of obesity as a lucrative end, notwithstanding the means. Within the socio-cultural matrix of the Luo of Bondo sub-county of Western Kenya, an obese individual is considered healthy, wealthy, and responsible; and thereby qualifies to be a role model. Health risk is not conscious in this pursuit of obese bodies; in fact, medical practitioners' advice is mostly

ignored, and thought to be far-fetched, only becoming relevant in the event of a real health crisis. Body image turns out to be more important than health.

Studies have shown that, even in the face of health risks, people contextualize themselves differently in order to satisfy their cultural need of belonging (Bukachi & Shilabukha, 2008; Grogan, 2006). In a phenomenological sense, social capital turns out to be more important to many people to the extent that health is easily compromised. For example, results of different surveys have indicated that White and Hispanic girls perceived themselves to be overweight even when their weight-for-height fell within the normal parameters (Parker, *et al.,* 1995). By comparison, African adolescents were found to be less likely to perceive themselves as overweight. In this case, both the African and White adolescents maintain a distorted perception of their body weight, but in opposite directions. African adolescents of normal and heavy weight perceive themselves as thinner than they actually are, while the White adolescents of thin and normal weight perceive themselves as heavier than they actually are. Indeed, for many African societies, the social and cultural capital associated with overweight bodies is a result of socio-cultural orientations (Onywera *et al.,* 2011). To the people in Bondo, they would rather appear 'wealthy', 'healthy' and accrue social status even if it means sacrificing health. This is the case with many other non-western societies, where overweight is an admired trait and often seen as a sign of wealth, prestige and good life (Bukachi & Shilabukha, 2008). To be noted, is the fact that members even go against their medical practitioners' advice just to be obese. This cuts across gender, age, and status. The joy of higher bride wealth, social standing and beauty, surpasses health implications among the women, while the pride of being considered strong and wealthy does it for the men.

This is not strange. In most of the non-western societies, no one individual can claim ownership of their bodies, indeed the body belongs to the culture (Izugbara & Undie, 2008). As argued in the literature review, in such non-Western societies, the body is largely symbolic (Izugbara &Undie, 2008; Shilling, 2003), and does not merely represent that which is seen – that is, the individual's personal, physical entity – but an extension of many other phenomena that are central to the society with which the individual is affiliated. Thus, the body transcends its biological, anatomical and physiological substrate. It becomes a medium of culture and the locus of the construction of society (Izugbara &Undie, 2008). In the case of the Luo of Bondo, since the culture demands that health, wealth and social fitness only be depicted in the obese; the people strive to achieve it, failure to which they are branded failures and misfits. As a result, in a kind of 'common sense-cal' or obvious means, the people embrace the 'obesity culture' without rationalization, to fit in the society.

Social life is a perpetual struggle to construct a life out of the cultural resources one's social experience offers in the face of formidable social constraints. By living in a society structured by such constraints, and organized by the successful practices of others, agents develop predispositions to act in certain ways (Postill, 2008). Among the people in Bondo, thin people are looked down upon, ridiculed and denied opportunities such as marriage partners, while the obese ones are rewarded with social status, marriages and opportunities for wealth creation such as financial loans. Such thriving and rewarding practice makes it lucrative to pursue an obese body. Obesity becomes a status symbol and a statement of great social achievement, maturity and ability. Concerns of health implications of obesity are never raised, and if done, they are brushed to oblivion as they are thought to be a deterrent to the achievement of social and

cultural excellence. Just as in many societies (Cash, 2005), the benefits of the girls being branded marriageable and thereby lure more wealthy potential husbands clearly outsmarts any medical implications among the Luo of Bondo.

These actions may seem rational and conscious to the external casual observer, and indeed even to the agents who may rationalize their own actions (Bourdieu, 2005); yet they are not rationalize-able, neither can they be based on reason alone. In the real sense, the practical apparatus is the deeply internalized societal field-specific presuppositions that 'go without saying' and are not up for negotiation (Bourdieu, 2005). The pursuit of an obese body is therefore based on the disposition inherent in the habitus and unfolds as strategic improvisations of goals and interests, pursued against a background of cultural constraints.

6.3 Nutrition and Physical Activity in Body Image

6.3.1 The Role of Nutrition and Physical Activity in Ideal Body Image Development

The findings indicate a mutual and evolving relationship between body image and physical activities and nutrition. Both are significant as far as achieving a desired body image is concerned. Body image has been implicated in a number of unhealthy behaviours. For instance, body image factors may influence whether people eat healthily or not, or whether they restrain their eating. Indeed, body dissatisfaction and excessive investment in the body have been linked with the full range of unhealthy eating behaviours, including binge eating, restrictive dieting and self-induced vomiting (Bukachi & Shilabukha, 2008; Grogan, 2006). In Bondo, obesity is occasionally associated with gluttony. What this implies is that, for people to achieve the obese body, they engage in uncontrolled feeding, and thereby putting their health at risk. Here, people are mostly concerned when there is a shortage of food, because they will be

hungry and lose weight, but in the event of abundance, there lacks restrain in the amount of food taken. The number of meals as well as the quantity of meals people take per day is mostly restrained by the availability of the food and production resources, rather than any dietary plan. Their notion of balanced diet, especially on the amount of food and the number of meals per day, indicate a desire to over-consume. Consciously or otherwise, this is done in pursuit for a larger body, which is cherished amongst them.

Body image can also affect the likelihood of engaging in, or avoiding, exercise (Grogan, 2006). Although being dissatisfied with the way one looks and 'feeling fat' can in some cases motivate one to exercise (Grogan, 2006; Grogan et al., 2004), it may also prevent one from engaging in organized sports activities such as exercising at a sports centre due to concern about revealing their bodies to others in sports clothes (Liggett, *et al.*, 2003). For instance, the older men of Bondo are reluctant to take up sports and other physical activities, especially those that would expose their bodies – a taboo, and therefore resort to a more inactive life, occasionally taking up chores such as herding, which are not physically involving. Among the Luo of Bondo, it is the youngest of the population, mainly the male, which take up physical activities. The women, especially the marriage-age and the married take up simple chores at home and farm, and with such minimum physical activities, coupled with increased diet, chances of obesity are not slim. Of course, this is tailored by the culture which demands that the women be obese, and, to achieve this, puts up structures in the form of gender roles that makes it possible for the women to meet this appropriate body.

The younger men on their part are more slender in comparison to their female counterparts. Looking at their prescribes gender roles, from heavy farm work, to carrying heavy loads on the bicycles over long distances, mining and fishing; it seems

their roles are tailored to offer them the desired body frame – flexible and muscular yet non-obese. Conversely, the older men are expected to be obese as a sign of authority and wealth, their roles usher them into more sedentary lifestyle, an excellent recipe for the development of an obese body.

6.3.2 Shifting Paradigms of Ideals for Body Image

Fundamentally, though certain dietary practices and physical activities increase or reduce the body size, this only actualizes in the backdrop of the cultural prospect of what the ideal body for a specific individual is. For instance, while most informants suggested that the excessively obese people could reduce their weight by eating lemon, reduce the number of meals per day, reduce the intake of foods such as meat, increase intake of vegetables, and take up certain physical activities, it is their notion of an ideal body image that informs these remedies. Thus, nutrition and physical activity becomes a means to an ideal body image. Likewise, the people eat certain foods that may increase their body sizes to achieve the ideal body image. Much as nutrition and physical activities may cumulatively influence what body size an individual has (the resultant body), it can be argued that, it is their notion of the 'idealness' of the body that influences the nutrition and physical activities programme adopted by an individual. To this extent, the idea of an ideal body image influences their nutrition and physical activities, while the nutrition and physical activities on their part become the means to achieving the ideal body image.

Once the person knows what ideal is expected of them, they take up practices that would propel them to the ideal body. Such practices include engaging in physical activities (less strenuous physical exercises or more preferably the lack of it), and eating more, in quantity and frequency, those foods that are likely to make them obese.

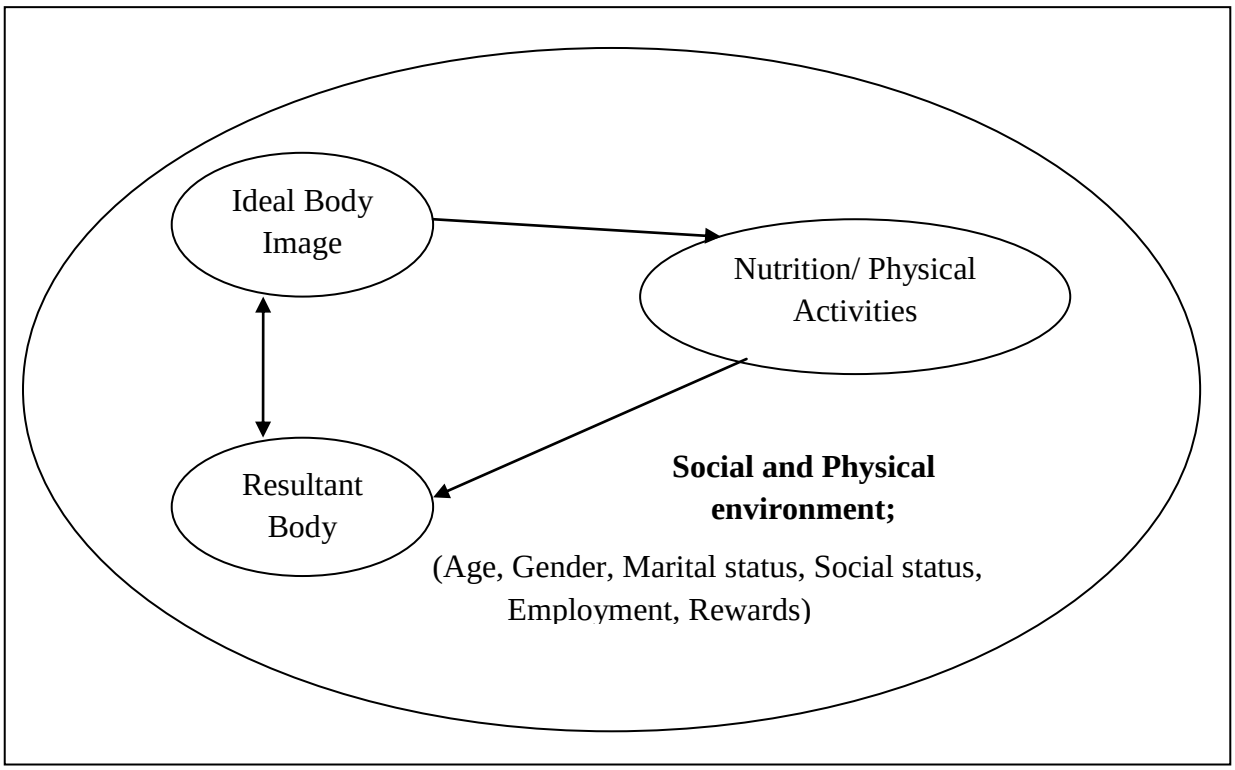


Figure 6.1: A process of pursuing an ideal body image

Excess feeding coupled with diminishing physical activities yields the resultant body, which measures against the ideal. Thus, a journey towards an ideal body image begins (see Fig. 6.1).

The idealness of the body depends on the age, gender, successful practice of others (rewards) and the social context of the individual (such as nature of employment, marriage and leadership position). For the men, it is expected that the employed, married, leaders in society and the elderly to have a more obese body than those on the inverse. For the women, the married and the aged are expected to be more obese. In essence, there is a unique ideal for each member of society depending on the above factors, and this ideal is as dynamic as the factors thereof. The more the members continue shifting from the various statuses in society, the more the ideals for their body change.

The pursuit of the ideal body image therefore, cannot be construed as a target concept, rather a cyclic one (as depicted in Fig. 6.1 above); it can only be grasped temporarily, after which a similar quest ensues. No one can claim to have arrived at the ultimate ideal to last a lifetime, and in that way stop working on the body. Throughout their membership in society, the agents realize that they are continuously shifting from different qualities of ideals as far as the body is concerned. Once the momentary ideal is achieved, a tilt in the status (for example marriage, social position, or employment), the agent realizes that the next level of ideal is set to be pursued. For instance, the male in Nyang'oma, as a child, one is ideally to be fat as a sign of good health; a young man is expected to be slender for ease of working, then later as he grows old, he is expected to be obese. In this discourse, it is not the fat-thin-fat cycle that is fundamental, rather the shifting paradigms on the continuum of ideals throughout life. A onetime ideal body image may be very different from the subsequent and thereby setting the agents in a continuous motion pursuing these ideals.

Furthermore, the inspirations for the instantaneous ideals are dynamic. For example, while the females are generally expected to be fatter, the motivation for this changes across time. As a child, one is expected to be fat as a sign of good health, in teenage years, the fatter women have more potential for marriage as they are thought to be more fertile and hardworking; while in older years, a fat woman is seen as wealthy, socially powerful and has the ability to control her family. In this case, the women are continually shifted from one paradigm of reasons for the ideal body to another throughout their life in the society. Depending on the instantaneous ideal (whether for the ideal body or for the motivation), the members take up nutrition and physical activities that can project them to the ideal.

6.4 Body Image and Health

6.4.1 Likelihood of Diabetes in Relation to Age and Gender

In recent years, the association between body image and overweight and obesity has been described (Grogan, 2006; Cortese, *et al.*, 2010). Obesity on its own part has been illustrated as the most important risk factor to diabetes, and in essence, the higher the tendency towards obesity, the more likely the individual draws closer to diabetic conditions (Boyington, *et al*., 2008). Despite this, the notion of obesity as a 'threat to life' does not exist in majority of the non-western societies, exemplified by the Luo of Bondo Sub-County, Western Kenya. Among these people, obese individuals are viewed as healthy, successful and models to be emulated. Pursuant to this, it is almost inevitable that certain categories of individuals in this society would become more predisposed to health risks especially when the idea of an ideal body is not uniform for all members, rewarding different groups differently for the same body size and shape.

Likelihood of diabetes in older vis-à-vis younger and male vis-à-vis female is based on the beliefs, perceptions, and attitudes towards obesity in different groups of people. The younger men are preferred thinner because they are expected to be agile and able to work under a strenuous environment. The young men are indeed more slender compared to their female counterparts, who are not supposed to be thin seeing that they might lose on the marriage chances, for they are considered too weak to attend to household and child bearing chores when they are thin. Thin women are looked upon with suspicion whilst a thin man who has no signs of infection is thought to be all right. When a woman is very thin, she is considered ugly and very miserable. In this case, the women – being 'pushed' to have a more obese body – are more susceptible to conditions resulting from obesity such as diabetes and hypertension compared to the men.

The older males, on their part, are not supposed to be of the same body size as their children. This is, in effect, to command respect from the household. There seems to be a consensus that older women and men – especially those with children and grandchildren, ought to be physically prominent so that they can rule the homestead. This also makes their children fear them. The boys may push a small man when they grow up when he tries to give instructions that do not favor them. However, the older men are not supposed to be too obese to an extent that they are not able to attend to ascribed duties such as herding, personal hygiene, and walking.

Globally, men and women face markedly different risks of obesity, with women more likely to be obese than men, thus making them more susceptible to obesity related conditions including diabetes. According to Case and Mendez (2009), in all but a handful of (primarily Western European) countries, obesity is much more prevalent among women than men (Figure 6.2)

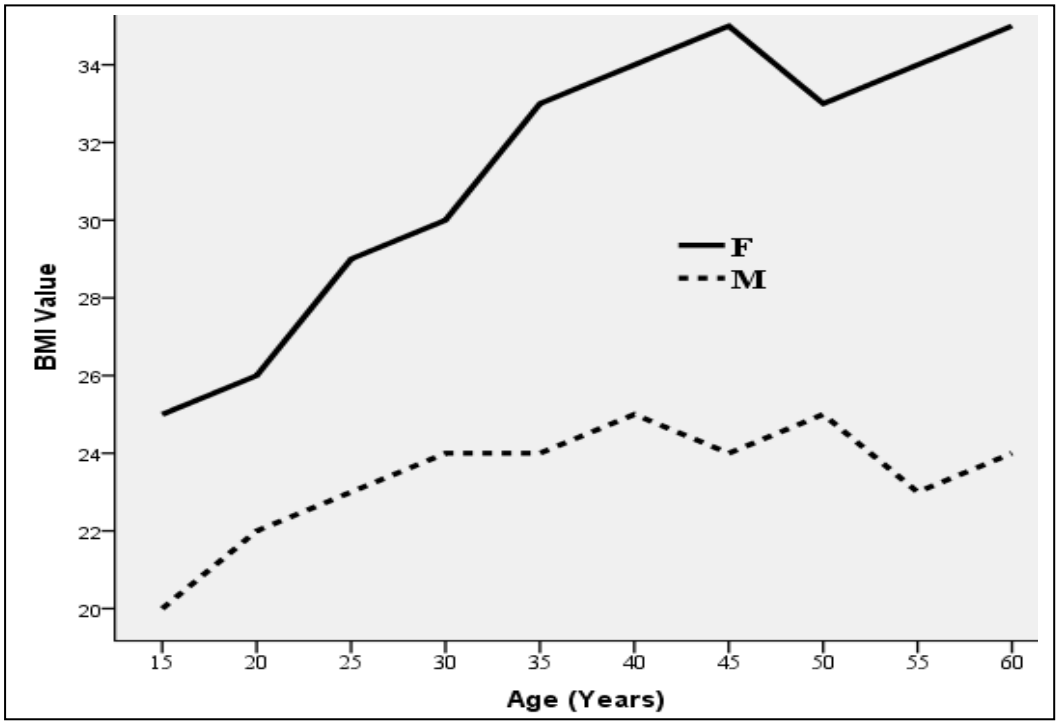


Fig. 6.2: Differences in the BMI of men and women (Source: Case & Mendez, 2009)

Three factors explain the greater obesity rates among women. First, women who are nutritionally deprived as children are significantly more likely to be obese as adults, while men who were deprived as children face no greater risk (Case & Mendez, 2009). Secondly, women of higher adult socio-economic status are significantly more likely to be obese, which is not true for men (Case & Mendez, 2009). These two factors – childhood circumstances and adult socio-economic status – explain the difference in obesity rates between men and women in Bondo. A third factor, prevalent in most non-western societies, is the women's perceptions of an 'ideal' body. In these societies, the women's perception of an 'ideal' female body is usually larger than the men's perceptions of the 'ideal' male body. This is significant because individuals with larger 'ideal' body preferences are significantly more likely to be obese (Case & Mendez, 2009).

The women in Bondo are encouraged to be as obese as they could possibly be so that they may properly take care of the children, while at the same time not jeopardizing the day-to-day household tasks. These women are only allowed to undertake physical activities that would not endanger their reproductive roles and abilities of conception, pregnancy, lactation, and home making. Their activities, therefore, tend to be much lighter and less demanding in terms of calories compared with those of the outgoing and risk taking men (Dishman *et al.,* 2005). By so doing, the women tend to gain more weight relative to the men, hence predisposing themselves to overweight-related diseases.

The result of these perceptions and attitudes is the obesity biased against women and elderly people. Since obesity is the most proximal indicator of diabetes, then it is

possible that these groups are more susceptible to diabetes and other obesity related conditions.

6.4.2 Body Image's Role in Compliance to Medication

People's perceptions and attitudes, more often than not, lead to unplanned response as far as health is concerned. Cases of non-compliance to important and sometimes life-saving medication such as vaccination programmes for children abound in many cultures (Travis *et al.,* 2004), mostly resulting from the belief that the vaccine contains unspecified elements that would harm the consumers (Travis *et al.,* 2004). Guardians therefore ignore such programmes and even hide their targeted children in case the government tries to locate the children forcefully, all the while resulting to fatalities.

Among the Luo of Bondo, Western Kenya, there is a salient yet unspoken belief that the people who suddenly gain weight and increase in their body size within short periods are on some kind of medication. The most notable is the family planning (FP) therapy and the anti-retroviral therapy (ART). It is claimed that these medications cause sudden 'ballooning' of the takers, especially the women, a belief that potentially could lead to avoidance of the medication by the patients. Young unmarried women are keener not to add too much weight and they therefore avoid such medications that they believe might increase their weight and deform their shape. On the FP, only the young girls take caution about getting too fat. The middle age and the elderly are not concerned about adding weight when it comes to FP. This has caused the unmarried younger women to avoid taking FP programmes for fear of distorting their body shape.

On the ART, however, though the medical officers observe that the people's belief on the link of increase of the body size to ART as a misconception, they concede to the fact that the biological function of the ART gives the results that might make such

postulations possible, and therefore difficult to dismiss the perceptions held by the people.

Of noteworthy, the stigma on HIV/AIDS patients is very low in this community. Nevertheless, persistence of such beliefs that link increase of body size to ART may make the patients reluctant to take up the medication for fear of being 'known' to be HIV positive and thus victimized. Indeed, there are a number of HIV/AIDS patients who opt to take their monthly ration of ART from a distant hospital, some as far as the Siaya and Bondo hospitals for fear of being identified at the local dispensary. This is of concern since some of those who take medications far away rarely have the transportation means to their hospitals of choice, and often miss or delay to take up their rations, thereby compromising their health further. However, most of the informants who are on the ART conceded knowledge of the belief and claimed that the belief does not affect them. They admit taking the ARV drugs at the local dispensary as scheduled, and even the health officers at the dispensary acknowledge this.

More interesting is the association between obese people to unresponsiveness to medication. Some informants observed that some 'suddenly turned fat' people were not responsive to medication. Primarily, the 'suddenly turned fat' are those on ART, and are therefore obviously more susceptible to opportunistic infections commonly occurring to those with the HIV/AIDS, especially in the event of non-compliance to medication schedules for fear of being 'known' and subsequently stigmatized after the tremendous change in the body size. Such individuals would rather attend to treatment symptomatically, yet in a complex attack of AIDS, such kind of approach may be difficult to satisfactorily deal with the infections. Their continual ailment is seen as non-

responsiveness to medication, yet in the real sense, it is because of non-compliance. This further emphasize the influence body image has on compliance to medication.

6.5 Recommendation

Clearly, a person's dissatisfaction with their body and concern for remedial measures are linked to many key health behaviours; therefore they are of importance to anyone with an interest in promoting health. Body image factors need to be taken into account when designing interventions relating to any aspect of appearance, including exercise, healthy eating and weight management. An understanding of the impact of body image will help to ensure that factors such as socio-cultural influences, gender, weight and perceptual factors are taken into account when planning such programmes. Although this study covered issues of body image in adults, it can be extrapolated to include the children, and is therefore directly relevant to such health promotion policy development for children and adults.

In terms of future research, longitudinal studies need to be done in this study site to ascertain the real impact of the perceptions and attitudes on diabetes. By tracing the individuals over a period, a deeper insight on the incidence of diabetes in association to beliefs and practices can be established, especially among the elderly groups and the women. These have been captured in this study as the most at risk groups based on the tolerance to obesity. As has been demonstrated by the findings, the older people and the women have greater freedom, and indeed encouraged to pursue a fatter body, a behavior that makes this group of people tend towards obesity and therefore more proximal to diabetes.

Furthermore, cross-cultural studies need to be conducted in other communities. This could aid in profiling of diabetes. Knowledge of such perceptions and attitudes that may

predispose people to health risks could also be important in mitigation of many other diseases. This is important because most lifestyle related conditions such as diabetes and hypertension develop over a long period and can best be understood and curbed at the community-practice level through community awareness programmes. This approach could be economically cheaper (for the individual, the family and the state), and help avoid the stress associated with care giving of the affected people.

Finally, in most of the previous interventions to HIV/AIDS, focus has been on restoring the patients' wasted physical body tissues back to normal (and at times, much better than the pre-infection condition) and dealing with the stigma associated with the pandemic in various parts of the world, especially in Africa. One of the means has been through the ARV drugs. Findings from this study have shown such a dependable relation – a fat body has been associated with the intake of ARVs (and in this manner, to HIV/AIDS) and unresponsiveness to medication. A more in-depth and vertical approach, thus, need to be taken so as to provide more understanding on the impact of these changing perception of body image in the wake of the HIV/AIDS pandemic. For instance, what could be the effect of such beliefs to adherence to ART?

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APPENDICES

1. In-depth Interview Guide

(Follow-up from the consent and ground rules)

I am conducting a study on the relationship between food, physical activity and body size and shape in this area. I am going to ask you questions about these issues. So to start us off;

Body Image

1. What body size/shape do you consider to be attractive for a man/woman? What body shape/size do you consider to be unattractive for a man/woman?
2. What do you consider as the attractive body size and shape for:
    a. Small girls? Why?
    b. Small boys? Why?
    c. A young man? Why?
    d. A young woman? Why?
    e. For an old man? Why?
    f. An old woman? Why?

    In each of the above, how do they achieve this attractive body?
3. Which body shape do you consider un-attractive? Why?
4. I am now going to show you illustrations of different body sizes and shapes. (*Use illustration of the opposite sex to distinguish between body shapes and sizes, perfect and non-perfect body)*
    a. Of these, whom do you consider to be attractive;
        i. To you as an individual? Why?
        ii. To the most people in this area? Why?
    b. Whom do you consider healthy? Why?
    c. What do you say of the rest?
        i. Are there special nick-names for any of them?
    d. What could those with the 'non-attractive bodies' do to attain the attractive body size and shape?
5. What **beliefs** are there within this community about the kind of a body size the following should have:
    a. Young men
    b. Young women
    c. Old men
    d. Old women
    e. Married vs. unmarried
    f. Employed/working vs. non employed, etc.

    How do these beliefs affect their health? (Probe on every belief given)
6. Specifically talking about the youth, does body size and shape matter/ is it an issue with them?
    a. What benefits do they gain in having a perfect body shape and size?
    b. What is the effect of not having this kind of a body?
    c. Does body shape and size influence chances of getting married? How?
    d. Is body size and shape an issue for already married adults?
7. What comes to mind when you see a very fat person (*Machwe)*?
    a. What about an extremely thin person (*Matintin)*?
8. Now I am going to show you another illustration. *(proceed to display the illustrations same to the sex of the group)*

a. Where do you place yourself?
b. Where do you desire to be?
c. What can you do to get where you want to be?

Dietary Habits

9. What foods do you consider healthy? Why?
10. What foods do you consider unhealthy? What could be the health risk to those who consume them?
11. How would you describe a balanced diet? What is a poor diet?
    a. How many meals should one take in a day to be considered healthy?
    b. Who are mostly affected by poor dietary practices? *(Probe on Age, gender, occupation)* Why?
    c. If I was to take you to a hotel and buy you a meal of your choice, what would you ask for?
12. Many people's attitudes about certain foods make them either avoid them or over consume them. Let's talk about you:
    a. What are the foods that you avoid? Why?
    b. What are the foods that you over consume? Why?
    c. In what ways is diet linked to a perfect body shape and size?
    d. Why do some people over eat yet they don't get fat?
    e. Why do some people never eat a lot yet they get fat easily?
13. Under what conditions would you consider changing your diet
    a. What if this change will make you lose the attractive body shape and size?
    b. What if you realised that the change could make you very fat?
    c. Have you ever had to change your diet at any time? (If yes, what prompted?)

Physical Activities

14. What comes to mind when 'physical activities' is mentioned?
15. In what ways does physical exercise affect the shape and size of the body?
    a. How does physical exercise reduce the risks of overweight condition?
16. What constitutes daily work for:
    a. Children
    b. Youths (male & female)
    c. Adults (male & female)
17. Besides the daily work, what other exercises do people engage in?
    a. *What motivates them to take up those exercises?*

General

18. How would you describe good health? How would you describe poor health?
19. In your view, what is a healthy lifestyle? What is an unhealthy lifestyle?

Let us to talk about overweight conditions

20. In your view, can you describe an overweight person? Do you know people that are overweight?
    a. What causes overweight condition?
    b. What are the effects of overweight condition?
    c. How can an individual reverse this condition?

Review

Is there anything else you would want to tell me about diet, body shape and size, physical activities and overweight?

2. Focus Group Discussions Guide

(Follow-up from the consent and ground rules)

Body Image

1. What body size/shape do you consider to be attractive for a man/woman? What body shape/size do you consider not to be attractive for a man/woman?
2. What do you consider as the attractive body size and shape for:
    - *a.* Small girls? Why?
    - *b.* Small boys? Why?
    - *c.* A young man? Why?
    - *d.* A young woman? Why?
    - *e.* For an old man? Why?
    - *f.* An old woman? Why?

In each of the above, how do they achieve this attractive body?

3. Which body shape do you consider un-attractive? Why?
4. I am now going to show you illustrations of different body sizes and shapes. (*Use illustration of the opposite sex to distinguish between body shapes and sizes, perfect and non-perfect body)*
    a. Of these, whom do you consider to be attractive;
        i. To you as an individual? Why?
        ii. To the most people in this area? Why?
    b. What do you say of the rest? Are there special nick-names for any of them?
    c. What could those with the 'non-attractive bodies' do to attain the attractive body size and shape?
5. What **beliefs** are there within this community about the kind of a body size the following should have:
    - *a.* Young men
    - *b.* Young women
    - *c.* Old men
    - d. Old women
    - e. Married vs. unmarried
    - f. Employed/working vs. non employed, etc

How do these beliefs affect their health? (Probe on every belief given)

6. Specifically talking about the youth, does body size and shape matter/ is it an issue with them?
    a. Does body shape and size influence chances of getting married? How?
    b. Is body size and shape an issue for already married adults?
7. What comes to mind when you see a very fat person (*Machwe)*? What about an extremely thin person (*Matintin)*?
8. Now I am going to show you another illustration. *(proceed to display the illustrations same to the sex of the group)*
    a. Where do you place yourself?
    b. (ask the others) Where do you place him/her?
    c. Where do you desire to be?
    d. What can you do to get where you want to be?

Dietary Habits

9. What foods do you consider healthy? Why?
10. What foods do you consider unhealthy? What could be the health risk to those who consume them?

11. How would you describe a balanced diet? What is a poor diet?
    a. How many meals should one take in a day to be considered healthy?
    b. Who are mostly affected by poor dietary practices? Why? *(Probe on Age, gender, occupation)*
12. Many people's attitudes about certain foods make them either avoid them or over consume them. Let's talk about this area:
    a. What are the foods that people here avoid? Why?
    b. What are the foods that people here over consume? Why?
    c. In what ways is diet linked to a perfect body shape and size?
    d. Why do some people over eat yet they don't get fat?
    e. Why do some people never eat a lot yet they get fat easily?
13. Under what conditions would you consider changing your diet
    a. What if this change will make you lose the attractive body shape and size?
    b. What if you realised that the change could lead to overweight conditions?
    c. Have you ever had to change your diet at any time? (If yes, what prompted?)

Physical Activities

14. What comes to mind when 'physical activities' is mentioned?
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16. What constitutes daily work for:
    a. Children
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    c. Adults (male & female)
17. Besides the daily work, what other exercises do people in this community engage in?
    a. What motivates them to take up those exercises?

General

18. How would you describe good health? How would you describe poor health?
19. In your view, what is a healthy lifestyle? What is an unhealthy lifestyle?

Let us to talk about overweight conditions

20. In your view, can you describe an overweight person? Do you know people that are overweight?
    a. What causes overweight condition?
    b. What are the effects of overweight condition?
    c. How can an individual reverse this condition?

Review

Is there anything else you would want to tell me about diet, body shape and size, physical activities and overweight?

3. Life History Guide

Introduction

Basic background information (*name, age, place of birth, living arrangements etc)*

(Explain the objectives of this study and the format of the interview)

Individual Recent Past (5 years)

1. Can you tell us about your life over the last five years?
2. Has anything particularly gone well during this period? What have been the positive changes? Who and what was responsible? *E.g. marriage, increased wealth, rise in other social status and positions, promotion at work, got a job, etc.*
3. What particular challenges have you faced over the last five years? *(Health related, economic, social related, cultural etc.)?*
4. What correlation did the above have in relation to your body? *I.e. has there been an increase in the body weight, physical activities, nutrition as a result of the above?*

Longer Past

Describe your general lifestyle:

1. During your childhood? ***E.g. what kind of foods, physical activities/ household duties allocated etc.?***
   a. How was your weight then?
   b. What did others comment on your weight?
      i. *Were you encouraged to pursue a particular body shape and size?*
      ii. *What reasons were given for this?*
   c. Were there songs or events (that you can think of), which shaped the way you looked at your own body and how you wanted to be in the future?

2. In your adolescence? ***E.g. what kind of foods, physical activities/ household /school duties etc.?***
   a. How was your weight then? *Why?*
   b. What did others comment on your weight?
      i. How did you know?
      ii. Were you encouraged to pursue a particular body shape and size?
      iii. Was there a **general belief** on attractive body shape and size?
      iv. What reasons were given for this? What was your take on it?

3. In your adulthood? E.g. ***what kind of foods, physical activities etc.?***
   a. How is your weight? *How do you know? Since when?*
   b. What do others comment on your weight?
      i. How are you encouraged to pursue particular body size and shape?
      ii. What reasons are given for this?
   c. How has your perception of a perfect body size influenced the way you deal with overweight condition?

4. Throughout your life, how have the following people and events influenced on the body that you have?
   a. Parents, husband/ wife

b. General discussions e.g. through songs that have encouraged you to pursue a particular body shape
c. Cultural/ community beliefs

5. What choices would you make differently about your body if you had a chance?

a. What would you have done differently?
b. If you had health information earlier in your life, how would it have helped you?

Future plans

1. Given your present circumstances what are you planning to do about your body and health?
2. Do you think your plans are similar from someone from the opposite sex? How?
3. Do other members in your household share in your plans?

4. Key Informant Interview Guide

What do people think of a fat body?

What do they say of a thin body?

Between a thin and a fat body, which do the people mostly prefer? Why?

How do the people achieve the preferred body?

5. Informants Consent Form

a) English

Informant's Consent Form

Archival No: ..... **Date: .....**

Start time: ..... **End time: .....**

Introduction

I am George Khamati from the University of Nairobi. I'm conducting a study on the relationship between food, physical activity and body size and shape in this area. This interview is being conducted to get your input.

If it is okay with you, I will be recording our conversation. The purpose of this is to get all the details but at the same time be able to carry on an attentive conversation with you. I assure you that all your comments will remain confidential. I will be compiling a report which will contain all comments without any reference to you in particular.

You also are free to disengage from this interview anytime you feel so. If you agree with this please sign this form.

Name.....

I am pleased to be interviewed.....

(Sign)

Background Information

Gender: Female ☐ Male ☐ *(Tick appropriately)*

Age …….. **Marital Status**: Single ☐ Married ☐

Educational Level: Primary ☐ Secondary ☐ Post secondary ☐ Pre primary ☐

What do you do for a living.....

What is your approximate monthly income? .....

Do you own any property? (*If yes, probe to know which assets and income generating facilities they own*

b) Dholuo

Informant's Consent Form

Archival No: ..... **Date: .....**

Start time: ..... **End time: .....**

Introduction

An George Khamati, to aa mbalariany mar Nairobi. Atimo norno e kind tudruok manitiere e kind chiem, tije ma ji timo to kod kit de; r gweng' ni. Penjo ma ipenjo en mar mondo ichiu pachi.

Ka in thuolo to abiro mako duol sama watwek. Gima omiyo watimo mano en ni mar mondo wayud gik moko duto ma iwacho to bende mondo mi abed gi twak ma nigi winjo ma malo kodi. Amiyi ler ni gimoro amora ma iwacho biro bedo e kindwa kodi. Bange to abiro chiwo repot ma biro tingo weche duto ma ma iwacho ma ok binyiso ni in iwuon ema ne iwacho gino.

Bende in thuolo inyalo weyo twak e saa asaya ma ineno pek. Ka iyie gi gigi to yie mondo iket sei e fomni.

Nyinygi.....

An thuolo mondo omi a twag e penjo.....

Kaka Ichalo

Kit chwech: Dhako ☐ Dichuo ☐

Hiki..... **Keny:** Pok ikendo/pok itedo ☐ Isetedo/pok itedo ☐

Sombi: Primari ☐ Secondari ☐ Kolej ☐ Pok inyono skul ☐

En angо ma itimo ga ma kelo ni yuto.....

Yuto ni mar dwe ka dwe nyalo room nadi.....

Bande in gimwandu moro amora?

6. BMI Computation Chart