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Ideal Body Image and Socio-Economic Status:  
Exploring perceptions of Kenyan women in a qualitative study

Bachelor Thesis

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# TABLE OF CONTENT

|   |           |
|---|-----------|
| <b>1. ABSTRACT</b>  | <b>1</b>  |
| <b>2. INTRODUCTION</b>  | <b>2</b>  |
| <b>3. THEORETICAL FRAMEWORK</b>   | <b>4</b>  |
| 3.1. Obesity as a major risk factor for Non-Communicable Diseases .....                             | 4         |
| 3.2. Obesity is on the rise in Sub-Saharan Africa .....   | 4         |
| 3.3. Socio-Economic Factors as determinants of overweight and obesity in women .....                | 5         |
| 3.4. Perception of body image as an indicator of obesity and overweight in Sub-Saharan Africa ..... | 6         |
| <b>4. METHODOLOGY</b>   | <b>7</b>  |
| 4.1. Study sample .....   | 7         |
| 4.2. Data collection.....   | 8         |
| 4.3. Qualitative Data Analysis.....   | 9         |
| <b>5. RESULTS</b>   | <b>11</b> |
| 5.1. Desired Body Size .....  | 12        |
| 5.2. Action To Change Towards Certain Body Size .....   | 13        |
| 5.3. Public Perception.....   | 13        |
| 5.3.1. Socio-Economic Aspects   | 14        |
| 5.3.1.1. Body Size & Health   | 14        |
| 5.3.1.2. Body Size & Wealth   | 14        |
| 5.3.1.3. Body Size & Lifestyle  | 16        |
| 5.3.2. Traditional & Cultural Beliefs   | 17        |
| 5.4. Personal Experience With Body Size.....  | 18        |
| 5.4.1. Small Body Size  | 19        |
| 5.4.1.1. Positive Experience Small Body Size  | 19        |
| 5.4.1.2. Negative Experience Small Body Size  | 19        |
| 5.4.2. Big Body Size  | 20        |
| 5.4.2.1. Positive Experience Big Body Size  | 20        |
| 5.4.2.2. Negative Physical Experience Big Body Size   | 21        |
| 5.4.2.3. Negative Social Experience Big Body Size   | 21        |
| 5.5. Diet .....   | 22        |
| 5.5.1. Eating Behavior And Dietary Habits   | 22        |
| 5.5.2. Factors Influencing Dietary Habits   | 22        |

|  |           |
|--|-----------|
| <b>6. DISCUSSION</b>   | <b>24</b> |
| 6.1. What role play Socio-Economic Factors in perception of Body Image among Kenyan women? ..... | 25        |
| 6.2. Which other factors influence Ideal Body Image? .....                                       | 27        |
| 6.3. Limitations of the study.....   | 31        |
| 6.4. Strengths of the study .....  | 32        |
| <b>7. CONCLUSION</b>   | <b>33</b> |
| 7.1. Recommendation for further research.....  | 33        |
| 7.2. Implication for practice .....  | 34        |
| <b>8. BIBLIOGRAPHY</b>   | <b>35</b> |
| <b>9. APPENDICES</b>   | <b>42</b> |

TABLE OF TABLES

|  |    |
|--|----|
| <b>Table 1</b> Study sample overview .....                                     | 8  |
| <b>Table 2</b> Variables .....   | 10 |
| <b>Table 3</b> Table of Codes .....  | 11 |
| <b>Table 4</b> Evaluation of self-reported BMI according to WHO standard ..... | 19 |

TABLE OF FIGURES

|  |    |
|--|----|
| <b>Figure 1</b> Set of silhouettes for Current Body Size & Desired Body Size ..... | 12 |
| <b>Figure 2</b> Visualization of two domains of Ideal Body Image .....             | 24 |

ABBREVIATIONS

|      |                                |
|------|--------------------------------|
| BMI  | Body Mass Index                |
| CVD  | Cardiovascular diseases        |
| CBS  | Current Body Size              |
| DHS  | Demographic and Health Surveys |
| DBS  | Desired Body Size              |
| NCD  | Non-communicable disease       |
| NHIF | National Health Insurance Fund |
| SES  | Socio-economic status          |
| WHO  | World Health Organization      |

# 1. ABSTRACT

*Background:* Non-communicable diseases are an increasing threat in sub-Saharan Africa (SSA), and overweight and obesity are affecting people across all socio-economic groups. Some studies suggest that a big body size may be perceived desirable among women in SSA and that this might be an indicator for high prevalence of obesity and overweight. This study explores the role of socio-economic factors in perception of the ideal body among Kenyan women and whether perceptions and beliefs about the ideal body should be considered relevant when targeting prevention of obesity and overweight. *Method:* In-depth interviews were conducted with 8 Kenyan women with varying educational backgrounds, aged between 21 and 48, using a qualitative study design. The interviews were conducted in December 2022 and January 2023 in Nairobi, audio-recorded, transcribed and analysed through qualitative content analysis and a coding system using deductive and inductive codes. *Results:* Kenyan women report that, based on different body sizes, conclusions about a person's health and wealth status are drawn. Furthermore, traditional views about the ideal body size, societal pressure, as well as the women's own experience with their body size play a role in the perception of what is the ideal body. *Conclusion:* Small-sized women desire to gain weight as society may view them as weak and sick. Big-sized women aim to reduce weight mostly due to health complications. Nevertheless, traditionally, a big-sized woman is considered strong and wealthy, creating external pressure on women to fulfil this body image. It is therefore crucial to understand traditional aspects in designing culturally sensitive prevention and intervention methods.

Keywords: Ideal Body Image, Obesity, Public Perception, Socio-Economic Status, Kenya, Tradition

## 2. INTRODUCTION

It is evident that overweight and obesity pose massive global health risks, promoting diseases such as cardiovascular diseases (CVD), diabetes, some cancers, and others (Ministry of Health, 2021). This emerging health risk is also observed among the Kenyan population. While in 2010 about 1.000.000 Kenyan females were living with obesity, the number rose to nearly 3.000.000 over the last decade (World Obesity Federation, 2022). The World Obesity Atlas 2022 further predicts the prevalence of obesity for Kenyan women to be at 16.79% in 2030 (World Obesity Federation, 2022).

To target the emerging health risks, public health policy makers must develop suitable intervention policies and programs that are considering the driving factors behind obesity and overweight.

Today's understanding of obesity prevalence among populations with different socio-economic status (SES) was heavily influenced by a study of Stunkard and Sobal (1989). In an extensive literature review they revealed that the relationship between overweight and SES is inverse among women in the western world. They found that women with lower SES were more likely to be obese or overweight, while women with higher SES were less likely to be obese or overweight. In contrast to that, the authors found that this may not be the case in developing countries, where women with higher economic status were more likely to be obese and overweight (Sobal & Stunkard, 1989). Their work might have been one of the first to reveal this relationship and therefore forms an important basis for further research on that topic until today. Studies conducted in developing countries between 1989 and 2012 present a somewhat different view, namely that obesity and overweight are not solely associated with groups of higher SES, but are more and more a burden for groups of lower SES (Dinsa et al., 2012; Monteiro et al., 2004). With somewhat more of a geographical focus, Ziraba et al. (2009) studied patterns of overweight and obesity in sub-Saharan Africa. They conclude that obesity is faster on the rise among the regions' poorest, but that the wealthier and more educated individuals are still the most affected by obesity and overweight (Ziraba et al., 2009). The authors warn that obesity and overweight among urban women might take epidemic proportions in the near future. Developing regions

need to put far more emphasis on addressing the prevention of the adverse health consequences (Dinsa et al., 2012; Monteiro et al., 2004; Popkin, 2002).

While obesity and overweight are considered a global issue, the World Health Organization (WHO) stresses the need for subregional policy development (World Health Organization, 2022d). Furthermore, there are studies which suggest that public health measures should be culturally sensitive (Marshall et al., 2022; Mkuu et al., 2021).

This study explores whether women's perceptions and beliefs about Ideal Body Image and body size should be considered relevant when targeting prevention of obesity and overweight in Kenya. Through in-depth interviews with Kenyan women, the study investigates whether perception of body size and socio-economic status influence Ideal Body Image.

The interviews are structured around the following research questions:

1. What role play socio-economic factors in perception of Ideal Body Image among Kenyan women?
2. Which other factors influence Ideal Body Image?

If the perception of body image was an underlying driver for the high prevalence of overweight and obesity in Kenya, this could inform public health policy makers.

The study builds up as follows: In the chapter 'Theoretical Framework' the current state of research is laid out and health risks related to obesity and overweight are further described. Latest research about overweight and obesity on the African continent is highlighted. Furthermore, research about socioeconomic factors and overweight and obesity is summarized, and finally, the concept of Ideal Body Image is introduced. The chapter 'Methodology' describes the empirical study design that was used to answer the main research questions. The chapter 'Results' presents the study's findings, which are then further linked to the research questions and current state of research in the chapter 'Discussion'. The chapter 'Discussion' moreover reflects the methods used in the study and highlights limitations and strengths. The study closes with the chapter 'Conclusion', reflecting the major findings of the study and drawing distinguished

considerations with regard to the research questions. Aside from that, recommendations for further research and the studies' implications for practice are displayed.

### 3. THEORETICAL FRAMEWORK

#### 3.1. OBESITY AS A MAJOR RISK FACTOR FOR NON-COMMUNICABLE DISEASES

The 2022 Health Statistics Report of the World Health Organization recently revealed concerning trends about health risks and mortality due to non-communicable diseases (NCDs). Overweight and obesity are identified as major risk factors for NCDs such as cardiovascular diseases (CVD), diabetes, some cancers, and others (Ministry of Health, 2021; World Health Organization, 2022a). That is because the conditions lead to metabolic effects on blood pressure, levels of cholesterol and triglycerides, and insulin resistance and therefore increases the risk of developing NCDs profoundly (World Health Organization, 2011). Though there has been decline of mortality for NCDs especially in high-income countries, they are still the leading cause of death worldwide (World Health Organization, 2022a). Rapid population growth and improved life expectancy raise the total number of deaths to a high level (World Health Organization, 2022a). Of all deaths that are caused by NCDs, about 77% occur in low- and middle-income countries (World Health Organization, 2022c). In Sub-Saharan Africa NCD's accounted for 37% of fatalities (World Health Organization, 2022b)

#### 3.2. OBESITY IS ON THE RISE IN SUB-SAHARAN AFRICA

Ziraba et al. (2009) conducted a study to investigate patterns of obesity and overweight in Sub-Saharan Africa. They observed an increase of prevalence for overweight and obesity of 35% between 1992 and 2005 for Sub-Saharan Africans. On average, they found an increase of 5% per year during the respective period, the rate being even higher among the poorer population (Ziraba et al., 2009).

The study of Ziraba et al. (2009) shows that Kenya is among the countries with the highest rate of increase in overweight and obesity. The annual increase of adult obesity is rated at "very high" with 3.3% in the World Obesity Atlas of 2022 (World Obesity Federation, 2022). In 2021, Mkuu et al. (2021) published a paper in which they examined data from the 2015 World Health Organization's Kenya STEPwise Survey. They find the prevalence of overweight and obesity in Kenya to be at 31.13% among the

participants in the survey (Mkuu et al., 2021). The study also finds that women are more affected by the diseases (38.5%) than men (17.6%) (Mkuu et al., 2021).

### 3.3. SOCIO-ECONOMIC FACTORS AS DETERMINANTS OF OVERWEIGHT AND OBESITY IN WOMEN

Socio-economic status is linked to obesity and overweight (Sobal & Stunkard, 1989). Furthermore, the relationship of SES and obesity and overweight is found to be positive in developing countries (Sobal & Stunkard, 1989), meaning that higher SES is associated with a high prevalence of obesity and overweight. While not all studies have found clear evidence for the positive relationship (Dinsa et al., 2012; Monteiro et al., 2004), several Demographic and Health Surveys (DHS) have shown that obesity is indeed associated with socio-economic characteristics such as economic status and education level in low- and middle-income countries (World Health Organization, 2022a). In its 2022 World Health Statistics Report the WHO reveals, that from 2010 to 2019 in 54 low- and middle-income countries, women at the age of 15-49 present a low prevalence of obesity for low-income women but increase constantly for those women in the rich quintile<sup>1</sup>.

Focusing on Sub-Saharan Africa, Ziraba et al. (2009) show, that a higher SES is more likely associated with obesity and overweight in women. This seems also present in a cross-sectional study by Mbochi et al. (2012). They investigated underlying factors of high obesity prevalence in Kenya, concluding, that a higher socio-economic group and increased expenditure can be associated with a greater Body Mass Index (BMI) (Mbochi et al., 2012). Since then, further studies conducted in Kenya underlined these findings.

Another study conducted on the Kenyan population showed a compelling difference of rich and poor, as 35.87% of the rich and 15.94% of the poor were considered

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<sup>1</sup> The income grouping of countries refers to the World Bank analytical income of economies. During this time period (2010-2019) most of the mentioned countries were located on the African continent (World Bank, 2022)



overweight or obese (Mkuu et al., 2021)<sup>2</sup>. In another study in 2018, Mkuu et al. investigated predictors of overweight and obesity among Kenyan women. Here, they concluded, that those women who represent the largest proportion of overweight and obese women come from urban areas and have a higher SES than those from rural areas (Mkuu et al., 2018).

In both studies, the results suggest that there may still be broad cultural influences contributing to this situation. This conclusion is also supported by studies from Appiah et al. (2016) and Tuoyire et al. (2018) in Ghana, revealing that beyond SES, a certain body image that is seen as desirable according to cultural norms, could also lead to overweight and obesity (Appiah et al., 2016; Tuoyire et al., 2018).

#### 3.4. PERCEPTION OF BODY IMAGE AS AN INDICATOR OF OBESITY AND OVERWEIGHT IN SUB-SAHARAN AFRICA

Excess body weight is associated with health and wealth in many parts of Sub-Saharan Africa making excess body weight more desirable (Adeboye et al., 2012; Appiah et al., 2016; Duda et al., 2007; Holdsworth et al., 2004). Ettarh et al. (2013) find a strong preference for a larger body size among the population of Nairobi slums. The study participants were given drawings of body sizes, ranging from very thin to very obese. Choosing their Ideal Body Image, more than 30% of the participants chose a desirable body image of being overweight or obese (Ettarh et al., 2013). A similar investigation in Accra, Ghana allows for the assumption that a bigger body image can be considered as more eligible for marriage (Duda et al., 2007). In a study conducted among Senegalese women, researchers found that overweight was the most socially desirable body size (Holdsworth et al., 2004).

There is academic evidence that desired body image influences nutritional behavior (Bibiloni et al., 2013; Hawkins et al., 2004; Neumark-Sztainer et al., 2006; Rounsefell et al., 2020). Desired thin body image leads to nutritional behaviors such as food restriction to achieve the thin body size (Bibiloni et al., 2013). Some studies suggest that this could also hold true for achieving larger bodies: A qualitative study by Ndambo

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<sup>2</sup> Rich and poor in this matter is referring to DHS wealth indices based on cumulative household assets. This categorization is an important method when income and expenditures of households are not solely compelling to determine wealth (Rufstein & Johnson, 2004)

et al. (2022) investigated eating behavior in Malawian women and revealed that women deliberately gain weight to demonstrate their good health. Overweight is perceived as an indicator of good health and suggests a successful marital life (Ndambo et al., 2022). Also Ghanaian women reported that a certain ideal size caused them to attain a certain body size (Tuoyire et al., 2018). In 2021, Chigbu et al. investigated the impact of body size perception on obesity and overweight, finding out, that most of the population in Nigeria perceive a big body size as desirable. This positive perception has an impact on the burden of obesity (Chigbu et al., 2021).

This study aims to gain an in-depth understanding of Kenyan women and their perception of Ideal Body Image. It further attempts to determine, if socio-economic aspects play a role in perception of Ideal Body Image.

## 4. METHODOLOGY

The nature of the research is exploratory; hence it aims to reveal underlying beliefs and motivations. This can best be achieved using a qualitative research design with a phenomenological approach (Creswell, 2003). This approach allows to get different and detailed perspectives on the topic of interest Ideal Body Image as they are described by the participants (Creswell, 2003). The study was conducted via semi-structured and open-ended interviews, allowing for an open and free discussion, and the opportunity to retrieve new insights (Döring & Bortz, 2016).

### 4.1. STUDY SAMPLE

The participants for the study were carefully sampled according to their educational background. To ensure the selection of women with varying educational backgrounds, participants were actively recruited at several locations across the city of Nairobi, such as the Great Commissioners Church International in Ngara, and at the Maasai Market in downtown Nairobi. Half of the participants have a completed academic degree at a university. The other half of participants have not received any further teaching at university level but ended their educational path with a highschool degree or dropped out of highschool before graduation. The selection procedure was intended to represent Kenyan women from high, middle, and lower class equally. Furthermore, it was intended to represent women of different age groups, so participants were chosen that

were older than 18 years of age and below 50 years. Other exclusion criteria were insufficient knowledge of the English language, as the interviews were conducted in English. Only women with Kenyan nationality were included in the study sample.

The study sample comprised 8 Kenyan females, aged above 18, and living in Nairobi. The sample size for this approach is sufficient since data saturation and basic elements of meta-themes can be derived after 6 interviews (Guest et al., 2006). The table below (Table 1) gives an overview of the interviewees and their demographics that are relevant to the study. The interviewees received verbal information about the background of the study, aims, data handling, and data protection. In addition, a written informed consent (Appendix V) was handed out and signed by all participants.

**Table 1** Study sample overview

| Interviewee | Age | Educational Background   |
|-------------|-----|--------------------------|
| 1           | 21  | Highschool completed     |
| 2           | 48  | University Degree        |
| 3           | 44  | Highschool completed     |
| 4           | 25  | University Degree        |
| 5           | 28  | Highschool completed     |
| 6           | 27  | Highschool not completed |
| 7           | 35  | University Degree        |
| 8           | 24  | University Degree        |

#### 4.2. DATA COLLECTION

Compliance with ethical standards was assessed and approved by the ethical committee of the Competence Center Health of the Hamburg University of Applied Sciences in December 2022. The interview guide (Appendix I) comprises questions that were built around the main question how Kenyan women perceive body image and aimed to reveal personal perspectives and beliefs about Ideal Body Image. Using semi-structured questions allowed the main researcher LW to explain the questions to the interviewees in detail and, if necessary, rephrase them in other words for better understanding. Interviews were held in person with only the interviewee and main researcher present. A questionnaire (Appendix II) was filled out by the interviewees, giving more details about their socio-cultural background and nutrition knowledge. A set of eight

silhouettes was provided (Appendix III). The interviewees were asked to first choose their current body size. After that they were asked to choose their desired body size, using the same silhouettes. The silhouettes were retrieved from Stunkard's body image figure shapes (Stunkard et al., 1983). Body sizes (in the shape of silhouettes) are arranged in an increasing order from left to right. For analysis reasons, they were allocated the letters A-F from left to right.

The Interviews were conducted and audio recorded between December 2022 and January 2023. The length of the interviews ranged between 9 and 35 minutes. After conducting the interviews, the recordings were transcribed using the software Otter.ai. The audio recordings were listened to repeatedly to get familiar with the content and to improve the transcript when the audio quality did not allow the software to transcribe correctly. The process of transcribing followed the rules of the Simplified Transcription System (Dresing & Pehl, 2018).

#### 4.3. QUALITATIVE DATA ANALYSIS

This study made use of techniques of structured qualitative content analysis according to Mayring & Frenzel (2019). The main instrument for the analysis is a coding system that is designed to assign different text passages into particular categories. The coding system comprises a table of codes, definitions, and typical text examples and rules (Appendix IV). A set of deductive codes was developed with the use of the theoretical framework (Mayring & Fenzl, 2019) and the research questions. Those deductive codes were primarily, *Desired Body Size*, *Actions To Change Towards Desired Body Size*, *Body Size & Wealth*, *Body Size & Health*, *Diet*, and *Factors Influencing Dietary Habits*. They were later enhanced with inductive codes based on the data. This two-step approach is well suited for analyzing interview data and thus answering theory-driven, open research questions (Saldaña, 2013). Data analysis was performed with the software MAXQDA following the coding manual that instructed the coder when to use a certain code and how to differentiate between the codes. After coding 30% of the interviews the coding manual and deductive codes were reviewed. New inductive codes (*Body Size & Lifestyle*, *Traditional & Cultural Beliefs*, *Positive Experience Small Body Size*, *Negative Experience Small Body Size*, *Positive Experience Big Body Size*, *Negative Physical Experience Big Body Size*, and *Negative Social Experience Big Body Size*) were introduced. Therefore, the data allowed to derive parent codes *Public*

*Perception and Personal Experience and Diet* to categorize the codes. Thereafter, the following interviews were coded accordingly, and the first interviews were recoded (Saldaña, 2013). At last, the relationships between different codes and subcodes were further explored, taking the research questions into account. To investigate whether the interviewee's background and statements might be linked, variables were determined (Table 2). These variables comprise the socio-cultural background which was queried with the questionnaire (Appendix II).

**Table 2** Variables

| Interviewee | Self-reported<br>BMI | Occupation   | Tribe  | Upbringing<br>rural/urban |
|-------------|----------------------|--------------|--------|---------------------------|
| 1           | 28                   | Student      | Luhya  | Urban                     |
| 2           | 25                   | Lecturer     | Kikuyu | Rural                     |
| 3           | 33                   | Ranger       | Taita  | Rural                     |
| 4           | 20                   | Accountant   | Kikuyu | Rural                     |
| 5           | 28                   | Salesperson  | Kamba  | Urban                     |
| 6           | 17                   | Salesperson  | Luhya  | Urban                     |
| 7           | 21                   | Nutritionist | Kikuyu | Urban                     |
| 8           | 38                   | None         | Kikuyu | Rural                     |

## 5. RESULTS

This chapter presents the result of the conducted study exploring perceptions of Kenyan women of Ideal Body Image. The chapter starts with the presentation of the coding system and coding results. Thereafter, the categories of codes and the results per sub-codes are described.

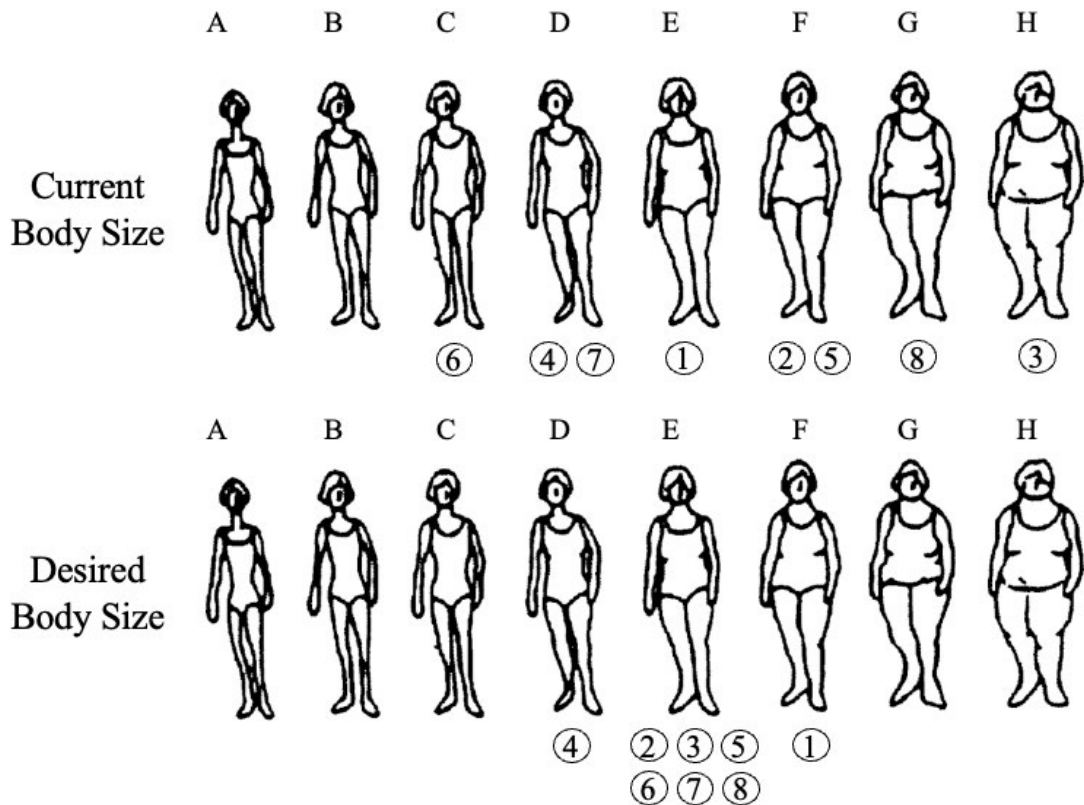
All codes are presented in the Table of Codes below (Table 3). This table further presents the frequency of how many times a given code has been applied, and in how many interviews it was mentioned.

**Table 3** Table of Codes

| Codename                                   | Code Frequency | Number of Interviewees |
|--|----------------|------------------------|
| Desired Body Size                          | 8              | 7                      |
| Action To Change Towards Desired Body Size | 14             | 8                      |
| <b>Public Perception</b>                   |                |                        |
| Body Size & Health                         | 15             | 5                      |
| Body Size & Wealth                         | 32             | 8                      |
| Body Size & Lifestyle                      | 11             | 6                      |
| Traditional & Cultural Beliefs             | 21             | 6                      |
| <b>Personal Experience</b>                 |                |                        |
| Positive Experience Small Body Size        | 4              | 4                      |
| Negative Experience Small Body Size        | 10             | 5                      |
| Positive Experience Big Body Size          | 10             | 3                      |
| Negative Physical Experience Big Body Size | 12             | 6                      |
| Negative Social Experience Big Body Size   | 10             | 3                      |
| <b>Diet</b>                                |                |                        |
| Eating Behavior & Dietary Habits           | 16             | 8                      |
| Factors Influencing Dietary Habits         | 21             | 8                      |

### 5.1. DESIRED BODY SIZE

Figure 2 shows a table of different body silhouettes, increasing in size from left to right. It demonstrates the distribution of the interviewee's Current Body Size (CBS), as well as the distribution of their individual Desired Body Size (DBS).



**Figure 1** Current Body Size & Desired Body Size chosen on a set of body silhouettes developed by Stunkard et al. (1983)

When choosing their Current Body Size almost all sizes were chosen by the interviewees, except for the first and second smallest sizes. Being asked to choose their individual Desired Body Size, seven out of eight women chose a different size from their current one, and one woman remained with her current size as the desired size. It was observed that the interviewees tend to choose medium sizes as desired sizes, moving from both smaller and larger sizes towards the middle. In total, six out of eight interviewees chose E as an ideal size.

The code Desired Body Size includes text passages, where women commented on their choice. All text passages explain the women's choice of silhouette E:

*Not too thin, not too fat. At least [...] the medium size is okay. (3)*

*I'm working hard to do some Kgs, [...] I want to move from here (F) to here (E). But [...] I don't want to be skinny. (5)*

*I can't go down. I can definitely go up. Then I'll feel mhh, like African (laughs). (7)*

Two women, who chose C and D as their CBS, moved to the right on the set of silhouettes and chose E as their ideal DBS. Four women who chose a body size of F, G, and H went to the left on the set of body shapes all choosing E as their DBS. One woman with CBS E moved to the right, choosing F as the DBS.

## 5.2. ACTION TO CHANGE TOWARDS CERTAIN BODY SIZE

All participants state, that they take actions to achieve their desired body size. In total 14 coded segments show different actions taken. Six women talk about actions to reduce their current weight, two women talk about increasing their current weight. Five out of eight participants mention that they do more exercises, where a common activity mentioned is walking. Additional measures to work towards a certain body shape lie in the change of the frequency of food intake. Regarding behavior, two women state that they adjust their eating patterns by increasing the frequency of their food intake. Being observant to take all meals and adjusting the daily routine seems a common measure. Regarding the diet, five women mention adjustments in the composition of their meals. They make changes to the diet by cutting down on “unhealthy foods” such as fast foods, sodas, sweets, etc., and including more “healthy” components such as fruits, vegetables, water and ensuring a balanced diet. Lastly, one woman reveals that she used to be thin in the past and that she used to pray to increase in weight. One woman mentions that she uses medication to increase her appetite to be able to eat all her meals.

## 5.3. PUBLIC PERCEPTION

Public perception refers to the collective opinion of the public that was revealed during the interviews. It includes all codes that demonstrate public understanding and attitude towards Ideal Body Image. The concepts that make up the public perception of an ideal



body image can be broadly categorized in socio-economic aspects and cultural and traditional aspects.

#### 5.3.1. SOCIO-ECONOMIC ASPECTS

60 coded segments were retrieved from the interviews comprising the perception of different socioeconomic aspects such as health, wealth and lifestyle, and how these link to body size.

##### 5.3.1.1. BODY SIZE & HEALTH

There is a common understanding among interviewees that small and big body sizes are connected to a person's health. In total, 15 codes are retrieved in five interviews. Almost all women mention negative impacts from a large body size, with focus on diseases such as diabetes, high blood pressure, and other coronary implications that come with excess body weight. Also, physical impairment is mentioned by three women as they are aware that a big body size does not allow people to do their daily activities, where even walking can become a problem. Two women mention occurrence of mental diseases when someone is either one of the extreme body sizes. The questionnaire at the end of the interview reveals that all participants can name at least two risks related to extremely big body sizes. Potential risks linked to a thin body size seem less familiar to the interviewees as most women could only state one issue related to a thin body size, or none. Given the choice between a thin and a big body, of what is "more healthy", four women chose the thin body size, three, on the other hand, said a big body size is "healthier".

Overall, participants demonstrate empathy and concern for people of either of the extreme body sizes. Some women emphasize that people with a big body size go through presumably hard times because they are perceived as unhealthy. On the same account, they feel bad for people with small body sizes because they are aware that small-sized people may be perceived as weak and sick.

##### 5.3.1.2. BODY SIZE & WEALTH

In total there are 32 coded segments for Body Size & Wealth across all interviews. When the interviewees were asked if a certain body size can be linked to wealth, five women agree that there is a relationship between body size and wealth. Four women

say that someone who has a big body is considered wealthy in the Kenyan society. Big-sized people are doing well financially and are therefore considered to be more influential and successful. One interviewee shares that the people who drive good cars usually have a high weight. One woman explains that doing well is associated with gaining weight. Wealth can allow someone to live a certain lifestyle that leads to gaining weight:

*Also, there is the pressure that [...] you are getting some money and you push towards a certain lifestyle which will get you to gain weight. [...] If you have wealth [...] then you are more sociable, you can just sit and enjoy the food. [...] And then also the things that would come with wealth, maybe you'll be driving, [...] there is less movement. And also people don't expect you to be walking. So I think wealth and weight [...] follow each other. (7)*

Wealth is named a contributor to excess body weight. The interviewees mention that a person who has more money also has more food.

*I'm getting fat because I have some money. I am feeding myself well. (3)*

It is said that wealthy people can “eat all the nice things”(7). They tend to purchase more unhealthy foods and fast foods, which make people gain weight, as opposed to someone who is not that rich. Those who are not rich can only purchase a little amount of food on the market and cook for themselves. People with a small body size, are more often considered to be in need and not doing well. The women share concerns that someone thin might not have enough food, might be skipping meals, or even starving. Two interviewees do not see a connection between the two subjects when asked directly. Nevertheless, throughout the course of the interview both state that there is a common perception that people with big body sizes are presumed to be richer than people with small body sizes.

Further, the interviewees were asked if the socio-economic factors wealth and health are related. According to the interviewees these two factors are indeed related. There is no common perception that if someone is wealthier than others, they would also be

healthier. Health-seeking behavior is rather low in the country as one interviewee explains. People would not voluntarily go to the hospital, especially when they are not sick. Nevertheless, if health problems arise, wealthier Kenyans have access to better healthcare. This point of view was found in six out of eight interviews. Wealthier people can get a better understanding of their physical health through frequent and better medical check-ups.

*If you're not wealthy [...] you can take even ten years without going for the check-ups. So you can't know what's going on in your body. (5)*

It is said, that “*people who are wealthier are better placed*” (1) and that it is challenging for people from a lower socio-economic status because medical check-ups are “*still almost not affordable to some people*” (4) even though they are subsidised by the National Health Insurance Fund (NHIF). It is explained that someone’s income will allow them to get their diseases treated. One woman observes:

*Those people who are wealthy, those people who have money (...) have more health issues and at the same time they are able to get medical attention because they have money. So they are able to manage those health issues probably better than those who don't, because they have the money. (2)*

#### 5.3.1.3. BODY SIZE & LIFESTYLE

Six women speak about the perception of someone’s body size and how it can be linked to certain behaviors and habits. In their opinion big-sized people are viewed to not be taking care of themselves. They are not mindful of what they are eating but eating carelessly. Overall, the perception exists, that they take more food:

*Someone who is fat, someone who is big [...] eats a lot. (5)*

People with small body sizes are perceived not to be eating much. Small body sizes are connected to people who exercise a lot, while people with a big size do not exercise much on the contrary. Two women share that people with a big body size are seen to be more mature and older than people with a small body size. One woman shares a

perception, that big-sized people are seen to be unclean and unhygienic and go through a lot because of shaming by society.

### 5.3.2. TRADITIONAL & CULTURAL BELIEFS

21 coded segments demonstrate cultural and traditional aspects linked to the perception of body image. They reveal that women are expected to look a certain way. There are different settings where the expectations can differ, these include difference between urban and rural settings, as well as generational differences.

The interviews reveal that the direct surrounding can put pressure on someone to look a certain way. In the urban surroundings, a small body size is complimented for great looks. In the urban environment it is favorable to have a hip but no tummy. On the other hand, the situation might be the opposite in the rural environment. There, the perception persists that someone who is of a small size is struggling and is expected to gain. The interviewee says that the community will “*not be nice on you*” (7) as small people are considered sick, and that a small woman will be pushed to gain weight because “*they want it to be big*” (7). One woman says that in her community she is expected to have more strength than others because of her big body size. She explains that in her community someone who has a big body size can work well. Another woman says that small-sized people are more often not taken seriously and are seen as young children.

Some traditional customs are mentioned that circle around the ideology of a well-fed woman as a status symbol for the family and community:

*Traditionally, in my culture, if a woman is well built, then the husband gets the price. Because the husband has fed the wife. [...] Just traditional African, that when a woman, particularly who is married, looks big or has weight then the family is said that they are eating well. (2)*

Conclusions about well-being and financial status are drawn from body size. Two women say that if a wife is brought into the community, they must make sure that the wife is taken care of. One woman shares how the rural community handles this up to date:

*Me as a wife they expect me to look in a certain way. [...] There are those people there, that community, [...] when they have the opportunity to feed you, they will feed you nicely. [...] You know, so these two families are really struggling to make sure that this wife they've brought in, is doing good. And that's the only way we can show it. (7)*

Another cultural aspect concerning body size is brought up by an interviewee who explains that gaining weight seems acceptable in society. She says that it is considered intrusive to tell someone that they are gaining weight:

*So people gain without really noticing and really without having anyone alarm them. And a lot of people don't even know if gaining weight is really a problem until maybe when you have to go to the doctors. (7)*

Two interviewees make statements about the younger generation. It is said that the younger generation prefers women with hour-glass shaped bodies. They say that what people love is a tiny waist, a firm behind, as well as full breasts. This defines a certain standard of beauty. The women are confronted with expectations to conform to a certain image, to look a certain way. Those expectations towards their body size are present among the peer group as well as on social media.

#### 5.4. PERSONAL EXPERIENCE WITH BODY SIZE

The women shared a variety of individual experiences related to body size. In total, 46 coded segments are found in all interviews for parent code Personal Experience. Of these, 32 are negative experiences and 14 are positive experiences.

During the interviews, the women were asked to indicate their BMI. Since no measurements were taken, a self-reported BMI was derived by asking the interviewees to estimate their body weight and height. The BMI was categorized according to the World Health Organization's classification system (World Health Organization, 1995). When evaluating self-reported BMI according to the classification of the WHO, it is found that three of the interviewees are classified as normal weight. Five interviewees are considered overweight and obese (Table 4).

**Table 4** Evaluation of self-reported BMI according to WHO classification

| BMI        | Nutritional status     | Self-reported BMI of Interviewee |
|------------|------------------------|----------------------------------|
| Below 18.5 | Underweight            | (6)                              |
| 18.5-24.9  | Normal weight          | (4), (7)                         |
| 25-29.9    | Overweight/pre-obesity | (1), (2), (5)                    |
| 30-34.9    | Obesity class I        | (3)                              |
| 35-39.9    | Obesity class II       | (8)                              |
| Above 40   | Obesity class III      | -                                |

#### 5.4.1. SMALL BODY SIZE

Interviewees 1,4,5,6 and 7 speak about individual experiences with small body sizes. Interviewees 4,5,6, and 7 share as well positive as negative experiences, while interviewee 1 only mentions negative experiences with small body size. It is to be noted, that according to Table 4 interviewee 6 classifies as underweight, 4 and 7 as normal weight. Interviewees 1 and 5 are classified as overweight but used to have a smaller body size.

##### 5.4.1.1. POSITIVE EXPERIENCE SMALL BODY SIZE

In total, four positive experiences with small body sizes were shared by interviewees 4,5,6, and 7. These are predominantly physical experiences where the women for example are physically fitter than others. One woman explains that she enjoys the flexibility of her small body when it comes to boarding Matatus<sup>3</sup> or climbing the stairs of busses. Two women state that they have received compliments about their body size and that their self-esteem rose. One woman said that she used to like being small because people treated her like a baby.

##### 5.4.1.2. NEGATIVE EXPERIENCE SMALL BODY SIZE

Ten coded segments were found for negative experiences shared by the above-mentioned interviewees. These experiences were made in a social context. The women explain that they were confronted with people who thought they were sick, stressed,

<sup>3</sup> Matatus are small minivans used for public transport in Kenya.

or weak. They have not been taken seriously by agemates and had to endure comments about their body size. They reveal that pressure from society can be hard to deal with.

*And somebody will throw in, you know, comments like you are thin, or have you not been eating well, or are you stressed, and I think such comments get to you sometimes. (4)*

*The whole society is not accepting who I am. So the pressure is always like [...] I have to dress something that is going to make me feel fuller. (7)*

One woman states societal pressure as one of the reasons why she wanted to change her body size. She felt not loved when she was smaller than her friends, just because she had a different body size. She explains that she did not receive love the same way as others because she had a different size than “the standard of beauty”.

There are no coded segments for negative experiences on a physical level with a small body size, therefore the code was dropped.

#### 5.4.2. BIG BODY SIZE

Five women share their individual experiences with big body sizes. These interviewees, number 1,2,3,5, and 8, belong to the WHO classification classes Overweight, Obesity I as well as Obesity II (Table 4). In total 10 coded segments were retrieved for positive experience with a big body size. Those were shared by interviewees 1,3, and 5. Negative experiences with a big body size are shared by all of them. They make up for 22 segments. They comprise negative effects on a physical level and social level.

##### 5.4.2.1. POSITIVE EXPERIENCE BIG BODY SIZE

The positive experiences revolve around the physical advantages of a big body size like donating blood for family members. Moreover, one woman said that her big body size allows her to work harder than others when it comes to carrying heavy items and working in the fields.

*If we go collecting firewood, me who is heavy, I carry so many firewood, if I tie up those pieces, I carry many compared to those who are weak. [...]*

*When we are carrying those suffuria<sup>4</sup>, they tell me no, you just carry the big one. [...] They see that I am physically fit, because I'm fat. (3)*

Another experience on a social level is receiving compliments related to their big body size:

*Yes, a compliment about the size. [...] Because it helps improve your self-esteem, it makes you feel more confident so yeah, [...], I feel like it's good for you, when you hear someone say oh you look nice, you look beautiful, your body shape is really nice, I admire it. (1)*

Interviewee 5, who used to have a small body size and now represents someone who is classified as overweight (Table 4) states, that after gaining weight people started to take her more seriously.

#### 5.4.2.2. NEGATIVE PHYSICAL EXPERIENCE BIG BODY SIZE

Interviewees 2, 3, 5 and 8 report experiencing negative, health-related effects. These are complications such as elevated blood pressure, loss of muscle strength, and exhaustion because of weight. They state that their big body has caused problems walking, exercising, and sitting for long. They were not able to do their normal activities at work anymore. Interviewees 1 and 8 share that their body size caused difficulties in finding the right clothes and dressing up. Those problems led to a lack of confidence and the urge to hide the body.

#### 5.4.2.3. NEGATIVE SOCIAL EXPERIENCE BIG BODY SIZE

Interviewees 1, 2 and 8 share negative social experiences related to their big body size. While interviewee 2 just mentions her family to remind her to be a certain shape, the other women share pressure and distress from the broader public. They reveal that they have experienced body shaming and sexual harassment. One woman explains that sexual harassment came from men who were attracted to her big size:

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<sup>4</sup> A suffuria is a cooking pot made out of aluminium.



*Yeah, because in this day and age, most men, especially here in Kenya, they are physically attracted to people with [...] big behinds. So you will be walking in town like in a crowded place, and somebody will just touch you, without consent. Somebody will spank you without consent. (8)*

They furthermore share that they would be intimidated by other people:

*I've always been chubby since childhood, and people would make fun of me. [...] That led me to wanting to hide myself every now and then. (8)*

*You just don't feel good about yourself. [...] There are some clothes I would be scared to wear cause of my size. [...] I guess they might look good on me but I am scared to wear them because of my size compared to someone smaller. I would feel like they look better on her than me. (1)*

## 5.5. DIET

All women were asked to describe their dietary habits and eating patterns. Moreover, they were asked what factors may influence those habits.

### 5.5.1. EATING BEHAVIOR AND DIETARY HABITS

Most women have a regular structure throughout the week. They eat two to three meals per day and consume mostly the same products and meals. All women follow a diet that mainly comprises staple foods and everything that is locally available. No one has mentioned consuming products that cannot be bought in the local markets. Two interviewees mention that they do not follow any routine or rules and do not control their eating habits.

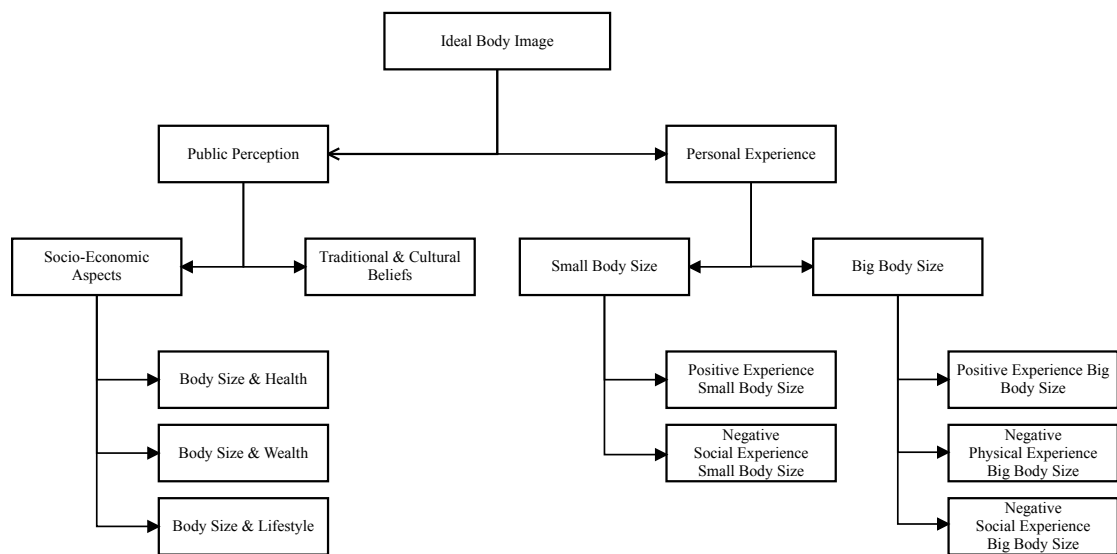
### 5.5.2. FACTORS INFLUENCING DIETARY HABITS

The women were asked what influences their diet and their dietary choices. The main factor that almost all women state is time. Some are bound to a routine that does not give them a lot of time to cook or eat. Others say that their work environment offers only a limited availability of certain food. Time again is mentioned as a factor when it is explained that some dietary habits come from convenience or laziness. Accessibility plays a role as it determines if one can purchase something or if the climate allows

them to grow it. Also, availability is mentioned a lot when they mean to say what is sold on local markets. Economic factors also play a role as costs determine purchasing options and choices. Two women state that mainly their appetite and cravings determine their choices. Stress and boredom are shared as a factor that influences one woman's eating behavior. Some mention that intolerance or dislikes of certain foods determine their food choices. Also, health aspects are mentioned, and one woman explains that nutrition education influenced her diet. Furthermore, she mentions that her weight and physical activity level determine her food choices.

## 6. DISCUSSION

This following chapter is devoted to the interpretation and discussion of the study's results. At first, a brief overview of results is given, and major findings are highlighted. With reference to the findings, an attempt will be made to answer the underlying research questions in regard to the current state of research. In addition, the methods of the survey will be critically evaluated and strengths portrayed.



**Figure 2** Visualization of two domains of Ideal Body Image, own illustration

After a thorough analysis of the interviews, it appears that Ideal Body Image is primarily influenced by two domains, Public Perception, and Personal Experience, as visualized in Figure 2. On one hand, there is Public Perception and what is commonly perceived or assumed about certain body sizes by society. This is what the women observe and what they are exposed to externally. On the other hand, there is Personal Experience of the women. This internal component is based on what they experience themselves. Together these two domains shape the image of an ideal body of Kenyan women.

Public Perception comprises Socio-Economic Aspects and Traditional & Cultural Beliefs. The Socio-Economic Aspects are Health, Wealth, and Lifestyle. The interviewed women state that in the respective Kenyan society, conclusions about the person's socio-economic status are drawn based on their body size. Big-sized people are more

often considered to be rich and living a sophisticated lifestyle. The interviewees assume that wealth can lead to excess body weight and money is identified as a contributor of overweight. Furthermore, big-sized women are perceived to be less healthy than small-sized women, even though it is assumed that wealth allows the rich to have better access to healthcare and to be able to treat arising diseases. In addition, existing Traditional & Cultural Beliefs of Ideal Body Image are explained. These suggest that in the urban setting a woman is more complimented when she is of a smaller body size. In the rural setting, the opinion prevails that a woman, and her respective family, is considered to be doing well if she is of big size. That is, because it indicates good financial status of the marriage and (in-law) family.

For the domain Personal Experience stories are shared about individual experiences based on Small Body Size and Big Body Size. The women report positive and negative experiences with both sizes. Overall, more negative than positive experiences with were mentioned. For small body size, the interviewees shared events that impacted them on a social level. For big sizes, experiences were not only made on a social level, but also on a physical level. Negative responses to any given body size are commonly perceived as highly pressuring from the surroundings and driving the women to aspire a different body size. Measures taken to work towards a Desired Body Size are reported to be reducing weight by eating less and “healthier” products, or adjusting meal patterns to increase the amount of food taken in. Choosing their Desired Body Size, all women chose a medium-sized body as the preferred body size.

#### 6.1. WHAT ROLE PLAY SOCIO-ECONOMIC FACTORS IN PERCEPTION OF BODY IMAGE AMONG KENYAN WOMEN?

For the first research question the following paragraphs explore what role the socio-economic factors Health, Wealth, and Education, play for the perception of Ideal Body Image.

##### HEALTH

Health aspects play a large role in perception of Body Image. The perception that someone with a small body size might be someone who is starving comes to light. In a country that has been constantly fighting hunger and food insecurity (von Grebmer et

al., 2022) this perception might not be unconvincing. On the contrary, the women are aware that a big body size poses more health risks and can lead to complications such as CVDs and diabetes. This is a similar perception of big bodies as it was previously found in other studies where women considered the biggest size as the less healthy size (Duda et al., 2007; Holdsworth et al., 2004). Overall, the women mention more health risks related to big body sizes than small body sizes.

## WEALTH

A compelling link between wealth and body size is revealed in the interviews. Big body sizes are considered to reflect status and financial power. This finding confirms the association that was revealed in previous studies, that a big body size can be associated with someone's wealth (Duda et al., 2007; Holdsworth et al., 2004; Ndambo et al., 2022). Moreover, the women state, that having money allows someone to have a good diet. In most cases, this means unhealthy high-priced fast food. Beyond the initial assumption of the link of wealth and body size, most of the women further say that someone's wealth can even lead to a bigger body size. This is because having money drives one towards a certain lifestyle that includes less physical activity and more unhealthy foods, such as highly processed products and fast food. Consequently, one is more likely to gain weight compared to someone with a low income. Interestingly, a connection can be drawn between how the interviewees perceive body size and wealth and the findings of Mbochi et al. (2012) who concluded that an increased expenditure can be linked to a higher BMI.

Finally, it seems that the two factors wealth and health cannot easily be isolated from each other. As before suggested in the study of Ziraba et al. (2009) also this study shows that wealthier people are more often associated with diseases such as obesity and overweight. The recent findings suggest that this is because of a lifestyle that money allows for wealthier people. Therefore, it upholds the remark that wealthier people are still most affected by such diseases (Ziraba et al., 2009). Moreover, they stated that the diseases are rapidly increasing among the poor population. This demonstrates a predicament faced nowadays: wealthy people have better access to healthcare than poor people. Being wealthy allows someone to have health issues related to a big body size, to be well taken care of. Therefore it also aligns with the assumption that the burden of diseases is higher for the poorer populations (Chigbu et al., 2021).

## EDUCATION

In this study education only plays a minor role for perception of Ideal Body image. The sample was constructed based on the interviewee's educational backgrounds, to evaluate and learn from the women's respective view on different subjects in light of their educational background. However, women who had different educational background do not oppose each other with their opinions. In conclusion, the aspects of Education played a minor role in this study with the respective sample. The aspects Health and Wealth, on the other hand, play a big role in perception of Ideal Body Image.

### 6.2. WHICH OTHER FACTORS INFLUENCE IDEAL BODY IMAGE?

To further answer the second research question, this research also aimed to investigate what other factors may play a role for perception of Ideal Body Image. The following paragraphs reveal further important factors that may influence perception of Ideal Body Image, namely Culture & Tradition, Personal Experience, Personal Desire and Behaviour.

## CULTURE & TRADITION

For perception of Ideal Body Image, Culture & Tradition plays a substantial role. Any varying influences due to tribal differences cannot be determined. Therefore, information about the interviewee's tribes is not conclusive and was not vital in this study. What seems much more relevant is that in the urban and in the rural setting opposing Ideal Body Images prevail.

In the urban area the ideal body seems to be of a medium, or rather small body size. Women get complimented for being at the lower end of the scale. The women report that their self-esteem rises as people admire and envy them for slim bodies. On the downside, women report negative influential factors such as social media. Research has shown that exposure to such media images increase body dissatisfaction and may stimulate social comparison to an idealized standard of beauty (Tiggemann & McGill, 2004). That globalization and exposure to Western culture may be linked to development of eating pathology was observed in Sub-Saharan Africa (Eddy et al., 2007). This gives reason to consider if perception of Ideal Body Image and what is considered a

“Standard of Beauty” are also impacted by western influence. However, studies examining the impact of globalization on body image of African women have not been carried out (Balogun-Mwangi et al., 2023). Nevertheless, the recent findings of Balogun-Mwangi et al. (2023), shed some light on this issue. The study finds that Kenyan women internalize Eurocentric beauty ideals to some degree. The study specifically finds high levels of perceived body surveillance and body shame. This aligns with the findings of this study. This study confirms that women, who do not look like the “standard of beauty” which is promoted on social media, feel affected by that. Body dissatisfaction is observed. They compare themselves to that promoted ideal and if they do not look like them, but are perhaps bigger than that, it affects their self-esteem. Some report, that they might not feel loved.

How a traditional view on an ideal body shape might look like is revealed by the interviewees when they share how Ideal Body Size is considered in the rural setting in Kenya. Here, a small-sized person is considered weak and sick and more likely to be called out on their small body size. This allows for the assumption that a weak body is traditionally seen as less fitted for field work and survival in food insecure times which was before indicated by one interviewee. In the rural setting, the community forces the Ideal Body Image of a big-sized woman on their members, as interviewees state.

This study discovers perceptions that in the rural setting a big body size is highly favoured. As mentioned before, a big-sized person is seen as strong and healthy. That a big body size is attributed beautiful, healthy and attractive in the rural setting is also one of the findings in the study of Ann Mugu (2016) that was conducted in Kenya’s rural environment (Mugo, 2016). It appears that in the rural, a community plays a significant role in the execution of traditional customs. In the interviews it was revealed that traditionally, a well-fed wife represents financial prosperity, as indicated in a previous study (Ndambo et al., 2022). A wife’s big body size also implies that she is doing well in the community that she was taken into. Conclusively, a big body size is seen as something desirable. Hence, the community attempts to accomplish a bigger body shape for them, it is said. The majority of the women in this study growing up mainly in rural areas, have a self-reported BMI of above 25. One of them explains that she was always given food by her family. Therefore, it could be assumed that the perception that an overweight woman is more likely to get married might also hold true in

the rural Kenyan environment as it was found among Senegalese women (Holdsworth et al., 2004). Only that in the scenario of this study, it is the family who enforces weight gain instead of the women themselves as indicated before (Ndambo et al., 2022). Noteworthy is also, that one woman, being of normal weight coming from urban environment, tells how she struggles in the rural community she was married into, because her in-law family pressures her into a bigger body shape.

It is therefore confirmed what other studies suspected, that traditional factors have to be taken into account when targeting obesity (Appiah et al., 2016; McLaren, 2007; Mkuu et al., 2021; Ndambo et al., 2022). The revelation of the community's impact in the rural environment, underlines the importance to understand traditional customs and beliefs concerning Ideal Body Image.

#### PERSONAL EXPERIENCE

Experience has a significant impact on Ideal Body Image. The women's exposure to situations where they felt their body size is of advantage lead to positive experiences with their body size. On the contrary, situations where it was felt that the body size was of disadvantage, caused negative experiences with their body size, which may be an indicator for body dissatisfaction (Cash & Fleming, 2002). Especially the negative experiences on a social level stand out as the women report pressure and expectations by their environment. This has also been found in the study of Tuoyire et al. (2018) where the participants were confronted with societal expectations towards their body size.

Evaluating the experiences shared, most of the negative experiences closely align with the before revealed public perception about a respective body size. The small-sized women of this study say that they have been called out on their size, because it is public opinion that a small-sized body is weak and sick. Women also report negative experiences related to a big size, which can be associated with public resonance. Women reported encounters of body shaming and sexual harassment due to their body size. They have been assaulted and called out "not beautiful" or harassed from men who prefer women with larger bodies, according to them. It should be noted, that only two of five overweight women shared these experiences, but what they have in common, is that they are both below 25 years old while the other overweight women are older



than that. This raises the question if exposure to these aspects is more of a problem of the younger generation. What is known is, that women of young age are most vulnerable to the concept of body shaming (Gilbert & Miles, 2002) and sexual harassment (Planty & Krebs, 2013).

What is worth mentioning, is that for big body size, many negative experiences were not limited to public perception. These experiences included size related limitations such as physical impairment or onset of diseases like obesity and cardiovascular complications. It stands out that women have not shared negative experiences with a small size which are related to physical abilities.

#### PERSONAL DESIRE

Asking the interviewees to first choose their Current Body Size and after that choose their Desired Body Size, it was possible to determine a tendency whether women were more likely to increase in size or decrease in size. Overall, it is to be noted that the women who currently have a small body size want to increase in size and those who have a big size choose to decrease in size. In total, 7 out of 8 women chose a medium size as desirable. On the table of body silhouettes (Figure 1), silhouette E, which counts for a medium size, was chosen the most. One woman described her desire to be “*not too thin, not too fat*” (3) which almost equals statements of Ghanaian women in Tuoyire et al. (2018) where it was said “not too skinny, not too fat” (Tuoyire et al., 2018).

It was not observed that women tend to choose a big body size as their Desired Body Size. This does not align with the findings of Ettarh et al. (2013), where one third of the female participants chose an overweight or obese shape as their Ideal Body Image (Ettarh et al., 2013)<sup>5</sup>. However, it should be noted, that the study sample comprised of residents of Nairobi’s informal settlement (Ettarh et al., 2013). The women of this study rather chose a size of the median, explaining they prefer a medium size for themselves. This can be explained by evaluating their own experiences with body weight and the pressure they experience.

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<sup>5</sup> This study included a table of body silhouettes with 18 different body shapes and the shapes strongly correlate with objective measures of body size, hence allowing a categorization of overweight and obese (Ettarh et al., 2013).

## BEHAVIOUR

The question arose if women's desires of a certain size also influence their behaviour. What is known from other studies, is that body dissatisfaction may lead to the adjustment of someone's eating behaviour (Bibiloni et al., 2013) and may expose someone to unhealthy measures to weight control (Neumark-Sztainer et al., 2006). It can be confirmed that all women report activities to work towards a certain body size. Indeed, most of them mention that they adjusted their eating pattern, food choices and physical activity level. Whether their reported measures are efficient has not been investigated. Surprisingly though, when being asked about the factors that influence their diet, only one of the interviewees mentions that her weight determines her diet. The relevant drivers of diet remain time, money, and availability.

That obese women actively try to achieve a bigger body size has not been confirmed in this study (Ndambo et al., 2022). The women who are of big body size more likely aim to reduce in size. Nevertheless, the ones trying to increase indeed increase their food intake. The participant who classifies as underweight (Table 4) reports of drastic measures like medication to increase appetite in order to eat all her meals. Noteworthy is that only women with as small size try to achieve a bigger size. This might be, because this study also finds that the societal pressure forcing small-sized women to gain weight is higher than for big-sized women as suggested before (Tuoyire et al., 2018).

In conclusion, the other factors that play a role for perception of Ideal Body Image are to a great extent Traditional & Cultural Beliefs. Furthermore, Personal Experience and Personal Desire significantly impact the Ideal Body Image. The theoretical framework gave reason to examine if perception of Ideal Body Image might also influence women's behavior, which has been partly confirmed in this study. In the end all factors come down to a pressure that is put on women to aim for a different body size.

### 6.3. LIMITATIONS OF THE STUDY

Following limitations should be considered for interpretation of the results. As the participants share their personal perceptions and subjective opinions on the topic, the study findings may not be generalizable for the entire population. It is not possible to meaningfully analyse the results with regard to the varying body sizes and educational background of the interviewees. This was originally a factor in the selection of the

sample. Assumptions about the actual distribution or patterns of overweight can of course neither be confirmed nor refuted. The sample is not informative on the matter of how the interviewees SES influenced the women's opinions and beliefs. In addition to that the sample composition and method of selection of the interviewees may also cause the results to not be representative for the entire population. Selection bias may have occurred due to the limited locations in Nairobi and timing of recruitment. Not all women that were approached agreed to an interview, possibly introducing self-selection bias as only those agreed to an interview that were intrinsically motivated and comfortable to share personal information.

The method of conducting in-depth interviews also poses limitations to the study. Limitations arose in conducting the interviews, as the conversations were held in public spaces. The women were asked personal and sensitive questions; hence one cannot determine precisely if the women were able to share all personal views comfortably. Inclusion criteria was sufficient knowledge in English language and therefore some participants had to be excluded from the study. This method may pose limitations due to cultural barriers. Personal bias interfering with the results may be a possibility, for the participants understanding of the questions and data interpretation by the researcher. For example, answers may have somewhat been impacted by the interviewee's assumptions of what the interviewer would want to hear disclosing possible social desirability. The interviewees were held in person and were conducted by a European female, this may have prompted the interviewees to give answers that are most complementing with regard to a Eurocentric beauty ideal and/or the body size of the interviewer herself.

#### 6.4. STRENGTHS OF THE STUDY

This study accomplished the careful retrieval and analysis of delicate personal views of a selected group within the Kenyan society. It gives access to a vulnerable group giving them a chance to voice their personal perspectives. It sheds light on the sensitive cultural aspects and traditional beliefs about how women should look like, which heavily impacts how women feel and behave. The study is one of the first to cover the topic in an exploratory approach among the female population of Nairobi. It reveals that

policy making for disease prevention must take into account deeply rooted beliefs and cultural sensitivities to be better tailored towards the mentioned vulnerable group.

## 7. CONCLUSION

This study concludes that Ideal Body Image of a Kenyan woman is substantially influenced by public perception of body size on one hand, and personal experience with body size, on the other hand. It reveals that body sizes are associated with someone's socio-economic status. A big body size allows assumptions about status and influence, while a small body size may not. Being wealthy may lead to gaining weight and health complications consequently. Women mainly have the desire to work towards a medium-sized body. Those who want to gain weight do that due to societal pressure which includes traditional beliefs. Those who want to reduce weight do so for societal influence but mainly for physical and health advantages.

### 7.1. RECOMMENDATION FOR FURTHER RESEARCH

The results obtained in this study should be supplemented by further research. Socio-economic factors like wealth, health and lifestyle are associated with the Ideal Body Image and the obtainment thereof by Kenyan women. Further data collection and statistical analysis could shed light on the nature of the relationship between the concepts. One of the findings is that a big body size is associated with having money and having money may leads to gaining weight and health complications consequently. Further investigation into the possible causality of these concepts is necessary. Shedding some light on the influence of culture and tradition, the findings are intriguing to further investigate the impact of traditional beliefs, as well as the seemingly contradicting influence of globalization on the Ideal Body Image of the younger and urban generation. In the analysis of the results, it becomes apparent that there is a difference in the perception of Ideal Body Image and how it is perceived in the communal eye in an urban versus rural setting. The interviewees for this study were all recruited in the city of Nairobi. A next step should be to further investigate rural perceptions and beliefs, as previously done by Mugo et al. (2016), with a new focus on Desired Body Size and its underlying factors.

Knowledge about health implications seems to be a driving force for Kenyan women to lose weight. Nevertheless, the study results show that health-seeking behaviour in the country is reported to be low. This poses the question whether there may be a part of the population that should be seeking medical support but does not do so. How can the people be identified and targeted that can afford the healthcare but are not actively seeking it. How can healthcare be made more accessible to the part of the population that is currently not able to afford it? Further research can ultimately inform better policy making for the prevention of diseases.

## 7.2. IMPLICATION FOR PRACTICE

It is crucial that the educational programs for prevention of obesity and overweight educate about health risks related to a big body size. The findings of this study recommend that such programs need to be designed culturally sensitive and help women to overcome societal pressure to achieve a healthy lifestyle and promote a healthy body size. Education programs should further distinguish between urban and rural audiences, as well as older and younger generations. Finally, the results demand that such deeply rooted cultural perceptions about body sizes are considered in nutrition counselling to fully understand the potentially underlying reasons of a big sized person.

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## 9. APPENDICES

### APPENDIX I INTERVIEW GUIDE

#### **„ Ideal Body Image and Socio-Economic Status: Exploring perceptions of Kenyan women in a qualitative study“**

##### Behavioural Patterns:

- A. How would you describe your diet and eating habits?
  - a. What do you usually eat in a week?
- B. What are the main factors influencing these dietary habits?

##### Perception of Body Image:

- A. How would you describe your body size currently?
- B. How would you describe your ideal body size?
- C. What influences your desired body size/body image?
- D. Is there something you do to achieve the body image that you desire?
- E. Are there certain attributes that you expect of a person with a big body or thin body?
- F. From your perspective, how are body weight and wealth related?
- G. How do you think wealth and health are related?
- H. Where and when have you felt that your body weight has brought you benefits/advantages or barriers/disadvantages?

## APPENDIX II QUESTIONNAIRE

After the interview *(please fill in the form)*

-----

|                                     |  |
|-------------------------------------|--|
| Age:                                |  |
| Educational background:             |  |
| Occupation:                         |  |
| Cultural upbringing / tribe:        |  |
| Grown up in urban or rural setting: |  |
| Self-reported BMI:                  |  |

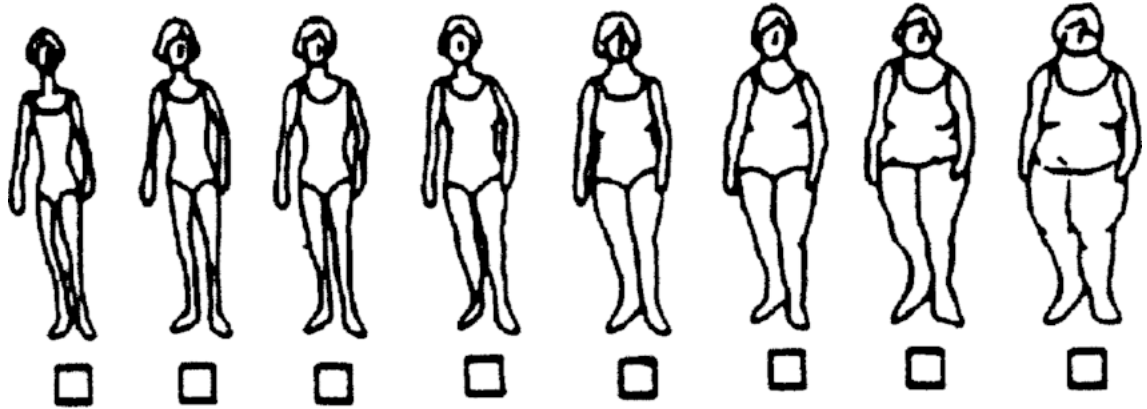
### Nutrition Education:

- A. On a scale from 1-10 (*1 = lowest, 10 = highest*) how much do you know about nutrition and health?
- B. What is more healthy, thin or big body?
- C. What do you think are the health risks related to a thin body? (*please name two aspects*)
- D. What do you think are the health risks related to a big body? (*please name two aspects*)

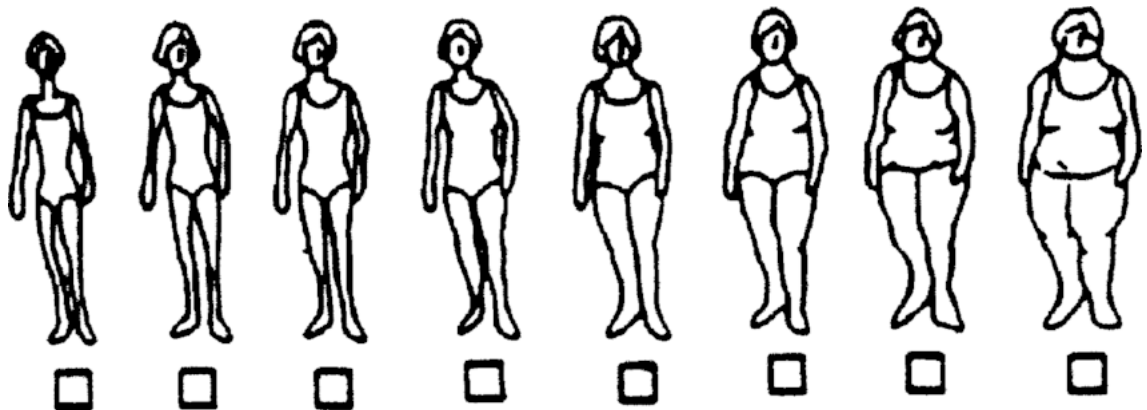
Do you have any questions or anything to add?

### APPENDIX III BODY SILHOUETTES

A. How would you describe your body size currently?



B. How would you describe your Desired Body Size?



(Stunkard et al., 1983)

## APPENDIX IV CODING MANUAL

| Code Name                                  | Code Definition  | Code Examples  | Code Rule  |
|--|--|--|--|
| Desired Body Image                         | All comments that were made while the women chose their ideal body size.   | 3: The desired body image which I'll choose is this one at least, medium size. Not too thin, not too fat. At least the medium, the medium size is okay.<br><br>7: No, I can't go down. I can definitely go up. [...] Then I'll feel mhh, like African (laughs).                      | Statements made directly while choosing their ideal body shape on the table of body shapes |
| Action To Change Towards Desired Body Size | Measures and actions mentioned that are undertaken to work towards a certain body size.<br>- Physical activity<br>- Diet adjustment<br>- Choice of clothes | 3: Another thing, I've started cutting down now the diet.<br><br>4: But a week wouldn't go by if I've not done a few stretches. Yeah, and I also walk a lot.   | Actions were taken in the past or in the present. No wishful thinking was considered.      |
| Body Size & Health                         | Association of body size and health. Assumption and personal opinions about the link of both.<br>- Health complications<br>- Health benefits               | 1: Yeah, for bigger bodies I mostly feel bad for them [...] health wise.<br><br>2: Because it is a disadvantage if one has high weight, even walking is just a problem.<br><br>2: So I am usually concerned [...] they may be predisposed to some of the micronutrient deficiencies. | Not based on personal experience.  |



| Code Name                      | Code Definition  | Code Examples   | Code Rule   |
|--------------------------------|--|---|---|
| Body Size & Wealth             | Association of body size and wealth. Assumption and personal opinions about the link of both.  | <p>2: If it is amount of money, that's one of the contributors to the body weight because if one [...] is wealthy, [...] then they tend to purchase [...] more food.</p> <p>3: I'm getting overweight because I'm eating too much. So, to me, I'm getting fat because I have some money.</p>  | Not based on personal experience.   |
| Body Size & Lifestyle          | <p>Association of body size and lifestyle of a person. Assumption and personal opinions about the link of both.</p> <ul style="list-style-type: none"> <li>- Behavior</li> <li>- Habits</li> </ul> | <p>5: Someone who is fat, someone who is big [...] eats a lot.</p> <p>4: And I think the same to smaller sized body people you think they don't eat much.</p>   | Not based on personal experience.   |
| Traditional & Cultural Beliefs | Factors that are based on cultural beliefs and tradition and how different body sizes are perceived. Can be by peer-group, family, community.  | <p>7: And they will bring you, like when they have the opportunity to feed you, they will feed you nicely. But I think for them it's just the illusion that when you look a certain way, then also they feel that they don't feel like they took you and you're struggling in their community.</p> <p>2: Traditionally, in my culture, if a woman is well built, then the husband gets the price. Because the husband has fed the wife.</p> | <p>No scientific evidence for statements. More based on traditional values rather than facts.</p> |

| Code Name                           | Code Definition   | Code Examples   | Code Rule  |
|-------------------------------------|---|---|--|
| Positive Experience Small Body Size | <p>Personal, positive, experiences with a small body size are shared.</p> <ul style="list-style-type: none"> <li>- Benefits</li> <li>- Advantages</li> </ul>  | <p>5: I was always treated like a baby, I used to like it.</p> <p>4: Sometimes people compliment you, depending on the size you are.</p>  | <p>Based on experience and not assumption, it has happened to them personally.</p> |
| Negative Experience Small Body Size | <p>Personal, negative, experiences with a small body size are shared</p> <p>Including: Society, Family, Friends</p> <ul style="list-style-type: none"> <li>- Barriers</li> <li>- Disadvantages</li> </ul> | <p>6: They think you're sick because you're always that thin.</p> <p>4: And somebody will throw in, you know, comments like you are thin, or have you not been eating well, or are you stressed, and I think such comments get to you sometime.</p>   | <p>Based on experience and not assumption, it has happened to them personally.</p> |
| Positive Experience Big Body Size   | <p>Personal, positive, experiences with a big body size are shared.</p> <ul style="list-style-type: none"> <li>- Benefits</li> <li>- Advantages</li> </ul>  | <p>3: If we go collecting firewood, me who is heavy, I carry so many firewood, if I tie up those pieces, I carry many compared to those who are weak</p> <p>1: Yes, a compliment about the size. [...] Because it helps improve your self-esteem, it makes you feel more confident so yeah, [...], I feel like it's good for you, when you hear someone say oh you look nice, you look beautiful, your body shape is really nice I admire it.</p> | <p>Based on experience and not assumption, it has happened to them personally.</p> |

| Code Name                                  | Code Definition  | Code Examples   | Code Rule   |
|--|--|---|---|
| Negative Physical Experience Big Body Size | Personal, negative, experiences with a big body size on a physical level are shared. Including: Health, Fitness, Strength<br>- Barriers<br>- Disadvantages | 2: I have already talked about the elevated blood pressure so my body weight [...] reason to the elevated blood pressure<br><br>3: I am having some foot problem. [...] I visit the doctor; they complain of overweight.<br><br>8: You find it hard to like walk a few steps [...]. | Based on experience and not assumption, it has happened to them personally. Solely physical experience, not social resonance. |
| Negative Social Experience Big Body Size   | Personal, negative, experiences with a big body size on a social level are shared. Including: Society, Family, Friends<br>- Barriers<br>- Disadvantages    | 8: I've always been chubby since childhood, and people would make fun of me.<br><br>8: So you will be walking in town like in a crowded place, and somebody will just touch you, without consent.   | Based on experience and not assumption, has happened to them it personally.   |
| Eating Behaviour & Dietary Habits          | The normal diet and eating patterns are mentioned.<br>- Eating habits<br>- Diet pattern<br>- Food choices<br>- Daily routine                               | 1: Usually, I think I have all three meals and snacks in between [...].<br><br>4: Well mostly (...) because of where I come from, it's mostly ugali <sup>6</sup> that will be like staple food with some mboga <sup>7</sup> on the side and beef [...].                             |   |
| Factors Influencing Diet                   | Factors that determine food choices, eating habits, etc. Can be intrinsic or extrinsic.  | 2: [...] Because I have the knowledge.<br><br>4: Sometimes the budget constraints.  |   |

<sup>6</sup> Ugali - tiff porridge made of white maize flour

<sup>7</sup> Mboga - Local language: vegetables

## APPENDIX V CONSENT FORM

### Consent to take part in research

I voluntarily agree to participate in this research study, „**Ideal Body Image and Socio-Economic Status: Exploring perceptions of Kenyan women in a qualitative study**“

I understand that I can withdraw my consent at any time or refuse to answer any question without consequences or giving any reasons.

I understand that I can withdraw my permission to use data from my interview immediately after the interview, in which case my data will be deleted. I am aware that my data can no longer be deleted 24 hours after the interview since the data are stored and processed anonymously.

I confirmed that I am aware of the purpose and nature of the study, and I have had the opportunity to ask questions about the study.

I agree to my interview being audio-recorded with a voice memo application by Apple and then transcribed into a written form by the researcher (Linette Waltsgott).

#### Purpose

The collected data is used exclusively for scientific purposes. A reference to my person cannot be made based on the collected data. Therefore, only anonymous data will be stored and processed. It is not possible to draw conclusions about the study participants. The results of this survey may be published for teaching and research purposes (e.g. theses and articles in scientific journals).

#### Personal data

The survey is anonymous. No data that reveals my identity will be requested or collected in the interviews. I understand that in any report on the results of this research, my identity will remain anonymous. This will be done by changing my name and disguising any details of my interview which may reveal my identity


#### Duration of storage

The anonymized interviews (without personal data) will be stored at the University of Applied Sciences Hamburg (HAW) according to the rules of good scientific practice for 10 years.

#### Recipients/categories of recipients

The anonymized data will only be used within the research team for scientific purposes and will not be shared with others. The members of the research team are bound to data protection and confidentiality. The research team includes Linette Waltsgott, Prof. Dr Johanna Buchcik and Dr Adekunle Adedeji.

The anonymized data will be kept for scientific documentation and will only be made available to the relevant authorities or institutions in the event of any necessary review.

I understand that I am free to contact the principal researcher to seek further clarification and information. Linette Waltsgott, Hamburg University of Applied Sciences, 

I hereby consent to participate in this study, „**Ideal Body Image and Socio-Economic Status: Exploring perceptions of Kenyan women in a qualitative study**“

-----  
Signature of participant

-----  
Date

-----  
Signature of researcher

-----  
Date

## APPENDIX VI DECLARATION

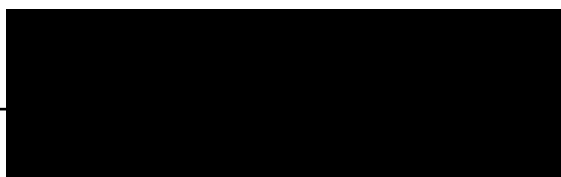
I hereby certify  
that the above bachelor's thesis with the title

**„Ideal Body Image and Socio-Economic Status: Exploring perceptions of  
Kenyan women in a qualitative study“**

has been prepared independently without external help and that I have not used any sources or aids other than those indicated. Literally or in the sense of from other works taken passages are marked under indication of the source. This thesis has not been submitted to any examination authority in the same or a similar form.

Dordrecht, 22.06.2023

Place, Date, Signature



Hiermit versichere ich,  
dass die vorstehende Bachelorthesis mit dem Titel

**„Ideal Body Image and Socio-Economic Status: Exploring perceptions of  
Kenyan women in a qualitative study“**

selbstständig und ohne fremde Hilfe gefertigt und keine anderen als angegebenen Quellen und Hilfsmittel benutzt habe. Wörtlich oder dem Sinn nach aus anderen Werken entnommene Stellen sind unter Angabe deren Quelle kenntlich gemacht. Diese Arbeit hat in gleicher oder ähnlicher Form noch keiner Prüfungsbehörde vorgelegen.

Dordrecht, 22.06.2023

Ort, Datum, Unterschrift

