

Femininity, weight stigma and well-being: The lived experiences of 'fat' women in an extended Muslim Indian South African family

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COLLEGE OF HUMANITIES

DECLARATION – PLAGIARISM

I, Azeeza Rawat, declare that:

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2. This thesis has not been submitted for any degree or examination at any other university.

3. This thesis does not contain other persons' data, pictures, graphs, or other information, unless specifically acknowledged as being sourced from other persons.

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ABSTRACT

Being overweight or ‘fat’ (a reclaimed term used by scholars working in the fat feminism field) negatively affects the physical, psychological, and social well-being of individuals. Challenges with physicality is a direct consequence of excess weight, while weight stigma is an indirect consequence that many ‘fat’ people face. Most women face stricter societal beauty standards, and therefore, often deal with a higher level of weight discrimination. However, weight discrimination and lived experiences may differ from one ‘fat’ woman to another depending on other intersecting identities such as race, culture, religion, and nationality. There is a scarcity of studies on weight perception and beauty standards amongst ‘fat’ Indian Muslim South African women. To address this gap, this MA research study investigated the lived experiences of ‘fat’ women (used in the fat feminist sense) in an extended Muslim Indian South African family. South African Muslim Indians were chosen as the researcher of this study is a member of this community and has firsthand experience of socio-cultural weight perceptions and expectations targeted towards women of this cultural group. This research study focused on their intergenerational experiences; including how and why older women in the study participant’s family teach younger women certain viewpoints and values regarding body size and image. It also delved into the physical and psycho-social consequences of these weight perceptions for women in the family of this study’s participants. Furthermore, it considered whether there has been any change over time in terms of the research participants’ experiences. It utilised qualitative research design methods in conjunction with autoethnography, fat feminism, intersectionality, and social constructionism. Finally, it drew on in depth interviews with six considered ‘fat’ Indian Muslim South African women from one family and a reflexive journal was kept by the researcher, thereby totalling seven participants.

The findings of this study highlight that thinness is a vital beauty ideal for both men and women in the Muslim Indian South African community. However, adverse consequences, such as decreases in marriageability were highlighted for ‘fat’ women only. There are also common physiological causes of weight gain, such as cultural food choices and Polycystic Ovary Syndrome (PCOS), and psychological causes, including stress, emotional eating, and anxiety in relation to public exercising. Further, this study found that Islamic dressing is shown to alleviate some weight-related worry and self-consciousness. There are

consequences to the weight stigma in this community; for instance, the women interviewed, including myself, reported experiences of psychological distress, body insecurity and engaging in yoyo dieting.

This research study thus recommends awareness to help combat ‘fat’ phobia, and to increase the well-being of ‘fat’ individuals, especially in the Muslim Indian South African community. Future studies could include larger samples of women from this community and focus more on weight perceptions and weight stigma amongst men in this community.

Key words: Fat feminism, weight perception, weight stigma, Muslim women, intersectionality.

TABLE OF CONTENTS

PLAGIARISM DECLARATION..……..……..……..……..……i

ACKNOWLEDGEMENTS…..……..….ii

ABSTRACT……...iii

TABLE OF CONTENTS……...…...……...v

CHAPTER 1……1

INTRODUCTION TO THE STUDY……..1

1.1 Background and outline of the research problem…….……..1

1.2 The role of weight in the lives of women……..…..5

1.3 Motivation for the study…….....7

1.3.1 Motivation for an auto-ethnographical Study……...……....9

1.4 Research questions……...…….……9

1.5 Research objectives: broader issues investigated……...…….....10

1.6 A narrative summary of the research questions and objectives……10

1.7 Underlying assumptions of the study……...…….…..13

1.8 Structure of the dissertation…….….14

1.9 Conclusion…….……..15

CHAPTER 2……..16

LITERATURE REVIEW……..16

2.1 Introduction……..…….…….……..16

2.2 Societal concepts of ‘fatness’ and its complexities…….....……..16

2.3 Health in relation to ‘fatness’……...……..…...17

2.4 Beauty ideals – A historical and contemporary overview……..……...19

2.5 Weight perception……20

2.5.1 The mother-daughter relationship……...…….……..20

2.5.2 Weight stigma and internalised weight bias…….……..22

2.5.3 Weight stigma against women …….……..24

2.6 Islam – Beauty ideals, weight perceptions and diet……..……26

2.7 Africa – Beauty ideals and weight perceptions……...……..……28

2.8 The 21st Century South African Indian culture – Well-being and diet……..……30

2.9 A call for more research……...…….31

2.10 Conclusion…….32

CHAPTER 3……..33

THEORETICAL FRAMEWORK, RESEARCH METHODOLGY AND METHODS…….……...33

3.1 Introduction…….…….…33

3.2 Theoretical framework……...…….…….33

3.2.1 Social constructionism…….……..33

3.2.2 Intersectionality……...……..35

3.2.3 Fat feminism…….…….37

3.3 Research methodology and methods…….……...39

3.3.1 Study design and paradigm……39

3.3.2 Study area……...……...41

3.3.3 Study population……42

3.3.4 Participant recruitment……...…….……...42

3.3.5 Sampling method……...43

3.3.6 Sample size……43

3.3.7 Data collection procedures…….…...…….44

3.3.8 Inclusion criteria…….……...48

3.3.9 Methods of data analysis……...……48

3.3.9.1 Data recording procedure……...48

3.3.9.2 Transcribing data and data familiarisation…...……..50

3.3.9.3 Creating preliminary codes……51

3.3.9.4 Exploring for themes……...…….……..52

3.3.9.5 Reassessing themes……52

3.3.9.6 Finalising and naming themes……....53

3.3.9.7 Writing the dissertation……...…….……..53

3.3.10 Validity and reliability……...54

3.3.10.1 Credibility……54

3.3.10.2 Transferability……...…….……..54

3.3.10.3 Dependability……...55

3.3.10.4 Confirmability……...…….……..55

3.3.11 Ethical and legal considerations……...…….…….55

3.3.12 Dissemination of information……...…….56

3.3.13 Strengths and limitations of this study……...…….56

3.3.14 Demographic information of the participants…….……60

3.4 Conclusion……...62

CHAPTER 4……..63

SOUTH AFRICAN MUSLIM INDIANS – A BRIEF HISTORICAL BACKGROUND, GENDER IDEALS, AND MAJOR FACTORS THAT HAVE INFLUENCED BODY SIZE……...…63

4.1 Introduction……..……..……...…63

4.2 A brief historical background to understand the situation of Muslim Indians in South Africa in the last few decades……...……..…....63

4.2.1 A brief historical background to understand the situation of Muslim Indian women in South Africa in the last few decades…....65

4.3 An analysis of South African Muslim Indian gender ideals……69

4.3.1 The ideal Muslim Indian South African woman should be thin…....69

4.3.1.1 Marriage is tied to weight……..76

4.3.2 The ideal Muslim Indian South African modern man should be thin…….81

4.3.2.1 Men are not held to the same weight standards as women in the Muslim Indian South African community……..83

4.4 The major factors that have influenced body size amongst Muslim Indian South African women of this study…..……...…...84

4.4.1 Physiology causes weight gain……..85

4.4.1.1 Hormones made me ‘fat’……...85

4.4.1.2 Eating habits made me ‘fat’……...88

4.4.2 Mental health causes weight gain……..90

4.4.2.1 Stress and emotional eating made me ‘fat’……90

4.4.2.2 The fear of public exercise made me ‘fatter’…….92

4.5 Conclusion……...95

CHAPTER 5……..97

SOUTH AFRICAN MUSLIM INDIANS – FACTORS THAT

HAVE INFLUENCED WEIGHT PERCEPTIONS……..97

5.1 Introduction……..…..……..97

5.2 Weight stigma: Women teaching women that ‘fat’ is bad……...……...97

5.3 Weight stigma: Males teaching women that ‘fat’ is bad……..…...…..103

5.4 Western fashion is not for ‘fat’ women…….....108

5.5 The ‘fat’ patient is misunderstood…….....114

5.6 Conclusion…….118

CHAPTER 6……119

SOUTH AFRICAN MUSLIM INDIANS – CONSEQUENCES OF WEIGHT

PERCEPTIONS AND CHANGES IN BODY IMAGE IN RELATION TO AGE……119

6.1 Introduction……...……119

6.2 Psychological distress and body insecurity……...……119

6.3 Yoyo dieting……...…….....125

6.4 Negative views of ‘fatness’……...……130

6.5 Age related changes to weight perceptions……...……133

6.6 Conclusion…….135

CHAPTER 7……136

SUMMARY, CONCLUSION, AND RECOMMENDATIONS……...…….136

6.1 Introduction……...……136

6.2 Summary of this study's findings……..136

6.2.1 The first research question……...136

6.2.2 The second research question……..137

6.2.3 The third research question……..141

6.2.4 The fourth research question……...……143

6.3 This study's contribution to research……...……..144

6.4 Recommendations for future research……...147

6.5 Conclusion…….147

REFERENCES……...…….148

APPENDICES……..…165

Appendix 1: UKZN Ethical Clearance Letter…….165

Appendix 2: Informed Consent Document……..……166

Appendix 3: Semi-structured Interview Schedule……...…169

CHAPTER 1

INTRODUCTION TO THE STUDY

1.1 Background and outline of the research problem

Increasing body sizes is a public health crisis worldwide (Loos & Yeo, 2022), as over a third of the global population is medically diagnosed as “overweight” or “obese”. Weight gain has been linked to a variety of causes such as genes, socioeconomic status, access and affordability of food, physical activity, and environment (Chooi et al., 2019). It has also been linked to psychological causes, such as the symptoms of depression, and childhood trauma (Schulze et al., 2019), and physiological causes, such as endocrinological disorders (Awoke et al., 2022; Teede et al., 2013).

As equally important as the causes of weight gain are the consequences. Being overweight not only negatively affects the physical, but also the psychological and social well-being of individuals (Ogden et al., 2020; Thomas et al., 2008). Researchers have observed a prolonged pattern of negative life experiences of obese participants, which consisted of limitations (e.g., physical activities that a larger body cannot do), opportunity loss (e.g., loss of marriage proposals), and psychosocial pressures (e.g., body dissatisfaction and societal weight stigma) (Sadati et al., 2016).

Furthermore, studies have noted the link between obesity and depression (Blaine, 2008), and there is a 55% increased risk of an obese individual developing depression (Luppino et al., 2010). However, the link between obesity and ill-health is stronger in certain ethnicities than others (Gibson-Smith et al., 2018). This suggests that ethnicity and culture influence how living with a larger body size is experienced by an overweight individual in their society, and therefore all individuals who have excess body weight do not share one singular lived experience.

There are many factors that may facilitate the link between obesity, depression, and poor mental health, such as weight perception. For example, a study conducted on college students in the United States by Harring et al. (2010) has shown that females who perceived themselves as bigger or heavier than they really were presented with depressive symptoms

more often than females with an accurate weight perception and were noteworthily more at risk of unhealthy weight management techniques. In contrast to extreme weight control methods, a study in which American adults were surveyed, participants who perceived themselves to be overweight also had an increased awareness and worry of weight stigma, which increased overeating behaviours (Romano et al., 2018). The importance of weight perception on mental health is reiterated by Paulitsch et al. (2019), who discovered that in 39.3% of their study's participants, who were male and female adults residing in Brazil, the association between obesity and depression was mediated by weight perception, such as observing oneself as overweight. Indeed, perceiving oneself as overweight, especially when a bigger body size does not meet societal beauty ideals, is associated with increased psychological stress, as Atlantis & Ball (2008) observed in their study which utilised Australian National Health Survey data. Hence, weight perception, and not only weight, impacts the well-being of individuals.

Furthermore, shame is a common emotion experienced by bigger bodied individuals and has the potential to negatively affect well-being. "Fat shaming" (Spratt, 2023, p. 88), more formally known as weight stigma, is a socially accepted form of discrimination as it is popularly believed to motivate people with larger body sizes to lose weight, although scientific research shows that shaming has the opposite effect. Spratt (2023) has shown in her article on "fat shaming" in neoliberal countries, such as the United Kingdom, that feelings of shame are often linked to self-destructive behaviours and comfort eating. Similarly, Sjoberg et al. (2005) found in their study on Swedish adolescents that overweight adolescents were found to internalise and harbour feelings of shame over their weight and body size which often lead to or added to depressive symptoms.

Even the term "fat" contains harmful psychosocial connotations and is associated with feelings of shame and embarrassment. However, in recent years, fat feminists have sought to reclaim this term to promote body acceptance. With critical consideration, and in line with these feminists, the term 'fat' will be used in a descriptive manner in this dissertation, to move away from the medicalised term "overweight" or "obese". The Body Mass Index (a medicalised scale commonly used from the 1970s to label a person's weight as "normal", "under" or "over"), does not differentiate between fat and muscle, and portrays 'fatness' as

abnormal (Harjunen, 2009). The decision to use the term ‘fat’ also considers that what is measured as “normal weight” or “overweight” has changed over time, is socially constructed, and has complex social meaning (Bordo, 2004). Most importantly, those labelled as “obese” do not like the term (Thomas et al., 2008). Furthermore, Puhl & Brownell (2003) note that the BMI distinction between overweight and obese has not been established to affect weight stigma and bias, and therefore the umbrella term ‘fat’ would be sufficient for this dissertation in grouping together those who are overweight and obese.

According to Puhl et al. (2020), weight stigma is a significant characteristic in the lives of obese individuals. In a study conducted in Australia by Thomas et al. (2008), almost all obese participants faced weight stigma and bias. Weight stigma is encouraged by the popular misconception that one chooses to be obese, and that obese individuals could lose weight if they wanted to with control of calories and increasing exercise (Brown et al., 2022). This view does not consider socioeconomic status that may limit food choices and exercise options (Spratt, 2023).

Overweight individuals regularly experience socially accepted stigma from the environment around them. “Anti-fat” sentiments are expressed from a range of sources, such as parents, peers, and the media (Puhl & Brownell, 2003). The media often perpetuate weight stigma and portray overweight individuals in a negative light, using ‘fat’ stereotypes and ‘fat’ jokes (Ata & Thompson, 2010). According to a study on the media’s “fat shaming” of female celebrities (mostly Americans), which also utilised existing data on women’s internal and implicit weight biases collected between 2004 and 2015 (almost mostly American), it showed the media’s reporting of the body size and appearance of celebrities has the power to influence implicit attitudes and biases. Fat-shaming comments and articles that are extremely common in magazines, newspapers and on social media can increase automatic fat phobic beliefs in women, such as unconsciously associating fat with negative characteristics (Ravary et al., 2019). Phelan, et al. (2015), in their literature review article on studies that investigated weight stigma in the healthcare field, have shown that weight stigma and weight stereotypes are even prevalent in the healthcare field and have a negative impact on the overweight individual being treated. Approximately half of the obese participants in a study conducted

on Australians (most of whom were women) had felt humiliated or had experienced insulting comments made by healthcare professionals (Thomas et al., 2008).

Additionally, weight stigma negatively affects the well-being of fat' individuals. It increases the risk of eating disorders, unhealthy eating behaviours and avoidance of exercise, which may contribute to further weight gain (Puhl et al., 2020), or it increases the risk of extreme weight loss methods (Thomas et al., 2008). Weight stigma is also present in weight stereotypes and weight connotations, in which 'fat' people are seen as "lazy" and "greedy" (Farrell, 2011, p. 34). Weight stigma may be the most harmful when it leads to the internalisation of these weight stereotypes, such as a 'fat' person automatically labelling themselves as lazy or greedy. As 'fat' individuals increasingly internalise weight biases and stereotypes, their self-esteem decreases (Durso, et al., 2012). The stronger the internalised weight bias is, the greater the risk that the individual will suffer from maladaptive coping responses, depression, anxiety, eating disorder psychopathology, such as binge eating, and an adverse reaction to dieting. This opposes the misconception that weight stigma will motivate 'fat' individuals to lose weight (Hayward et al., 2018; Puhl et al., 2007). Furthermore, weight stigma and internalised weight bias are linked to a decrease in enjoyment and an avoidance of physical activity and sport as 'fat' individuals fear that they will be judged for their appearance when engaging in physical activity and sport (Bevan et al., 2021). Weight stigma and internalised weight bias also increases the risk of suicidal ideation and suicide (Brochu, 2020; Fitriyah & Rokhmawan, 2019).

Similarly, in South Africa, there has been an increase in the average body size and the prevalence of obesity (Cois & Day, 2015). By analysing data generated from a World Health Organisation survey from 2007 to 2010, out of four of the five BRICS countries (Russia, India, China, and South Africa), South Africa was found to have the highest rate of obesity at 35% (Shukla et al., 2014). This increases the burden of chronic diseases in South Africa as obesity increases the risk of multimorbidity, which is the concurrent presence of two or more chronic illnesses in an individual (Alaba & Chola, 2013).

Amongst South Africans, there is a high number of diabetics in the South African Indian community, which is partially due to the consumption of excess sugar that is common in this

culture (Naicker et al., 2015). Further research highlights another significant factor that increases the risk of diabetes in the Indian community, namely that Indians have a genetic susceptibility to type two diabetes. Adding to this risk of diabetes is urbanisation, as an urban lifestyle is categorised by using a car to travel instead of walking, and access to fast foods (Sahadew et al., 2016).

While there is a shortage of research which explores weight stigma and internalised weight bias in South Africa, a quantitative study done in Durban, South Africa, found that weight stigma may lead to disordered eating (obsessive and compulsive eating) and psychological distress in 'fat' people. In this study, 77% of the participants felt discriminated against because of their weight. This study calls for further research which explores weight stigma, internalised weight bias, and psychological barriers to weight management in South Africa (Govender et al., 2019).

1.2 The role of weight in the lives of women

Living with bigger body sizes and weight stigma are important gender issues. Finucane et al. (2011) found that between 1980 and 2008, the global average weight had increased at a faster rate for women compared to men, depicting a higher average weight for women globally. Indeed, in 2019, it was found that there is a higher prevalence of obesity amongst women (Chooi et al., 2019).

Along with a higher prevalence of obesity, there is a higher prevalence of negative weight related consequences amongst women too. Being female is a potential risk for developing obesity and depression concurrently (Blaine, 2008; Markowitz et al., 2008; Nemiary et al., 2012), and there is a significant occurrence of depression amongst middle aged obese women (Simon, et al., 2008). This could be due to the finding that historically, women have felt the greatest burden of achieving beauty standards, including certain body weights, to meet societal expectations (Bordo, 2004). As a result, women face higher levels of weight stigma and discrimination in their societies (Brown et al., 2022; Fikkan & Rothblum, 2012; Nickson et al., 2016), and are under more social pressure to be thin than males (Sadati et al., 2016). However, women of different cultures and races perceive weight, body size and body image differently. Dorsey et al. (2009) found in their study, which analysed data obtained from a

national US survey from 1999 to 2006, that normal weight white women more often perceived themselves as overweight than normal weight black women. Moreover, Farrell (2011) observed in her book on weight shaming and weight stigma in historical and contemporary America, that the ideal body shape is moulded by socio-cultural preferences.

Age is an important factor for women when it comes to maintaining beauty standards and the ideal body shape. During midlife (around 40-60 years old), women often experience changes to their body size and body shape. Researchers have found that many women in this age group are self-conscious about their weight gain (Thomas et al., 2019). Indeed, one study shows that women aged 40 to 60 years old had lower body appreciation than women aged 18 to 25 years old (Augustus-Horvath & Tylka, 2011; Ricciardelli et al., 2018). Studies have also discovered that women in their midlife years worry about gaining weight and getting older, however, women older than 60 years seem to worry more about their age than their weight (Becker et al., 2013). Yet, even amongst women older than 60, "fat talk" is frequent. "Fat talk", which is talking about your own weight negatively or congratulating other people for their weight loss is associated with decreased body satisfaction (Becker et al., 2013, p. 10).

Nonetheless, as women grow older, their body image may improve. Depictions of beauty ideals in the media have less impact on older women since young women are mostly used in magazines, social media, and television. Another study concludes that as age increases, body appreciation increases. Older women have a greater ability to value their bodies for characteristics unrelated to physical appearance (Ricciardelli et al., 2018). Some older women have experienced an increase in acceptance and confidence of their body as they grow older. Positive body image amongst older women has a positive effect on sexuality, despite self-reported aging of the body. Racial differences were also noted. In the US, older black women more often reported a positive body image than white women (Thomas et al., 2019).

Akin to global statistics, obesity is significantly more prevalent amongst females than males in South Africa (Case & Menendez, 2009; Shukla et al., 2014), and this trend is predicted to continue (Cois & Day, 2015). In addition, scholarship shows that South African Indians have a higher prevalence of diabetes when compared to other races, and that women of any race have a higher predicted percentage of diabetes than men. Therefore, Indian women are at the

highest risk of developing diabetes, and diabetics are more likely to be "overweight" (Wollum et al., 2018). This could explain why there are high obesity rates amongst Indian/Asian South African women, and that 18% of South African Indian/Asian women are severely obese. While this rate is not higher than the rate of severe obesity amongst black women (20%) and coloured women (26%), it is higher than the rate of severe obesity amongst white women (15%), and South African men of any race (Statistics South Africa, 2017). Like international studies, perceived weight does not always correspond with actual weight. What is considered a normal weight and average body size is a subjective concept, influenced by a myriad of factors, such as culture, race, nationality, age, and gender. In South Africa, Faber & Kruger (2005) conducted a study on rural black South African women. Only 2% of "overweight" women considered themselves as having a weight problem, and only 30% of obese women viewed themselves as "too fat".

Ideal body sizes have always been a controlling force in women's lives. The ideal body size is a construct created by one's society, and is impacted by gender, age, race, culture, religion, and nationality. Moreover, body size has the power to impact physical, psychological, and social well-being. Women are at a greater risk of developing obesity, and in South Africa, Indian women are at the most risk for developing obesity and diabetes. Weight stigma is prevalent in South African communities too and leads to a range of negative health outcomes. Therefore, this study sought to investigate the lived experiences of 'fat' women, including myself, in an extended Muslim Indian South African family.

1.3 Motivation for the study

As a 'fat' female myself, I understand that having a larger body size comes with its own unique lived experiences and challenges. Thus, this research study aimed to delve into the physical and psycho-social consequences of living with a heavier weight and a larger body size for South African Muslim Indian women. Hence, the study's sample includes myself, as the researcher and participant, as well as, six women from one South African Muslim Indian family.

South African Muslim Indian women were chosen as the demographic for this study due to the researcher of this study being a member of this community and having firsthand

experience of socio-cultural weight perceptions, fat phobia, and beauty expectations targeted towards women within this cultural group. There is a need for qualitative research that investigates the causes and consequences of weight stigma amongst Muslim and/or Indian South African women as there is a lack of in-depth research on this subject matter. Weight stigma is not a topic that is discussed openly in informal settings as stigma often brings along feelings of shame and embarrassment. Many individuals may feel more comfortable speaking about it objectively in a formal setting, such as in an interview, where there is anonymity and confidentiality.

Another motivation for this study was to analyse the cultural belief systems, gender roles and traditional customs in Muslim Indian South African families and how this may influence and interact with weight perceptions and body image. There is insight to gather on how Muslim Indian South African gender expectations for women interrelate with body size beauty ideals, and whether the presence of orthodox notions of femininity and domesticity, such as that a woman's role is to attract and please her husband, increases the presence and severity of weight stigma. Moreover, it is vital to investigate how body appearance and health is outlined in Islamic scripture to determine how specifically being Muslim, and following Islamic practices, shapes these women's experiences of being plus sized. Additionally, it is also critical to investigate body size beauty ideals in the 'Indian culture' in South Africa, and how being a South African Indian surrounded by cultural values and beliefs affect the lived experiences of bigger bodied women.

Furthermore, it would be beneficial to gauge the gender demands placed on women of past generations and current generations, to explore if there have been cultural changes in the status and role of Muslim Indian South African women in families through the generations. Similarly, this research study focused on the intergenerational experiences of this study's participants; including how and why some older women in the study participant's family teach younger women certain viewpoints and values regarding body size and body image. As a South African Indian woman, I understand how tradition and family are significant shapers of our lives and of our worldviews, including gender ideals and body size. Therefore, when investigating these topics, it is vital to explore familial influences.

Furthermore, the research for this study outlines and explores any change over time in terms of our experiences with our weight and appearance. The ages of the participants of this study ranged from 26 to 77 years old, which allowed the study to explore the effects of age on weight perception and body image amongst the participants. Furthermore, the research used in-depth qualitative interviews, which investigated how the participants' views of their body and weight have evolved as they have aged over the years.

1.3.1 Motivation for an auto-ethnographical study

I identify as a 'fat' Muslim Indian woman from South Africa. Being 'fat' has shaped my life as much as being Muslim or being Indian has. Therefore, I would consider being 'fat' as one of my identities. I think that if I had grown up thin, I would be a completely different person today.

A significant portion of the negative experiences and emotions in my life have been weight related, emanating from other people or from within myself. I think it is important that we share our experiences as 'fat' people to gain a sense of perspective and to achieve a sense of social liberation and freedom. Talking about 'fatness' can be difficult as it is a topic laden with shame and embarrassment for the 'fat' person. I too have shied away from openly talking about my weight related experiences in the past. However, I feel that we need to talk about it more to destigmatise our bodies and our experiences.

I have also chosen a particular community, my own South African Muslim community, to highlight what my participants, and myself, have faced in this community in relation to weight stigma and beauty ideals. This may differ from other communities and cultures. This is important to note from the outset. As a result, I am not claiming that the perceptions and experiences I write about in this qualitative dissertation are generalisable to others in South Africa, or even other Muslim Indians in other parts of the world.

1.4 Research questions

The key questions for this research were as follows:

1. What do these Muslim Indian South African women, including myself, perceive to be the factors that have influenced our body size?
2. What factors have shaped or influenced women's perceptions in this family, including my own, about body size and body image?
3. How have perceptions about their weight influenced these women's lives, including my own (e.g., physically, psychologically, and socio-culturally etc.)?
4. Have there been changes in terms of these women's experiences, including my own, of body size and body image over time? If so, in what ways?

1.5 Research objectives: Broader issues investigated

This dissertation was guided by the following research objectives:

1. To examine the factors (i.e., physical, psychological, and socio-cultural) that have contributed to the body sizes of these Muslim Indian South African women, including my own.
2. To analyse the myriad of factors, including transference of ideas down the generations in this family, which have shaped or influenced these women's views or perceptions, including my own, about our bodies, our size, and our identities.
3. To explore the physical, psychological, and socio-cultural impacts of weight perceptions on the lived experiences of these Muslim Indian women's lived experiences, including my own, and the benefits or challenges we have encountered as a result.
4. To determine if there have been changes – intergenerationally – in this family of women's experiences, including my own, of body size and perceptions of body image over time.

1.6 A narrative summary of the research questions and objectives

This study's research questions and objectives centre around assessing the numerous different facets of the lives of 'fat' Muslim Indian South African women. The target of the first research question was to understand what caused this study's female participants to develop bigger body sizes without relying on the stereotypes or misconceptions around weight gain. In

addition, by hearing the female participants' perspectives and being aware of the myriad causes of weight gain, including causes that may be out of an individual's control, this may reduce stereotypical misconceptions of weight gain. This research question was addressed through interview questions, such as questions asking about the participants' current diet and exercise, their past challenges and journey with their body size, for example, past weight loss and weight gain. In addition, primary data such as cultural cookbooks, were included to address this research question.

The aim of the second research question was to identify how the interviewed female participants were first introduced to weight perceptions, body image and body size in their families and communities, to gauge how ideas about weight perceptions are imparted and from whom. It is insightful to discover the varying ways in which weight perceptions are taught, if and how it is passed down, and how each generation experiences it, especially in the context of this study which examined multiple generations of a family, such as a grandmother, mother, and daughter. This research question was answered through interview questions, which asked the participants about the first time they were aware of their body size, if anyone else had pressured or forced them to reduce their body size; how body size is talked about in their family and community, what role men and women in their family play in influencing ideas about weight and body image, and how religion and culture shape weight perceptions. Similarly, primary data from the social media pages and websites from health professionals in Muslim Indian South African community were included.

The aim of the third research question was to determine the consequences of weight stigma, and to examine whether these consequences are specific to Muslim Indian South African women. This research question was valuable in that by raising awareness of the frequency and severity of weight stigma, and its damaging long-lasting consequences. This research question intended to assist the study in raising awareness on weight-based stereotypes and discrimination, and in developing strategies to combat weight stigma. This research question was addressed through interview questions such as inquiries about the participants' current mental health, their challenges with their body size, their attempts to lose weight, how they describe their own body, how they feel about the word 'fat', if they have been treated

differently because of body size, and how being larger has affected them physically, emotionally, and socially. In addition, this study includes primary data provided by the participants, such as a weight loss journal and a calorie tracking app, which attended to this research question.

The fourth and last research question was essential to this study in that it sought to gauge the dynamic nature of weight perceptions, how it changes over time and context, what facilitates the change, and the positive benefits reaped from this change. Ultimately, this research question aimed to recognise the role that age plays on weight perceptions, and whether as grown adult women, these women still experience similar challenges or benefits due to weight perceptions as they did as children, teenagers, or young women. This research question was met through interview questions, by asking if there have been changes in terms of the participants' experiences of or ideas about weight gain, body size, and body image over time, and to describe any changes in detail. In conjunction to the set interview questions, several prompt questions were asked during the interview to get deeper and more insightful details out of this one question.

These key research questions were significant to the study in that they aimed to obtain a holistic view of the study participants' lived experiences, regarding body size and weight perceptions. The research questions were written and structured to include all the important aspects, or the imperative information needed from these women to understand the concept of 'fatness' in the specific context of their lives. Hence, this study's research questions not only posed inquiries about weight perceptions and weight stigma in their community, but also asked about the contributors of weight gain and the physical and mental challenges that arise from living in a larger body. By not concentrating on one period of the participants' lives, these research questions allowed the researcher to gain a wide range of experiences from the study's participants so that the researcher can explore a whole life's worth of experiences, from childhood until the current day. The research questions focused on the participants' subjective truths as the study was interested in their perspectives or their 'side of the story' regarding their own body sizes and experiences of weight stigma. These research questions thus generated data which contribute to existing knowledge by adding to literature on the

gendered nature of weight stigma. Additionally, this study's key research questions helped to address gaps in the literature by specifically investigating some understudied cultural and religious influences that being Indian and Muslim have on weight perceptions.

1.7 Underlying assumptions of the study

The following were key assumptions of the study:

1. Being 'fat' can be considered a physical, social, and psychological condition, as 'fat' people are exposed to 'fat' related challenges in all aspects of their life. Therefore, 'fat' people would have certain lived experiences that are only relatable to other 'fat' people.
2. However, identities such as gender, race or ethnicity can shape one's experience of being 'fat'. Hence, 'fat' South African Indian Muslim women would experience challenges that are relatable to other 'fat' South African Indian Muslim women.
3. All societies have their own beauty ideals which dictate what is conventionally beautiful and what is not. In the Muslim Indian community in South Africa, being 'fat' is not considered the ideal body size. Beauty ideals in this community promote thinness.
4. Many societies view 'fatness' as an individual choice. Due to assigning personal responsibility to body size, 'fat' people are faced with weight stigma in these societies.
5. As beauty ideals are more often targeted towards women, weight stigma affects more women than men. Therefore, it is likely that South African Muslim Indian women face a greater intensity of weight stigma than men in their community.
6. Every individual will react to stigma differently. It is likely that these 'fat' women have experienced weight stigma in some form, and consequently, have had a physical, social, or psychological reaction to it. Therefore, stigma has the power to shape lived experiences.
7. As traditionally, Muslim Indian communities are family centred, it is likely that a significant chunk of weight perceptions are learnt through familial relationships. It is also likely that views on body image are more easily passed on from women to

women, than men to men. However, weight perceptions passed from men to women are an important pathway to be explored too.

1.8 Structure of the dissertation

This dissertation consists of seven chapters.

Chapter 1: Introduction to the Study

This chapter, just discussed, has introduced the dissertation by examining the basic components of the study.

Chapter 2: Literature Review

This chapter provides an in-depth review of existing international and local literature on topics of importance to the study.

Chapter 3: Theoretical Framework, Research Methodology and Methods

Chapter 3 defines and justifies the chosen theories for the study. Thereafter, it discusses the chosen research methodology and methods of the study.

Chapter 4: South African Muslim Indians – History, Gender Ideals and Body Size

This chapter provides some historical background of Muslim Indians in South Africa, as well as analyses South African Muslim Indian gender ideals. Furthermore, it considers major factors that have influenced body size amongst Muslim Indian South African women.

Chapter 5: South African Muslim Indians – Factors that Influence Weight Perceptions

Chapter 5 considers various factors which have influenced how the women of this study perceive their own bodies, size, and weight.

Chapter 6: South African Muslim Indians – Consequences of Weight Perceptions and Body Image in Relation to Age

This chapter examines the impact of weight perceptions on the lived experiences of the women of this study and considers the changes in these women's experiences of body size and body image over time.

Chapter 7: Summary, Conclusions, and Recommendations

This chapter concludes the dissertation by summarising and discussing key findings and contributions of the study, while providing recommendations for future research.

1.9 Conclusion

This study argues that most 'fat' Muslim Indian South African women possess unique lived experiences fraught with stigma and discrimination, in comparison to thin Muslim Indian South African women and Muslim Indian South African men. Furthermore, some 'fat' Muslim Indian South African women experience distinctive culturally based weight-related stigma and discrimination in comparison to most 'fat' women of other ethnical and religious identities. These weight perceptions are often passed down from one generation to the next, mainly through female family members, such as mothers, grandmothers, and aunts. To support and sustain this argument, this study explored the experiences of this study's female participants in relation to gendered cultural beauty ideals, marriageability, their familial and social relationships, the frequency and severity of weight-related teasing, their mental and physical health status, quality of healthcare services, and accessibility to clothing. This research study thus aims to confirm existing literature on the prevalence and severity of weight stigma experienced by women, while contributing to the literature that highlights that weight stigma is shaped by factors such as ethnicity and gender. This study also aims to disrupt the stereotypes or incorrect misperceptions of 'fat' women in the Muslim Indian South African community by sharing their stories, such as the complexity of weight gain, and the harmful effects of weight stigma.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

This literature review chapter explores the social and medical concept of 'fatness', and the physical and mental health implications of being 'fat'. Furthermore, it reviews the literature on societal beauty ideals, weight perception, weight stigma, and gender weight-based discrimination. This chapter also later separates the literature on beauty ideals and weight perception based on identities such as nationality, religion, and ethnicity[1], and considers such issues in relation to Africa and the Indian culture, with a special focus on Muslim Indian women in Muslim Indian communities[2] in South Africa. This highlights the impact of differing and intersecting identities on the perception of weight, 'fatness', beauty, and health. Throughout this chapter, the above topics of importance to this study will be analysed from both international and local literature. This chapter concludes by pointing out a gap in the literature, and the researcher's intention to address that gap.

2.2 Societal concepts of 'fatness' and its complexities

In the medical world, being 'fat' is either classified as overweight or obese using the Body Mass Index (BMI) classifications of weight (Webster-Gandy et al., 2006). In the world of Fat Studies and fat feminism, 'fat' is an oppressed and stigmatised social identity, especially for women, as most females have been conditioned to revolve their lives around not having excess weight on their bodies (Pause, 2012; Saguy, 2012). As the female identity is heavily influenced by body-size and appearance, Murray (2020) has argued that intersectional feminism should consider 'fat' as a categorical identity, like race, gender, and sexual orientation. As a result, 'fat' activists have embraced the term 'fat' as a descriptive word of

[1] Hutchinson & Smith (1996) as cited in Baumann (2004, p. 12) view ethnicity or ethnic groups as possessing six primary characteristics. They should have a 'proper name' to distinguish and describe the group, a belief in their 'common ancestry' and shared roots, collective 'historical memories' of notable past events and figures which are significant to the group, 'elements of common culture' including traditions, religions, rituals, and language, 'a link with a homeland' which can be both physical or symbolic, and 'a sense of solidarity.'

[2] 'Community' in this study is seen as "the aggregation of people who have something in common which distinguishes them in a significant way from members of other groups" and the "opposition of one community to others" (Cohen, 1985 as cited in Jewkes & Murcott, 1996, p. 557).

appearance, such as skin, hair, or eye colour and have aimed to take back the word as a means of empowerment (Cooper, 2012; Murray, 2020; Spratt, 2023). Spratt (2023) has argued that reclaiming the word has enabled many 'fat' individuals to heal from weight stigma and improve their mental health.

However, not all medically labelled overweight or obese individuals identify as 'fat', because 'fatness' is a subjective label, influenced by factors such as culture, time periods, gender, age, and even from individual to individual (Pause, 2012). Furthermore, there are individuals living with excess weight who are uncomfortable with describing themselves as 'fat' as they believe the word is fundamentally insulting (Spratt, 2023). Indeed, in daily life, the term 'fat' still carries negative and stigmatised connotations and is not often used in casual discussions. People encounter the word 'fat' with nervousness or objection. 'Fatness' is not a topic that is talked about openly or in a positive light in general society (Boling, 2011). While the researcher uses the term 'fat' in line with the way fat feminists have done so (fat feminism will be explained in greater detail in my theoretical frameworks section), it is important to note from the outset, as the above literature suggests, that not all people embrace this term.

2.3 Health in relation to 'fatness'

Obesity was promoted as a threat to public health in the 1990s alongside the increased levels of obesity in the United States. During this period, obesity was classified as a disease (Rasmussen, 2019). Since this period, significant international medical literature has emerged on the ways in which weight gain can cause physical and mental illness. Much research highlights that excess weight increases the risk of heart disease, diabetes, inflammation, cancer, and premature death (Finucane et al., 2011; Piche et al., 2020; Wiebe et al., 2019; Willinger et al., 2021). As such, a physically healthy lifestyle may be hampered as one's weight increases because it is likely that mobility and exercise restrictions increase with it (Boling, 2011).

A notable link between being 'fat' and mental illness is the increased risk of depression in obese individuals. Luppino et al. (2010) has shown how obesity causes inflammation in the body, and how high inflammation is a physiological risk factor for depression. Furthermore,

Luppino et al. (2010) has demonstrated that there are also psychological risk factors for depression amongst obese individuals, such as low self-esteem and high body dissatisfaction which may arise from perceiving oneself to be 'fat'. However, there is a weaker link between obesity and depression in certain ethnic groups than in others. Gibson-Smith et al. (2018) research shows that the link may be weaker in ethnicities where 'fat' is more common and accepted. They also suggest that it could be due to the role that ethnicity plays in determining certain physiological processes, including the processes that link depression and obesity.

The inverse is possible though too. Certainly, research has shown that illness and social status can cause weight gain. Before the Second World War, gaining weight was linked to endocrinological or glandular conditions (Rasmussen, 2019, p. 23). However, after 1945, the same research was used to emphasise how weight gain was more strongly linked to overeating which was caused by psychiatric illnesses and character flaws. This increased weight stigma for 'fat' individuals and ignored the science-based research that connects hormonal and metabolic dysfunction to obesity (Rasmussen, 2019). In recent years, studies have focused on the biological causes of weight gain, such as genetics and stress, and the social causes, such as financial difficulties (Arief et al., 2020; Rothblum, 2018). There are also psychological causes of weight gain. Depression is one of the risk factors for obesity, by affecting hormonal processes in the body and lifestyle choices which may promote weight gain (Blaine, 2008; Luppino et al., 2010).

Yet, it is important to note that being 'fat' is not always the cause or consequence of bad health. The "health at every size" paradigm opposes the assumption that all 'fat' bodies are unhealthy and calls for "an end to the bias associated with negative judgements of others' physiques" (Watkins et al., 2018, p. 164). This paradigm asserts that weight should not be used as an indication of health. Instead, it promotes the idea that 'fat' individuals can improve their well-being through healthy behaviours, such as mindful eating, recreational exercise, and size acceptance. Indeed, studies have shown that the "health at every size" interventions can improve mental and physical health regardless of weight loss (Watkins et al., 2018). In fact, weight loss specific methods often negatively affect physical and mental health. Various illnesses associated with obesity, such as increased risk of early death, heart disease and

diabetes, are also side effects from "weight cycling" or "yo-yo dieting". Diets are not efficient in keeping weight off. People gain weight back after dieting, and then proceed to another diet (Baker, 2015).

2.4 Beauty ideals – a historical and contemporary overview

Several international scholars have published articles and books on cultural beauty standards, thinness ideals prevalent in various societies, and the pressure on women to conform (Baker, 2015; Bordo, 2004; Farrell, 2011; Murray, 2020; Saguy, 2012). Yet beauty ideals have never been stagnant. The ideal human physique is a social construct that changes with era and location (Boling, 2011). Up until the mid-1800s, thinness was viewed in the American culture as unattractive and a problem to be rectified. Indeed, medical doctors in these societies associated thinness with illness and "tuberculosis, 'nervous diseases', malnutrition, and digestive problems made weight gain desirable for many Americans" (Farrell, 2011, p. 38).

Throughout history, it was usually the wealthy and healthy who had the luxury of becoming 'fat' (Baker, 2015). Indeed, Farrell (2011) has examined how, in the 1800s in America, thinness was not a popular beauty ideal in that many doctors, writers, and those in the fashion industry, viewed thinness as taking away from the grace and attractive curves of the female figure. Fashion models in magazines in the 1800s had plump and full arms, cheeks, and thighs. In the 19th century, various physicians and pharmaceutical companies promoted weight gain to achieve greater attractiveness and health, although this was not an advocation for obesity. Yet with industrialisation in the West, beauty ideals changed as the public gained more wealth, cheaper food was more accessible and lifestyles less active. With such abundance, it was easier for the public to gain weight. In fact, cheaper food usually contains more calories and less nutrients leading to 'fatness' amongst the poor. Progressing into the 1900s, there was a swap between how 'fat' and thin were viewed. Thinness became viewed as a better marker for wealth and status. 'Fatness' was regarded as resulting from people's weakness and their inability to cope effectively with the new wealth and abundance of the modernised world (Baker, 2015; Farrell, 2011).

Therefore, since the later decades of the 1800s, the ideal body shape, particularly in western societies, has grown thinner (Bordo, 2004; Grogan, 2001). While popular magazines of the time frequently advertised diets and published 'fat' phobic cartoons during the late 1800s and beyond, the 1920s amplified the monopolising of the weight loss industry. Farrell (2011) has shown how this was popularised by the straight and flat figure of the in-trend "flapper girl", while Rasmussen (2019) has highlighted how more homes had their own body weight scales than before. However, during the mid-1900s, beauty ideals changed again. Marilyn Monroe, who had a curvy figure, was celebrated as an icon of beauty and attractiveness in the 1950s. But by the 2000s, Marilyn Monroe was considered as "gross" and unattractive (Pause, 2012). Beauty ideals continuously evolve, and consequently, most women can never fully attain them. If a woman does, it is short lived when the next beauty ideal comes along, and women are back to feeling dissatisfied with their appearance (Baker, 2015).

The enforcing of beauty ideals and the spreading of body dissatisfaction is a capitalistic money-making scheme used by corporations and industries to promote fear most commonly in women. Murray (2020), writing about capitalist societies, has commented on how companies and institutions then sell products and services as "solutions" to these fears. Murray (2020, p. 2) has argued that "The fat woman is always aware that her body is unacceptable in its current form, and she is offered all types of mechanisms that she could purchase to help her attain a more tolerable (read thin) body". In addition, many women have resorted to extreme diets, over-exercising, and weight loss surgeries to meet beauty standards (Taylor, 2018). In the early 1900s in America, tapeworms, and arsenic (a toxic chemical) were used to lose weight. Later, around the 1940s to 1960s, amphetamines (a strong stimulant) were prescribed for weight loss to the general American public. Now we have gastric bypass surgery, a surgery that is not only dangerous but rife with adverse effects. In a capitalistic system, such as in the US, pharmaceutical companies, advertising agencies, doctors, and the whole diet industry profit from 'fat' phobia (Farrell, 2011).

2.5 Weight perception

2.5.1 The mother-daughter relationship

Relationships play one of the most important roles in shaping weight perception. An important factor is the mother-daughter relationship and how it impacts women's experiences

around body size and body image. Murray (2020) argues that for many women, their first experiences with the fear of 'fatness' comes from watching their mothers struggle with poor body image and diet culture. Indeed, in a study conducted by Maor (2012) with Jewish-Israeli women who identify as 'fat', it was found that the mother-daughter relationship was significant in the daughter's earlier memories of being labelled as 'fat' and of learning that 'fat' had bad connotations (such as that it diminishes feminine beauty). The women in this study often first learned that they were 'fat' from their mothers. This contributed to feelings of self-consciousness and negativity towards their bigger body sizes. However, these Jewish-Israeli women have learned to teach body and fat acceptance to their own daughters because of their negative experiences with their own mothers (Maor, 2012). Another America-based study by Levinson et al. (2022) found something similar. In their survey of both mothers and their children from both black and white communities, they discovered that mothers who experienced negative weight comments from their own mothers were not more likely to criticise their own children's weight.

Like the study on Jewish-Israeli women, another study on American women has reported significant weight stigma from their mothers, indeed more than any other family members, including through childhood and through adulthood (Lawrence et al., 2022). This encompasses weight teasing and critical and judgemental comments about their body size. These women in this study also commonly reported their mothers as having monitored and policed their diets and eating habits when they were girls. These experiences have had lasting negative emotional effects on these women (Lawrence et al., 2022).

Moreover, Chow & Tan (2018) conducted research on 100 mother-daughter relationships in the US which has shown how when mothers and daughters both reported 'fat' talk together (negatively talking about one's own weight/body size/body shape), there was a greater risk of the adolescent daughter developing eating pathology, such as preoccupation with food, dieting, or binging/purging. However, when engaging in 'fat' talk, adolescent daughters reported more symptoms of depression when their mothers did not join in on the 'fat' talk as the daughters may have felt that they did not receive the reciprocity and support that they were looking for from their mothers (Chow & Tan, 2018).

It is noted that mothers are held more responsible for their daughters and therefore, are more involved in their daughter's lives (Maor, 2012). Therefore, due to societal gender expectations, mothers often play the supervisory role in terms of the foods that their daughters eat, as well as managing their daughters' physical appearance. Thus, the role that a mother plays in her daughter's life surrounding body size can either have a positive or negative effect. For example, in their study on Israeli women and American-Jewish women, Maor & Cwikel (2015) have shown how mothers have the potential to nurture and increase their daughter's resilience and coping abilities against damaging beauty ideals, eating disorders, and harmful body image.

2.5.2 Weight stigma and internalised weight bias

Weight stigma is relative, and just like beauty ideals, it is shaped by era and location. As discussed, weight has been viewed differently over the decades, and among different cultures. Time and place determine whether 'fat' is good or bad, attractive, or unattractive, a sign of prosperity or poverty (Farrell, 2011). How 'fat' is viewed will subsequently affect the prevalence and intensity of weight stigma. Yet there are common discriminations voiced by 'fat' people, such as being denied access to travel on an airplane, deemed as too 'fat' to adopt a child in some countries, or having to pay more for plus-sized clothing (Wilson, 2021). As weight bias is a form of societal oppression whereby being 'fat' limits opportunities and access to resources, it should be considered a social justice issue. Bringing about social change includes demarginalising 'fat' people and facilitating actions against weight bias (Nutter et al., 2018).

Pause (2012) citing Goffman (1963) discussed various types of stigmas and claimed that weight stigma included two of these types. The first type of weight stigma is "abominations of the body" (Pause, 2012, p. 44), as 'fat' is seen as a physical stigma, as it is a visible characteristic of the body (Farrell, 2011). The second type of weight stigma against 'fat' bodies are "blemishes of individual character" (Pause, 2012, p. 44). In relation to weight stigma, this means that people perceive 'fatness', but by extension also thinness, to be a body characteristic under a person's control. This type of stigma refers to the stereotype that 'fat' people have character flaws such as indolence, and the need for instant gratification (Pause, 2012). Boling (2011) has argued that 'fat' people are often labelled as "weak", "lazy", and

even “lacking in control”. Therefore, beyond the physical, there are psycho-social connotations of ‘fatness’, such as negative personality traits, a lower social status, and lack of morals. The risk of experiencing weight stigma is unavoidable for ‘fat’ people, as weight stigma is a “discredited (known/obvious)” stigma (Pause, 2012, p. 44). It is not possible to hide one’s ‘fatness’, just as one cannot hide the colour of their skin (Pause, 2012). It is also important to note that weight stigma and negative views of ‘fat’ people existed before weight was seen as a health concern by the medical fraternity (Farrell, 2011).

Weight stigma is present in a myriad of contexts and environments. There is well-documented research on weight stigma in health-care settings perpetuated by doctors, dietitians, and psychologists in the United States, the United Kingdom, and numerous other Western societies. Indeed, Watkins et al. (2018, p. 169) have discussed how ‘fat’ women often face negative comments about their size from these healthcare professionals, such as their dietitians, which may lead to adverse mental health outcomes and “may be inadvertently creating psychological distress in their clients”. Various studies have shown how doctors and trainee healthcare professionals have expressed a negative reaction towards ‘fat’ patients. These patients are met with ‘fat’ stereotypes and are labelled as unattractive and lazy by their own doctors (Baker, 2015; Foster et al., 2003; Phelan et al., 2015; Puhl, 2023; Swift et al., 2013).

Yet, the medical community has been increasingly paying more attention to weight stigma, both perpetuated by themselves and by the public. “In 2020, an international consensus statement supported by 100+ medical and scientific organizations worldwide called for the elimination of weight stigma…”, which recommended the standardisation of thorough obesity curricula in medical schools, increasing education on weight stigma and its negative consequences, and ensuring suitable medical infrastructure for the treatment of obese patients (Rubino et al., 2020 as cited in Puhl, 2023, p. 423). While most interventions aimed at reducing weight stigma amongst medical students and healthcare professionals have not yielded optimistic outcomes, relatively recent studies have highlighted promising strategies for reducing weight stigma in medical students. Yet, there is a need for further research on effective approaches against weight stigma in the medical field (Puhl, 2023).

Weight stigma and 'fat' shaming is also linked to political ideologies. Spratt (2023) has shown how in neoliberal[3] systems, such as the United Kingdom, where individuals are encouraged to be self-reliant in relation to the government and responsible for themselves, 'fat' people face blame and backlash due to their larger bodies as it is widely believed that 'fatness' places a burden on the individual and their healthcare systems. Neoliberal systems revolve around the principle that weight loss is a personal choice thereby ignoring financial, social, physical, and environmental obstacles (Spratt, 2023).

Another environment rife with weight stigma is the media. 'Fat' stereotypes in the media can be seen as both a form and a cause of weight stigma. For many centuries, 'fat' people have been depicted negatively in the media. As early as the 1700s, while cartoons in newspapers depict 'fat' characters as wealthy, they also depict them as greedy and corrupt, or as unattractive matrons (Farrell, 2011). Television shows, such as *My 600-Lb life* or *Fight of My Life*, reinforce public anxieties around health and weight through their representations of 'fat' and support the stigmatising link between morality and weight. Moreover, many shows employing the body positive narrative do not fully represent the difficulties and diverse experiences of 'fat' lives (Jenkins, 2022).

One of the ways in which weight stigma harms the 'fat' individual is that it develops into internalised weight bias. 'Fat' phobia is often internalised and incorporated into one's identity (Gordon, 2020; Hayward et al., 2018), leading to belief that 'fat' stereotypes are true about oneself. As such, often, how one views 'fatness' and one's own body image has a greater impact on mental health than actual weight (Paulitsch et al., 2019).

2.5.3 Weight stigma against women

A growing body of international feminist literature criticises societal perceptions of 'fatness' and the gendering of 'fat' phobia, which will also be discussed in more detail in the next

[3] Neoliberalism is a political and economic style in which a government manages and runs a country. In this system, there is a focus on minimal interference from the government, and greater economic freedom for entrepreneurs and businesses. In recent years, neoliberalism has also advocated for ambitious, conscientious, and self-regulatory citizens (Brown & Baker, 2013 as cited in Spratt, 2023). In addition, every citizen is accountable and personally responsible for their own health and well-being in this system, which neglects the powerful influence of environment and socio-economic circumstances on one's autonomy and life choices (Spratt, 2023).

chapter under fat feminism. Weight stigma was first associated with sexism in the late 1970s. It was theorised that women became ‘fat’ by overeating to revolt against beauty ideals set by a patriarchal system (Orbach, 1978). However, this theory is problematic because it still assumes that ‘fat’ female bodies are unattractive, flawed, and inferior compared to thin bodies (Wilson, 2021). Indeed, society enforces stricter beauty standards for female bodies, and ‘fatness’ in a female is seen as more contemptible than ‘fatness’ in males.

On the other end of the spectrum, females are valued for their thinness, and thin females are granted higher levels of attractiveness and desirability (Grosz, 1994 as cited in Boling, 2011). On Instagram, Iranian doctors and clinics advertise liposuction and cosmetic surgery predominantly using photographs of women, and hence, the author of this article presumes that the client base for these procedures are mostly women. Furthermore, in the photographs, additional areas on the body are highlighted to benefit from liposuction for women in comparison to men. Through surgery, “the ‘ideal’ is to turn Iranian women into thin European Barbie dolls” (Suleymani, 2020, p. 212). Hence, unlike women, men are not as heavily restricted by beauty ideals. This may be since men are perceived to possess other important qualities such as money, reputation, and success (Saguy, 2012).

An important literature review paper explored the way weight stigma and body size discrimination disproportionately affected women in North America, which showcased how weight stigma is a gender and feminist issue. This review paper went on to highlight that ‘fat’ women face discrimination and stigma ranging from education, to jobs, to relationships, in contrast to thin women or ‘fat’ men (Fikkan & Rothblum, 2012). Regarding relationships, American women experienced frequent weight stigma from their family members. As girls, family members would commonly tease them about their body size. As women, they receive frequent negative and critical comments about their body size from their family members (Lawrence et al., 2022). In another study, over the duration of one week, fifty mostly white American overweight or obese women kept daily diaries whereby in total, 1077 experiences of weight stigmatisation were reported. More commonly, these women faced “physical barriers”, “nasty comments from others”, “being stared at” and “others making negative assumptions” due to their weight. Less common, but still reported were “job discrimination”,

"comments from doctors" and "being physically attacked" due to being of a bigger size (Seacat et al., 2014, p. 5).

Furthermore, a consequence of societal discrimination is that 'fat' women are at a higher risk of being poor than thin women (Fikkan & Rothblum, 2012). Nickson et al. (2016) has highlighted in their online study on weight stigma in the employment field, that as women gain weight, their job opportunities decrease. Therefore, a woman does not have to be categorised as overweight to face weight discrimination (Nickson et al., 2016). An Iranian study has shown how a bigger sized woman received reduced job opportunities as she was "perceived as passive or lazy" and received stereotypical and negative comments about her body size. This influenced her to undergo liposuction (Suleymani, 2020, p. 205). Furthermore, women of a normal BMI weight face greater weight stigma than overweight men (Nickson et al., 2016). In an Australian study, women were more aware of their weight than men, especially as adolescents, and they reported experiencing stigmatising events as children, such as frequently being compared to thin siblings. Significantly more women than men reported that they always thought about weight loss (Thomas et al., 2008).

2.6 Islam – Beauty ideals, weight perceptions and diet

According to Ysseldyk et al. (2010, p. 60), religion is a social identity as it serves "a uniquely powerful function in shaping psychological and social processes". Therefore, like other social identities, such as gender and race as mentioned in the other sections of this literature review, religion has the capacity to impact beauty ideals and weight perceptions too. In recent years, scholars have demonstrated that there has been a rise in "Islamic Fashion" or the "Perfect Hijabi" on social media. This portrays the ideal fashionably modest and feminine Muslim woman as light-skinned, physically attractive, and thin, which pressures Muslim women to meet these standards (Johansson, 2021; Peterson, 2020). Indeed, Johansson's (2021) study has examined a self-identified 'fat', black Muslim fashion blogger residing in the United States who feels judged for her weight and darker skin tone which makes her feel she does not belong within the Muslim community.

Other research has highlighted how weight perception has been changing amongst Muslim women through the generations. Ludwig (2012) has shown how younger Pakistani Muslim

women in the United Kingdom had a lower baseline for what they considered overweight body sizes than their mothers. Muslim women in recent decades are also dieting and exercising more than their forebearers to avoid becoming 'fat' or to achieve the western thin ideal (Jiwani & Rail, 2010).

However, researchers in Canada and Australia have demonstrated how limited access to appropriate facilities that accommodate the modest Islamic dress code (such as the head scarf worn by Muslim women) restrict the ability of Muslim women to freely exercise outside of their homes or out of their religious and cultural communities (Jiwani & Rail, 2010; Taylor & Toohey, 2002). As Islam is an important aspect of their identity, young Shia Muslim Canadian females who wear the hijab (the head scarf) stated in a study that they would pick Islam over exercise (Jiwani & Rail, 2010). Furthermore, Walseth (2006) highlights some interesting insights on young Muslim women living in Norway. Young women who strongly identify with their ethnic identities show a disinterest in sport as it is seen as an activity that is neither feminine nor respectable for women. Furthermore, young Muslim women who oppose ideas of femininity in their community, and choose to engage in sports, have experienced backlash and harassment from their community. However, when women prioritise their religious identity, Islam, over their ethnicity, they value physical activity, as taking care of one's health is an important duty in Islam.

The ideal foods to be eaten by Muslims are mentioned in various Islamic texts, such as the *Holy Quran* and the teachings of the Prophet Muhammed. Indeed, in Islam, Allah (God) instructed all Muslims to practice balance and moderation in terms of food consumption to achieve physical and moral well-being (Iftikar et al., 2016). In the *Holy Quran*, there is a verse whereby Allah is guiding us humans, and He says "…eat and drink and be not prodigal [excessive or immoderate]; surely He loves not the prodigals" (*The Holy Quran*, 2013, 7:31). Additionally, Islam encourages planned fasting, both voluntary and compulsory fasting, primarily for spiritual benefits (Iftikar et al., 2016). Indeed, the *Holy Quran* says, "O you who believe, fasting is prescribed for you, as it was prescribed for those before you, so that you may guard against evil" (*The Holy Quran,* 2013, 2:183).

Iftikar et al. (2016) have discussed how planned fasting, like the western named "intermittent fasting", has physical and physiological benefits in aiding insulin regulation and weight loss.

The Quran, the holy book of Muslims, focuses on foods such as fruits, vegetables, and whole grains. These food groups are heavily present in the healthy Mediterranean diet. However, as Aboul-Enein (2015) asserts, the younger generations of Middle Eastern countries, which are predominantly Muslim, have moved away from the Mediterranean diet towards an unhealthier Western style of diet, leading to the increase in obesity rates. In his research, he argues that the Quran has the potential to influence modernised Muslims to go back to the healthier Mediterranean style of eating.

The Quran also lets Muslims know what foods are prohibited in Islam which greatly affects diet. Ludwig's (2012) research has revealed that while Pakistani Muslim women in his study did not usually look to the Quran for their general food and health recommendations, they did use the Quran to know which foods were allowed (halal) and which foods were forbidden (haram). Another study found that Christian mothers in Ghana had double the likelihood of being overweight or obese in comparison to Muslim mothers. A key reason for this was that certain foods, such as pork and alcohol, are not allowed in Islam (Addae et al., 2022).

2.7 Africa – Beauty ideals and weight perceptions

There has also been a lot of Africa-focused literature produced about beauty ideals and weight perceptions. However, much of this literature fixates on the medicalised (BMI) perspective of weight and quantitative measures of health (Agyapong et al., 2020; Alwan et al., 2010; Cohen, et al., 2015; Quaidoo et al., 2018). Scholars have noted that traditionally beauty was linked to functionality. Contrasted with European ideals of femininity, black Africans, especially in rural communities, preferred fuller female figures, which they believe signified fertility and abundance (Matiza, 2013). Many women were encouraged to gain weight after giving birth as 'fatness' was perceived as a marker of good health. This perception came up clearly in Agyapong et al.'s (2020) Ghanian study where participants chose an overweight body as the ideal body weight for a woman with children.

These beliefs regarding body size are evident across many African countries. In a recent Ugandan study, participants associated being 'fat' with being wealthy, healthy, attractive, and respected, while thinness was linked to poverty and disease, such as that "extremely thin women were thought to be sick of HIV/AIDS" (Neema et al., 2021, p. 171). Furthermore, the

same study has shown that individuals in urban communities in Uganda have actively sought to obtain a bigger body size through taking medication to enlarge certain body parts, such as their hips and bottoms (Neema et al., 2021).

Ogana (2014) has demonstrated in her study on a poor Zulu community in South Africa that African women who are thin have even tried to consume fattening foods purposefully to gain weight to avoid discrimination. This is because thinness has been linked to negative internal and external characteristics, such as weakness, unattractiveness, and sadness. This suggests that in some poor communities, 'fatness' is still mostly seen in a positive light. This can be linked to the beauty ideals in Western countries prior to the late 1800s, where the rich were 'fat'. Indeed, in a South African township, a link between weight and wealth was found. Adult African women who were of a higher socioeconomic status had a greater chance of being obese (Case & Menendez, 2009).

However, attitudes towards 'fatness' in African cultures have been changing over time, and this is closely related to shifting beauty ideals. From a practical point of view, being extremely 'fat' is seen as negative in African households as it has the potential to impair a woman's ability to complete the housework (Neema et al., 2021). Many scholars have also shown how African populations have been more influenced by Western beauty ideals as time has passed. Through colonisation and urbanisation, African cultures increasingly came to desire European ideals of the slimmer female figure (Kruger et al., 2020; Mchiza & Parker, 2020). These scholars have also shown how due to the influence of western-inspired television shows and social media platforms, younger generations of African women have undergone a shift in how they view body size and are increasingly desiring a smaller body size.

Yet despite the exposure to smaller or thinner body sizes, Ramgolam's (2018) study on black female nurses in Durban, South Africa, shows that the women in this study underestimate their body size. Indeed, her research has demonstrated that younger generations are torn between their Zulu culture (the 'fat' ideal) and Western culture (the thin ideal). There are increasing numbers of young Zulu women who are influenced by extreme Western measures of attaining the thin ideal, which has led to an increased risk of bulimia, anorexia, over dieting and overexercising amongst these women. Ogana (2014) has highlighted how the weight loss

industry has grown enormously in South Africa in recent years, promoting both traditional and western weight loss products.

Additionally, scholars highlight varying weight perceptions amongst different races. In South Africa, Micklesfield et al. (2013) found that black Africans (not including Indians or persons of mixed race) viewed 'fatness' as an indication of health, attractiveness, respect, and wealth. However, white South African women more often than black South African women view themselves and others as 'fat'. By linking thinness with beauty and desire, and viewing 'fatness' as unattractive, white females exhibit higher body dissatisfaction than black females (Goedecke et al., 2013; Mciza et al., 2005). Despite the differences in weight perception among different races in South Africa, weight stigma is experienced by 'fat' South Africans. Murray's (2020) article highlights the prevalence of 'fat' phobia. While there is no specific reference to the South African context in the article, Murray is a South African researcher.

2.8 The 21st Century South African Indian culture – Well-being and diet

While literature specifically on weight and wellness amongst Muslim Indian women in South Africa is scarce, there is medicalised literature that touches indirectly on these issues. Quantitative studies have been conducted on the urban Indian population's unhealthy diet. Indians in South Africa do not consume enough fruit, vegetables and fibre in their diet, and their intake of these foods are below the World Health Organisation's goals. However, this could be attributed to the way in which Indian cuisine often includes cooking fruit, vegetables, and meat together, and therefore, the whole meal is classified as a meat dish (Naicker et al., 2015). Changes in diet could be credited to the modern lifestyle, one component being the increase in bought premade foods. In Indian households, women were traditionally responsible for cooking meals for her family. In recent decades, more Indian women have become occupied with studying or working, and do not have time to spend hours in the kitchen cooking everything by hand. Many time-consuming foods are bought premade, such as rotis and samosa pur (Vahed & Waetjen, 2010).

It has also been noted that an excess of fats is often added in Indian cooking (Naicker et al., 2015), which is a possible explanation for why more Indian South Africans are on statins to treat high cholesterol than Africans in South Africa. Indian South Africans also have a wider

average waist circumference and higher average body 'fat' than Africans. Vitamin D deficiencies are significantly more commonplace amongst Indian South Africans, especially Indian South African women, than African women. This could be due to culture differences in food choices, sun exposure, and clothing (George et al., 2014).

2.9 A call for more research

There is need for a sweeping transformation in the way that obesity is researched in certain scientific disciplines, such as the medical and health sciences. Ogden et al. (2020) advocate for future studies that move away from quantifying obesity and moving towards investigating the qualitative lived experiences of obesity, as is the focus of this study. There is a demand for more research on what may psychologically cause or be a psychological consequence of obesity (Schulze, et al., 2019), including the effect of weight bias on the psychological and social well-being of individuals in South Africa (Govender et al., 2019). Puhl et al. (2020) agree, calling for research that focuses on the negative impact of weight stigma on the physical and mental health of obese individuals as a way to improve health and weight loss interventions and treatments for obese individuals. Studies, such as Gibson-Smith et al. (2018), call for future exploration of social and cultural belief systems among different ethnic groups to investigate why some ethnicities show a stronger link between obesity and depression than others.

An important gap in the literature is that most of the fat feminism and fat pedagogy[4] literature comes from Western countries, such as the U.S.A., the UK, Canada, Australia, and European countries, thereby limiting access to lived experiences from non-Western countries and individuals of different races, cultures, and sexual orientations (Russell & Cameron, 2016; Russell, 2020). There is also a gap in the literature on 'fat' Muslim Indian South African women's non-medicalised experiences of weight and stigma, which this study hopes to help fill. Through this study, I hope to address this call by investigating the lived experiences of

[4] Fat pedagogy is a discipline which examines how educational settings, such as classrooms, perpetuate weight stigma, anti-'fat' attitudes, and body size oppression. Moreover, it explores how educators can critically address and challenge 'fat' phobia and weight-based oppression with their students in learning contexts (Russell & Cameron, 2016).

‘fatness’, with a focus on well-being and weight stigma, through the intergenerational lens of several women in a Muslim South African Indian family.

2.10 Conclusion

There is an abundance of literature on the medical causes and consequences of being overweight and obese. However, being ‘fat’ is not merely a physical condition. The literature also highlights the socially constructed nature of ‘fatness’ and ‘thinness’, which are concepts that have different meanings and connotations depending on the era in history and amongst people of diverse cultures, nationalities, ages, genders, and ethnicities. Additionally, ‘fatness’ brings along its own unique set of social causes and consequences, such as weight stigma and socio-economic status which are both a reason and result of being ‘fat’. Research has also highlighted the psychological causes and consequences of ‘fatness’, such as disordered eating, internalised weight bias, body dissatisfaction, and depression. However, studies have pointed out that one’s medical, social, and psychological experience of being ‘fat’ is influenced by mediating identities, such as culture, gender, race, religion, age, and sexual orientation. Hence, the past literature has shown that ‘fatness’ is a complex social and health issue. Many researchers point out that there is a need to explore the experiences of ‘fat’ people of various identities.

This study will focus on the lived experiences of ‘fat’ Muslim Indian South African women in one extended family to explore the causes and consequences of cultural weight perceptions (i.e., weight related to health, femininity and worth). This is important as there is a lack of published studies on weight stigma amongst Indian women in South Africa. This research aims to rectify this lacuna by moving the focus away from the biomedical perspective of ‘fatness’. Research and awareness are needed to combat ‘fat’ phobia, and to increase the well-being of ‘fat’ individuals.

CHAPTER 3

THEORETICAL FRAMEWORK, RESEARCH METHODOLOGY, AND METHODS

3.1 Introduction

The primary objectives of this study were to explore the causes and consequences of having a bigger body size amongst women who live in the Muslim Indian South African community. The study further intended to investigate what shapes these women's weight perceptions and how weight perceptions affect their physical, psychological, and social lives. Thus, this chapter defines and justifies the chosen theories for this study, namely social constructionism, intersectionality, and fat feminism. Thereafter, it discusses the chosen research methodology and methods of the study. This entails breaking down the research paradigm and design, sampling methods, data collection methods, validity and reliability of the research, data analysis methods, ethical considerations, and limitations of the study. This study centres around the lived experiences of the interviewed six 'fat' Muslim Indian South African women from an extended family, and myself, the researcher, which totals seven participants.

3.2 Theoretical framework

This dissertation draws on three theoretical approaches, to help conceptualise or frame this study.

3.2.1 Social constructionism

Firstly, it draws on social constructionism. Social constructionism aims to highlight that all knowledge is constructed by historical and cultural contexts. The meaning that we attach to the world around us and to ourselves has been created and named by the subjective interpretations of people. Social constructionism aims to explore how meaning and knowledge is socially situated and created, and to examine what knowledge has been socially constructed (Burr, 2015). Thus, it challenges the existence of unbiased knowledge and the objective observations of phenomena. Social labels and categories, which are both socially constructed, are amongst those that are challenged (Gergen, 1985). Identity is also socially constructed and can be broken down into the social identity (how society labels you) and a

personal identity (how you see yourself), and these do not always align (Snow & Anderson, 1987 as cited in Spencer et al., 2014). This theory allows the researcher to view reality not as an absolute or objective fact but as socially constructed; therefore, it allows for an exploration of people's experiences and opinions in their specific social contexts (Galbin, 2014).

In the 1980s and 1990s, social constructionism facilitated a move away from merely investigating the restrictions that women face in a patriarchal society and "toward exploring how bodily selves are shaped through social discourses" (Rice, 2015, p. 5). However, there are multiple theories of how culture and society influence the tangible body or the concept of the body within social constructionism. Social constructionists have theorised that the society that we live in shapes our physical bodies (Bordo, 2004; Rice, 2015). Other scholars theorise that the only way we can understand and describe bodies are through social discourse, such as through language and culture (Oudshoorn, 1994 as cited in Rice, 2015). Therefore, social constructionism has played a significant role in the feminist movement by emphasising that our understandings of bodies are not solely based on nature, but rather, as a society, we have created meanings for race, sex, and even body size. Hence, the meanings attached to body size are social and historical constructs too (Schiebinger, 2000; Rice, 2015).

Social constructionism theory is important for and relevant to this dissertation as it helped focus attention on the culturally constructed nature of beliefs and associations around body image, weight, and 'fatness' in this South African Muslim Indian family. Through a social constructionist lens, these beliefs and associations are viewed as unique because they are shaped by the participants' specific social and historical contexts and through their interactions with other people in their community. 'Fatness' or 'thinness' and 'beauty ideals' are not factual entities, but are socially constructed beliefs that are taught, have consequences, but can also change over time as those societies change. Social constructionism allowed for the investigation of how these views were formed and from what entities, such as familial relationships, friendships, or institutions, to better understand the lived experiences of these 'fat' South African Muslim Indian women, including myself. This theory also facilitated the exploration of whether and in what ways socially categorised 'fat' women personally identify as 'fat'. While it is important to explore the origins of social categories and how they were created, it is equally important to examine the power in which these social categories and

intersecting identities wield to shape lived experiences. A theory that addresses this is intersectionality.

3.2.2 Intersectionality

Furthermore, this study draws on intersectionality theory. Intersectionality was first introduced by Crenshaw (1989) in the American context to highlight that due to the differences in race and class, all women did not share the same experiences. At the time, middle class white women dominated the feminist movement, and therefore, did not include the specific experiences and needs of black women (DeFelice & Diller, 2019; McCall, 2005). Before intersectionality, the method of examining the difference between a single identity, such as between men and women, did not accurately represent marginalised subgroups of women or men. Research would either study gender experiences, such as discrimination against women, which usually meant white women, or racial experiences, which usually meant black men, and did not look at both oppressed identities together (McCall, 2005).

Intersectionality theorists argue that our identities are complex, and are made up of multiple social categorisations, such as race or ethnicity, gender, class, and religion etc., which collectively determine our experiences (Crenshaw, 1989; Mkhize, 2015). With the adoption of intersectionality, fields such as feminisms have broadened their focus beyond single categories, such as gender only, towards multiple categories affecting women's experiences and behaviour (DeFelice & Diller, 2019).

According to McCall (2005, p. 1773), there are three approaches in intersectionality, which are "anti-categorical complexity", "intra-categorical complexity" and "inter-categorical complexity". The approach that is most relevant to my study is "intra-categorical complexity", which is the first approach that came out of intersectionality. This approach rejects the use of broad and dominant social categories, such as that all women have the same experiences based on their gender. Instead, this theorist argued that the focus should be placed on a specific group made up of individuals who possess the same multiplicity of social categories (McCall, 2005, p. 1780-1781). In my study, that would be 'fat' Muslim Indian South African women.

Intersectionality is also a theory that explores the relationship between structures of oppression which can either help or hurt social groups. Indeed, almost everyone experiences privilege and disadvantage in some capacity. However, certain social groups are more disadvantaged and oppressed than others in specific historical contexts and/or societies. Hence, intersectionality "refers to a form of relationship between social structures, specifically one in which social structures combine to create social categories to which certain experiences and forms of oppression are unique" (Weldon, 2008, p. 195-196). Additionally, forms of oppression are connected. One form of oppression, such as racism, indirectly facilitates and is facilitated by another form, such as sexism. Wilson (2021) has argued that 'fat' oppression has been created by a sexist, racist, and capitalist society. Hence, intersectionality is also a facilitator of social justice for the neglected social groups that it highlights (McCall, 2005), which paves the way for change, especially in organisational and institutional discrimination (Atewologun, 2018).

Additionally, intersectionality is especially important due to the diverse and complex range of cultures and identities amongst black people residing in Africa. In various black communities found within African nations, intersecting cultures and identities also create systems of inequality and oppression that most often disadvantage women and individuals who identify as LGBTQ+, due to the patriarchal nature of black societies in Africa. Indeed, due to being black, female and living in Africa, these women face multiple forms and layers of oppression and exploitation that arose from colonialism, capitalism, apartheid and heteropatriarchy, rendering 'female' an oppressed identity in Africa (Mkhize, 2022). As an example of the oppressive intersection of gender, culture and religion, a woman who is black, Muslim and situated in an African state, hence brought up in a unique and merged black African Muslim culture, has strict gender restrictions placed on her as black Muslim women in Africa are primarily viewed as subordinate to men, and as homemakers, housewives and mothers (Zondi, 2013 as cited in Mkhize, 2022). This can be related back to my study which examines the intersecting identities which disadvantage 'fat' Muslim Indian women in a South African context.

Furthermore, intersectionality theory is relevant to this research study as there is no singular lived experience of being 'fat' therefore, it is important that diverse experiences of 'fatness'

are incorporated into ‘fat education’ and ‘fat’ activism by utilising intersectionality (Cameron & Russell, 2021). Intersectionality is often applied using qualitative research methods as it allows participants to voice their stories through in-depth data collection, such as interviews and focus groups (Atewologun, 2018). I used intersectionality theory to determine how being both female and having a bigger body size in a South African Muslim Indian family (i.e., intersecting identities) has influenced the lives and experiences of the women in my study in specific ways. These women’s intersecting identities, as well as my own, that have been highlighted in this study include a nationality (South African), a religion (Muslim), a race/ethnicity (Indian) and gender (female).

In my study, ‘fat’ is also viewed as an identity marker, like class, race, or gender, as being ‘fat’ comes with its own experiences and forms of oppression. Therefore, ‘fat’ Muslim Indian South African women have different experiences in comparison to ‘thin’ Muslim Indian South African women. My study explores how being Muslim, Indian, South African and female has influenced the experience of being ‘fat’. ‘Fat’ Muslim Indian South African women also may experience multiple sources of discrimination due to their religion, race, gender, and body size. I would say that this group has been neglected as sources of study as there is a lack of research on their lived experiences. This research on a specific social group can then be compared to other social groups, such as ‘fat’ white women or ‘fat’ black women of different cultures and religions. Hence, intersectionality is significant in conjunction with various weight-related fields and theories, such as fat studies, fat pedagogy and fat feminism.

3.2.3 Fat feminism

This study also draws on fat feminism’s ideas. Towards the end of the 1960s, fat activism arose in America, and was largely shaped by second wave feminism as it was noted that sexism played a significant role in weight stigma and discrimination (Farrell, 2011; Russell, 2020). However, according to Cooper (2012), there was a prevalence of anti-feminism and the marginalisation of women in fat activist organisations. Fat feminists broke away and formed their own organisations and began to theorise that ‘fat’ individuals are oppressed in society. The aim was to raise awareness of these oppressions and to increase consciousness of all the ways in which society was structured to disadvantage ‘fat’ women. There is a strong

activist inclination within fat feminism, and feminists engaged in this movement protested these injustices in a variety of ways, which included writing, art, and performance.

In patriarchal societies, women are often encouraged to be unseen and unheard. 'Fat' women oppose the "unseen rule" due to their larger bodies which attract more notice, and which threaten the power a man may possess due to his size (Wilson, 2021). Fat feminists view the instilling of 'fat' phobia in women as a form of gender oppression that requires women to focus a lot of time and energy to maintaining thinness, which could more productively be used for other more meaningful pursuits (Saguy, 2012). In fact, Bordo (2004) has argued that controlling women's bodies is a common form of gender oppression that spans race, age, sexual orientation, and class. Therefore, these feminists reject the view of "excess fat" as a medical condition and view "fatness" as a complex social category (Harjunen, 2009). Additionally, intersectionality can benefit fat feminism as it has "enabled recognition of 'fatness' as a social category by showing that 'fatness' is bound to other social categories in such a way that effects a person's treatment and experience … being a 'fat' woman is different from being a 'fat' man" (Harjunen, 2009, p. 59).

In Orbach's book *Fat is a Feminist Issue* (1978), she wrote that overeating, weight obsession and negative body image arises from the restriction, enforced dependence, and lack of control that women experience in patriarchal societies which devalues femininity (and 'fatness'). Women have been taught that it is their life goal to get a man, and to do this, women must attain a pleasing appearance for the male gaze. This includes obtaining or maintaining a thin body. In opposition, women become 'fat' as a means of protesting these societal beauty standards and protecting themselves from gender stereotypes (Orbach, 2006). Yet, Orbach saw 'fatness' as an illness that always arises from maladaptive behaviours such as binge eating and a problem to be corrected (Diamond, 1985; Fikkan & Rothblum, 2012), and this assumption has been rejected by contemporary fat feminists who embrace the many causes and consequences of being 'fat'.

Fat feminists believe that 'fatness' can be a positive experience. Pause (2012, p. 44) has argued that "Coming out as 'fat' allows the 'fat' individual to embrace the identification of their physical 'fatness', while throwing off the stigma attached by dominant culture". Hence,

having pride in one's body size is a mode of opposition to weight stigma. 'Pride' is used in various other stigmatised identities, such as gay pride and black pride (Pause, 2012). Fat feminism is associated with promoting body positivity for all body types, undermining biases related to bigger body sizes, and undoing oppressive power structures that negatively affect 'fat' people. However, in contrast to the pop culture version of body positivity, fat feminist scholars argue that we should prioritise the voices of 'fat' people and have 'fat' experiences at the forefront of discussions in the field (Cooper, 2012).

This theory is relevant to my study as it provided a critical lens through which to examine the cultural, political, and economic reasons why 'fatness' is stigmatised amongst these Muslim Indian South African women, and consequently, why, and how 'fat' phobia may be a form of injustice or oppression in the lives of these women. Fat feminism provided this study with a framework to explore the historical origins of 'fat' phobia against women and provided an important activist standpoint needed to help change perspectives, including reclaiming terms used, that have historically oppressed women with bigger body sizes. Fat feminism also provided the researcher and the participants with the tools to question their views on 'fatness' and beauty ideals through the process of talking and reflecting which may influence how they go about their daily lives. On the part of the researcher, the act of conducting research on 'fatness' and 'fat' phobia is a form of activism which is encouraged by fat feminism.

3.3 Research methodology and methods

The chosen theories for this research are social constructionism, intersectionality, and fat feminism. Hence, the researcher carefully selected and implemented research methodology and methods, such as a qualitative study design, purposive sampling, data collection through in-depth interviews, and thematic data analysis. This has worked well in conjunction with the theories to answer the research questions and meet the research objectives of this study.

3.3.1. Study design and paradigm

This study used a qualitative approach to explore the lived experiences of 'fat' Muslim Indian women of an extended South African family. The objectives of this study were to explore how these women developed bigger body sizes and in what ways having a bigger body size affected their lives. An important objective was to analyse weight perceptions and weight

stigma in the participant's family, how weight perceptions and weight stigma is passed down from generation to generation, and how this may affect the weight perceptions and body image of this study's participants. Hence, this study design allowed for the generation of in-depth data of participants' thoughts, feelings, experiences, and for the exploration of deeper meanings (Creswell, 2009). Furthermore, I conducted a phenomenological study using autoethnography where I examined the perspectives and experiences around weight and body image of adult women in one specific family, as well as my own experiences. Phenomenology allowed the researcher to explore how people experience a phenomenon and examine the often-hidden aspects of individual lives. Furthermore, Merriam (2002, p. 7) has asserted that "phenomenologists are interested in showing how complex meanings are built out of simple units of direct experience". Therefore, the women in my study have discussed specific experiences in their daily lives which have centred around body size and weight stigma. By analysing these direct incidences, we can understand the broader subject of weight stigma in their lives.

Autoethnography allowed the researcher, who shares a cultural background with her participants, to also draw on and examine her own "insider" experiences, such as weight perceptions within this South African Muslim Indian family (Denshire, 2014; Reed-Danahay, 1997). In fat studies, autoethnography has been used to link theories, literature, and broader cultural experiences with the researcher's personal experiences of living in a 'fat' body and experiences of weight stigma. Pause (2012, p. 43) highlights that: "This weaving of theory, literature, and personal experience illuminates the strength of autoethnography". Autoethnographic studies facilitate self-reflection and are used in a way in which to teach others about 'fat' experiences (Cameron & Russell, 2021), which is an aim of this study. Hence, autoethnography has been utilised in this study to not only give the women of this study an outlet to share their experiences, but for the researcher to share her own experiences as well, and to connect these personal and lived experiences to existing theories and literature to teach others about these 'fat' women's experiences in the Muslim Indian South African community.

In addition, by using a critical theory paradigm, the researcher critically reflected on issues under investigation. Indeed, the researcher utilised this paradigm to engage with, learn from,

but also critically interrogate in a self-reflexive manner her own positionality and biases, as well as the situated viewpoints of her participants (Guba & Lincoln, 1994). Furthermore, Guba & Lincoln (1994, p. 113) have argued that the aim of this paradigm is "the critique and transformation of the social, political, cultural, economic, ethnic, and gender structures that constrain and exploit humankind, by engagement in confrontation, even conflict". Critical theory highlights what the problems in society are, help pinpoint which individuals or institutions can bring about change, outline the ways in which criticisms should be expressed, and clearly state what social change is being advocated for and how this may be achieved. The aim is to promote improved circumstances for the oppressed group (Spencer et al., 2014).

Hence, by using Critical Theory, this study explores weight stigma as a problem in society, highlights the importance of 'fat' voices in bringing about change and advocates for the removal of weight stigma from society. This dissertation is a means in which to put forth criticisms of weight stigma to not only empower those reading it who may identify with it, but to promote others in this society to question their own beliefs and actions.

3.3.2 Study area

The research for this study comprised of six oral interviews, i.e., three in Durban, South Africa, and three in Johannesburg, South Africa. I, the researcher and seventh participant based in Durban, South Africa, did not have an oral interview, but rather kept a reflexive journal whereby I answered some questions pertaining to the study and recorded my own thoughts, experiences and memories which were included in the data analysis. Since the researcher lives in Durban, the three participants located in Durban had face-to-face interviews. Due to cost factors, for the three Johannesburg participants, the researcher conducted their interviews using the telephonic interview method in a form of a WhatsApp voice-call.

3.3.3 Study population

The research population, drawing on purposive sampling, consisted of "overweight" (according to BMI categories)[5] Muslim Indian South African adult women from an extended family, as well as myself. Six women fit this category in the family I purposefully chose to investigate. Therefore, there are seven participants in totality. The participants' ages ranged from 26 to 77, including my own age, and there was also a diverse range of familial roles in this population.

The three participants from Durban, South Africa, consisted of one immediate family group, which was a grandmother, her daughter, and her granddaughter. Furthermore, the three participants from Johannesburg, South Africa, consisted of two immediate family groups. In one immediate family group are two sisters, and the last immediate family group consists of their aunt. I, the researcher, live in Durban, South Africa.

Please further refer to the participant demographic information table and family tree at the end of this chapter.

3.3.4 Participant recruitment

The researcher of this study chose a family from her community which she knew included multiple women who had bigger body sizes. After obtaining ethical clearance from the University of KwaZulu-Natal's Human and Social Sciences Research Ethics Committee, the researcher proceeded to contact the prospective participants and describe the purpose of the research, what would be needed from them as participants and what the data collection methods would look like. Participants who agreed to be involved in the study were then sent the consent form.

[5] While the drawbacks of using BMI as a descriptor of health or normalcy has been described earlier in this dissertation, this study only uses the BMI category of "overweight" to define the sample to ensure reliability and uniformity. The women of this study fall into the "overweight" or higher categories of BMI, and these women report to be neither athletes nor body builders. BMI is calculated using one's weight and height, the equation being weight (in kilograms) divided by height (in metres squared). The BMI category for "overweight" is 25-29.9 kg/m2 (Webster-Gandy et al., 2006). All women who had a BMI of 25 kg/m2 and over in this family at the time of the interviews were included as study participants in this research.

3.3.5 Sampling method

This study utilised non-probability purposive sampling. Purposive sampling allows researchers to choose a specific sample set according to criteria that results in relevant data used to answer the research questions (Creswell, 2009). The researcher outlines the characteristics of who should be sampled, and then selects participants based on this. In phenomenology, a researcher should select participants who have experienced a particular phenomenon (Creswell, 2007), which is being 'fat' in my study. In ethnography, it is finding participants who belong to a cultural group (Creswell, 2007), which is Muslim Indian South African women in my study. Qualitative research is not concerned with how many or how often a phenomenon is experienced, but to understand a phenomenon. It is important to select participants who provide the most information specific to the study (Merriam, 2002). Qualitative research also does not aim to be representative as with quantitative research. Hence, this study seeks to focus on in-depth intergenerational and familial experiences of a small number of larger body-sized women, which includes the researcher as well as women from one extended family.

3.3.6 Sample size

In qualitative research, the focus is not on large sample sizes whereby the results can be generalised, but on sample sizes that supply immersive, detailed, and rich information about a phenomenon or experience. The aim is to acquire personal and specific data (Creswell, 2007). In total, there were seven participants. Six of the participants were women from an extended Muslim Indian South African family, and the last participant was me.

I, the researcher, conducted personal one-on-one interviews with the six participants. The three participants from Durban, South Africa, had in-person interviews, while the three participants from Johannesburg, South Africa, had telephonic interviews. Two participants, both in-person interviews in Durban, South Africa, had more than one interview. One participant, the researcher, had no oral interview, but kept a reflexive journal. In this reflexive journal, the researcher answered a few interview questions (e.g., intention and motivations for the study) that the researcher had written for herself during the proposal writing stage of this project, as well as the journal was a vessel in which to record all thoughts, feelings,

experiences, and memories that arose after each participant interview. Additionally, the researcher explored her own lived experiences of being bigger bodied in her community.

Furthermore, the sample size was restricted by how many bigger bodied women were in this Muslim Indian South African family, and furthermore, by which women were comfortable to participate. Even though the sample size was not large, the interviews were in-depth and obtained specific and detailed information.

The participants were all Muslim Indian South African women. There were both overweight (one) and obese (six) women in this study. All seven women described themselves as 'fat'. The findings of the study were divided into twelve main themes. Four of the main themes had sub-themes listed under them, and there are six sub-themes in total. The themes and subthemes that have arisen from the data are summarised and explored in chapters four, five and six of this dissertation.

3.3.7 Data collection procedures

Once the study was granted ethical clearance (please see Appendix 1), the University of KwaZulu-Natal's ethical research procedure was strictly followed with informed consent obtained from each participant prior to their interview. As already mentioned, the Durban participants were interviewed face-to-face. Due to costs, the Johannesburg participants had WhatsApp voice-call interviews, as I live in Durban. All interviews, with the permission of my interviewees, were audio recorded on my cell phone device. For the WhatsApp voice-call interviews, which were conducted on my laptop computer, my cell phone was used to record these interviews too. My cell phone was password protected, and only I have access to the password. Furthermore, the interviews had been transferred to my Google Drive account, which was also password protected and the password was only known to me. Lastly, I did not allow access to my phone or Google Drive account to any individual.

To collect data for this study, semi-structured interviews with open and close-ended questions were used. Semi-structured interviews allow for a combination of pre-planned questions and the space to explore responses from participants spontaneously (Merriam, 2002). One-on-one interviews are suitable when the subject matter is sensitive as participants may speak more

openly in private. In qualitative research, the researcher is the main instrument in data collection. This is an advantage in that the researcher can engage with their participants, ask for clarification, put forth further questions, and guide the conversation (Merriam, 2002). Furthermore, critical theory promotes the use of in-depth interviews with the participants in conjunction with reflection on the part of the researcher. Both the participant and the researcher are given the opportunity to analyse and question their lived experiences, values, and beliefs (Spencer et al., 2014). All interviews were conducted in English which is the home language of all my interviewees.

The interview began with demographic questions. The demographic questions were close-ended and centred around the background of the participant. Once these were answered, the researcher moved on to the content questions. Interviews are useful because participants can describe their own history and are helpful in getting the participants to share their views, opinions, and experiences (Creswell, 2009). The content questions were open-ended and were used to explore topics related to the research questions, such as beauty ideals, 'fatness', body image and weight stigma. Interview times varied. During the interview, clarification and explanation were always asked from the participant. Furthermore, question prompts and follow up questions were used based on responses, which is an important aspect of qualitative research (Cardano, 2020).

As it was a semi-structured interview with open ended questions and prompts, participants were free to 'tell their story.' The questions were not written with assumptions, but in a way for the participant to describe their life, context, and experiences. The interview was conversational, and the researcher often probed to get more information and deeper meanings. The researcher did not make religious or cultural assumptions about the structure of their household, or the gender roles present in their family, but gathered contextual data by exploring experiences surrounding beauty ideals, the pressures to be thin on women, and who these pressures and comments came from. Thus, the motivation behind this investigation was for the researcher to be able to better understand the dynamics and context of the participants' families. Further, by analysing the collective comments about the pressures of being thin in order to get married to a man, and by the myriad of comments about weight aimed at women by men, it highlighted the patriarchal nature of the participants' Muslim families. In fact, the

researcher asked the participants to explain cultural practices and traditions as if she (the researcher) was not Muslim or Indian. The researcher did that to gauge the participants' understanding of their culture and religion, and how this affected them individually. The female participants were further asked about what they wore, what they ate, and what their lifestyles comprised of.

Moreover, utilising primary data of Muslim Indian South African doctors' social media accounts provided valuable insight into the context and community that these women come from, and provides specific examples of the weight stigma and beauty ideals that the participants of this study refer to. Also, by interviewing more than one female from each family, such as a mother and a daughter, the researcher could then collect data that contributes to understanding and appreciating various perspectives. Hence, as a result, the study revealed that some Muslim Indian mothers feel the pressure to monitor their daughter's weight and how their own weight perceptions were shaped as they were growing up. This helps to combat the general stereotypical view of the Indian mother or aunt. As result, by interviewing more than one person from a family, this research study is able to offer a more comprehensive idea of the family and the contexts of the women interviewed.

During the interviews, the researcher asked many probing questions based on the participants' answers to the interview questions. The aim behind probing was to get the participants to elaborate more on bits of interesting information that needed clarification. For probing, the goal was to hold credible and dependable rich conversations about the participants' experiences as 'fat' women. As talking about weight stigma and body size is a sensitive topic, probing questions were also used to get the participants to open up more. To a certain extent, the participants seemed to have needed some form of encouragement to share more personal details. The probing questions differed from one participant to the next as they were based on each participant's answers.

The interview questions were designed to result in an inclusive narrative of being bigger bodied as a Muslim Indian South African woman. Hence, the focus was more on points of topic in relation to body size and weight perceptions. These interview questions were based on the study's research questions, objectives and the literature review. There were set

interview questions (refer to Appendix 3) that included questions about childhood memories, mental and physical health in relation to body size, and weight perceptions in Islam, the 'Indian culture' and South Africa, which was asked to all my participants. The participants naturally gravitated towards certain topics, such as marriage and clothing, which signified their importance to me. The last question of the interview aimed to explore any positive changes in body image and self-perception in relation to weight, and to determine what strategies of resilience my participants use against weight stigma. The probing questions were centred around specific actions that the participants could have taken, such as going for therapy, joining a support group, or educating oneself about 'fat' feminism. The aim was to end the interview on a more optimistic note, and to highlight to the participant the progress that they may have made in relation to how they view their own body size.

Additionally, data was generated from the researcher's thoughts, feelings, and memories in response to participants' responses, and the exploration of her own lived experiences as a 'fat' woman in their community. This was recorded in a computerised reflexive journal, which is an effective method used in autoethnography. Reflexive journaling during data collection is also seen as a form of data analysis. As Cardano (2020, p. 112) captures it: "The writing of fieldnotes is eminently an activity of analysis, through which we give form to our experiences". As a result, I analysed what was said during the interviews, how I felt about what was said, and what thoughts and memories it triggered for me. Subsequently, this reflexive journal was used in the final data analysis too.

The shortest interview was approximately one hour, and the longest interview was approximately four hours. Two participants had their interviews split into two sessions due to the length of the first interview and to ensure that all questions had been answered without rushing or tiring the participant in one sitting. In total, there are thirteen hours of interview recordings. Furthermore, it took a couple more hours in total for me to type up my experiences in my reflexive journal after each interview.

Qualitative researchers collect data from various sources (Creswell, 2009). During and after the interviews, participants were asked for any personal documents, such as diaries, journals, and trackers, that they were willing to share. One participant shared screenshots of an app

that she used to track her weight loss. Another participant shared a ‘diet’ book journal that she had used many years ago. I conducted an extra interview with this participant to explore that diet journal and what had been written. Private documents, such as journals, allow the researcher to view how the participant described a phenomenon or experienced it in their own words (Creswell, 2009). Additionally, screenshots of the social media pages and websites of dieticians and weight loss doctors in the community were collected. Recipes from cookbooks were analysed too. These documents were used in the data analysis stage. Pre-existing documents are strong sources of evidence because they existed before the research and therefore, as Merriam (2002, p. 13) has argued: “they do not intrude upon or alter the setting in ways that the presence of the investigator might”.

3.3.8 Inclusion criteria

Only ‘fat’ adult (above 18 years old) women in one Muslim Indian South African extended family were included in this study, as well as myself who falls under the research criteria.

3.3.9 Methods of data analysis

3.3.9.1 Data recording procedure

A data recording permit based on my participant’s consent was included in the ethical clearance application, which had been granted. After being granted ethical clearance, the prospective participants were approached in advance of the interviews. The research study was presented and explained so that the prospective participants fully understood what the focus of the research was and fully understood what participating in this study would require of them. If the prospective participant was interested in participating in the study, they were provided with informed consent documents which again explained the study, but which mostly importantly sought to obtain their permission to be interviewed and to be audio recorded. The prospective participants had the autonomy to either give or deny permission to be interviewed and recorded. All my participants gave their signed written consent to be interviewed and recorded. The prospective participants who were interested in the study and who signed the informed consent document which gave permission to be interviewed and audio recorded were approached to set up dates for their interviews.

Thereafter, before beginning data collection, the researcher needed to have a plan for how data would be recorded. For an interview, it is important to have an interview schedule planned beforehand (Creswell, 2009). For this study, an interview schedule was created with the proposal and was granted ethical clearance. Interviews were conducted based on the participants' availability and comfort. For the face-to-face interviews, I conducted these in my interviewees' homes using the recording device on my cell phone, after I had received consent. Only one device was used to record for these in-person interviews. The homes of my interviewees were chosen as it was more convenient for them as they remained in the comfort of their own home and did not have to travel. The interviews were conducted in secure and private spaces in their homes where we were not disturbed or overheard.

With regards to the WhatsApp telephonic interviews that I planned to do, prior to each interview, I confirmed that each participant had access to WhatsApp call and Wi-Fi by calling them and obtaining their permission to conduct the interviews over WhatsApp call. My participants were comfortable with conducting the interview over WhatsApp call and gave their permission. To plan for these interviews, I ensured that I had two devices, a laptop to do the WhatsApp call and the recording device on my phone to record. Both my laptop and phone are password protected.

Additionally, with all the interviews, I had to verify that I had enough space on my recording device to proceed with the interviews. All interviews, both telephonic and in-person interviews were conducted in the same format. All participants, face to face and telephonic, were interviewed using the same interview schedule. On the days that the interviews took place, I read the informed consent aloud and received verbal consent. Thereafter, I moved on to ask my interview questions.

None of my participants objected to the interview being recorded. Furthermore, they were comfortable using WhatsApp call as they had experience with the application. The only challenge I experienced during one of the WhatsApp call interviews was that a storm on my participant's side resulted in the call being cut once or twice. However, I phoned my participant back and they were happy to continue, instead of rescheduling the interview.

Regarding my recording device, I had no difficulties, as I would routinely double check that the device was recording, and I had already ensured that there was sufficient space.

The interviews went well as my participants were happy to share. I did not plan to have two interviews with two of the participants, however, they had a lot to share, and they were eager to talk, therefore, I had to have two interviews each with two of the participants to ask all the interview questions, without tiring the participant out with a single lengthy interview. I did not want to restrict any participants in relation to time. Therefore, all participants were asked all the questions, none of the participants objected to any of the questions, and all interviews were recorded to the end.

3.3.9.2 Transcribing data and data familiarisation

Thematic analysis was used to analyse the data to draw out reoccurring patterns in the lived experiences of my participants which were then grouped into themes. Thematic analysis involves describing relevant data in rich and descriptive detail. There are six stages of thematic analysis. Transcribing data and data familiarisation was the first stage (Braun & Clarke, 2006).

I began transcribing after the first interview. However, a few of the interviews were scheduled close together, hence most of the transcribing took place after the last interview. As transcribing took place closely after the interviews, participant responses were still fresh in the researcher's mind. Thus, I was able to remember not only what was said, but how it was said and the attitude of my participant, which gave me a better understanding of the participants words.

The audio recordings were played through headphones and transcribed on Microsoft Word. Careful attention was paid when transcribing, and I often rewound the recording to confirm the accuracy of statements. The interviews were recorded verbatim. As there were thirteen hours of audio, the transcription process was completed over a few weeks. Both my audio recordings and Word documents were password protected. Thereafter, I uploaded the original recordings and transcripts onto Google Drive to ensure that there was more than one copy so

that I would not be in the situation where all copies were lost. Furthermore, Google Drive accounts were password protected, and only I know the password.

At this stage, I reread my transcribed data multiple times in its entirety and jotted down initial thoughts. Employing this strategy provided me with a better understanding of the data as I was familiarising myself with the bigger picture before breaking it down. However, I had already noted some initial ideas as the interviews were being conducted, which I went back to when formally analysing the data. Braun & Clarke (2006, p. 87) noted this point when they wrote: "if you collected them through interactive means, you will come to the analysis with some prior knowledge of the data, and possibly some initial analytic interests or thoughts". Furthermore, I had written a reflexive journal entry after each interview. There were also documents from participants, such as a journal and a weight tracking app, as well as social media pages, websites, and cookbooks. I had to familiarise myself with these sources in preparation for deeper analysis.

3.3.9.3 Creating preliminary codes

Coding is the next stage in thematic analysis. In this stage, the researcher extracts important information from all the interview transcriptions and assigns them code words or phrases. These initial codes describe the information very simply. The researcher then creates a list of preliminary codes of interest and assigns relevant quotes from the interviews to the codes (Braun & Clarke, 2006).

After searching the interview transcripts for codes, I perused the journals, social media pages and websites and cookbooks for relevant information that could be used to help form codes. The codes were written in a Word document, and the collated quotes or notes were pasted or written under the code.

When searching for important information, I was influenced by my key research questions and chosen theories. Fat feminism highlighted information that related to weight oppression, weight stigma and gendered weight perceptions. Intersectionality highlighted information that related to how multiple identities influenced lived experiences. Social constructionism

highlighted information that related to what meanings my participants assigned to phenomena and where these meanings came from in their social and historical contexts.

3.3.9.4 Exploring for themes

The third stage in thematic analysis is exploring for themes. Once the researcher has their list of codes, they group the codes and the codes' collated data into preliminary themes. This process involves determining which similar codes and their relevant data can be combined to fall under a wider and broader theme. Thereafter, the researcher explored how these codes, themes, and subthemes were linked (Braun & Clarke, 2006).

Once I had the list of codes in my Word document, I went over the list many times to determine which codes represented subjects or experiences that were similar. Related codes were then merged to form more encompassing themes. The data and quotes for those codes were transferred to the theme that it fell under. To develop subthemes, similarities and differences under a theme were noted. At this stage, I had many themes and subthemes, which I knew had to be reduced further.

3.3.9.5 Reassessing themes

During this stage, themes were re-examined to determine if they were an accurate representation of the coded data. Themes must provide enough data to support them. Themes may be combined or separated. Thereafter, the researcher must assess if the themes are a true depiction of the entire data set, which includes the transcribed interviews and all the documents. Creating a map of the themes can be helpful in seeing a snapshot of all themes (Braun & Clarke, 2006).

My themes and subthemes were organised into a table, which assisted in tracking and shuffling themes and subthemes. All themes and subthemes were numbered and given preliminary names. I began the process of combining themes together because I had too many themes and they worked better together. Having a theme table that was easy to edit eliminated unnecessary confusion.

3.3.9.6 Finalising and naming themes

The next stage consisted of editing and polishing all themes and their interpretations, representations, and explanations. I sought to give my themes clear and relevant names. The explanations of themes should comprise of detailed descriptions. Themes should have a narrative, and the researcher must describe their importance and provide their own interpretations. The explanation and interpretation of a theme is the analysis and should relate to the broader picture of the research. In addition, Braun & Clarke (2006, p. 92) suggests determining whether a theme requires subthemes. As they argued: "Sub-themes are essentially themes-within-a-theme. They can be useful for giving structure to a particularly large and complex theme, and for demonstrating the hierarchy of meaning within the data".

To finalise my themes and subthemes, I went back to my Word documents with my theme table which consisted of the themes, subthemes, quotes, and notes. I once again contemplated the deeper themes and meanings of my data, and this involved combining, separating, and renaming themes again. I spent time exploring how the themes related to the research questions, whether the themes answered the research questions and in what ways my chosen theories had been utilised in my data analysis. Only important and relevant themes were included in the final analysis. The names of the themes and subthemes were edited again to ensure that the best descriptions were used.

3.3.9.7 Writing the dissertation

This is the last stage of analysis. Data analysis must be written in a way that tells a story. The researcher puts together the data analysis by selecting relevant and impactful extracts from the data, analysing these extracts, and connecting the analysis to the research questions and literature of the research. When writing up the report with the analysis and findings, the researcher should highlight the importance and validity of their research (Braun & Clarke, 2006).

After finalising my themes, analysis, and results, I formed my findings and reported it in the form of this dissertation, whereby I discussed the themes and provided my own interpretations, explanations, and analysis. Direct quotes were used from the interviews as evidence of interpretations. However, pseudonyms replaced all real names to ensure

anonymity. Presenting these themes and quotes describe in detail the lived experiences of the participants, which is in line with phenomenology, and provide a glimpse into a culture, which is in line with autoethnography (Creswell, 2009).

3.3.10 Validity and reliability

According to Lincoln and Guba (1985), there are four criteria to meet to ensure trustworthiness in a qualitative study.

3.3.10.1 Credibility

To ensure credibility, participant responses were recorded without researcher adaptations. Where possible, the study's findings were supported by supplementary corroborating sources from the participants' or from the South African Muslim Indian community, such as diaries, cookbooks, articles, and adverts (Lincoln & Guba, 1985; Nowell et al., 2017). Contradictory quotes or data that clashed with themes and offered a different opinion or experience to an established theme were included in the analysis. This increases credibility as it shows the variety in participants' experiences and is more realistic (Creswell, 2009).

Furthermore, instead of claiming to be free of bias, which is impossible in any qualitative study, I have stated, reflected on, and recorded my identity, why I have chosen to conduct this study and my own experiences. Therefore, this states any possible biases and how they may influence data collection and analysis (Merriam, 2002). The researcher discusses bias by commenting on how interpretations regarding weight perceptions are moulded by their own context and background (Creswell, 2009).

3.3.10.2 Transferability

Descriptions of data analysis are in-depth and thick, and evidence of themes are extensively provided through quotes and extracts from the participants' interview transcripts (Lincoln & Guba, 1985; Nowell et al., 2017). Therefore, in alignment with what Merriam (2002, p. 15) has asserted: "in qualitative research, it is the rich, thick descriptions, the words (not numbers) that persuade the reader of the trustworthiness of the findings". Furthermore, these quotes or

raw data support the findings of the study by giving the reader the opportunity to confirm the researcher's interpretations (Merriam, 2002).

3.3.10.3 Dependability

The researcher has clearly documented the research process so that the reader can determine dependability of the study. Documenting the research process includes sharing the interview schedule and questions, precisely detailing the data collection process and the data analysis procedures (Lincoln & Guba, 1985). Furthermore, the researcher's supervisor aided in externally evaluating the data analysis process.

3.3.10.4 Confirmability

To ensure accurate understandings of participants' responses, the researcher contacted their participants for clarification and extra information after the interviews. Moreover, with all participants, the researcher frequently double checked and confirmed meanings during the interview itself (Lincoln & Guba, 1985; Nowell et al., 2017). During the discussion of the results, the researcher explored whether this study's findings complimented or contrasted with other findings in the literature. Lastly, confirmability is met when credibility, transferability and dependability are established (Lincoln & Guba, 1985).

3.3.11 Ethical and legal considerations

This study was granted ethical clearance by the University of KwaZulu-Natal's Human and Social Sciences Research Ethics Committee (HSSREC). I did not need to obtain gatekeeper letters for this research, as I interviewed my participants about their experiences of gendered weight perception, femininity, and cultural standards in their individual and private capacities.

Participants were provided with an informed consent document in their native language (English), which explained the aims and purposes of the study, how the study would be conducted and what would be done with the information. To protect identities, pseudonyms were used in place of real names when writing up this dissertation. This was to ensure anonymity and to protect the identities of the participants (Creswell, 2009). On the consent

form, the HSSREC information was provided so that the participants could contact this committee if they wish to do so. Verbal and written consent was obtained from the participants.

The informed consent document protects the participants and informs both the researcher and the participant of the participants' rights (Creswell, 2009). It is vital that research is beneficial in some way to the participants or group under study, and that the research will not harm or add to the burden of the participants (Creswell, 2009). This study has no foreseen causes of harm to the participants. Additionally, it hopes to benefit the participants by bringing awareness to negative weight perception and weight stigma.

All data and documentation pertaining to this study was safely kept by the researcher in electronic format and protected by passwords. I supplied the necessary passwords to my supervisor to access such files. Recordings were transferred immediately to the protected folders and then deleted from the recording devices. Once I have finished using these interview materials, as per university policy, the data will be deleted five years after the study has been completed.

3.3.12 Dissemination of information

As mentioned earlier, this study's results are reported in this dissertation. Any personal information of the interview participants that may reveal their identities was changed when I wrote this dissertation, thus obscuring their identities when disseminating my research findings. An electronic copy of my dissertation will be available to the University of KwaZulu-Natal once it has been examined. Participants of the study will also be provided with a copy of the dissertation once it is complete.

3.3.13 Strengths and limitations of this study

A strength of this study is the utilisation of phenomenology, in which through personal one-on-one interviews, in-depth accounts of the lived experiences of the Muslim Indian South African women of this study were obtained. During these interviews, there was sufficient time and space for these women to recount and share their perspectives and experiences

around the role that body size and beauty ideals played in their lives. There was no restriction on time during the interviews, and the women were given as much time as they needed to say everything that they had suppressed for decades. Indeed, one interview lasted four hours, and one woman had multiple interviews. Due to the interviews being private and their awareness that the results would be rendered to the public anonymously, the women were comfortable to share personal and sensitive experiences.

As a 'fat' Muslim Indian South African woman myself, and having an insider perspective into this community, I was in an advantageous position in that I was familiar with the experiences of being 'fat' and I was equipped with valuable knowledge of the community. This facilitated discussion during the interviews and helped to ease the conversation into the examination of certain sensitive topics, such as the mental difficulties of living with a bigger body size. These women were prepared to converse with me openly and honestly as I was seen as being part of them, such as being 'fat' and experiencing weight stigma myself. This was a strength and an advantage which a person from another community or a thin person (who may be considered an outsider) would not have likely had, hence, their data may not have been as in-depth or personal.

Moreover, this study contained an auto-ethnographical element, which I believe contributed to this dissertation. Through a reflexive journal that was kept throughout the interview process, I was able to reflect on, record and share my own experiences and memories that surfaced as a response to the questions asked and the responses received during the interviews. Through this approach, I was able to include myself as a participant in this study, thereby, providing one more participant and perspective for this study. Furthermore, autoethnography can benefit researchers through the cathartic nature of journal writing throughout the research process, which I experienced firsthand. Through journaling, I was able to process and express any distressful emotions or painful memories that arose during the data collection process, thereby providing me with a therapeutic outlet.

During the data collection process, I was also able to attain corroborating primary sources and supportive narratives. Two women of the study provided me with primary data, in the form of a weight loss journal and a weight loss tracking app, whereby the weight loss journal

specifically provided me with insightful and confirming data in support of my participant's interview. Furthermore, as the women of the study were related and intertwined, many of their narratives and anecdotes included other women in the study, and these often inadvertently supported and corroborated each other's stories. Hence, it was beneficial to have multiple women from the same family. The in-depth exploration of one family provided several specific insights to this research as the researcher was able to inspect the dynamics of the participants' familial relationships. As an example, the researcher was able to contrast how a person portrays themself, such as a mother expressing that she does not perpetuate weight stigma, with information from other family members who contradict this portrayal, such as a daughter expressing how her mother used to tease and insult her body size. By having access to many members from a family, the researcher was also able to examine the true impact of their environment on their body size and weight perceptions, such as common experiences of food scarcity or shared experiences of weight stigma.

As with any study, there were limitations to this research too. By being an insider of this community, and personally knowing the women interviewed outside of this study, this might have hindered what these women felt comfortable sharing with the researcher due to their existing relationship and with the fear of impacting future relationship. Moreover, it was a disadvantage that more women of this study did not provide supporting and primary data sources, such as diaries and documents to substantiate their reported experiences. It would have been ideal to obtain at least one primary data source from each woman. However, only two women of the six interviewed provided a primary data source. Three of the women said that they did not own any such data source. And, one woman did not feel comfortable enough sharing their private diary with the researcher. Relying on self-reported lived experiences may be a limitation in that these women may not remember all significant memories in relation to the question, or they might have difficulties in expressing themselves verbally.

Another set of limitations to this study was the size and representation of the sample. This research only focused on one Muslim Indian South African family, and within that family, there were a limited number of women who fit the criteria and who were comfortable participating in this study. The researcher was restricted to six women from the chosen family, as at the time, there were no other women in the selected families who fit the criteria,

aside from one other woman who will be discussed below. Additionally, the intent was to include two sets of direct bloodlines. For example, this study included Ayesha, and her daughter Fatima, and her granddaughter, Jamila as participants. It also included Ayesha's sister, Maryam, and their nieces, Zainab, and Khadija (see Chapter Three for the family tree). Hence, Zainab and Khadija's mother was not included in this sample. While it would have been insightful to have Zainab and Khadija's mother as a participant, she did not want to participate in this study as she was not comfortable discussing body size and weight.

Moreover, focusing on one family limits the spectrum of data and experiences generated from the study, thus limiting the ability of this study to gauge how common or varied these participants' experiences are in their wider community. For example, in the chosen families of this study, there are specific examples of which family members are common sources of weight stigma. However, this study did not inspect the dynamics of other families, and the role that different family members play in relation to weight perceptions. Hence the findings from this study may not be applicable to other Muslim Indian South African families, who may have differing familial dynamics and conflicting perspectives on weight perceptions and body image. Likewise, this study was not able to compare and contrast multiple Muslim Indian South African families to identify patterns and trends across manifold family units.

Furthermore, this study did not include any male participants. As it was highlighted in the study that males in this family also face weight stigma and are held to similar (although not as stringent) body size beauty standards. The study would thus have been more comprehensive by including males as well. This is especially important as there has been, in recent years, a call for more research on men in relation to weight stigma and body size discrimination.

It may also be seen as a limitation that the researcher is included as a participant. Due to being an insider and having a personal connection to the research topic, the researcher unavoidably had her own set of biases and beliefs. However, this did not influence the data collection and data analysis process. To maintain research authenticity and trustworthiness, the participants were allowed to freely share their beliefs and experiences, and all relevant beliefs and experiences were included in the data analysis, regardless of whether it contrasted with the

researcher's own opinion and experiences as the researcher and as a participant. As a result, this thesis includes both the arguments and counterarguments which arose during data analysis to ensure that the thesis is not biased but based on the wide variety of the participant's experiences. Quotes from the participants' interviews and from the researcher's reflexive journal are regularly used in this thesis, whereby the reader can judge for themselves whether the researcher's argument is supported by the data. Furthermore, the researcher's reflexive journal was kept before this research, and therefore, the responses arose naturally, not biased, and were not written to support any themes.

3.3.14 Demographic information of the participants

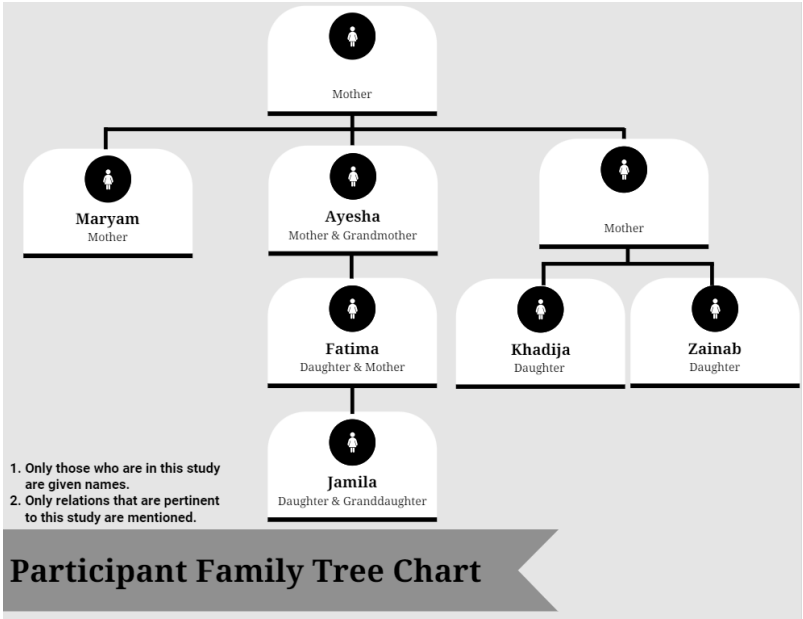
In this study and in the below tables, pseudonyms have replaced real names. Pseudonyms are false names used to ensure anonymity and to protect privacy. Therefore, all names below are fake names and not the participants' real names, except for the researcher, Azeeza.

Demographical Information:					
Name:	**Place:**	**Age:**	**Marital Status:**	**Children:**	**Highest qualification and occupation:**
Ayesha	Durban, South Africa	77	Widowed	Yes	She did not complete her degree. She worked various jobs and then helped in family businesses from the age of 11 until the age of 73. Since then, she has been a fulltime housemaker taking care of her family.
Maryam	Johannesburg, South Africa	68	Married	Yes	Completed standard eight, which is equivalent to grade ten, according to the new grade system. She got married at the age of 22 and is currently a housewife.
Fatima	Durban, South Africa	52	Widowed	Yes	She completed a PhD in community psychology at the age of 40. She has been working as a healthcare professional for the past 16 years.
Khadija	Johannesburg, South Africa	37	Divorced	Yes	She completed a diploma in Islamic studies. She works in

					business administration for fuel retail since 2014.
Zainab	Johannesburg, South Africa	36	Single	No	She completed a higher certificate. She is currently unemployed since 2021.
Jamila	Durban, South Africa	32	Single	No	She completed an honours degree. She is currently a student completing a post-graduate certificate in Autism and Behavioural Sciences.
Azeeza (the researcher)	Durban, South Africa	26	Single	No	She completed an honours degree. She is currently an MA student.

BMI Table:		
Participant (not in order):	BMI	BMI Category
1	30 or greater	Obese
2	30 or greater	Obese
3	30 or greater	Obese
4	25 or greater	Overweight
5	30 or greater	Obese
6	30 or greater	Obese
7	30 or greater	Obese

In the BMI table above, participants were not linked to their BMI as it was a sensitive topic, and by writing it in the above format, participants were granted an additional layer of anonymity.



3.4 Conclusion

Chapter three has described the theoretical framework, methods, and methodology of the study. The theories used for this research were social constructionism, intersectionality, and fat feminism. This chapter explained that this study utilised qualitative research methods, and used the phenomenological, auto ethnographical, and critical theory paradigms. The sample consisted of 'fat' Muslim Indian women from an extended South African family, as well as myself as the researcher and participant. Prior to data collection, verbal and written consent was obtained from participants. In-depth interviews were used to obtain rich and detailed data to answer the research questions of this study, except for myself, who provided data through a reflexive journal. The interviews were recorded, with permission from the participants, and were thereafter transcribed. Transcriptions were analysed using thematic analysis. Actions were taken to protect the rights of the participants, to ensure that they would not be harmed and that they would remain anonymous. This chapter also described the ways in which the study aimed to meet the criteria for trustworthiness, validity, and reliability. The next three chapters of this dissertation discuss the results of the study.

CHAPTER 4

SOUTH AFRICAN MUSLIM INDIANS – A BRIEF HISTORICAL BACKGROUND, GENDER IDEALS, AND MAJOR FACTORS THAT HAVE INFLUENCED BODY SIZE

4.1 Introduction

The primary objectives of this study are to explore the causes and consequences of having a bigger body size amongst these women in their Muslim Indian South African community, including myself, and to investigate what has shaped these women's weight perceptions, such as weight stigma passed down in families, and how weight perceptions and weight stigma affect their physical, psychological, and social lives. Hence, this chapter provides some historical background to understand the situation of Muslim Indians in South Africa in the last few decades. Thereafter, the chapter presents and discusses the results from the interviews and documents obtained from my interviewees, including myself, as well as other sources, such as old cookbooks and the social media pages and websites of female doctors and dietitians from the Muslim Indian South African community. It also analyses South African Muslim Indian gender ideals and discusses the major factors that have influenced body size amongst Muslim Indian South African women of this study. When using quotations, no real names were used, but pseudonyms were created in their place to protect the women's identities. At the beginning of each section, a 'theme' table is used which highlights the themes discussed under that section.

4.2 A brief historical background to understand the situation of Muslim Indians in South Africa in the last few decades

In 1860, when South Africa was under British colonial rule, Indians were first transported to Durban, South Africa to work as indentured labourers as the British required inexpensive labour. Many people from the Indian subcontinent indentured themselves through contracts as they were lured by free passage to South Africa, as well as, paid work, and the promise of free boarding and food. Hence, they believed that they would have a better life in South Africa. While these indentured labourers came from all over India, most of them were Hindus. As indentured labourers in South Africa, Indians primarily worked the sugar fields in Natal (Hiralal, 2016; Khan, 2012; Mayat, 2007; Seedat-Khan, 2012). Shortly after, around

the 1870s, immigrants from the Gujarat region of India came to South Africa as "passenger Indians" (Hiralal, 2000, p. 135). These were Indians who were free of any contract to the British and who had funded their own travel and establishment in South Africa. These "passenger Indians" set up shops in the then colonies of Natal (today's province of KwaZulu-Natal) and the Transvaal (today's province of Gauteng) (Khan, 2012; Hiralal, 2000). However, while these "passenger Indians" possessed business insight, they retained barely any capital. Hence, "they came to explore and exploit the economic opportunities created by the needs of the ex-indentured Indians labouring on the plantations and mines in Natal" (Hiralal, 2000, p. 135). Once the men were settled, their wives and children often journeyed across the Indian ocean to join them in South Africa (Khan, 2012).

The women in this study are descendants of the merchants who came from Gujarat, Maharashtra, and the North of India, such as Rajasthan. The merchants were in a better off financial position than the indentured labourers, and contrarily, most of the "passenger Indians" were Muslim. The merchants were able to import goods to South Africa, such as spices, rice, and clothing materials from India, which assisted in establishing the Indians in their new home. While originally from India, South African Indians have a unique culture, which is expressed through their cooking and traditions (Hiralal, 2000; Khan, 2012; Mayat, 2007), and strongly identify as South African Indian (Vahed & Waetjen, 2010).

From the late 1800s until the end of Apartheid, South African Indians had restricted rights in South Africa. Over time, South African Indians built up their own communities, which were equipped with their own houses of worship, schools, and community centres (Vahed & Waetjen, 2010). Apartheid's racial segregation policies, which kept South Africa's different "race groups" apart, only strengthened the identification of being Indian and the sense of the Indian community amongst Indian South Africans (Khan, 2012; Vahed & Desai, 2010). However, religion mediates the way that the Indian culture is expressed, and therefore, Hindus and Muslim women have developed different perceptions of what it means to be Indian. Dominant expressions of Indian culture, such as the sari or the bindi, is considered Hindu-centred by Muslim Indians, who while being Indian, are more influenced by the Islamic culture (Radhakrishnan, 2005), such as the "flowing robes" that Muslims wear which are "reminiscent of Middle Eastern dress" (Hiralal, 2000, p. 135). From the 1950s, Muslim

Indians began to preserve their Muslim identity through the creation of a multitude of Islamic organisations and institutions in South Africa (Khan, 2013).

Both tradition and family are important in South African Indian culture. When the "passenger Indians" first settled in South Africa, Gujarati Muslim communities were divided and determined by the language that they spoke, their sect, and which areas in Gujarat they originally migrated from (Hiralal, 2016). Hence, Gujarati Muslim Indians in South Africa still currently have their own communities within the wider Muslim community, such as the Surti Muslim community or the Memon Muslim community, and it is not encouraged to marry out of one's community. Families prefer to marry into other families from their own specific Muslim Indian South African community to preserve their religious and geographical identity (Khan, 2012).

A large number of Indian Muslims are concentrated in areas of KwaZulu-Natal and Gauteng (Lesch & Parker, 2019), and Indian Muslims can also be seen as forming a close knit, but also closed off, community. As an example, African Muslims complain of the lack of acceptance or respect of Muslims of different races in the Muslim Indian community, even though Islam discourages racism (Vahed, 2021). While this does not generalise to all Indian Muslims, there is a need for more acceptance and tolerance in this community, and while some studies promote racial acceptance, this dissertation advocates for weight and body size acceptance in the Muslim Indian South African community.

4.2.1 A brief historical background to understand the situation of Muslim Indian women in South Africa in the last few decades

The patriarchal family is the norm amongst Muslim Indian South African families (Kuper, 1956 as cited in Khan, 2012). Patriarchy is defined "as a system of social structures, and practices in which men dominate, oppress, and exploit women" (Walby, 1989, p. 214). Over a century ago, many Indian women came to South Africa as indentured labourers with the hope of escaping the restrictive patriarchal customs of life in India as a female. However, in South Africa, they were further exploited on the plantations, while being paid half of what the men were paid. While "passenger" Indian women may not have had to work under exploitative conditions, they too were subordinate to their husbands. These women, many of

whom were Muslim, were constrained to a domestic role in the patriarchal Gujarati family, and their identities revolved around being mothers and wives (Hiralal, 2016).

Prior to the 1990s, Muslim women were not allowed to pray at most mosques (which is a Muslim place of worship) in provinces such as Natal and the Transvaal. The majority of Muslims in these provinces were Indian South African, and therefore, had more conservative rules around gender mixing in comparison to the Western Cape, where mostly Malay Muslims resided. Before the 1990s, Muslim women were also mostly excluded from independently participating in Muslim public life, politics, and activism, as well as, in Islamic institutions and organisations (Jeenah, 2001; Jeenah, 2006). Furthermore, throughout the past decades, when Muslims were married through *nikah* (Islamic marriage) only, Muslim women experienced hardships in that they could not easily exit an Islamic marriage without the husband's cooperation. Even Islamic judicial bodies in South Africa, which handled Islamic marriage and divorce were reluctant to grant these women divorces from their marriages as these judicial bodies were adamant to preserve marriages. Furthermore, during the marriage or even once the marriage was over, Muslim women battled to attain a share of their matrimonial property (Seedat, 2021).

Moreover, the stories of Indian South African women depict that in their families, communities, and during the fight against Apartheid, Indian South African women have historically and consistently been confined to a solely supportive role by men. This level of oppression against South African Indian women is greater than that of women in India (Meer, 1972; Seedat-Khan, 2012). Indeed, "popular representations in South Africa of the Indian woman projected by Indians themselves generally emphasised delicacy and dependency" (Seedat-Khan, 2012, p.42).

Over time, some Indian South African women's groups challenged certain constraints imposed on women and advocated for women to play a larger role in religious and public affairs. For example, from the 1950s, the Women's Cultural Group, an organisation comprised of mostly Muslim women in Durban, South Africa, gave rise to new opportunities and possibilities for women within the Muslim Indian community. Where often traditional Muslim families did not encourage or prioritise education for their daughters, the Women's

Cultural Group advocated for equal educational opportunities for Muslim girls (Vahed & Waetjen, 2010). However, Zuleikha Mayat (2007), the editor of the cookbook *Indian Delights*, which was published by the Women's Cultural Group, writes in the cookbook that "as a cook, the South African Indian housewife is second to none. From childhood, the daughters are taught to be economical with food stuff...", "in the handling of food, the Indian woman finds fulfilment for her talents," and "…despite the trend of working wives, Indian husbands still insist on meals as mothers prepared them" (Mayat, 2007, p. 19). Therefore, while the Women's Cultural Group and other women's organisations encouraged women to be more publicly active, they still accepted and perpetuated the tradition that while men were the bosses of the house, women took care of the husbands and children's needs, such as the cooking (Jeenah, 2001).

Yet, it is important to note that many Indian South African women took control of their own identities and social roles, such as Fatima Meer, a Muslim Indian South African woman who was a sociologist and an activist for women's rights. Her activism not only challenged, but paved the way, for more Indian South African women to demand justice and equality (Seedat-Khan, 2012). In fact, women actively opposed and publicly protested "the poll tax for Indian people, and [were] in defiance of other anti-Asian laws as part of Gandhi's *satyagraha* (passive resistance) movement" (Beall, 1990 as cited in Hassim, 2006, p. 21), and South African Indian women played a role in opposing racially discriminatory property and land-owning laws against Indians in South Africa (Hassim, 2006).

In addition, South African Indian women in Natal established similarities between the oppression that both Indians and black South Africans faced at the hands of the white leaders of South Africa, while bringing attention to the rights of women. While these women did not succeed in creating their own Indian women's association in South Africa, numerous South African Indian female leaders in the 1950s became members of a non-racial women's organisation and joined arms with black South African women in their fight against Apartheid (Hassim, 2006). Indeed, "the heroines of women's struggles are not just African, but also white and Indian…" (Hassim, 1991). Nonetheless, relative to men there are scarce written accounts of the activism of Muslim women in South Africa, throughout the last few decades

of the twentieth century (Jeenah, 2001), which again suggests the marginalisation and oppression of Muslim women in South Africa.

However, within Muslim communities in South Africa, the seeds of Islamic feminism were planted in the 1980s and grew in the 1990s, alongside the expanding role of Muslims in the fight against Apartheid as issues of human rights, justice and equality were emphasised. Jeenah (2001, p. 1) argued that "Apartheid and the anti-Apartheid struggle… provided the backdrop for the emergence of Islamic feminisms in South Africa". Islamic feminism in South Africa, inspired by an international trend, sought to re-read and reinterpret Islamic scriptures to include equality for women. At the time, Islamic feminism was born in response to certain, not all, conservative South African Muslims who believed that Islam encouraged gender inequality. Islamic feminists, such as Muslim scholars, Muslim women's rights activists, and Islamic organisations, used Islamic scriptures to argue that Islam promoted equality between men and women in private and public life (Jeenah, 2001). Mosques began to provide prayer facilities for women in communities which had not done so previously and there was an increase in the inclusion of Muslim women in Islamic organisations and in public life (Jeenah, 2001; Jeenah, 2006).

During the post-apartheid period, the roles, and expectations of Indian women in South Africa had begun to shift away from solely being the serving housewife and submissive daughter. This resulted from increased access to education but also the financial necessity to work (Khan, 2012). Indeed, studies conducted in recent years among Muslim Indian South Africans found that some Muslim couples view their relationships as based on equality, balance, and autonomy (Lesch & Parker, 2019). Yet, as a Muslim Indian South African woman myself, and based on my personal experiences and the accounts of my participants, it is important to note that patriarchal ideas about the submissive or 'ideal' daughter or wife remain influential in many South African Muslim Indian families. There is a lingering, and deep-seated influence of patriarchal ideas in this community, despite these sparks of more liberal thinking about women's rights and roles in recent years, which continue to influence how Muslim women should look and behave.

4.3 An analysis of South African Muslim Indian gender ideals

Themes	Subthemes
The ideal Muslim Indian South African woman should be thin	Marriage is tied to weight
The ideal Muslim Indian South African modern man should be thin	Men are not held to the same weight standards as women in the Muslim Indian South African community

4.3.1 The ideal Muslim Indian South African woman should be thin

As discussed in the literature review section of this dissertation, many studies have explored the phenomenon of gender-based expectations on women, including the pressure to meet societal beauty standards (Baker, 2015; Farrell, 2011; Fikkan & Rothblum, 2012; Murray, 2020; Saguy, 2012). Certainly, thinness has been an important beauty ideal in many societies, including India and in the Indian diaspora, especially since the 1990s. Prior to the 1990s but post-independence India (India gained independence from British colonial rule in 1947), the Indian media was more inclusive of diverse body sizes, and there were bigger bodied popular actresses, although this did not mean that weight was not used as a source of comic relief (which it frequently was) or that body size was not commented on (Derne, 2008 as cited in Singh, 2018; Kishwar, 1995).

However, with the popularity of beauty queens in India in the 1990s and early 2000s, beauty ideals began to more clearly exclude Indian women who were not tall, light skinned or thin. Furthermore, in the 2000s, Indian versions of international beauty and fashion magazines, such as *Vogue*, became popular in India. These magazines exclusively portrayed the thinness and slenderness ideal (Parameswaran, 2004; Singh, 2018). These changes in the Indian beauty ideal can be attributed to the widespread access to the internet and cable television, alongside increased exposure to advertising, in the biggest cities in India since the 1990s. Through the internet and television, Indians began to adopt Western beauty ideals and body size standards, and this became evident through the fashionably skinny Indian actresses (Singh, 2010; Singh, 2018). Indeed, in India, and throughout South Asia, in recent decades, female celebrities are often thin, but with curves, and are light skinned, which represent the

beauty ideals of Indian, and Asian cultures. This ideal is perpetuated through Bollywood movies, beauty pageants, magazines, and the capitalistic beauty industry in India (Singh, 2018).

Beauty ideals portrayed in the Indian media and through Indian celebrities influenced South African Indians as many South African Indians watched (and continue to watch) Bollywood movies and television shows, and still follow the Indian media and celebrities. In fact, easy access to Bollywood television and cinema in South Africa has enabled South African Indians to keep connected with India, the country of their ancestors. Khan (2016, p. 186) has discussed in his research how the introduction of DVDs in the latter 1990s "played an important role in promoting Indian entertainment and culture within the diaspora". Thereafter, DSTV, a broadcasting company in South Africa, began to offer the Bollywood/Indian entertainment bouquet of channels, which further increased South African Indians' access to the Indian media. Moreover, cinema, and the media play an important role in shaping or maintaining social and cultural beliefs and values (Khan, 2016). Furthermore, as discussed in this chapter and the next two chapters, based on the responses of my participants and my own findings, social and cultural beliefs and values can be passed down through word of mouth (from relatives, community members and doctors), in cookbooks, social media and through customs and rituals, such as marriage.

Based on the researcher's experiences as a member of the Muslim Indian South African community, our community has held onto and passed down many traditions and belief systems that originate from India. It is no surprise that there are great similarities between beauty ideals in India and in Indian communities in South Africa. Indeed, the ideals expressed by my participants matched with the beauty ideals in India. According to the majority of my participants (five women plus myself), being thin is seen as a prerequisite to meeting societal beauty standards in the Muslim Indian community in South Africa. When asked what they considered the ideal Muslim Indian South African women should look like, four out of the six interviewed explicitly mentioned the words "thin", "thinner" or "slim" when describing the ideal woman, while an additional participant explained that "overweight" is considered by society as the opposite of the ideal for women.

Discussion of the issue of weight came up easily and quickly with the women, which highlights how we are hyperaware of body size as a beauty ideal in our society. Certainly, in line with the theories of fat feminism, women have been indoctrinated with an awareness of weight and the preferred body size in society. So much time and thought are paid to our body size and the implications of 'fatness' in society (Saguy, 2012), that my participants did not require a lot of contemplation before discussing body size beauty standards in their community.

Interestingly, there was a difference in how these beauty ideals were discussed. Three of the younger participants stressed the fact that the thin ideal originates "from society". This was captured by Khadija when she explained: "Oh no, I don't think that I fit that ideal…I think a lot of our society, like ninety percent of our society, view being overweight as not ideal" (Khadija, 2023). I would argue that these women have not fully internalised these beliefs about beauty standards as they distance themselves from society's beauty ideals. However, two of the older women in the study described the ideal "thin" woman as solely their own view of beauty. Ayesha, the eldest woman, described her ideal woman as someone who was "tall and slim and well-built and strong and beautiful" (Ayesha, 2023). This variance in how beauty ideals are talked about between the different generations suggests a possible younger generational awareness of beauty ideals and their societal constructions. Hence, the younger participants were unconsciously utilising the theory of social constructionism which allows them an awareness that society has idealised thinness and villainised 'fatness' and that these meanings have been constructed by people (Burr, 2015).

Like Ayesha, two other women in the study also listed other physical attributes, such as skin colour (being fair), hair colour or type (light hair or straight hair), and height (being tall), alongside weight (being thin), when talking about the ideal Muslim Indian woman. This highlights that in the Muslim Indian community, there are multiple criteria to meet the beauty standard. Again, these beauty standards, especially being thin and fair, are commonly mentioned in Indian communities in India, South Asia, and the United States (Mehrotra, 2016; Singh, 2018). However, thinness usually wins out compared to the other beauty ideals. Indeed, three of the interviewed women of the study asserted that even though they fit other beauty ideals in their Indian community, such as skin tone, hair colour and eye colour, they

did not meet the thin criteria. As Jamila captured it, when reflecting on a stereotypical "pretty Indian woman", she noted: "She'll be thin, even if she is dark skinned…big eyes, big lips, but a small face…yeah, [I have some of those traits] except I'm not thin" (Jamila, 2023). Fatima raised a similar point: "Slim, I would say. Tall, not too tall. Fair skinned, nice light hair, straight hair… [But] no [I don't fit that] because I am overweight" (Fatima, 2023).

The thin ideal seems to be a powerful beauty standard in this community. Even though the women fit multiple other beauty standards, when asked if they fit the Muslim Indian South African ideal, these women said no based solely on their body size and weight. It seems then that being thin is such an important criterion for meeting beauty standards that being 'fat' alone has the power to exclude a woman from being considered the 'ideal woman', no matter the other criteria she may meet. Therefore, when we look at the intersecting identities of these women, where being fair skinned usually implies a higher class and thereby simultaneously meets a beauty standard and is a form of privilege in this community, being 'fat' pronounces itself as a stronger identity, given by society, which cancels out other privileges and has a strong influence on lived experiences (Crenshaw, 1989; Weldon, 2008).

To exclude the alternative that these women may just be self-conscious and that these beauty ideals are theirs alone, in other words not shared by society, I would like to contemplate the 'fat, but pretty' statement. 'Fat' women often hear this statement in their daily lives when they meet other beauty ideals but have larger body sizes. These 'fat' women are often complimented for being attractive, but then advised to lose weight. Speaking from my own personal experience, I can recall numerous times when other older Indian women or 'aunties' told me "I was so pretty if only I would lose some weight" (Rawat, 2023). My interviewee, Zainab shared a similar experience. She told me that members of her family and extended family: "will always say like 'you're such a pretty girl, you must just lose weight'" (Zainab, 2023). It seems these women learnt from society that even though they may fit other beauty standards, being 'fat' is the one criterion that they do not meet. This kind of compliment/insult can be interpreted in various ways. Sometimes it comes across as if the 'fat' cancels out the pretty, as if a woman cannot be both pretty and 'fat'. Sometimes pretty is also used to motivate the women, in other words, to encourage them to lose weight, which those making these comments imply will bring out their best features which their 'fatness' hides.

The action of striving towards the thin ideal is often taught to girls from a young age, be it from wider social channels in their communities or our mothers (Maor & Cwikel, 2015; Murray, 2020). We are taught to achieve thinness, through whatever options are available. Four of the women remembered being regarded as "chubby" as children and teenagers. Therefore, as children, they recalled being exposed to repeated comments about their weight, from adults, but also children their own age, which was hurtful to them. As Jamila highlighted in her interview:

> So, my mother's brothers, I think, were the most negative when it came to weight. Even when we were children, even when I was a child. They would always pass it off as a joke. So even like being called a name like 'fatty' or whatever, like you're not calling anyone else 'fatty' but me. And [they'd] make it into a joke and laugh (Jamila, 2023).

From a young age, girls would be policed over their bodies. This could be in the form of food or body monitoring (Maor & Cwikel, 2015), which was done by family members, doctors, and even strangers. Fatima provided a good example in her interview: "If I was out, there would be pressure on her [from her mother, Ayesha] to tell me not to eat this or not to eat that. Or, my aunties would tell me, 'Oh why you're eating that? Don't eat so much of that'. It was just terrible" (Fatima, 2023). Similarly, Jamila shares her experiences with food and body monitoring by her doctor when she was a teenager:

> And the doctors put you on Glucophage, and they say, 'okay, you need to follow this diet, you need to not eat this, you need to cut out sugar.' Those were probably my first attempts to control weight. It was their decision… (Jamila, 2023).

Jamila expresses her feelings of helplessness by affirming that it was not her decision, but that her doctor took full control of her diet and her health without her input. Other women in this study have also had negative experiences with their healthcare professionals, and these experiences will be discussed further in the next chapter.

While parents have a duty to ensure that their children are healthy, including teaching them healthy eating habits, they should be sensitive to how they talk about food and weight. From the experiences shared by women in this study, the concern from adults was not on their good health as children, but on their weight and appearance. Listening to these women's experiences stirred up memories of similar experiences I had endured too. In my reflexive

journal, I wrote: “growing up, weight was a constant thing I was hearing about. My own weight or other women’s weight. It seemed fat was the worst thing a woman could be, and I was fat” (Rawat, 2023). We are not taught that being different was okay. Different body sizes and shapes were not celebrated. The only body on a pedestal was the thin straight figure. It was either you were thin, or you had to always try to be thin. In accordance with fat feminism, creating this ‘fat’ phobia in girls only puts them at a disadvantage as they sacrifice their mental, and sometimes physical, health to achieve thinness (Saguy, 2012), and in doing so, become chained and oppressed because of these beauty standards (Bordo, 2004).

Interestingly, three participants, Fatima, Khadija, and Zainab, argued that beauty ideals influencing Muslim Indian women originated from the broader Indian culture and not Islam. The literature highlights that there is a difference between the Indian culture and Islam, as the Indian culture is made up of Indians of a myriad of religions. While the Indian culture is based on beliefs and values inherited from India, Islam is a religion and culture that has its own set of beliefs and practices (Khan, 2013). As explored earlier in this chapter, thinness has become an extremely popular beauty ideal in India, on display in Indian movies, Indian television shows, Indian beauty queens, and Indian magazines, many of which are still consumed by South African Indians (Parameswaran, 2004; Singh, 2018; Khan, 2016). Hence, the South African Indian culture contains the traditions and beliefs that the Indians brought with them when they first travelled to South Africa in the 1800s, plus the modern traditions and beliefs that they acquire from modern Indian media.

However, Islam, as a religion, places a focus on health, such as eating good food and replenishing the body. Allah says in the *Holy Quran*, “O you who believe, eat of the good things that We have provided you with, and give thanks to Allah if He it is Whom you serve” (*The Holy Quran,* 2013, 2:172). Moreover, Islam condemns the act of talking negatively about others, be it about their physical appearance or any aspect of their life. For example, *the Holy Quran* (2013, 49:11) states: “O you who believe, let not people laugh at people, perchance they may be better than they; nor let women (laugh) at women, perchance they may be better than they. Neither find fault with your own people, nor call one another by [offensive] nicknames…” Indeed, the most esteemed prophet in Islam, Prophet Muhammed was reported to have said “Verily, Allah does not look to your bodies nor to your faces, but

He looks to your hearts" (Muslim, n.d./2009, Book 032, Number 6220, p. 1543). While religious people do not always behave according to scripture, Islamic scripture is available as a means of guidance and an example in which Muslim people should ideally follow. If a Muslim intends to be a true believer, then they should aim to incorporate all Islamic teachings in their daily life.

Because of their knowledge of the *Holy Quran*, Fatima, Khadija, and Zainab argued, in their opinion, that the fixation on body size, and the prevalence of weight stigma and discrimination in our community, did not originate from Islam, but from the Indian culture. Indeed, Khadija, who has a qualification in Islamic studies, discussed that in the time of the Prophet Muhammed and his companions "…there were plenty of women who were overweight, and in fact, in Arab culture, not now, but through the nineties and before that, being fat or being big was considered beautiful in Arab culture. Not being skinny..." (Khadija, 2023). Moreover, Fatima explained her view on the difference between Islam, the religion, and the Indian culture, by stating:

> …the culture has affected the output of the religion, how it manifests in Indian people. Because Indian Muslim people, the ones who are very religious, don't worry about the fat…but the ones who are mild in their practice, the Indian cultures comes in a lot more, where they want skinniness and waif women (Fatima, 2023).

Hence, while intersectionality examines how separate identities, such as being Muslim and Indian, converge in an individual to result in unique lived experiences (McCall, 2005), Fatima shares that a Muslim Indian's perspective may differ depending on whether they identify more with their religion or with their culture. While research has shown the importance of physical appearance in the Indian culture (Mehrotra, 2016; Singh, 2010; Singh, 2018), Islam places a greater focus on health and acceptance. Indeed, Zainab reiterated that weight stigma had no place in Islam: "but I think about it [weight stigma] in a sort of general Islamic point of view where it's not supposed to be that way" (Zainab, 2023).

As discussed earlier in this chapter, the Indian culture has been heavily influenced by popular culture and the media, including Western media. Beauty ideals, such as thinness, are propagated in Indian entertainment and Indian communities, whereby they have become

enmeshed in the Indian culture (Singh, 2010; Singh, 2018). The term 'Indian culture'[6] has been utilised because despite Indians developing communities in many different parts of the world, Indians still share numerous similar traditions, world views, beliefs and even beauty ideals. This is depicted by the similar beliefs about thinness reflected in the literature on Indian communities in India, South Asia, and the United States (Mehrotra, 2016; Singh, 2018), and in South Africa, as highlighted in this study. Hence, while Islam, as a religion, is not centred around weight and appearance, the Indian culture is, and this has influenced how Muslim Indians in this community have constructed their beauty ideals.

4.3.1.1 Marriage is tied to weight

In the Muslim Indian community in South Africa there is an emphasis on family which renders marriage a vital social institution. Indeed, the process of getting married in this community has been compared to a Jane Austen novel in relation to the courtship procedure where the families of both the girl/woman and the boy/man are closely involved (Bodiat & Pretorius, 2023). Often the parents or elders in a family, or even extended family and friends, suggested a meeting, or helped to set up a meeting between the females and males who wanted to get married to see if they would make a good match, which could lead to a marriage proposal. After the meeting, both the female and male had to decide whether they wanted to marry the other or not. For a marriage to be arranged, both the female and male had to agree to it. The meeting was sometimes called a "samoosa run" by South African Muslim Indians as samoosas, an Indian fried snack, were usually served for the male and his family at the female's house (Al-Johar, 2005; Jeena & Asvat, 2014 as cited in Bodiat & Pretorius, 2023; Mukaddam, 2017).

While there were social and economic advantages to marriage, an influencing factor was that marriage was heavily encouraged in Islam (Al-Hashimi, 2005; Bodiat & Pretorius, 2023). Marriage was seen as the natural life path for a Muslim woman, and one that enabled a woman to fulfil her feminine duties as wives and mothers. These were, and continue to remain, common views which span across different Muslim communities throughout the world.

[6] As Sinha & Kumar (2004, p. 89) explain: "…the core of a culture consists in the shared assumptions, beliefs and values that the people of a geographical area acquire over generations." These assumptions, beliefs, and values stem from history, and are passed down from one generation to the next. The 'Indian culture' and its traditions, worldviews, and beliefs go back as far as five thousand years ago (Sinha & Kumar, 2004).

Marriage was and continues to be regarded as so important in some Muslim communities that unmarried women were/are even perceived as unfeminine, as is evident in research done in recent years among British Muslim communities (Amer et al., 2015; Lesch & Parker, 2019).

In a study done on Muslim Indian South Africans in Johannesburg who were interviewed in 2013, eight of the ten participants (five men and five women) believed that women faced more pressure to get married. These participants believed that these pressures were rooted in the Indian culture and originated from the practices of their ancestors from India, as well as were socially constructed in the Muslim Indian South African community (Mukaddam, 2017). Similarly, like the abovementioned study done in British Muslim communities, Indian Muslim South African women who were not married experienced judgement and scrutiny due to remaining single, and as Mukaddam (2017, p. 115) asserted: "there is a stigma attached to unmarried women, especially as the woman gets older".

Under the theme of the ideal thin Muslim Indian women, is the subtheme of marriage, which too is tied to weight. From what my participants have shared with me, only the ideal thin woman is eligible for marriage in this community. This is congruent with literature on marriageability in South Asian and Indian communities. A woman must meet certain standards to be eligible for marriage in South Asian communities. A study done on South Asian women in the United States (this sample was recruited from women who had been involved in a community performance project between 2007 and 2011) supports my findings that South Asian (including Indian) communities view being thin and fair as beauty ideals that make one more marriageable and increases one's chances of finding a husband (Mehrotra, 2016). Indeed, Mehrotra's (2016) research demonstrated how women in these communities were usually the main receivers of comments about their physical appearance and remarks that linked thinness with marriage. These beliefs were primarily taught to them by their families (Mehrotra, 2016). The research shows that while 'fat' women do get married, they find it more difficult to find a suitor, and their weight is often brought up as a problem. This negative view of bigger bodied sizes is frequently held by elders in their families who help set up the marriage proposals or the men themselves when looking for wives.

Returning to my study participants, they too felt a lot of pressure linking thinness to marriage prospects. Some argued that a lot of pressure came from Muslim Indian men in their community. Jamila told me that many of her thin school friends from her community married their boyfriends whom they had met in high school. She shared that her experience of feeling unmarriageable due to her body size began during her high school years:

> Like when I was younger, specifically in high school, you would find like if you go out in a group of people…you find they [boys] overlook you, because at that age, everyone is dating with everyone, and everyone is so focused on like 'oh, this is my boyfriend', and because you are fat, and they [boys] feel like you are not an option, they overlook you… (Jamila, 2023).

While Jamila highlighted indirect responses to her larger body size from boys in her community, Khadija reported a direct statement made about body size by her now ex-husband before they got married. At the time, Khadija had been thin, as described by herself. She explained: "actually before we got married, he [her ex-husband] would say, whomever he married, if they ever got fat, he would leave them…" (Khadija, 2023). His statement implied that she would lose her status of marriageability, even after marriage, if she became 'fat'.

Jamila also relayed the point that being 'fat' seemed to be less of a problem to men from other cultures or racial identities, or even from other countries when it came to romantic interest and marriage:

> It is an ongoing trend for me to get interest from men who are not in our community. So, like a Muslim Indian South African man from our community will not express interest in me, but non-Muslims do. Or like foreign people, maybe also Muslim but from another country, will express interest… it also kind of just highlights how the community has a problem with it specifically (Jamila, 2023).

Through the lens of intersectionality, we see that being 'fat', Muslim, Indian and South African has led to certain negative lived experiences when it comes to finding a marriage partner, and that this might not necessarily be the case if a person was 'fat' but had differing cultural or racial identities. Furthermore, using social constructionism, we can see that 'fat' is particularly negative in this community, whereby, it has different meanings in other communities. Indeed, views of 'fatness' differ from community to community, even in South Africa (Goedecke et al., 2013; Mciza et al., 2005; Micklesfield et al., 2013).

Another example related to thinness and marriage eligibility raised for discussion by women in my study related to the "samoosa run". Zainab recalled experiencing a "samoosa run" and how it was not successful because of her weight: "There was one samoosa run that I went for, my aunty organised, and yeah, I spoke to this boy… I remember she said like 'No, he liked you but he wanted a thin girl'" (Zainab, 2023). A lot of these "samoosa runs" were based on quick meetings, and therefore due to the time constraints, judging marriage prospects on the appearance of the other person was key. Indeed, often before the meeting, pictures of the boy and girl were swapped between the families. Judging or rejecting a girl solely because of her weight was not often condemned in our community but was seen as normal. Certainly, in society, there was (and still is) a common belief that 'fat' women did not deserve and were not worthy of being desired or found attractive by men (Gullage, 2014; Singh, 2018). Maryam, the second eldest of my interviewees, told me that this put a lot of pressure on young women:

> I think there is a lot of pressure on the young ones because they feel the guys will go for the thin girls. And most of the time, that happens, so they feel the pressure, and then the guys tell them outright. You know, you'd better diet, you'd better diet, you must diet. So that's their pressure they have (Maryam, 2023).

Therefore, through the process of searching for a suitable partner for marriage, the belief that Muslim Indian South African women should be thin was reinforced in the minds of 'fat' young women.

Three of the younger women in my study also recalled experiencing stigma or discrimination from elders in their community and family when it came to setting up proposals or discussing marriage prospects. Jamila shared her experience of being bypassed on these things because of her weight:

> …because I am overweight, even though I am the same age as all the other cousins and all the other marriageable age people, they will never try to set me up with somebody… So, they will do it for all the other cousins who they feel are okay to do it for, but not for me (Jamila, 2023).

This is contrary to custom for 'thin' girls because elders and women in the Muslim Indian South African community are eager to get their young girls married, and as the girl ages into her twenties, families put a lot of pressure on them to get married by suggesting possible

marriage prospects (Adam, 2014 as cited in Bodiat & Pretorius, 2023). However, with 'fat' girls, they are not encouraged to get married, but to lose weight. Therefore, the thin Muslim Indian woman is granted privileges over the 'fat' Muslim Indian woman. This is related to fat feminism and highlights how 'fat' can oppress or disadvantage women (Fikkan & Rothblum, 2012; Saguy, 2012).

The reason behind the elders' reluctance to set up proposals for 'fat' young women may be related to the embarrassment that arises from the social stigma of being 'fat'. Either the person feels that it will make them look bad if they recommend a 'fat' person from their family, or they feel it may offend the other family in which the match is being made. Therefore, it seems that to get rid of the embarrassment, and instead of addressing the stigma and biases in the community, elders and family encourage the women to lose weight so that they can get married.

Divorcee Khadija, also recalled experiencing stigma from elders in her family and community because of her weight when it came to finding another eligible partner, much like younger girls do. As she stated: "When I got divorced, people were like 'Oh, you will find someone else'", but at the same time, she knew they were thinking "'Yeah, she's got to lose weight if she's going to find someone'" (Khadija, 2023). She argued that this was "sad" as this cultural view put so much pressure on young and older women of marriageable age to fit a certain weight ideal to find a husband.

Thinness seems to be the criteria for meeting both beauty standards and marriageability in this community. Young women who are 'fat' are regularly met with weight related remarks, especially if they are of a marriageable age or are actively seeking out a spouse in their community. This was Jamila's experience too. She recalled some people being quite rude about her weight and its negative impact on her marriage prospects. For example, she recalled people asking her:

> How are you going to find a husband?' People actually say that to you, it's not like your own observation, like 'Oh, all the thin people are married, and fat people are not married'. You're not making an observation! People are telling you like 'If you're not thin, no one will want to marry you! (Jamila, 2023).

Through the open talk of losing weight for marriage and the widespread belief that ‘fat’ girls will not get married, it seems that this form of stigma and discrimination is an accepted stigma. Perhaps the community accepts it freely as there is the misconception that ‘fat’ can somehow be easily lost and being ‘fat’ is completely under the woman’s control (Pause, 2012). As Indian women are expected to play a significant role in housekeeping after marriage, perhaps men and their families possess a stereotypical view of ‘fat’ people, and fear that these ‘fat’ women will be too lazy or indolent to fulfil their duties. These are common ‘fat’ stereotypes (Boling, 2011; Pause, 2012).

However, the older women of this study (Maryam and Ayesha), expressed a difference in opinion from the younger women when it came to weight and marriage. When I asked these two women their opinions on whether thinness was linked to marriageability, they noted they did not think it was an issue. For example, as Maryam told me: “If they like you and you’re fat, they would marry you, they don’t need nobody’s permission for that. So, it depends on the boys, what they like… I’ve seen lots of men with fat women” (Maryam, 2023). However, this difference of opinion is likely a result of neither being considered ‘fat’ when they were of marriageable age, and therefore, had not experienced directly what the other women discussed above. I think highlighting this difference is significant because it shows how the experiences and beliefs between the generations sometimes contrast, and how the elders may not be aware of what the younger ‘fat’ women experience, and what the elder’s role in this may be.

Therefore, being excluded from marriageability is a significant form of discrimination and oppression in the Muslim Indian South African community. Being marriageable and getting married have historically been and continue to be important cultural expectations and events for South Asian (Indian) women. Indeed, as Mehrotra (2016) has shown, marriage forms a significant part of these women’s identities and stories, and that what it means to be a woman and to be feminine was taught to them by their community.

4.3.2 The ideal Muslim Indian South African modern man should be thin

Researchers of articles from two different decades in the United States agree that there is a lack of research done on men’s experiences of weight stigma. This is problematic as both

these studies highlight that men do experience noteworthy rates of weight stigma (Hebl & Turchin, 2005; Puhl et al., 2018). Indeed, research conducted 18 years ago depicts that both black and white male students in the United States face weight stigma due to being overweight, with heavier white men facing greater stigma than heavier black men (Hebl & Turchin, 2005). Years after, a study investigating weight stigma in men and women in this same country found that there were no differences in weight stigma based on gender (Himmelstein et al., 2017). Based on the findings of a more recent study conducted with a specific focus on weight stigma amongst men, it was estimated that 40% of American men (including White, Black, Asian, and Hispanic/Latino men) experienced weight stigma, and that the most common was verbal weight stigma, such as teasing, from family members, peers, and strangers, then weight-based discrimination. Furthermore, this study-highlighted that these men faced weight stigma at both underweight and obese BMI categories. It is also noteworthy that the men who reported weight stigma were more often unmarried (Puhl et al., 2018).

Looking at weight stigma through the lens of fat feminism, we see that weight stigma and 'fat' phobia are forms of oppression (Cooper, 2012), and through the lens of intersectionality, we acknowledge that systems of oppression are linked (Wilson, 2021). Therefore, exploring weight stigma faced by men in the Muslim Indian South African community have implications for weight stigma against women in this same community. The existence of one facilitates the existence of another, and the abolition of one makes it easier to abolish the other.

In conjunction with the thin ideal Muslim Indian woman, the thin ideal modern Muslim Indian man has also arisen. Certainly, some studies suggest that women and men experience a similar amount of weight stigma (Himmelstein et al., 2017; Puhl et al., 2018). The existing weight-based oppression against women has possibly paved the way for weight oppression of 'fat' men, and in turn, facilitates weight-based stigma against women. This is the interconnectedness and cycle of oppression (Wilson, 2021).

Almost all the women in this study (six out of seven) highlighted the fear of becoming 'fat' or striving for thinness as key issues that affected male members in their family. Jamila

highlighted this point in her interview: “I think in my family specifically, everyone is obsessed with their weight, men, and women. Because just like the women, there are men who eat weirdly, like a little, and exercise a lot, and who are obsessed with like picking on kgs” (Jamila, 2023). A similar point was raised by Fatima: “There is pressure in my family on men to be thin. They are very weight conscious too” (Fatima, 2023). Referring to some of her older male cousins, she highlighted how as they got older and put on weight around their stomachs, they too became “very conscious” of their weight because family members called them out about it. Indeed, she recalled: “if anyone in the family put on weight [they] would get the same slack from everybody” (Fatima, 2023).

Thus, men are not safe from weight related comments from the people around them. Furthermore, men who have reported weight stigma more often reported dieting and attempts to lose weight (Puhl et al., 2018). Not only might girls and women take note of weight stigma against men and apply it to themselves, which may add to internalised weight bias, but men may project these negative weight perceptions onto other members in their family. I remembered this in relation to my experience and my brothers: “When it came to my close male relatives who were very weight conscious, they would also highlight my brother’s weight, and he would be called ‘fat’ or ‘fat boy’. It would make me feel very self-conscious and anxious about my own appearance” (Rawat, 2023). Hence, it seems that gender does not protect men from comments about their weight or appearance in this community.

While a lot of the research focuses on weight stigma and negative weight perceptions against women, in this Indian Muslim South African family it seems that the increasing pressures for men to lose weight and maintain a thin figure may be decreasing the divide between previously high levels of weight stigma that women faced and the relatively low level of weight stigma that men faced. This is not a good thing, as it perpetuates a negative cycle and increases weight oppression for both genders.

4.3.2.1 Men are not held to the same weight standards as women in the Muslim Indian South African community

Yet, while studies have found that weight stigma has increased the weight-based disadvantage that men face, many more studies have found that women experience weight

stigma to a greater extent than men (Fikkan & Rothblum, 2012; Puhl et al., 2015). This was voiced by some of the women of this study too. Four out of the seven women of this study, including myself, believe that men in the Muslim Indian South African community are not held to such stringent beauty standards when it comes to body size in comparison to women in this community. As Zainab captured it: "… I think it's … worse for women because so much of our worth is tied to our appearance" (Zainab, 2023). We have been taught that for men, appearance is not as important.

'Fat' phobia is worse for women as women are expected to meet societal beauty standards, which is usually centred around thinness (Gailey, 2014 as cited in Singh, 2018). As appearance has been linked to women's worth for over a century (Baker, 2015; Farrell, 2011), it is more ingrained in our thinking and perceptions to make assumptions about women based on her body size. As a society, we have constructed separate roles and functions for men and women. Women have been burdened with a greater aesthetic function, which leaves her vulnerable to any deviations from beauty standards and ideal body sizes. As Jamila noted in her interview: "The thing that defines a man is more than fat[ness]… So, like it doesn't matter if he is fat. I feel like the fat doesn't define the man as much as it defines the woman" (Jamila, 2023). Fatima raised a similar point: "I think with a man, if he is successful or well-off, then the weight issue falls away, then they don't care" (Fatima, 2023). In other words, for men, value is put on other attributes that are not weight related (Saguy, 2012), and so even if a man is overweight, his value can still be drawn from other aspects of his life. But for women, society draws a lot of their value from their appearance and body size. Certainly, a study has shown that weight stigma against women rises with BMI, and therefore, overweight women may face weight stigma at lower weights than men (Puhl et al., 2018).

4.4 The major factors that have influenced body size amongst Muslim Indian South African women of this study

Themes	**Subthemes**	**Subthemes**
Physiology causes weight gain	Hormones made me 'fat'	Eating habits made me 'fat'
Mental health causes weight gain	Stress made me 'fat'	The fear of public exercise made me 'fatter'

4.4.1 Physiology causes weight gain

There are many physiological reasons why women may gain weight, such as endocrinological imbalances and metabolic disturbances (Ramanand et al., 2013). Endocrinological illnesses, such as Polycystic Ovary Syndrome (PCOS), will be discussed under the subtheme Hormones made me 'fat'.

While many believe that becoming 'fat' is solely through eating high calorie foods or overeating, exploring alternative physiological causes, which many people experience, may eliminate this misconception. The misperception that weight gain is caused solely through overeating and a lack of exercise has fuelled open stigma and discrimination against 'fat' individuals (Rasmussen, 2019). Through the lens of fat feminism, weight stigma against 'fat' women is a form of oppression. There is an advocatory side of fat feminism which aims to create awareness and bring about change (Cooper, 2012). When women gain weight from hormonal imbalances and endocrinological illnesses, being stigmatised as 'fat' is a greater injustice as it is not in the control of the individual. Highlighting these health conditions helps create awareness to combat weight stigma.

However, there is also a significant number of people who gain weight mostly because of their eating habits. A poor diet can cause metabolic disturbances. For example, a higher consumption of fats in one's diet can increase insulin resistance which can lead to weight gain (Ahmadi et al., 2013). Therefore, the sub-theme 'Eating habits made me fat' has been placed under physiological causes, which will be discussed below.

4.4.1.1 Hormones made me 'fat'

Polycystic Ovary Syndrome (PCOS) is an endocrinological condition that results from an excess of androgens mainly produced by a woman's ovaries (Ramanand et al., 2013). Four out of the seven women of this study have this condition and had been diagnosed at various ages in their lives. All four of these women are also obese, according to the BMI categories, and have thus struggled with weight gain due to this condition. An imbalance of female hormones is specific to women, and therefore, weight stigma becomes a greater gender injustice when there are more conditions specific to women that cause weight gain.

PCOS presents differently in women, but a common association is insulin resistance and a vulnerability to diabetes. A study has shown that Indian women with PCOS from Durban, South Africa are more likely to present with insulin receptor abnormalities than white women with PCOS from Adelaide, Australia, which highlights that ethnicity influences the prevalence and presentation of PCOS in women (Norman et al., 1995 as cited in Ramanand et al., 2013). Moreover, researchers have noted that there is a high prevalence of PCOS amongst women who are ethnically Indian (Rao et al., 2022). Based on the findings from an international online survey conducted in 2021 on ethnically Indian women who have PCOS, 18% of the women reported a pattern of PCOS in their family, and 43% reported a pattern of type 2 diabetes in their family. Moreover, in this same study, ethnically Indian women who did not live in India shared that their greatest concern was the difficulty of losing weight. 74% of these women lived in India, while many of the remaining women lived in Australia, the US, the UK, Canada, and the United Arab Emirates (Rao et al., 2022).

The above research has shown that being of Indian ethnicity may have predisposed the women of this study to PCOS, and to developing insulin resistance in conjunction with PCOS, which increased the risk of weight gain. Through the lens of intersectionality, we may also examine how multiple identities, such as being female and being Indian, have intersected with a medical condition, such as PCOS, and all three combined have led to significant weight gain and these lived experiences as 'fat' women. In Jamila's case, she was diagnosed when she was a teenager. Khadija's condition developed after experiencing stressful periods in her life. As she shared with me: "I have polycystic ovarian syndrome, and I've also got insulin resistance, all of this due to stress. And I've had endometriosis from a young age as well" (Khadija, 2023).

Another study conducted on South African women in Cape Town investigated how experiencing maltreatment in childhood likely affected the development of PCOS in women. Interestingly, emotional abuse and PCOS had a significant association, suggesting that emotional abuse can influence the presence of PCOS (Pringle et al., 2022). Out of the four women of this study who have PCOS, three women, Fatima, Jamila, and I, reported childhood experiences of emotional abuse, specifically related to body size. Fatima described how her mother, Ayesha, was emotionally abusive at times as she remembered being called "jumbo"

and “fatso” as a girl (Fatima, 2023). Ayesha likely passed these ideas on to her male children, as Jamila, Fatima’s daughter recalled experiencing emotional abuse which came from her uncles. As quoted earlier in this chapter, Jamila shared how her uncles, Fatima’s brothers, used to tease and taunt her by calling her “fatty” when she was a child, which was hurtful (Jamila, 2023).

However, when asked about their conditions, Fatima, and Jamila, were unsure if their food choices or prior weight gain triggered their PCOS. As Fatima informed me: “I grew up only with carbs. And those carbs are what added to my insulin resistance, and my polycystic ovarian problem…” (Fatima, 2023). Jamila asserted that “It was a bit like the chicken and egg thing. Was I genetically predisposed to PCOS and insulin resistance first then I got fat, or did I get fat and then my hormones went out of whack?” (Jamila, 2023).

It is important to be aware that PCOS can lead to increased weight gain in women independent of lifestyle choices, suggesting that women with PCOS have a biological susceptibility to increased weight gain. Furthermore, unhealthy lifestyle choices, such as an intake of excess calories and increased periods of sitting, cause greater weight gain in women with PCOS in comparison to women without PCOS (Awoke et al., 2022). Indeed, there is a high prevalence of obese women who are diagnosed with PCOS. Being overweight or obese can also worsen the symptoms of PCOS, such as insulin resistance (Ramanand et al., 2013), whereby rendering PCOS and weight gain a vicious cycle (Awoke et al., 2022; Teede et al., 2013).

As part of my research, I also explored the social media pages and websites of Muslim Indian South African healthcare professionals who specialise in weight loss. Through my search, I found that in the Muslim Indian South African communities, there are medical and homeopathic doctors who are aware of PCOS and who treat this condition (Aboobaker, n.d.a; Mathir, n.d.; Mathir, 2023a). In fact, I have come across a doctor from my community who specialises in weight loss in women and who begins treatment by running medical tests and does examinations to determine if the weight gain is linked to a medical condition such as PCOS (Mathir, 2022a; Mathir, 2023b). This is a step in the right direction in that ‘fat’ people can get the treatment that they need, and it shows a shift in the traditional approach to weight

loss in the medical fraternity, which entailed eat less and exercise more. When ‘fat’ women feel understood and heard, this helps to alleviate some of the weight stigma that is prevalent in healthcare.

4.4.1.2 Eating habits made me ‘fat’

The preferences highlighted in the diets of my participants are similar to the preferences shown in the typical Indian diet. While the women of this study do not follow an exclusively ‘cultural’ diet and do occasionally eat fast foods or ‘Western’ foods, their primary and staple diet is centred around Indian foods and the Indian style of cooking. Both in my study and in the literature, there is a preference for refined carbohydrates, such as bread, roti, and rice. Refined carbohydrates negatively affect blood glucose levels. These factors contribute to weight gain and affect health by putting one at risk for insulin resistance and diabetes. However, it is difficult to eliminate carbohydrates as South Asian diets centre around these staples (Gulati & Misra, 2017). Indeed, a few of the women in my study share that they wish they were able to cut down on these carbohydrates. Four women in my study prefer carbohydrates and admit that sometimes they might consume too much. As Jamila told me: “I definitely eat too many carbs and not enough proteins…” (Jamila, 2023). Maryam concurred: “I can’t picture eating without that rice. And I love bread. Remember Ma loved bread, so we were like her. We all love our bread. That was like our staple diet, bread, rice, that’s all…” (Maryam, 2023). Culture heavily influences eating habits. If this is the kind of food you are taught to eat from a young age, it is difficult to change habits.

The women in this study all cook and eat traditional Muslim Indian South African food. Therefore, if we want to examine their diets more closely, we can turn to the most popular recipe book in the Muslim Indian South African community. When reading the *Indian Delights* recipe book (Mayat, 2007), I realised that for some time now, the Indian community has been trying to cut down on oil, ghee and butter used in cooking, as reported in this edition. Typically, Indian cooking requires a certain amount of fats, however, it is primarily in the hands of the individual how much they use. The *Indian Delights* recipe book encourages the reduction of fats in cooking and explains the adverse health consequences of consuming an excess of fats. This recipe book, used by many Indians in South Africa, also includes a section on health and diet and a calories table.

However Indian cooking prefers oil and ghee/butter for many of its signature dishes, be it biryani, curries, samoosas or achars. As mentioned in the previous theme, four of the women in this study have been diagnosed with PCOS. In a study done in Iran in 2009 on women diagnosed with PCOS, women with PCOS had a greater energy intake and consumed more fats, however, this was true for both normal and overweight women with PCOS (Ahmadi et al, 2013). Furthermore, many Indian meals include double carbohydrates, such as a meal containing potato and rice. Diet can cause metabolic imbalances and disturbances, such as the heavy reliance on oils (deep frying and reheating oil) and fats in cooking, and the increase in consumption of refined carbohydrates and the decrease in consumption of protein which all negatively affect physiological processes in the body, such as blood glucose, serum insulin and inflammation (Gulati & Misra, 2017), which can lead to weight gain.

It is important to note that eating habits are impacted by various factors and intersecting identities, such as culture, religion, socio-economic status, and urban life. Socio-economic status, finances and context play a huge role in how and what people eat. While eating more carbohydrates can be due to preference, other factors, such as financial circumstances and family life, can force individuals to rely on carbohydrates. As discussed in chapter one, bigger body sizes are connected with socioeconomic status. Weight gain is influenced by what food you have access to and furthermore, what food you can afford (Chooi et al., 2019). Indeed, in households with lower incomes, prioritised foods are those that are more affordable, which often tend to be energy-dense low nutritious foods and starches, such as potatoes, pastas, and white bread (Andrieu et al., 2006; Darmon et al., 2004; Drewnowski & Eichelsdoerfer, 2010). I noted in my reflexive journal “Bread and potato were cheap, and we often ate that” (Rawat, 2023). Fatima explains that as a child, she often made her own meals in the day, as both her parents worked, and that certain foods were easier to cook with. Fatima’s family were financially well off; therefore, the house was well stocked with food items. However, she did not have much choice in terms of food in the house which she then used to make food as a child. As she explained it: “How can you judge a child that has no one to turn to and nothing to turn to except those milk and eggs and potatoes and rice” (Fatima, 2023).

4.4.2 Mental health causes weight gain

Mental health can lead to increases in weight in many ways. Stress can cause physiological and behavioural changes that promote weight gain (Sominsky & Spencer, 2014). Anxiety can also lead to a reduction in physical activity, as seen in the fear of exercising in public (Meadows & Bombak, 2019). By exploring these alternative explanations for weight gain, we may break overgeneralisations and stereotypes around the eating and exercise behaviours of 'fat' people.

4.4.2.1 Stress and emotional eating made me 'fat'

Almost all the women in the study (six out of seven) discussed how stress led to involuntary weight gain or uncontrollable emotional eating. When the women thought about the times in their lives when they gained weight, they recalled high amounts of stress. For one of my older participants, her weight gain was linked to taking over the family head responsibilities when her husband was away for work: "I gained weight because I was highly stressed. Highly stressed because my husband was most of the time out of the city with his work and I had to take over the children and the family" (Ayesha, 2023).

Zainab remembered gaining weight when she started her aalimah classes. An aalimah course provides women with a qualification in the Islamic sciences, which includes classes in Arabic, the Quran and Islamic history. In her interview, she told me: "[It] started [with my] aalimah classes. Maybe it was because I was stressed out, because some nights I was skipping sleep. And we were quite sedentary, and we had no life, from then, that second year, I started gaining weight" (Zainab, 2023). For Khadija, gaining weight was linked to her failing marriage: "The first time I think I actually gained a lot of weight was while I was married, and I was studying, and my ex-husband was cheating on me. With all that anxiety and stress, I started to gain weight…" (Khadija, 2023).

Often, stress is linked to obesity through the efforts of an individual to cope with the adverse emotions of stress instead of tackling the source of the stress (Tomiyama, 2019). For example, individuals may overeat to help them manage their emotions, but which does not directly address the original stressful event or situation. Certainly, studies have shown that BMI is linked to stress (Moore & Cunningham, 2012), and that as stress increases, so does weight

gain (Wardle et al., 2011 as cited in Tomiyama, 2019). However, the literature which supports the link between stress and obesity also states that the association is not solely through behaviours but has a physiological and biochemical element to it. Stress can activate physiological systems and biochemical substances that lead to weight gain by stimulating appetite, promoting fat accumulation, and supporting food addiction (Tomiyama, 2019). Studies have also shown that weight gain and stress are positively correlated, and therefore, weight gain increases with stress levels in women (Awoke et al., 2022).

Several of my interviewees (five) also shared that they were emotional eaters or that their link to food had psychological roots. Emotional eating is when one uses eating to deal and cope with negative emotions. Various studies have shown the links between emotional eating, depression, and weight gain (van Strien et al., 2016). The women of this study had a lot of insight into their emotional eating and when interviewed about this recognised their triggers and actions. Jamila explained to me that "too much stress", such as financial and work strains were often a trigger for emotional eating, which led her to eat unhealthily at various times of her life, and to gain weight (Jamila, 2023). For her, food was used as a coping mechanism and a way to soothe her frazzled emotions.

For Fatima, eating was a way to cope with depression and anxiety: "I always eat when I am upset to numb the feelings, so I don't have to think about them. … How will I cope with all these bad feelings in me without food to curb it. I get panicky and afraid" (Fatima, 2023). I too recall gaining weight around a "difficult time" in my life when I was a child, and my mother was away a lot to study in a different city (Rawat, 2023). Thus, food brought emotional eaters a feeling of safety, security, and control over their emotions.

Studies have shown how stress can contribute to emotional eating and weight gain (Sominsky & Spencer, 2014; Tomiyama, 2019). As Sominsky & Spencer (2014) has shown, hours after an acute stressful event is dealt with, the body is stimulated to want food to replace the energy that was used. This stimulation then subsides. However, when one is exposed to chronic psychological stress, it can lead to maladaptive chronic stimulation for food and increased eating behaviour. Neurological systems can promote the consumption of high caloric or comforting food as a response to stress. Eating can also suppress the emotions related to stress

through neurological circuitries (Sominsky & Spencer, 2014). Therefore, the literature supports the experiences of my participants who have gained weight from chronic stress arising from life events and who have experienced emotional eating because of stress.

4.4.2.2 The fear of public exercise made me 'fatter'

'Fat' people fear the threat of stigma when exercising, so they tend to avoid activities that put them at risk of discrimination or render them vulnerable. This fear of future stigma and discrimination often originates from past experiences and learned behaviour from trauma, such as previous stigma and discrimination. In society, there is also an abundance of negative anti-fat representations of 'fat' people exercising or in exercise environments (Meadows & Bombak, 2019).

Four women in my study expressed concerns over exercising in public. Although they expressed desires to be more active and to exercise in public, they did not do so due to fear of being judged or ridiculed due to their weight. This could stem from earlier childhood and teenage experiences, such as being picked last for sports teams during the physical exercise period in school. Fatima told me: "…getting picked last to be on a team, even as a teenager. You felt unwanted, you felt like you're the leftover" (Fatima, 2023). In my reflexive journal, I wrote something similar:

> I would always get picked last for physical education. Even my best friends would often not pick me for their teams… I was always aware of being fat, and this left me stuck in my head, instead of committing to the physicality of sports. The uniforms in all the schools I went to never went to big enough sizes as I usually feel comfortable in baggier clothes, so I would always be pulling at my t-shirt, trying to hide my stomach (Rawat, 2023).

Likewise, 'fat' people in 'fat' phobic communities may feel judged or stigmatised even when there's no obvious bias or discrimination. That is because they are aware of their communities' view on 'fatness' and 'fat' stereotypes. Therefore, there is anxiety or fear of these biases or discriminations rising against them, and they put in a lot of effort to avoid these situations that may make them more vulnerable to stigma, such as exercising (Meadows & Bombak, 2019). In her interview, Jamila shared with me her thoughts on exercising and 'fatness' and feeling judged because of her weight:

> I think physically, when it came to extra curriculars and sports, it was more me not wanting to feel embarrassed by doing the sport and being bad at it, because then it's not 'Oh, you're bad at that sport', it's 'Oh, you're bad because you're fat'… I feel like when you're bad at things, and you have something like weight, it's always you're bad at it because of your weight, not just because you're bad at it. Because everybody is bad at things (Jamila, 2023).

Due to weight stigma that brings about feelings of shame and stress, 'fat' people believe that they have reduced competency in exercise-related behaviour, and this thwarts the establishment of an active identity in 'fat' people. This prevents 'fat' people from accessing the health and social benefits of exercise and physical activity, especially in public spaces (Meadows & Bombak, 2019). This can develop into a vicious cycle because the more weight someone picks up, the more conscious they become or they are more at risk of being stigmatised, so they may avoid exercise more, which can then impact weight and quality of life further.

Fatima expressed to me she felt self-conscious when engaged in physically activity in public: "I don't like perspiring out in public because as soon as I perspire, people look at me and think, 'Oh it's because she's so fat'. Anything that happens to me would highlight the weight" (Fatima, 2023). There are normal and common responses to exercise, such as being breathless or sweating. However, when 'fat' people are breathless or sweat during exercise, they are still judged as unfit, as this is a weight-based stereotype. Often, 'fat' people try to avoid reinforcing negative stereotypes that exist in their community, such as that 'fat' people are unfit or are lazy. Hence, there is a risk of 'fat' people avoiding exercise as they fear that their breathlessness or sweating during physical activity may reinforce the unfit or lazy stereotype (Bombak, 2015; Danielsen et al., 2016; Meadows & Bombak, 2019).

In terms of my own experience with exercise, I tended to stay away from it for fear that people were judging me. As I wrote in my reflexive journal: "I cared more about people looking or noticing me the more I would sweat or feel breathless" as I knew "it would be linked to my weight and used as evidence … [that] 'she is fat and unfit'". As a result, I tried to avoid exercising "trying not to be that stereotype, which made it worse. It was a vicious cycle" (Rawat, 2023).

Another barrier to exercise is the clothing or equipment required for the exercise, which may not-cater for larger body sizes and heavier weights. As Zainab noted: “The hiding away holds you back sometimes because you would be worried, what would you wear or maybe you’d be too heavy for something… the shyness holds you back from doing things you want to do” (Zainab, 2023). Often, the world of fitness and exercise does not cater for ‘fat’ people. In my reflexive journal, I shared my experiences with struggling to find plus sized exercise or fitness clothes that I was comfortable in as I was growing up. I would often end up wearing my everyday clothes on hikes or to play tennis, which were not suitable for exercise, such as jeans or bulky jackets. I would still feel self-conscious because I was obviously dressed differently from everybody else (Rawat, 2023).

However, catering for ‘fat’ people who enjoy exercising and who want to exercise does not only include the clothing or the equipment, but also includes personal and fitness trainers being more aware and sensitive to how ‘fat’ bodies are different from thin bodies, and therefore, larger bodies have different needs and different limitations. Jamila shared her experiences on exercising with a personal trainer who did not accommodate or consider her bigger body size:

> So, if I go to a personal trainer and they say, ‘you need to jump up onto this step, up down, up down, up down’, a thin person might struggle as much as me, but every time I land back on the floor, my knees are taking more of a damage than that person’s (Jamila, 2023).

While these women shared their difficulties with the scarcity of clothing, equipment and trainers customised for larger people when exercising, the women in this study did not express difficulty in finding places to exercise that accommodated their religious requirements, such as women only gyms, in their communities in South Africa.

In terms of the clothing issue, Jamila highlighted how she developed a fear of swimming and wearing a swimming costume in public when she put on weight because it opened her to the possibility of further body shaming. She told me that although she used to “love swimming”, once she put on weight, she “didn’t want to wear a costume … in front of everyone”. Her weight made her feel self-conscious, “I was different [and] was going to be viewed negatively. I felt embarrassed about it, so I stopped doing all those things just to avoid that”

(Jamila, 2023). Zainab raised similar points about the issue of swimming with a larger body: "You felt like you can't do things. You feel kind of excluded. When you go swimming, there's lots of things you won't do in a hurry because you feel self-conscious or like you're taking up too much of space" (Zainab, 2023).

It seems from their statements that the participants in my study have internalised weight stigma as they expressed internal feelings of shame and embarrassment in relation to their bodies. Internalising weight bias is negatively associated with exercise, hence as one increasingly believes in fat phobia and weight stereotypes to be true about oneself, there is a decrease in exercise behaviour and self-efficacy. Internalised weight bias may result from a myriad of life experiences, such as the type, frequency, and sources of external weight stigma (Pearl et al., 2015).

Through the lens of fat feminism, barriers to exercise are viewed as forms of oppression. Whether the fear of exercise is due to overt weight stigma or internalised weight bias, the younger and 'fatter' women of this study have been taught to be self-conscious about their weight and this restricts what they feel they can or cannot do in society. Through subtle, and sometimes indirect ways, 'fat' women have been taught that public exercise is for thin people. When 'fat' people have had many negative experiences with exercise, it is only normal that they will gravitate away from it. Where exercise and physical activity can improve health and may lead to some weight loss, 'fat' people have reduced options in reaping these benefits (Meadows & Bombak, 2019).

4.5 Conclusion

This chapter discussed some of the background history of Indians in South Africa, and how their history and heritage has affected the current situation of Muslim Indian South Africans. This chapter also delved into the gender ideals in this community, such as the thin ideal for both genders, and it explored some of the varied reasons for weight gain amongst 'fat' women in this community. The next chapter goes on to further explore the weight stigma and weight discrimination that the Indian Muslim South African women of this study have experienced in their community. It also provides a deeper discussion of the different sources of weight

stigma and discrimination, which includes family and social circles, as well as fashion and healthcare professionals.

CHAPTER 5

SOUTH AFRICAN MUSLIM INDIANS – FACTORS THAT HAVE INFLUENCED WEIGHT PERCEPTIONS

5.1. Introduction

This chapter examines the various factors which have influenced my research participants' negative perceptions about their bodies, size, and weight. The sources of weight stigma and weight stereotypes have ranged from the women and men in their family and community, to the fashion industry and critical comments from people in the healthcare system. The below table outlines several themes in this chapter, which focus on how these women have been taught that being 'fat' is negative by various people and institutions.

Themes
Weight stigma: Women teaching women that 'fat' is bad
Weight Stigma: Males teaching women that 'fat' is bad
Western fashion is not for 'fat' women
The 'fat' patient is misunderstood

5.2 Weight stigma: Women teaching women that 'fat' is bad

A study has shown that South Asian (including Indian) American women often experience weight stigma and the pressure to conform to the thin ideal from older female relatives, specifically from their mothers and aunts (Goel et al., 2021). This is consistent with the findings of this dissertation. The women of this study have shared multiple accounts of experiencing weight stigma from the females around them. Even as young girls, they have observed how the women closest to them viewed body size and 'fatness', especially when older women spoke about weight or were on diets. Therefore, this theme will explore how these women have learned about the connotations and implications of body weight and body size through direct comments or indirect observations from the women in their family and community.

Women in this study (six out of seven participants) shared their experiences of hearing about or learning that 'fat' was a negative or ugly physical trait from a young age and were exposed

to the fact that a woman's life revolves around weight management. These are not rare experiences as other scholars in different contexts have shown that young women are often policed by older women through weight shaming comments, food policing practices, and unwanted beauty advice (Goel et al., 2021).

Five women from my study talked about the role of their mother in facilitating their awareness of other people's body size as well as being more conscious of their own body size. In our interview, Khadija recalled her mother and aunts engaging in conversations around their weight gain: "I mean, a lot of them did gain weight during their thirties and forties, and you heard them talk about it" (Khadija, 2023).[7] By Khadija's mother highlighting her own larger body size or weight gain, this created an awareness of body size in Khadija, which made it easier for her as a young girl to assign weight-based labels to her mother due to her body size. Khadija remembers that when she was young, she was aware that her mother was "chubby" (Khadija, 2023).

Moreover, there are many ways in which mother's teach their daughters about thinness, such as a daughter observing her mother's actions. Three women of this study recounted the memory of their mothers trying to lose weight when they were growing up. Through words or actions, these women remembered negative reactions by their mothers to weight gain. Jamila recalled that her mother, Fatima, who was overweight when she was a child:

> … had tried Weigh Less and other things to try and lose weight. And as an extension of that, of herself wanting to lose weight… because she feels it is healthier and it is better, then she also put that idea into me where it's like healthier and it's better and it's an easier life if you are thinner (Jamila, 2023).

While the medical community may argue that it is healthier to be thinner, the idea that one's life would be "easier" or "better" is a subjective social construct created by Fatima, through Fatima's life experiences of being 'fat' in her community, which was passed on to Jamila (Burr, 2015). Indeed, through communication between mother and daughter, Jamila adopted her mother's view of 'fatness'. The influence of older 'fat' women's perspectives on younger women family members extended to her grandmother too, as Jamila recalled that her mother

[7] It should be noted that while Khadija and Zainab's mother did experience weight gain, as outlined above by Khadija, she did not feel comfortable discussing her weight gain or body size, and therefore chose to refrain from participating in this study.

and grandmother (Ayesha) were "always commenting on how bad it is and how difficult it is to have the weight that they have… then that's what you are hearing all the time, that fat is bad …" (Jamila, 2023).

Even though these were not direct comments made by mothers on the weights of their daughters, these women were observing their mother's perceptions of their own body size and of 'fatness', which influenced how these women viewed being 'fat' themselves. This is congruent with a study conducted by Lawrence et al. (2022), where women believed that their mothers' concern and policing over the attractiveness and appearance of their daughters was a projection of their mothers' own body insecurity and anxiety over their own appearance.

However, there is prevalent weight-based discrimination in the Muslim Indian South African community, and this has shaped the views that Muslim Indian South African women may pass on to their daughters. Looking at my interviewees' statements, I saw a clash between two identities of these women which shaped their lived experiences (Crenshaw, 1989): being both 'fat' and Muslim Indian South African women. Mothers were aware of the societal importance of marriage in their community, but they were also aware that 'fat' daughters had a harder time getting married. Therefore, mothers believed that it is an easier life to be thin in the Muslim Indian South African community, and mothers wanted their daughters to have good lives. Fatima, Jamila's mother explained it as follows:

> They [mothers] want their daughters to be happy in society, they want their daughters to get married, they cannot tell their daughters just be whoever you are. If you're fat, you're fat, because their daughter may not get married. And even if they had to say that to their children, the rest of society will hammer them. And it becomes their fault that their child is not married because they didn't teach their child what they needed to (Fatima, 2023).

Therefore, we can see that while mothers may teach their daughters that 'fat' is bad, it is not always internally motivated, but it is still shaped by the norms and rules of society. Viewing these issues through a fat feminist perspective, we can see that both the mother and the daughter are oppressed. Through society, mothers feel compelled to watch their own weight and their daughters' weight, and through the mother's restriction and policing, her daughter is oppressed. However, taking a fat feminism view can be used to empower both 'fat' mothers

and ‘fat’ daughters, while changing society to be more accepting of the natural diversity in body size (Cooper, 2012; Pause, 2012).

Even if a girl is not ‘fat’ when she is young, the ideas that she forms about weight and size when she is young influences how she sees her body as an older woman. While Khadija was not ‘fat’ herself as a teenager, she highlighted how this influenced her:

> when other people around you are overweight, and other people point that overweight out in front of you, not about yourself, but someone around you who’s overweight. I mean Zainab is overweight, and, you know, I suppose my mother … at some point in our teenage years, was a bit worried. And then yeah, I suppose you notice things (Khadija, 2023).

Therefore, while Khadija was not ‘fat’ when she was younger, this worry or anxiety that her mother exhibited over her sister’s larger body size played an adverse role in how she would later view her own body when she gained weight.

There are other ways in which girls form their initial perceptions of weight and body size. The women in this study recounted that as young girls, they remembered many of their female relatives on diets or engaging in diet talk, which entailed setting goals to obtain the thin ideal. Jamila shared her memories of female relatives, specifically her aunts, who “obsessed” over thinness when she was a young girl (Jamila, 2023). Indeed, six out of the seven women of this study shared their childhood and adolescent experiences of ‘fat’ phobia and weight related talk from other women. Jamila noted in her interview:

> Family members who are maybe slightly chubby are like overly obsessed when they pick up one or two kgs, but then you also get the really skinny ones who are like so obsessed with making sure she never picks anything [weight] on, like not eating, and she’s already like a nothing size (Jamila, 2023).

In addition, women family members would employ a variety of weight loss methods, from diets to exercise, to pills, such as Maryam’s “green tea pills” (Zainab, 2023), and other treatments to try to lose weight, which they spoke up about when the family got together.

Yet, ‘fat’ women did receive comments about their bodies, even as children. Four women in the study shared that they received comments from their mothers about their weight and body size. This is supported by previous research whereby adult women reported negative or

judgemental weight related comments, which most commonly came from their mothers (Lawrence et al., 2022). While Zainab claimed that her mother was not nasty about it, Fatima told me: “My mother used to pick [at me] a lot, she used to call me jumbo and fatso whenever she was angry. She’d tell me, ‘Who would ever want to marry you? No one will ever want you, why don’t you lose weight?” (Fatima, 2023).

Therefore, in addition to observing their female relatives’ diets and desires to strive for thinness, these girls experienced direct weight related comments and insults. Sometimes these insults would border on emotional abuse, as seen by the ‘fat’ phobic comments experienced by Fatima. Through social constructionism (Burr, 2015), we are now able to understand how the chain of ‘fatness’ was socially constructed through the generations. Ayesha taught Fatima, her daughter, that ‘fat’ girls do not get married, and Fatima brought this anxiety with her in relation to dealing with her daughter’s weight, and in turn, Jamila has learned that ‘fat’ girls have a harder life than thin girls.

The women in this study have also received weight related comments from other women in their family, and these comments revolved around weight criticism, or advice on pills, diets, or exercises to try to lose weight. This is consistent with past studies where it was found that South Asian (including Indian) “aunties” played the biggest role in enforcing cultural beauty ideals by commenting on appearance and providing suggestions (Goel et al., 2021). This research showed that ‘fat’ girls were vulnerable to an onslaught of weight loss advice and weight criticism from anybody in their family, but especially from their aunts. Fatima informed me that her aunts would tell her mother at their family gatherings not to let her eat certain foods and would comment on what she was eating (Fatima, 2023). In my reflexive journal, I wrote: “I’ve had an aunt suggest I go for weight loss surgery, while I was in hospital for an unrelated condition. She’d also been selling weight loss tablets that gave one diarrhoea to lose weight…” (Rawat, 2023). In the Indian community, nieces are often quite close to their aunts, and see them as their second mothers. Extended families also often spend a significant amount of time together, and younger girls are given sufficient opportunities to observe and adopt the views of their aunts too. Therefore, after one’s mother, aunts and grandaunts have had, and continue to have the power to shape how their nieces view weight and body size.

Other than aunts, other female relatives, such as grandmothers, sisters, nieces, and mothers-in-law have also directed negative weight related comments at my study participants. Jamila highlighted how her grandmother, Ayesha, used to comment on her eating habits when she was a child:

> My grandmother who might say when you are eating something, like 'oh, she really loves potatoes', you know? That also feels negative, like why does it have to be picked out that you are eating potatoes…You're not outright calling someone a name, but you're highlighting a thing that a person (me) is able to make a connection between the fact that you're picking on potatoes, it is a carb, and you're overweight… (Jamila, 2023).

As Fatima shared: "My mother-in-law made a big thing out of it. She's got fat phobia and she made big issues over it… She'd speak to my father, she'd speak to my aunties, and they must all come and tell me to lose weight" (Fatima, 2023). Zainab told me that since she had gotten older, "nobody is particularly nasty about my weight, besides my sister [Khadija]. Oh, like when we are fighting, she'll call me a fat pig or something like that" (Zainab, 2023).

Ayesha, the oldest woman in my study at 77 years old, reported that she still received weight-based comments: "Like recently my niece told me, 'You are fat, you must sit in the front [meaning the front seat of the car]. I didn't like it, I was hurtful, it does hurt you" (Ayesha, 2023). This incident happened after a family event, where Ayesha's niece was giving her a lift home. Ayesha's niece had implied that because of Ayesha's body size, if Ayesha had to sit in the back, she would take up more space and there would be less space for the other family members. However, while Ayesha's niece could have been sensitive and discreet about the travelling arrangements, she chose to use the word 'fat' (which is commonly seen as an insult) and to make the comment in front of the rest of their family.

This highlights how 'fat' is an open stigma. Not only are comments about weight passed around easily and flippantly, but in Muslim Indian South African families, where respect for your elders is an important tradition, a niece feels comfortable enough, despite the tradition, to blatantly (and quite disrespectfully) make a hurtful dig at her elderly aunt because of her weight. As these women remember experiences of weight stigma or negative attitudes towards their body size years, if not decades, later, it is probable that these negative memories have stayed with them and have significantly impacted the way they view their bodies and 'fatness'. Indeed, another study conducted from 2017 to 2018 that focused on women in the

US has shown that experiences of weight stigma have persistent and enduring negative consequences on women's lives (Lawrence et al., 2022).

It should be noted that one of the elder women in my study, Maryam, told me that weight stigma and body size discrimination were not present when she was growing up. As Maryam explained: "…it wasn't even a thing that was talked about or worried about in our days. My mother didn't really tell us anything" (Maryam, 2023). However, this was likely because Maryam was thin as a young girl and thin women and had a different experience to 'fat' women in her family (Crenshaw, 1989). Comparatively, Ayesha, Maryam's sister, who was "chubby" as a child, recalled being teased often about her weight (Ayesha, 2023). This reinforced the differences of experiences of thin and 'fat' Muslim Indian South African women and highlighted the importance that 'fat' played in ones lived experiences, even if they shared other social identities such as gender, religion, and race. Hence, the absence of weight stigma that Maryam described may have less to do with her generation or the decade, and more to do with the fact that 'fat' people were (and are) more aware of weight stigma as they personally experienced it.

Therefore, through the stories of the women in this study, who have shared the numerous weight-based observations and comments from their female relatives, such as their mothers, aunts and grandmothers, these women have learnt that having a bigger body size is unattractive and should be avoided. In addition, through indirect observations and direct comments, they have learnt that thinness is desirable, and females should strive to attain the thin ideal. These views and beliefs, shaped from a young age and perpetuated by multiple women, have influenced how these women perceive their own larger body sizes. Hence, the concept of 'fatness' that these women hold have been socially constructed by the female members of their family and community.

5.3 Weight stigma: Males teaching women that 'fat' is bad

Weight stigma is not exclusive to women. Men also play a significant role in expressing anti-fat sentiments. Prior research has shown that South Asian (including Indian) women have highlighted how boys and men from their communities feel that they are entitled to remark on women's bodies (Goel et al., 2021). Women in my study informed me that they had been

told by both their mothers and fathers that finding a husband was important, and that to do so, a woman had to be thin. Indeed, Zainab shared a memory of her father giving her his opinion of what men want in a wife: “I remember even once or twice when my father was saying, ‘nobody wants a fat wife’… So, like it does play a role, like you think, all men only want somebody thin. And like if you’re fat, it’s a problem” (Zainab, 2023).

Moreover, Fatima remembered: “When I had lost weight, he [her father] used to call me pretty girl. I don’t remember before ever being called that” (Fatima, 2023). Fatima’s father’s comment had highlighted in her mind that only when she was thin, was she “pretty”. It is likely that the first men that these women encountered in their lives who expressed opinions about body size would have been their fathers. By their fathers voicing weight stigma (such as disapproval towards larger body sizes) or a preference for thinness, this would have heightened these women’s awareness and sensitivity about their weight. Indeed, negative weight related comments from one’s father are not uncommon. Other studies have noted that women living in the US and surveyed between 2017 and 2018 reported experiencing weight stigma from their fathers and even their brothers (Lawrence et al., 2022).

In addition to fathers, other boys and men also emphasised the issue of thinness for girls and women. Four out of the seven women of this study recalled boys commenting on their weight as children. As Jamila relayed to me: “I was in Grade six, or maybe seven, in school… one of the Muslim boys… called me ten ton. We were just in school, like it was break time…” (Jamila, 2023). Zainab shared a similar story: “I remember I was going to sit on the swing, and boy was like, ‘no, you’re too fat or something like that’” (Zainab, 2023). The comments made by boys were remembered as specific memories in detail many years later. I had the same experience. In my reflexive journal, I wrote:

> The first time I remember being called fat was when I was around eight or nine years old. I was sitting at the edge of the large school swimming pool, in my swimming costume, enjoying myself. A boy in my class came to me and asked, ‘why are you so fat?’ (Rawat, 2023).

However, memories of direct weight-based comments in childhood are not the only types of weight stigma that have remained with these women. As a ‘fat’ girl at school, Jamila recalled the attitude of boys her age towards her body size. As mentioned in a prior chapter, Jamila expressed that, in high school, boys would not interact or converse with her, as she was of no

romantic interest to them due to her body size (Jamila, 2023). While her memory did not contain explicit weight stigmatic comments, how boys her age treated her due to her weight was enough for her to associate 'fatness' with unattractiveness or ugliness, and to reinforce her belief that 'fat' girls did not find romantic partners or husbands.

Five of the women shared experiences where men also commented on their weight gain or directly insulted them due to their 'fatness'. These women also felt that men treated them differently because of their larger size or if they gained weight. Research has shown that is it not uncommon for male relatives to tease, name call or use weight to make offensive jokes (Lawrence et al., 2022). As children or teenagers, these women remember male relatives commenting on their weight, either scolding them for their 'fatness' or hinting that they need to lose weight. In her interview, Jamila told me that her uncles were the most common and hurtful perpetrators of weight stigma when she was young: "My uncles have consistently and constantly, from the time I was a child, made comments on weight, or called names or said stuff about losing weight…" (Jamila, 2023). Like comments from female relatives, these were family members who were close to these women, and so their views and opinions influenced these women's perceptions about their body, especially when they were younger girls.

Additionally, as mentioned above, when it was often emphasised that women were to be physically pleasing for men and that the aim was to get married, women were sensitive to the opinions of men. Khadija told me that when you carry or gain weight:

> From a male point of view, you notice you get less attention from men… [E]ven the way my ex treated me. I mean, when I was skinny… he was quite attentive, even after we were divorced. And then when I gained weight, it was just like, you know, I suppose he had less time for me in a sense… (Khadija, 2023).

Such opinions suggest that women who are 'fat' felt that boys or men did not have time for them, even if it was unrelated to a romantic relationship. Moreover, women identified the negative treatment or changes in treatment as due to their weight or weight gain, thereby reinforcing the message that 'fat' made a woman less worthy of time or attention. This supports the fat feminist claim that women are marginalised and oppressed in society (Cooper, 2012). On the other hand, thin women were given attention and were talked about in a positive light by men, thereby highlighting the notion that thinness made a woman more

important or worthy due to her attractiveness. As Khadija communicated: “I suppose them [male relatives] looking at other women and say, ‘she’s pretty’… they found skinny women attractive. So maybe then you thought that was the norm for attractive for them” (Khadija, 2023).

Additionally, it seems as if men and male relatives feel entitled to comment on a woman’s body, even when it seems inappropriate for them to do so. However, women cannot do the same (Goel et al., 2021). Examples of this entitlement were evident in the words of my interviewees, as these women experienced weight related comments from a variety of men. Ayesha told me that: “It was my brother-in-law” who made such comments. “One day he told me, ‘Ayesha, you are picking up a lot of weight’… [which] bugged me” (Ayesha, 2023).

In my reflexive journal, I wrote: “I also remember a male teacher (who was Indian) once commenting, after I had volunteered to run an errand, that it was good as I needed the exercise. He had said it in front of the whole class. I was mortified” (Rawat, 2023). Fatima has had a similar experience with her science teacher, who was also an Indian man: “Once I saw him after I put on weight, I was getting textbooks from Adam’s [bookstore]. And he told me ‘Ay, you put on so much, you put on all the weight again’. I was so cross with him” (Fatima, 2023).

While comments from women seem to be more often from one’s closer family and extended family, men who are more distant in relation or who are not related at all (such as teachers) still seem to be comfortable and felt permitted to comment on a woman’s weight. The openness of weight stigma in this community is not surprising but is complimentary with other studies done on female South Asian (primarily of Indian ethnicity) undergraduate and graduate students in the US conducted in 2018. Receiving blunt or straightforward negative comments about your appearance as a young woman from relatives or people from the South Asian community is accepted socially and has become a normalised way of conversing (Goel et al., 2021).

Five of the women in this study remembered hearing men talk about other women’s weight or women’s weight in general. While it had not been directed at my participants, it obviously

was significant enough to stick in their memories' years later. These women were aware that how these men viewed other 'fat' women's bodies generally (in a negative light) was similar to how their own bodies were being scrutinised. These women were also aware that while men may phrase it as if they are talking about women in general, often it is a veiled attempt to teach these women about losing weight and maintaining thinness. As stated in a previous chapter, Khadija explained that prior to her marriage, her now ex-husband had warned her that if his wife became 'fat', he would end their marriage. This left Khadija hyperconscious of her weight during her marriage, and any weight gain would be accompanied by feelings of body insecurity and dissatisfaction (Khadija, 2023).

In this way, weight stigma was expressed as an indirect threat with the intention of ensuring that his wife stayed thin. Indeed, in adulthood, weight stigma often originated from spouses or romantic partners, whereby the aim was to encourage weight loss (Lawrence et al., 2022). Additionally, other male relatives have also made negative weight related remarks to encourage weight loss.

It seems that men do not as often talk to women about their weight, but when they do, women remember their words in greater detail in comparison to when they recall comments made by women. Furthermore, from a fat feminist point of view, we live in a patriarchal society which gives men more power and ensures that women are dependent on men. Therefore, women are more likely to incorporate the views of men (which undervalues femininity and is anti-fat) into our belief system as men run a lot of the social and political institutions in our societies (Orbach, 1978). The women in this study have received weight-related comments from male members of their family and community. Many of these comments were distinctly and offensively negative towards bigger sized bodies. Indeed, as young girls and throughout womanhood, these women have indirectly observed and they have been directly told that 'fat' is a negative physical trait, it is undesirable and unattractive, and that 'fat' girls and women should lose weight. The men who held these stigmatic views of weight were often the men closest to the women, such as fathers and uncles, and subsequently, this has influenced and been incorporated into how these women perceive their own body size.

5.4 Western fashion is not for 'fat' women

'Fat' women are limited in what clothing brands are available to them as many of these clothing brands do not cater to larger body sizes. The most popular fashion brands primarily cater for thin customers (Dion & Tachet, 2020). The women in my study have had similar experiences as documented in past research. Five out of my seven participants shared their struggles with finding fashionable clothing that was 'plus sized', particularly when they were growing up. Zainab explained her discomfort when wearing popular and age-appropriate brands that she liked as they did not offer their clothes in larger sizes:

> Back then if I had 'plus size' wear, I think I would have felt more comfortable because when I think back, I think I used to wear the wrong size a lot. I used to really like those Roxy and Billabong t-shirts, and it was a very small make, so even if you had gotten a bigger size, it was still ridiculously small. It was very difficult to find clothes that fit you nicely (Zainab, 2023).

However, there are still ongoing challenges with finding clothing as women. In her interview, Khadija brought up this issue: "Finding clothes to fit, for one, that's hard. Being comfortable in clothes and underwear, that's really hard. Just to find the right sizes! That I find really challenging" (Khadija, 2023). Clothes shopping and the act of wearing clothes can be physically uncomfortable when these women cannot find their sizes, but it can also be emotionally uncomfortable. As Zainab told me: "Before, my weight never used to bother me that much unless I went clothes shopping" (Zainab, 2023). Clothes shopping can trigger negative emotions in 'fat' women, especially around their body size, when clothing stores do not offer a reasonable range of sizes.

Past literature has touched on similar issues, where 'fat' women feel rejected and ignored by trendy and current fashion brands. They show that 'fat' women have restricted choices from a few select fashion brands that concentrate on plus sized clothing (Dion & Tachet, 2020; Scaraboto & Fischer, 2013). When these 'fat' women cannot find clothes in their sizes, they are made to feel as if their bodies are abnormal and do not deserve to be celebrated through clothes. This supports the idea that 'fat' women are disadvantaged in society (Cooper, 2012), as they are not given the same advantages as thin women to express themselves through clothing. These 'fat' women begin to associate negative emotions, such as frustration or shame, with shopping, an activity which brings many thin able-bodied women joy. Many

‘fat’ women lose interest in fashion and their style due to the struggles of finding plus size clothing that they like.

Clothing is also more than just the material that we use to cover our bodies. Clothing is significant as it can have a real impact on our lives and on how others see us. Clothes can portray our class, economic status and even femininity (Tischner, 2013). Again, looking at the lack of clothing through the lens of fat feminism (Bordo, 2004; Cooper, 2012), the absence of trendy or attractive plus sized clothing is a form of oppression and a way to control women’s bodies. It says that if you want to wear nice clothes, you must be thin. The lack of plus sized fashion that had been prevalent for so many years was a form of oppression, as outlined in fat feminism, as women were being pressurised to conform if they wanted fashionable and affordable clothing.

Returning to the women of this study who were ‘fat’ from a young age, they were taught that ‘fat’ was abnormal or shameful through the clothes that were bought for them as young girls. As Jamila captured it:

> when I was smaller, there were no plus size shops, so if you didn’t fit into regular sizes at the shop, you either had to buy the very biggest of the regular size and it will be tight, or as a child, you would have to buy grown up clothes, so that it would fit you… [S]o, that also shapes a negative idea on weight because it’s like ‘Oh, it must be bad if they don’t even have clothes that can fit my body, that means that it’s something bad because the clothes are supposed to fit my body’ (Jamila, 2023).

‘Fat’ girls would often have to buy adult sizes, and ‘fat’ women who could not find suitable sizes would have to be uncomfortable in sizes that were too small. More than one woman in this study shared stories about having to wear adult clothing as a child as there were no other options. Fatima highlighted this point: “I mean, imagine being a child of ten and eleven and wearing a size forty-two adults’ outfit… You’re a child but you’re wearing grown up people’s clothes. And it just doesn’t feel right at all” (Fatima, 2023). As young girls, these women felt dissatisfied, unhappy, or embarrassed about themselves and their weight. However, when examining my interviewees’ words more carefully, they were not exactly feeling dissatisfied, unhappy, or embarrassed solely due to their bigger body sizes. What was exacerbating these feelings was not being able to find or wear the clothes that other thinner girls their ages were wearing. Therefore, if sizes had been available to these young girls, it would have alleviated some of the negative emotions in relation to their appearance.

Using fat feminism to investigate oppression against ‘fat’ women, the inflated prices of plus sized clothing in South Africa are also a form of discrimination against ‘fat’ women. As Fatima noted in her interview: “…the clothes that you might find that are okay that might fit … are so expensive that you can’t afford to pay for that and buy what you need” (Fatima, 2023). Separate plus sized clothing stores are significantly more expensive than average sized clothing stores, and it is not solely due to the amount of material used as all the sizes of a clothing item are priced the same, even the smallest size. This makes ‘fat’ women feel as if they are being punished for being ‘fat’, as if there is a ‘fat’ tax.

Past research has found that ‘fat’ women often do not like the clothes that are available to them but choose these clothing items because there are no other choices or because it is the only affordable option (Tischner, 2013). ‘Fat’ women believe these clothes make them appear unfashionable, unattractive, and uninterested in their appearance. The lack of larger clothing sizes is also a form of oppression in that ‘fat’ women are limited in their daily lives. Zainab remembered not doing various things because “you’d be worried about what you would wear” (Zainab, 2023). In her book, which explores the lived experiences of ‘fat’ individuals in Western societies, and which critically examines and challenges the negative ways in which society views and treats ‘fat’ women in the UK, Tischner (2013) has shown that clothes have the power to limit activities, and many ‘fat’ women cannot participate because they require attire which is not available in their sizes.

Additionally, clothes relate to how we see ourselves. We use our clothes to form ideas about our identities and to understand ourselves better. This may be why some women form personal connections with their clothes. When we can fit into smaller sized clothes, we feel better about ourselves, as we feel that we are meeting beauty standards. Maryam, who was thin when she was young, but put on weight as she got older, told me of her strong attachment to some clothes in her cupboard: “I still have size 32 clothes in my cupboard. … I think, I don’t want to give this away, I love this top, I’m going to fit into it [one day]. But ten years still going, and I can’t get into it…” (Maryam, 2023).

As ‘fat’ women, we are looking for ways to connect with the thin identity, even if it is through clothes that used to fit us when we were smaller sizes. ‘Fat’ women also want to minimise

their otherness as much as possible, and this can be done through clothes as well. In my reflexive journal, I wrote the following of my experience with clothes:

> At one of my high schools, my school uniform was too tight in certain places… I could have gotten my uniform sewn for me. But that's the thing, I never wanted to ask for concessions or bring attention to myself or my weight. I didn't want to have to sew my own uniform, and I was proud that at least I fit into the pre-made uniforms, even if I was uncomfortable (Rawat, 2023).

We feel proud to wear normative sized clothing, and we conform to the stigma and embarrassment attached to plus sized clothing. This is coherent with past research that highlights that due to the awareness of weight stigma in society, 'fat' women find it difficult to be seen shopping at plus sized clothing stories (Dion & Tachet, 2020). Not only does fitting into smaller clothes make us feel better about ourselves, but we often dress in a way to make ourselves look smaller. Certainly, this concern does not seem to disappear with age. Ayesha, the oldest woman of the study highlighted how she has often chosen dark colours to try to disguise her size: "So, I am always wearing black, and it always makes me feel like I am looking slim" (Ayesha, 2023).

However, many of the women in this study acknowledge that the plus sized fashion industry has been expanding in the last few years, and that there are more plus sized fashion options for them. In a magazine that is run mostly by women from the Indian community in South Africa, I recently came across an advert for active wear which went up to a size 3XL (Ellagence Wellness Boutique, 2020). This is not something that I would have seen growing up. Yet, research still shows that mainstream fashion brands allow their plus sizes restricted visibility as the plus sized sections in shops are usually towards the back of the stores and out of sight. Furthermore, plus sizes may not be on the floor, and must be brought out of storage on request (Dion & Tachet, 2020).

Another issue to consider is that while these women are Indian and South African, they are also Muslim, and through their stories, I found that a number of these women were able to find relief from weight stigma in the fashion industry through their religion, Islam. Fatima described the typical Islamic dressing of Muslim women in her Muslim Indian South African community: "a lot of Muslim women…wear … black cloaks with the scarf [on the head], usually with pants underneath the cloak…a cloak is a long dress, long sleeves, and it's

loose…a scarf is a head covering (Fatima, 2023). Jamila also referred to the cloak and scarf when talking about Islamic dressing: “If I were to wear a cloak and scarf, I wouldn’t feel so self-conscious…” (Jamila, 2023). Jamila is then suggesting that wearing Islamic attire would alleviate some of her self-consciousness that she experiences as a larger sized woman, which is highlighted when she shops for or wears Western clothing. In daily life, a decrease in body insecurity would allow Jamila to engage in and take pleasure from activities that she avoids, such as public exercise and socialising, as discussed in previous and coming chapters. Ayesha described her idea of Islamic dressing as well: “in Islam, most of the clothes are loose fitting, they’re not revealing like Western clothing. That’s one. Secondly, it’s respect. Cover your body to the full, and your head” (Ayesha, 2023).

Both the women who wear and those who do not wear Islamic dressing shared that this style of dressing has in the past, and continues to be today, more tolerant and catered for larger body sizes. Hence, by shopping at Islamic fashion stores and having easy access to clothes in an inclusive variety of sizes, which are loose fitting and without a focus on shape, these women share an entirely different experience which is positive and accepting, in comparison to their negative memories of shopping at Western fashion stores.

Wearing Islamically styled outfits protect these women from the negative experiences of shopping at Western fashion stores, which have brought them feelings of discomfort and anxiety in the past due to the limited sizes and tight clothing. Hence, the style of Islamic dressing has the power to alleviate some of the daily challenges of being plus sized, such as providing better experiences when shopping and allowing the women of this study to feel better in their own skin and clothes. This may decrease the regularity in which these plus sized women, especially the younger women, view themselves as abnormal and flawed, feelings which are often instigated by the Western fashion industry.

Indeed, Zainab highlighted in her interview that she found Islamic dressing “soothing” to her “mental health because you don’t really have to worry about all of this when you’re wearing a cloak and scarf. So, Islam kind of protects you. And it makes it possible for you to get on with your life without having to worry about weight” (Zainab, 2023). Five out of my seven participants shared how Islamic dressing is not only easier to wear as a ‘fat’ woman compared

to Western fashion, but it also makes ‘fatness’ less of an important factor. Islamic dressing does not emphasise size or shape like Western dressing, which is more tight fitting. As Fatima noted of her experience:

> Islam has guarded against discrimination in relation to physical attributes. Also, Islamic dressing is a symbol of the religion, and Islam does not focus on weight and physical appearance, but on modesty and spirituality. The dressing is not supposed to show curves and shape, so people can be a bit chubby, it wouldn’t be noticeable. It makes everybody standard almost (Fatima, 2023).

Thus, Islamic clothing may also have benefits for women beyond the spiritual, such as decreasing self-consciousness and insecurity of one’s body. Through the lens of intersectionality, we see how different identities may combine to result in different lived experiences (Crenshaw, 1989), and how the identity of being a Muslim may impact the experience of being a ‘fat’ female Indian South African.

Yet, a few women of this study likewise confess to why they believe Islamic dressing is not favourable to bigger body sizes. Fatima, who does not wear Islamic dressing, shares the reason why she had made the decision not to wear Islamic styled clothing in her daily life: “I feel like because of the weight, wearing a scarf looks old on me… It makes me look more matronly” (Fatima, 2023), which indicates that Fatima chooses not to wear Islamic dressing as she believes that as a plus sized woman, wearing a headscarf would make her appear older. Thus, wearing a headscarf, which is a large component of Islamic dressing, makes Fatima self-conscious of her appearance in relation to her age. Therefore, even though Fatima had shared that Islamic dressing protects one from scrutiny and discrimination in relation to their body, she has chosen not to wear Islamic dressing and has prioritised her desire to appear young and youthful.

In addition, two women of this study used the word ‘hiding’ when discussing Islamic clothing, communicating that in the long-term, Islamic dressing allows bigger bodied women to avoid awareness of their body size, which will lead to further increases in body size. Maryam shares that Islamic dressing is conducive to weight gain: “But, on the other hand, it is not a good thing because you tend to grow in it without realizing you’re actually growing. Because you can’t see your body shape, you just don’t care how you’re putting on that weight” (Maryam, 2023). Maryam believes that Islamic dressing is: “…bad where your

weight is concerned" (Maryam, 2023). Similarly, Zainab also believes that Islamic dressing may facilitate weight gain: "If you had to go and buy clothes, you don't know your size because one size fits all [in Islamic dress]. And it is sort of like, you're skipping accountability… aunties always say you mustn't wear cloaks because it's very easy to let yourself go, which is true in a sense" (Zainab, 2023). Hence, Zainab has been advised to not wear Islamic dressing as it is believed that wearing loose fitting and flowing clothes like cloaks may result in a woman becoming complacent regarding her weight. Thus, a conflict emerges between wearing Islamic clothing which is a physical representation of one's faith, and the need to appear young and to monitor one's weight to avoid weight gain.

Hence, by examining these women's experiences with clothing (and the lack of 'plus sized' clothing), we come to understand how the Western fashion industry, especially when these women were younger, created feelings of shame, embarrassment, and self-consciousness in these women. This was intensified by there being only unfashionable, old fashioned and expensive clothing available in bigger sizes. Through their negative memories of shopping and wearing clothes as bigger sized girls and women, these women have learnt that being 'fat' is an unfashionable physical trait. On the other hand, these Muslim Indian South African women find comfort in traditional Islamic clothing, such as cloaks, which they can find bigger sizes in, and which do not emphasise body shape or size.

5.5 The 'fat' patient is misunderstood

Various studies have examined the prevalence of weight stigma against 'fat' patients amongst healthcare professionals. Scholars have examined in their research how 'fat' women have commonly received negative comments about their larger body sizes, have met with adverse reactions, and experienced weight stigma, often in the form of 'fat' stereotypes, from their healthcare professionals (Baker, 2015; Foster et al., 2003; Phelan et al., 2015; Swift et al., 2013; Watkins et al., 2018). Indeed, Puhl (2023) has shown in a literature review article how healthcare professionals who held stigmatising beliefs and attitudes were more likely to provide care of a reduced quality, as well as increased risk of ineffective communication between the healthcare provider and the patient.

Findings from past studies are consistent with the findings in this study. Four women in this study shared their negative experiences with healthcare professionals. Jamila highlighted that in her experience, healthcare professionals who wanted their patients to lose weight, did not adjust their treatments for the needs and requirements of their heavier patients: "…because all these things that you are doing, the doctors, the dieticians, the personal trainers, you fail at them because they are not suited to helping you succeed" (Jamila, 2023). Indeed, in my reflexive journal I wrote about my experiences with a gynaecologist who had consulted with me for the first time when I was in hospital (in the private sector) for double slipped discs:

> She acted like nothing was medically wrong with me, even though I was in debilitating pain (this was before the MRI results came through which showed two severely slipped discs), and that all I needed to do was diet and walk five kilometres a day. She had not even asked me if I had been exercising prior to the slipped discs, which I had been, and which had made the slipped discs worse. When I told my physiotherapist about her advice, he was shocked. He said in my condition, I should not follow her exercise advice, not until my spine was healed. This gynaecologist was just one of many doctors of mine who attributed all illnesses or medical conditions to being 'fat' and who used it as an excuse to not give proper treatment to their 'fat' patients. They just automatically 'prescribed' these diet and exercise plans to every 'fat' patient (Rawat, 2023).

'Fat' women visit a doctor for a variety of reasons. Some women in this study have seen doctors for health conditions unrelated to their weight, while others have seen doctors with the intention of losing weight. Despite the reason for the visit, the women in my study felt as if the doctors, and related staff, were insensitive to their feelings or weight related accommodations. Indeed, 'fat' patients have reported feeling negatively judged and treated disrespectfully and uncompassionately by some of their healthcare providers (Puhl, 2023). As Zainab told me regarding her experiences with healthcare professionals in the private sector: "It was always a nightmare and I felt like the nurses were always disrespectful when you don't want to be exposed or they don't take your privacy concerns seriously" (Zainab, 2023). 'Fat' women felt that some doctors did not listen to them and were unwilling to pay attention to what they had to say. These women believed that these doctors had their own negative view of the 'fat' patient which they imposed on their 'fat' patients, which did not leave space for the fact that each 'fat' patient had their own story that needed to be heard. Doctors do not possess any generalised belief about all their thin patients. This is therefore in support of discrimination and marginalisation of the 'fat' patient.

Many ‘fat’ women have also expressed that doctors expect to discover illnesses in the ‘fat’ patient, and furthermore, if there is an illness, it is always attributed to the ‘fatness’. Indeed, one scholar’s literature review article on healthcare professionals found that weight stigma is prevalent in the healthcare field across a wide range of specialities and treatment settings. Weight stigma is expressed through harmful ‘fat’ stereotypes, blamed the patient’s weight for presenting health issues without further investigation, and suggested weight loss as the only solution (Puhl, 2023). Fatima highlighted a similar experience: “There’s nothing that they don’t ever relate to your weight. And what’s worst is when your results come back with good results. They’re shocked. They won’t even focus on that, they will try and find something” (Fatima, 2023). Zainab contributed a comparable perspective in her interview: “It doesn’t matter if you don’t feel bad or if you feel fit. Everything is always down to weight” (Zainab, 2023).

These women believed that these negative experiences were solely due to their weight, and therefore, it was a specific ‘fat’ patient experience. This is in line with the beliefs of fat feminism, in which ‘fat’ women face specific forms of discrimination and oppression which thin people do not face (Cooper, 2012; Fikkan & Rothblum, 2012). ‘Fat’ patients feel as if all their health conditions are related to weight, and that proper tests and treatments are not utilised. Doctors suggest weight loss as a treatment for many health conditions, hereby ignoring that many health conditions make it difficult to lose weight in the first place. Puhl (2023) has demonstrated that negative experiences with healthcare professionals can have adverse consequences, whereby ‘fat’ patients who are stigmatised are more likely to avoid seeking medical treatment.

Jamila and I both discussed our experiences of a common specialisation in the medical field, which is weight loss. Approximately eleven years ago, Jamila and I believed that the weight loss methods, such as unhealthily low-calorie diets and vitamin injections, implemented by a popular female Muslim Indian South African medical doctor, would be conducive to good health due to her status as a medical doctor (Jamila, 2023; Rawat, 2023). However, Jamila and I highlighted how the “weight loss treatments” we used, which were monitored by the same medical doctor, had been harmful to our health. Jamila noted the following about this diet:

> I went to this supposed weight loss expert doctor who was making everyone eat 900 calories a day and very unhealthy things, like cereal, just to keep the calories low. No care about nutritional value, keep your calories low, put you on an exercise plan, and give you injections so that your body doesn't like die, to like boost your vitamins and your energy (Jamila, 2023).

I have been to the same doctor as Jamila, and recall feeling dizzy and my nails turning blue on this strict diet. I was only fourteen at the time. The doctor had lost a significant amount of weight herself, and she boasted about how much weight she had lost on her own diet, meanwhile, her diet consisted of undereating to lose weight (Rawat, 2023). As an extension of the discrimination and stereotypes against 'fat' people in the medical field, this doctor prioritised weight loss over health, under the pretence that weight loss was for health. The topic of dieting and weight loss will be explored in further detail in the next chapter.

The prioritisation of weight loss over health could be interpreted from a social constructionist point of view (Burr, 2015; Gergen, 1985), as the perpetuation of 'fatness' as a negative trait in society has resulted in individuals, and even doctors, prioritising thinness over wellbeing. From these accounts, it seems that 'fatness' is seen as a larger social transgression and a greater evil than ill-health by some weight loss specialists, even doctors. Jamila shared more of her negative experiences with the same weight loss medical expert mentioned above:

> She is a GP, a Muslim lady, and made a big thing about how she's like a weight loss expert kind of person, but she's hurting people. She's a doctor but she's not doing any screenings, do you have medical conditions, do you have mental conditions, is your body going to be able to bear the brunt of this? (Jamila, 2023).

In the Muslim Indian South African community, there are many female doctors who specialise in aesthetics and weight loss. Weight loss pills, unsustainable diets and invasive procedures are compromising health for weight loss, and this is being promoted by doctors. When searching through the social media pages and websites of weight loss doctors in this community, I was disturbed at the blatant 'fat' phobia displayed by doctors who were supposed to be focused on health. On her Instagram page and on her website, a medical doctor is selling weight loss pills, shakes or diets labelled as "fat burners", "fat attack", and "fat melter" (Kathrada, 2019a; Kathrada, 2023). As seen on her website, a specialised dietician too offers weight loss plans that involve living on meal replacement shakes, bars or low carb vegetables that do not exceed 800 calories a day for eight weeks (Essa, 2023).

Moreover, I have discovered that many doctors (general practitioners and homeopaths) are now advertising some form of weight loss service on their websites and Instagram pages. Doctors are providing invasive liposuction, non-invasive laser liposuction, weight loss injections and other ‘fat’ loss treatments (Abdulla, 2021; Abdulla, 2023; Aboobaker, n.d.b; Aboobaker, 2023a; Aboobaker, 2023b; Aboobaker, 2023c; Kathrada, 2019b; Kathrada, n.d.; Mathir, 2022b). These adverts clearly outline areas of one’s body that could benefit from these procedures such as the abdomen, love handles, the waist, thighs, bra bulge, upper arms and the “double chin”, which also functions to increase women’s self-consciousness of these areas after viewing these images. Photographs and videos of the liposuction procedure are put on social media, including graphic before and after pictures. The patient’s ‘fat’ areas are highlighted by the doctor. In my community, we look up to our doctors for their advice and expertise. Medicalising the aesthetics of weight loss by doctors can be very damaging to a person’s health, and contribute to general weight stigma, but also contribute to the reluctance of ‘fat’ patients to see their doctors.

5.6 Conclusion

As discussed above, there are many factors which have influenced my interviewees’ perceptions about ‘fatness’, especially in the Muslim Indian South African community. From a young age, these women have faced weight stigma, discrimination, and bias. They have experienced invasive comments and advice about their bodies and weight from women and men alike, which have ranged from relatives to teachers to doctors. Additionally, weight discrimination through the lack of plus sized clothing has been a huge challenge in the lives of these women and has influenced how they viewed their own bodies and ‘fatness’. The above chapter also showcased how some doctors in the Muslim Indian South African community, especially in the community of these women, have focused on the aesthetics of weight loss, prioritising weight loss over health.

CHAPTER 6

SOUTH AFRICAN MUSLIM INDIANS – CONSEQUENCES OF WEIGHT PERCEPTIONS AND CHANGES IN BODY IMAGE IN RELATION TO AGE

6.1 Introduction

The objectives of this study were to explore how these women developed bigger body sizes and to explore how living in a bigger body affected their lives. An important objective was to analyse weight perceptions and weight stigma in the participant's family, how weight perceptions and weight stigma is passed down from generation to generation, and how this may affect the weight perceptions and body image of this study's participants. Moreover, an objective was to examine any changes, personal or between the generations, in these women's experiences of body size and body image over time. Hence, this chapter examines the impact of weight perceptions on the lived experiences of the women of this study. The themes are centred around the consequences of weight stigma and weight perceptions on the women of this study, such as the impact on their mental health, their engagement in yoyo dieting, and the negative ways in which they view 'fatness'. Moreover, the last theme of this dissertation examines whether there have been changes in the way the women of this study perceived their own body weight and size as they aged. In other words, whether there have been any changes in these women's experiences of body size and body image over time. The themes examined in this chapter are clearly outlined in the below table.

Themes
Psychological distress and body insecurity
Yoyo dieting
Negative views of 'fatness'
Age related changes to weight perceptions

6.2 Psychological distress and body insecurity

The women in this study are of various sizes and shapes, and there's a wide range between the lowest and the highest BMI. However, both women with the lowest and the highest BMI report negative emotions towards their weight and body size. This is supported by research

which has found that body dissatisfaction is not linked to BMI, but instead, is impacted by how a person views their own body and by what it means to be ‘fat’ in their culture (Grogan, 2001). Four out of the seven women explicitly described negative emotions in relation to their body weight and size. A significant portion of the anxiety and worry is linked to how other people perceive them and as a response to weight related comments and judgement. Indeed, even in a South Asian American study, women internalised body dissatisfaction after having to frequently endure weight stigma and ‘fat’ phobic comments from their community (Goel et al., 2021).

Amongst the women in this study, there are those who gained weight as children and adolescents, and there are those who gained weight as adults. However, as adolescents or adult women, once they were conscious of being ‘fat’, they began to internalise the negative views of ‘fat’ which is prevalent in their community, and consequently, they began to view themselves as ugly or unattractive, which led to feelings of despondency. As a young girl of about nine to ten years old, Ayesha recalled gaining weight. However, she lost this weight when she was around sixteen years old, and throughout her later teenage years, twenties, and thirties, she was slim. Ayesha began to gain weight again, around age forty, after having given birth to three children, where she described how the weight gain made her feel: “I felt terrible. I felt ugly and I felt that I wasn’t looking as good as I used to when I was a nurse. And I felt like everybody was noticing that I wasn’t what I was. And that made me feel sad…” (Ayesha, 2023).

Psychological distress is not only caused by the judgement of others, but also through the judgement of these women of their own bodies. There are adverse emotions which arose in response to how they perceived their own bodies, such as experiencing feelings of guilt through the belief that their ‘fatness’ was caused by their own self-neglect. As Khadija explained to me: “I think when you are not totally comfortable in your own skin, and you don’t feel healthy and, I suppose, even your mindset…I feel like I have neglected myself…” (Khadija, 2023). However, associating neglect with gaining weight is a common ‘fat’ stereotype in society, and perhaps how Khadija viewed herself is also an internalisation of external weight stigma. Using the theory of social constructionism (Burr, 2015; Gergen, 1985), we are aware that we acquire our social knowledge from the world around us, and

therefore, what we believe are our own feelings about being ‘fat’ are actually learned understandings about ‘fat’ from our environment. This can be harmful when the world around us is rife with anti-‘fat’ and weight stigmatising sentiments.

Psychological distress and negative emotions also arose in relation to the lives that the women felt they could not live or the things they felt they could not do, because of their weight. The perception that their weight was a barrier to something that they wanted brought them feelings of sadness. Jamila noted this issue in her interview: “it causes more mood issues, like finding someone to get settled down with, getting married....” (Jamila, 2023). The difficulties that ‘fat’ women may have in getting married, and of being aware of their ineligibility, as discussed in a previous chapter, have damaging effects on the mental health of these women. Therefore, psychological distress is not only experienced in direct relation to how these women believe their bodies look, but also how it impacts their lives and their future, especially for the younger women of the study. Often the women in this study talked about how ‘fatness’ hindered their ability to do a lot of things that they wanted to do, and this barrier was both physical and psychological. This is supported by the literature where ‘fat’ women may not have an issue with being ‘fat’, but the problem lies with the judgement she may face because of her weight, or how others perceive her ‘fatness’, and this affects the behaviour of ‘fat’ women (Tischner, 2013). In my reflexive journal, I wrote:

> I didn’t show up for plays or choir performances because of extreme stage fright. I would have panic attacks and dread for orals and presentations. There were so many things that I wanted to do that I didn’t do. I think it is greatly linked to my weight and how people would perceive me (Rawat, 2023).

These negative emotions span all three generations, and both the younger and older women experienced psychological distress due to their body size. These women feared being judged or facing negative consequences because of their size, which limited their activities and daily living. This is another example of the oppressive nature of weight stigma, as introduced by fat feminism (Cooper, 2012).

Additionally, psychological distress can be caused by the physical restrictions of being ‘fat’. Six out of the seven women expressed that they experienced physical difficulties which made daily living more draining, as it made them more tired and made activities less enjoyable.

They felt upset because they could not do the things that they used to do. Moreover, because of the extra weight, they experienced discomfort, such as foot pain and joint pain, or more easily injured themselves, such as hurting their backs when engaged in physical activities (Jamila, 2023; Khadija, 2023; Rawat, 2023). As Jamila relayed to me: "you always have to cut everything short, or after a certain point, it becomes unenjoyable because you're tired" (Jamila, 2023). Khadija highlighted a similar experience: "I was overweight, finding it hard to breathe, finding it hard to do things, feeling tired all the time" (Khadija, 2023). Even though these were physical challenges, which limited mobility and these women's functionality, such factors also negatively affected the mental health of these women, who lost some of their enjoyment in life due to the tiredness and mobility limitations. I also noted in my reflexive journal that I was "always worried about my back pain" (Rawat, 2023).

Six out of the seven women exhibited feelings of insecurity and self-consciousness because of their body weight and size. This impacted their lives in many ways, such as making friends or being more socially outgoing and open-minded. A few of these women reported that being self-conscious negatively impacted the quality of their social life and the development of social relationships. For Zainab, this was an issue: "I suppose when you're overweight, you hide a lot" (Zainab, 2023). It was also one for Fatima, when she had lost a significant amount of weight in her teenage years and then regained it all back and more in her twenties after giving birth to three children: "I always felt that I disappointed everybody. [As a result] I used to stay away from everyone…" (Fatima, 2023). These women connected body size and body weight with social acceptance and likeability; hence they believed that others would dislike or reject them because of their larger body size. Once again, using the theories of social constructionism (Burr, 2015; Gergen, 1985), it is evident that these women incorporated external weight stigma and societal perceptions of 'fatness' that they experienced into their own belief systems.

Body insecurity enhanced these women's feelings of self-consciousness in public, which shaped the way that they thought and acted when they were surrounded by other people. They felt the need to censure their behaviour as they were constantly being watched or judged. Jamila made this issue clear in her interview: "[T]here's always a sense of discomfort when I'm not at home, because like you don't want your stomach to stick out, you don't want to

look funny…" A bit later in her interview, she also shared: "[S]ay for example you have to take the bus [somewhere]. If you are fat and you are worried about sitting next to people, you would rather stand. Which would make your journey more uncomfortable than just sitting next to a person" (Jamila, 2023).

These 'fat' women modified their behaviour to conceal their 'fatness' or to make it less noticeable. They would rather unnecessarily inconvenience or harm themselves because they were worried about what other people thought about their weight or how they might react to them. As Ayesha explained: "You feel like people are watching you all the time, and this is what upsets you… they always notice if you got fat, or you are thin. And they always comment on that" (Ayesha, 2023). Indeed, feelings of body insecurity and self-consciousness arose from the many experiences of weight stigma that these women reported. This is supported by a study whereby women in the US (most of these women were white and heterosexual) reported that experiences of weight stigma from childhood and adulthood had enduring negative consequences on their mental health and eating habits, such as internalised weight bias, symptoms of depression, body dissatisfaction and binge-eating (Lawrence et al., 2022).

Furthermore, these women exhibited negative views and emotions about their bodies and their appearance due to their larger body size. Khadija highlighted this point in her interview that when she looked in a mirror, she thought "I feel so unattractive" and "feel … left out" because she compared herself to everyone around her "who [was] skinny and … fashionable, while you are overweight" (Khadija, 2023). Being overweight was thus associated with unattractiveness and unfashionableness, thereby increasing one's body dissatisfaction, and reinforcing a poor body image. These women have created this dialogue in their minds based on what they think other people must think about their weight and body size. They are aware of the negative stereotypes that people hold of 'fat' people and assume that people are judging them based on these stereotypes. As 'fat' stereotypes are extremely negative, these women interpret other people's attitude towards them as negative. Even after Fatima recovered from an illness that put her in a wheelchair for approximately a year, she recalled how few people showed sympathy towards her: "very few people would smile at you in the wheelchair …

because you're overweight. Their attitude is almost like, you're fat, so that's why you can't walk" (Fatima, 2023).

In addition, my interviewees had strong beliefs that being thin would decrease their body insecurity and that losing weight would alleviate their anxiety that stemmed from living in a 'fat' body. Fatima conveyed this belief: "Being slim is also a convenience… you can blend in a little bit, you don't have to stand out totally, and people are not looking at you and staring all the time…" (Fatima, 2023). Being 'fat' was associated with feelings of self-consciousness and hyper self-awareness, feeling constantly judged for their weight, while these women associated thinness with feelings of freedom and privacy. Zainab highlighted this point about self-consciousness too in her interview, as even as a child she learnt to hide her 'fatness': "when you are fat, you have boobies when you're small. And a jelly belly. And so that also makes you aware. And then you try to hide it. So, I would wear two T-shirts, instead of a vest" (Zainab, 2023). In my reflexive journal, I also wrote about this issue: "When I go out, I am always self-conscious, pulling at my clothes to make sure nothing is sticking to my tummy, or looking around to see if anyone is watching me" (Rawat, 2023).

Wearing extra layers of clothing and continually adjusting their clothes were protective actions to try to reduce the visibility of their 'fat' bodies to protect themselves from weight stigma. Grogan (2001) found that when a person was overweight, they felt scrutinised more, which made them self-conscious of their body, while a thin person was not under the same kind of scrutiny. Trying to hide one's 'fatness' is even harder when there are limited plus sized clothing options available, requiring women to wear sizes that were too small for them. These 'fat' women believed that they need to cover up their 'fatness in public, and this is both a form of marginalisation and oppression, as suggested through the theories of fat feminism (Cooper, 2012).

The women in this study report various negative emotions, such as sadness and worry, and psychological distress due to their weight gain and their adverse experiences of being fat, such as the physical challenges linked with having a larger body size. Additionally, these women experienced a significant number of negative emotions and feelings, such as sadness, anger, anxiety, and self-consciousness, due to their experiences of weight stigma and owing

to pervasive ‘fat’ stereotypes and the negative construction of ‘fat’ in society. Hence, these women experienced substantial psychological distress in public spaces and in social situations where the risk of weight stigma is greater.

6.3 Yoyo dieting

Farrell (2011, p.118) has argued that when one loses weight and becomes thin, one gains social and economic status, as weight loss leads to “one’s moral, physical and psychological improvement”. Indeed, most of the women of this study have felt the pressure to achieve thinness over many decades, more commonly in their youth, and this has led to many short-lived weight-loss attempts or yoyo dieting. Six out of the seven women in this study have dieted in their lives. Dieting is the act of limiting calories consumed with the sole goal of weight loss. Lowe et al. (2013) have demonstrated in their research that dieting has not been shown to lead to increased weight loss or decreased weight gain. In addition, dieting is reported to significantly predict weight gain in the future. Furthermore, losing weight can slow down metabolic rates, which can lead to weight regain after weight loss (Lowe et al., 2013).

During periods of dieting, five out of the seven women of this study reported that they lost weight. However, because the diets were unrealistic and difficult to sustain, the women did not continue their diets. Therefore, their weight loss was not sustained, and indeed, the weight lost was regained. These results support past literature on the subject. As Grogan (2001) has discussed, weight regain after diet restrictions are lifted is a common phenomenon. Grogan also highlighted how some women felt they could only lose weight when they undertook extreme or very rigid diets. Fatima told me of one of the Weigh-Less diets she was on: “that Weigh-Less dieting was very unhealthy. The calories that we used to eat were not at a good level, so it also drops your metabolism. And obviously when you stop eating like that, you put on weight” (Fatima, 2023).

Jamila, who dieted often in her life, provided screenshots of an app that she has used to track her calories and weight loss over the past few years. During a period when she was trying to lose weight through strict calorie restriction and exercise, she shared that she lost 30 kilograms. But when she eased up on the strict restriction of calories, she regained 26.9

kilograms (Jamila, 2023). From a fat feminist point of view, dieting does not only harm us physically, but it has psychological and social consequences. According to a fat feminist theorist (Saguy, 2012), society places rigid beauty and weight ideals on women, and in turn, by trying to meet these standards, women dedicate significant amounts of time, energy, and money to weight loss and to remaining thin. Dieting is one of the weight loss methods that women in this study have dedicated much time, energy, and money towards.

'Fat' women often feel the pressure to constantly diet and showing or talking about their diets is perceived as a shield against weight stigma. The pressure to diet may also have cultural roots, and therefore, from an intersectional point of view, being Indian may increase the chances of a 'fat' woman turning to diets as a response to weight stigma. Indeed, a study done on South Asian American women found that dieting, starving or restricting food intake was encouraged and praised amongst women in this community (Goel et al., 2021). Furthermore, if a woman was seen to be overeating, she was humiliated. Through the reports of past diets by these women, their decision to diet did not arise from a positive source, such as the intention to live a healthier lifestyle, but grew out of a place of unhappiness and discontentment over their body size. These women sought fast ways to lose weight to quickly feel better about their bodies. Indeed, as Grogan (2001) has argued, dieting to lose weight is a sign of body dissatisfaction.

Jamila shared with me her thoughts on her dieting: "…where you feel really depressed and then you're like I have to, I'm going to like torture myself, I don't really care. I just need to lose weight now. And you do it out of a place of depression" (Jamila, 2023). Khadija recalled her experiences of going on "a detox diet, that was a craze at the time… but it wasn't a sustainable diet because it was very extreme" (Khadija, 2023). Khadija described a "fad" diet. Fad diets are "usually liquid protein diets or all-fruit diets" (Grogan, 2001, p.43). These usually involve low-calorie protein meal replacements or living off fruit for set periods of time. A motivation for participating in popular fad diets is that women do not want to feel excluded or stand out by not joining in on something that others, including thin women, are doing.

Moreover, a few of the women of this study reported losing extreme, if not dangerous amounts, of weight in short periods of time. Zainab explained: "I didn't follow the diet exactly how it is; I just followed the basic principles. I would just eat protein basically… On a good day, I could lose between half a kilogram to a kilogram in a day" (Zainab, 2023). Zainab describes the adverse effects that eating too little and skipping meals had on her health and weight: "But then once I was on an eating plan and this lady [a Muslim Indian South African woman who helped other women lose weight by creating eating plans for them] told me, 'it's not that you're eating too much that you're gaining weight, it's because you eat too little, so your body goes into starvation mode'…" (Zainab, 2023). When Zainab did eat, especially as she would get hungry late at night, she explained to me in her interview what she had learned: "your body stores all of that" (Zainab, 2023). Moreover, in the previous chapters, I have quoted from my reflexive journal and discussed diets that I have been on, including a diet supervised by a medical doctor, in which I had felt physically unwell (Rawat, 2023). Thus, the women in this study sometimes went to dieting extremes which compromised their physical and mental health for weight loss, because while health is not always observable, 'fatness' is very much visible and stigmatised.

Three women of this study recall being put on diets during their adolescent years (Fatima, 2023; Jamila, 2023; Rawat, 2023). Through the lens of social constructionism (Burr, 2015), we can see that our thoughts and behaviours are often shaped by our social contexts. Therefore, weight loss methods and dieting are normalised in the eyes of young girls through the encouragement of the world around them, and as women, they retain this belief, and often see dieting as a normal activity that women engage in. Lawrence et al. (2022) have argued that this normalisation can also occur through a frequent type of weight stigma against women whereby women experience judgemental diet or eating-based comments, scrutiny, or restriction from family.

As 'fat' girls, these women were put on diets before they had the knowledge or insight into what caused their weight gain. Generic diets were recommended by doctors and dieticians without deeper investigation into what was wrong physiologically or biologically, and they were only later diagnosed with a health condition, such as PCOS. On the other hand, when

Jamila was diagnosed with PCOS as a teenager, she was put on unrealistic diets which would be difficult for the average teenager to follow. Jamila explained to me:

> they say okay you need to follow this diet; you need to not eat this; you need to cut out sugar. Those were probably my first attempts to control weight. It was their decision, because they said you can't get your period back, or you can't regulate your hormones, or you can't regulate your sugar without being thinner (Jamila, 2023).

Emphasis was placed on weight loss, and the only solutions suggested were unsustainable diets.

Moreover, not only does past literature report that many daughters first learned about dieting from their mothers who are dieting themselves (Murray, 2020), girls were often put on their first diets by their mothers. This is true for three of the women in this study. Fatima says about her first recollections of dieting, "No, it wouldn't have been my decision. It would have been like people trying to help. Maybe my mother" (Fatima, 2023). In my reflexive journal, I wrote: "My first memory of dieting was when I was in Grade seven, I was probably twelve. We had all gone on this diet, including my mother. It was an extreme diet, low calorie, and a very restricted list of 'allowed' food" (Rawat, 2023). My mother had been a frequent dieter, and through her influence, I've been on many diets throughout my teen years. This pattern is also present in Fatima's and Jamila's relationship with dieting. Fatima had been put on diets at a young age by her mother, Ayesha, and subsequently, Fatima's daughter, Jamila, was introduced to dieting from adolescence too. This is evidence of a cycle continuing, and because it was normalised for Fatima, even though she does not have a good opinion of dieting, she encouraged her own daughter to diet.

The women in this study who have engaged in dieting often described feelings of deprivation and noted how diets had an adverse effect on their mood, especially when they were banned from eating foods that brought them joy. Jamila described her feelings of deprivation and frustration when on a diet: "if I'm eating ten bowls of salad, and I'm looking at the thing that I want to eat, and I'm like 'Agh, I have to eat this stupid salad'" (Jamila, 2023). Hence, when these women felt as if they were being restricted or deprived, especially from the foods that they enjoyed, they noticed adverse effects on their mental health, as Fatima stated: "I always felt worse mentally on a diet" (Fatima, 2023). Yet, these women continued dieting, due to their experiences of weight stigma and body dissatisfaction as already discussed.

For this study, Fatima gave me one of her weight loss workbooks she used in the past, though she could not recall in which year she bought or filled it in. It is entitled *Diets Don't Work: How to lose weight and keep it off* by Bob Schwartz (1994). This popular workbook is centred around how diets do not work. In this guided workbook, she answered the questions that the author had put forth. She documented how she felt during past diets: "I've failed. I feel deprived. I feel out of control. I rebel. I become anxious. I become pessimistic. I become negative. I hurt myself. I hate myself" (Fatima, n.d.). She also wrote: "They make you eat more. They don't solve the problem. They make it worse" (Fatima, n.d.). When asked about the above journal entry, Fatima clarified that she did not hurt herself physically, but mentally, through negative and wounding thoughts about herself, and through emotional eating, which lead to weight gain and then further weight stigma (Fatima, 2023).

Therefore, not only can diets cause physical harm, but they may also lead to psychological distress, as mentioned in the previous theme. These negative emotions that arise during diets may make it harder to stick to the diets but may also lead to the women turning back to food to deal with the negative emotions, which may lead to weight gain. Indeed, dieting is associated with weight gain, overeating, a decrease in self-esteem and an increase in body dissatisfaction. There may also be guilt after the lapse in dieting and in response to weight gain (Grogan, 2001).

Hence, the women of this study often engaged in harmful and yoyo dieting due to their desperation to lose weight. This desperation grew from the pervasive and persistent weight stigma that the women of this study experienced in their family and community, whereby 'thinness' was promoted as the ideal body type, and 'fatness' was constructed as an unattractive and undesirable physical trait that should be avoided or changed at all costs. Therefore, because of the weight stigma which is perpetuated through ways such as weight-based comments, ineligibility for marriage of 'fat' women, and the lack of 'plus sized' clothes, the women of this study frequently engaged in weight loss attempts, even though these weight loss attempts had often negatively affected their mental and physical health.

6.4 Negative views of 'fatness'

As part of the being done by those working in the area of fat feminism, and scholars of fat studies, the word 'fat' is being taken back as a solely descriptive word and separated it from harmful connotations (Murray, 2020). As words and concepts are socially constructed by society (Burr, 2015; Gergen, 1985), exploring how the women of this study view the word 'fat' not only gives us further insight into how 'fatness' is constructed and conveyed in our community, but it also highlights how these women really feel about themselves and about being 'fat'. As fat feminists believe that 'fat' people can embrace their 'fat' identity, and indeed they may even view it in a positive light (Pause, 2012), adverse reactions to the word 'fat' may indicate that the women in this study have not embraced 'fat' as a positive identity. By examining how these women view the word 'fat', we can further assess their experiences with weight stigma and highlight signs of internalised weight stigma.

Five out of the seven women of this study shared how the word 'fat' was either seen as a negative word or as an insult. This is in line with the general view of the word 'fat', as highlighted in past literature (Boling, 2011; Spratt, 2023). Interestingly, Dion & Tachet (2020) depicted how people from the plus sized fashion industry used every other word to describe their target market other than the word 'fat', due to its negative connotations. The word 'fat' is considered to be a harsh word (Dion & Tachet, 2020). The women in this study similarly reported that if anyone had to call them 'fat', they would feel offended. Over the years, 'fat' has been used against them, it has been used almost like a weapon. Through experience, these women have learnt that the word 'fat' is bad. They have been called 'fat' by people who intended to insult, offend, or hurt them, and therefore, the word 'fat' is associated with negative memories. Jamila explained how she had been taught to view the word 'fat' as an insult: "It's negative to me. I feel offended. Well, still, my mother's brothers will say fatty or fatso, like that's bullying, it's used as an insult because they feel like it's something negative to hold over you that they don't have" (Jamila, 2023).

As social constructionism has highlighted (Burr, 2015), people learn the meanings of phenomena through their discourses and conversations with others. If those around you, especially close family members and those significantly older than you, have taught you that the word 'fat' can be used as an insult, you are probably going to adopt that mindset,

especially when you're younger. Additionally, the more frequent and severe your experiences with the word 'fat' are, the more likely that word will have some traumatic association with it.

'Fat' people also use 'fat' as an insult, and therefore, sometimes perpetuate the negative power of the word. Two of the women of this study confess to having used the word 'fat' in a negative way. While Jamila used the word 'fat' to self-label herself deprecatingly as a way to say it first before anyone else does or to gauge other people's reactions to the word (Jamila, 2023), Khadija admitted that she has used it as an insult against her younger sister, Zainab. Khadija acknowledged the power that the word 'fat' possesses in which to offend or hurt another person: "… when I fight with Zainab, I do use it, which is bad, but it is not specific to that she is fat. I just use it as a weapon, which is bad" (Khadija, 2023). So not only have we been taught that the word 'fat' can hurt us, but we have also learnt that we can use the word 'fat' to hurt others.

Society decided that 'fat' was bad, and we internalised those beliefs. In my reflexive journal, I highlighted how I had internalised weight stigma, and thereby, applied societal 'fat' stereotypes to myself: "Growing up, I never associated true success with being fat. Having your dreams come true just wasn't something that happened to fat people like me. I had always pictured all my dreams coming true when I am thin" (Rawat, 2023). We learned to not only see 'fat' as a negative physical attribute, but it has been connected to so many other aspects of our lives, such as our self-worth, our careers, and our relationships. The word 'fat' has come to mean something negative about who we are as people. Society has normalised negative stereotypes of 'fat' people as degraded beings, and that "fat is a 'discredited attribute'" (Farrell, 2011, p. 118). Becoming 'fat' represents a loss in social and economic status. A 'fat' body is a less civilised body (Farrell, 2011).

Three women of this study shared that 'fatness' is not a commonly discussed topic, and that it is a sensitive subject (Fatima, 2023; Khadija, 2023; Maryam, 2023). It is important to note that talking about what it means to be 'fat' is different from discussions on how not to be 'fat'. The absence of discussions on what it means to be 'fat', especially as a female, is a problem. Weight gain is a normal part of life, and when we do not talk about it, a bubble of

shame surrounds weight gain. People who have gained weight or who are 'fat' become reserved about their feelings or experiences. Fatima explains the difficulties that 'fat' people have in sharing their experiences due to the fear of insensitive weight-based responses:

> I think that fat people are very embarrassed to say that they have struggles and problems with those things. They try to act as if there's no issue because if they say there's an issue, people will say 'Oh, well then lose weight' because that's what people like to say to overweight people (Fatima, 2023).

'Fat' people feel as if it is unsafe to talk about their experiences because they believe that they will face further stigmatisation and judgement. While the women of this study have shared their various experiences of weight stigma, and how their female family members have both indirectly and directly encouraged weight loss and thinness and denigrated 'fatness', none of these women have shared any stories of their mothers, grandmothers or female relatives encouraging body acceptance or of these women having an open and honest conversation together on what it means to live as a 'fat' girl or woman in this world. 'Fat' girls and women are not prepared or armoured for a world that values thinness.

Two women of this study have also incorporated and internalised the negative views of 'fatness' which are prevalent in our community. These two women also happen to be the eldest women of the study. Through their use of certain words and descriptions, they have conveyed the opinion that 'fat' is not congruent with looking "smart", meaning good or attractive. While they do not directly say that 'fat' people are ugly; 'fatness' is always a state of being that is far removed from looking smart. As an example, Maryam noted in her interview: "…when they are aware of it [being fat], it is better. Then they're aware, like 'shoh, I didn't realise, I always thought I looked so smart and slim and trim'" (Maryam, 2023). From my interpretation, this indicates that a 'fat' person cannot be aware of their 'fatness' and think that they look smart or good simultaneously.

Ayesha discussed thinness and 'fatness' in a similar manner. She implied that being thin is attractive and being 'fat' is unattractive: "I see that many a time, men want thin, skinny women who look beautiful and smart… But after that person gives birth to their first child, she's gone haywire, all that thinness is gone, and she's bloated and fat" (Ayesha, 2023). Once again, the word "smart" is used, and perhaps it is a generational thing, as both Ayesha and Maryam are the two eldest women of this study. Being "smart" is associated with being thin,

while being ‘fat’ is the opposite. While these women did not overtly say that ‘fat’ is unattractive, some of their views came out in these indirect ways.

6.5 Age related changes to weight perceptions

Five of the seven women in my study reported positive changes to internal and external weight perceptions as they aged, and four out of these five women were consecutively the oldest women in the study. As similarly seen in some of the literature, older women can appreciate their bodies more, and are better able to value their bodies for attributes unrelated to physical appearance (Ricciardelli et al., 2018). Indeed, Fatima attributed her decrease in self-consciousness to her age: “And then age also, at some point, you don’t really care what people think about you” (Fatima, 2023). Certainly, studies show that some older women experience higher rates of body acceptance and confidence as they age (Thomas et al., 2019). As ascertained from their responses, these women depicted changes in how they perceived and approached their bodies.

There is now a greater focus on health rather than just weight loss, whereby in the past, some of these women sacrificed their health through undereating and overexercising to lose weight. A few of these women, as discussed in the previous theme about dieting, now acknowledge that their past approaches to weight loss were not healthy. As older women, they have gained insight and awareness into what is good for their physical and mental health. This shift is seen in Jamila, who while only in her early thirties, has discarded dieting as an option for improving health or losing weight: “I would not go on another diet. I wouldn’t because I don’t think it is mentally healthy to do something like that. Something that is not sustainable forever. Your health is for your whole life. You need to do something that you can realistically do forever” (Jamila, 2023). This statement depicts a shift away from fad diets and quick fixes to healthy lifestyle changes.

It seems that as these women age, they prioritise other aspects of their life over body weight, and some of the women in this study have grown to accept their size and appearance. Khadija is in her late thirties, and she highlighted the following: “I think you get to a stage in your life, more so to do with age rather than anything else, that you think life is about more than just being skinny and looking pretty or looking the best” (Khadija, 2023). Hence, there is a

shift away from preoccupation with appearance, as other concerns have taken centre stage, such as their family or career.

The two oldest women believe that society has accepted their weight and body size as they have aged. This is contrary to the changes seen in the younger women who have reported an internal positive shift in how they view their own body size and weight, and how they have changed their own priorities, despite society. The two oldest women perceive society to be accepting of their body size as older women, and this has facilitated their own acceptance of their bodies. Maryam explains that, in her experience, society accepts weight gain in older women as it is a natural process of aging: "And I suppose as I age, people just accepted me as I am because obviously you can't see the skinny Maryam that was seventeen years old" (Maryam, 2023). These women believe that their age is the reason for weight acceptance, and being accepted for their current body size is still important to them. Just like Maryam, Ayesha used the word "accept" to explain the decrease in weight stigma as she ages: "That was long ago in the past, in my younger days. But now nobody actually talks about it because they accept it" (Ayesha, 2023).

However, while both these older women reported higher levels of body acceptance from society and lower levels of weight stigma due to their age, the younger women, even though they are in their late twenties and thirties, reported no significant changes from society. Thus, society is less accepting of young 'fat' women, and as a result, 'fat' young women are less accepting of their bodies as they experience greater pressure from society to be thin. Indeed, beauty standards which are portrayed by the media usually employ young women as models (Ricciardelli et al., 2018).

Four of the women in this study discussed positive 'fat' role models in the media, and this could be a factor that has contributed to positive changes in their perceptions of their own body and size. As the women have grown older, not only have their own life experiences aided them in developing a better view of their own body size and weight, but as the years have gone by, there has been a progression in positive 'fat' representation in the media, which includes television, printed media, and social media. Positive 'fat' representation shifts the narratives that these women have in their minds of the limitations of being 'fat' and allows

them to see ‘fat’ people as successful and worthy. Fatima described the changes that she had noticed in the media in relation to the increase in bigger-sized celebrities and famous figures:

> And then people started coming onto the Hollywood scene… and in the music industry…And society changed a little bit, as well. And they started seeing that people are overweight and they’re fat, they still have value. And it doesn’t take away from their other talents (Fatima, 2023).

Indeed, even in Bollywood, there have been a few attempts to reframe ‘fatness’ by incorporating positive portrayals of ‘fat’ female protagonists in movies. This may assist in breaking public stereotypes and perceptions and redefining and reopening beauty ideals (Singh, 2018). Being exposed to positive representation of ‘fat’ women helps women to perceive their bodies in a positive light and helps to break down some of the pervasive ‘fat’ stereotypes, such as that ‘fat’ people are lazy, stupid, and unsuccessful.

6.6 Conclusion

This chapter has examined the consequences of weight perceptions, such as weight stigma, on the lived experiences of the women in this study, and it has explored whether age has influenced how these women view their appearance and body size. This chapter has discussed the negative emotions, psychological distress, and body insecurity that these women have faced in relation to their body size, and the diets and extreme methods they have engaged in to lose weight quickly. These women also shared their negative experiences and perceptions of the word ‘fat’, which is mostly known as an insult, and which has powerful harmful connotations beyond just describing physical appearance. Lastly, it was noted that there have been positive age-related changes to weight perceptions, and as women age, not only are they more accepting of their own bodies, but society is also more accepting of older women with larger body sizes.

CHAPTER 7

SUMMARY, CONCLUSION AND RECOMMENDATIONS

6.1 Introduction

This chapter summarises the study's findings, which have been analysed and discussed utilising past literature and the three chosen theories, which are social constructionism, fat feminism, and intersectionality. These findings refer to and answer this dissertation's research questions and research objectives. Additionally, this chapter considers the contributions and importance of this study, and once again highlights the gap in the literature which it has attempted to address. Finally, this chapter concludes with recommendations and suggestions for further future research in relation to weight perceptions in the Muslim Indian South African community.

6.2 Summary of this study's findings

This section is a condensed summary of the research questions and the related findings of this study.

6.2.1 The first research question

What do these Muslim Indian South African women, including myself, perceive to be the factors that have influenced our body size? There is a myriad of factors that contribute to weight gain. The women of this study reported both physiological and psychological causes. The physiological causes included endocrinological conditions and eating habits. The most common endocrinological condition present in these women is polycystic ovarian syndrome (PCOS), which contributed to physiological and behavioural causes of weight gain. Intersectionality facilitated the exploration of multiple intersecting identities and medical conditions of the participants of this study, such as being Indian females with PCOS, and how this combination aided weight gain, which resulted in these women experiencing stigma and discrimination in their community. Eating habits also fall under physiological causes as what we eat impacts our physiology which leads to weight gain. Many of these women reported eating higher levels of carbohydrates and that they primarily ate a traditional Indian diet, which can be high in fats.

Psychological causes of weight gain included stress, emotional eating, and the fear of public exercising. Multiple women of this study reported high levels of stress, especially when they first noticed drastic weight gain. One of the sources of stress for the Muslim Indian women of this study was having to shoulder the responsibility of taking care of their family, household, and children on top of any other responsibilities they may have had. These gendered duties and obligations are deep rooted in the traditional and cultural dynamics of a Muslim Indian household. Stress can lead to weight gain independent of emotional eating; however, stress can also increase one's appetite and craving for emotionally soothing foods. Furthermore, due to weight stigma and body insecurity, these women reported anxiety about exercising in public, which included exercising in a gym or going for a walk. Fat feminism helped illuminate that 'fat' women in this study avoided public exercise and physical activity due to weight stigma or the lack of body diverse clothing in the fitness world, which is a type of oppression and injustice faced by 'fat' individuals which limits their daily living.

6.2.2 The second research question

What factors have shaped or influenced women's perceptions in this family, including my own, about body size and body image? These women experienced frequent weight-based discrimination and comments. Through fat feminism, it was highlighted that the women of this study were hyperaware of their bigger body sizes and its connotations in society. These women have been programmed to be vigilant of the beauty ideals and size ideals in their community. South African Muslim Indians depict the same beauty ideals present in India. These beauty standards do not only include thinness, but light skin, tallness, and long straight hair too. In this culture, 'fatness' cancels out any other beauty standards that are met, rendering thinness the most significant criteria to be fulfilled to be considered attractive. In this study, the older generation of woman, such as Ayesha and Maryam, do not possess university qualifications. Both women have been in heterosexual marriages for most of their lives in which they have both had children. The younger generation of women, such as Fatima, Khadija, Zainab, Jamila, and myself, all possess university qualifications. Moreover, these younger and educated women are aware that the thin ideal they were exposed to as young girls reflects the weight perceptions dominant in their society and should not be accepted uncritically. This indicates that the younger women have not entirely internalised

societal weight perceptions into their belief systems, in contrast to the older women of this study who portray internalised societal beauty standards as their own. These younger Muslim women may possess greater awareness of the manner in which society constructs beauty ideals due to their higher education.

Ayesha, the oldest women in this study, has memories of being teased for her weight as a young girl, which indicates that weight stigma was present in the Muslim Indian community prior to the introduction of home televisions and high exposure to Western media towards the later decades of the 20th century. From a young age, most of these women were taught that thin is beautiful and 'fat' is unattractive and implies negative characteristics of an individual. This 'education' might have been the result of directly receiving comments about their bodies or hearing comments being made about someone else's body size. By utilising social constructionism, this study has explored the conviction that 'fat' is a negative trait and thin is a positive trait in the Muslim Indian South African community, which has been taught to most of these women from a young age. Moreover, when analysing the data through an intersectional lens, this study highlights that 'fat' is an identity due to the power of this characteristic to shape distinct lived experiences.

Getting married is a major traditional and cultural practice in Muslim Indian communities and is strongly encouraged in Islam. Moreover, in a Muslim Indian South African household, the status and role of a woman is primarily one of a wife and mother. Hence, there is a cultural logic that to be a successful Muslim Indian South African woman, one must secure a husband, and to do so, one must be thin to increase one's chances of success attracting a Muslim Indian South African man. Fat' Muslim Indian women face countless pressure to lose weight so that 'a man would want to marry them'. This has not changed much from generations of the past to the current generation. The pressure to get married, which subsequently leads to pressure to meet cultural beauty standards, such as thinness, is still heavily placed on contemporary Muslim Indian South African women, like the pressures that their mothers and grandmothers have faced.

Indeed, Muslim Indian mothers monitor their daughter's weight because they fear their daughter will not get married and will be unhappy in their community. Marriage practices in

this community facilitate judging marriage prospects by appearance. Prior to agreeing to meet a marriage prospect, it has become the habit for photos to be exchanged. If a meeting is agreed to, the meetings are restricted by time, and often are conducive to quick judgements on appearance. There is also the popular belief that Muslim Indian men do not want 'fat' wives. This could be linked to the stereotype that 'fat' people are lazy and indolent, which Muslim Indians would view as problematic as in a Muslim Indian household, wives and daughters-in-law have many duties, including housework.

From an intersectional point of view, the findings of this study emphasise that many of these women have had negative experiences regarding being denounced as ineligible for marriage or losing their marriageability status during marriage due to being 'fat' Muslim Indian South African women. This is a unique ethnic and cultural experience which may not apply to other 'fat' women of different ethnicities or cultures. Through Social constructionism, the findings also showcased that 'fat' has been given negative and adverse meanings by this community. With fat feminism, it is underlined how thin Muslim Indian South African women are placed at an advantage over 'fat' women when it comes to marriage, hence highlighting how 'fat' can disadvantage women in this community.

These women reported having experienced comments from both men and women. Most frequently, most of these women received comments from female relatives, such as their mothers or aunts, or they observed their mother's or aunts trying to lose weight. However, some of these women remembered receiving specific hurtful comments about body size from male relatives, such as their fathers or uncles, and sometimes from men in their community, such as teachers. An immediate Muslim Indian South African household does not only consist of the parents and children, but may also include the grandparents, uncles, aunts, and cousins, all of whom may live in the same house or on the same property. Hence, weight stigma perpetuated by family members other than parents hold more weight in these households compared to more Western households where one's immediate family is smaller and only includes the parents and children. As seen in this study, these women have close and intimate relationships with a while array of family members, such as uncles and aunts, which results in the weight-based teasing and abuse from these individuals to hold more power and have the ability to do more emotional damage. Furthermore, Indian Muslim families often socialise

together, such as family functions, weddings, and religious holidays, and this increases one's exposure to their extended family.

Intersectionality was used in this study to explore the role that identities played in the lives of these 'fat' Muslim Indian South African women. Through the accounts of some of these women, the belief that weight stigma and weight-based discrimination originates from the Indian culture and not from Islam, the religion, is highlighted. Hence, these women's experiences are not only influenced by simultaneously being Muslim and Indian, but their lived experiences of weight stigma are impacted by whether they and the people around them identify more with the Indian culture or more with their religion, Islam. Islamic scriptures promote body acceptance and discourage superficiality based on appearance, however, by examining the stories of these Muslim women, there is an absence of Muslim parents using Islamic scripture to teach their young girls to accept or appreciate their differences in body size and body appearance. However, two women of this study have higher education in Islamic studies which has facilitated their awareness of Islam's view on body acceptance.

These women also reported difficulties in finding Western plus sized clothing, and that a lack of suitable clothing reinforced adverse feelings towards their own body size. Islam discourages tight and revealing clothing. 'Fat' women have a greater challenge with Western clothing as they struggle to locate clothing that is loose and which does not show the shape of the body, thereby meeting their religious standards. Many of the women of this study share that Islamic dressing, which is loose and flowing, reduces their feelings of self-consciousness and body insecurity as Islamic-styled clothing does not emphasise body size. Not all the women of this study wear Islamic dressing daily, but there is consensus that Islamic clothing, such as cloaks, allow Muslim women the freedom to not obsess over their body shape. However, some Muslim women see this freedom in a negative light as they believe that Islamic dressing is a form of 'hiding' your body size, and that it facilitates further weight gain. Indeed, some Muslim Indian South African women in the community advise other women to not wear cloaks on this account.

Lastly, a few of these women have had multiple negative experiences with doctors whereby they felt that some of their healthcare professionals exhibited 'fat' stereotypes and

discriminatory attitudes against them. Furthermore, this study has included the websites and social media pages which display weight stigmatising content of a few Muslim Indian South African doctors who specialise in weight loss and aesthetics. The inclusion of fat feminism in this study provided a lens in which to view the lack of plus sized clothes and the inferior care provided by healthcare professionals to bigger sized patients as forms of oppression and discrimination against 'fat' people, as these are negative experiences that only 'fat' people face. However, the women in this study reported no significant weight stigma in the media in their community, such as Muslim, Indian, or South African specific media that stigmatises weight.

6.2.3 The third research question

How have perceptions about their weight influenced these women's lives, including my own (e.g., physically, psychologically, and socio-culturally etc.)? Amongst these Muslim Indian South African women, body shaming often centres around a woman's body being too 'fat' to attract a husband, but it is sometimes disguised as concern for one's health. These Muslim Indian South African women have received comments about what they are eating, their misperceived lack of exercise, the incorrect linking of all ill-health to their weight, and social exclusion due to their bigger body sizes, all of which are perceived as body shaming by the receivers.

The youngest generation of woman in this study, such as Zainab, Jamila, and Azeeza, have been 'fat' for most of their lives and have never been married. They are now past the typical age that women get married in their community. Muslim Indians place a strong emphasis on family and marriage, thus being 'fat' and deemed unfit for marriage have worse consequences for Muslim Indians than it might in other communities. Hence, 'fat' Muslim Indian women may face stigma due to their larger body sizes and stigma for being unmarried. In Muslim communities, due to religious reasons, many women find husbands by being set up by family and friends, however, 'fat' women either get set up less than thin women or do not get set up at all.

These women reported feelings of psychological distress (such as sadness, anger, or anxiety) in relation to their body size or weight gain, and they shared feelings of body insecurity. They

worried about how they would be perceived by others due to their body size, and due to this, they reported that they sought to hide away and did not engage in many activities that they wished to do. The women in this study believe that their lives have been and will continue to be restricted by their weight. By using social constructionism, this study discovered that because most of these women have internalised the negative and damaging beliefs about bigger body sizes that are prevalent in their community, this has subsequently led to these women experiencing feelings of sadness, worry or insecurity in relation to their own bigger body sizes. Hence, these women have incorporated society's construction of what it means to be 'fat' (external) into their own view of bigger sized bodies (internal).

Moreover, they saw the word 'fat' as an insult, with negative, offensive, and hurtful associations and connotations. Through a fat feminist lens, we come to understand that the women of this study have not yet embraced the term 'fat', and as such, they have not adopted 'fat' as a positive identity. Indeed, the word 'fat' is not even neutral to these women, but distinctly negative. This contributed to the employment of various weight loss efforts and yoyo dieting in the attempt to lose weight and become thin. Many of these women have engaged in diets that have been harmful to their health as they were desperate to lose weight. However, they were unable to sustain the diets or sustain the weight loss.

The literature on fat feminism has been used to understand the behaviour of the women of this study. These Muslim Indian South African women have been taught from a young age by their community that it is unacceptable to be 'fat', which is the source of their desperation to lose weight, and a reason for why they engaged in diets that were detrimental to their physical and mental health. Many of these women have spent much money, time, and energy on dieting. This was a result of being exposed to the world of dieting from a young age, either by having been put on diets by their mothers, watching their mothers and aunts' diet, or being burdened with continuous diet advice from the people around them.

'Fat' phobic and weight stigmatic perceptions in the South African Muslim Indian community have negatively impacted these women's lives in a socio-cultural manner. Due to being aware of weight stigma in their community, this has made many of the women in this study self-conscious of their bodies, as well as, fearful of being a victim of weight stigma.

Hence, many of these women have experienced anxiety and avoid engaging in physical activity in public or social settings. They experience body insecurity and are self-conscious in social situations and around their friends and family. Furthermore, weight stigma in this community has significantly diminished marriage prospects for 'fat' women, thereby negatively impacting their chance of being in a romantic relationship and starting a family, should they wish to.

6.2.4 The fourth research question

Have there been changes in terms of these women's experiences, including my own, of body size and body image over time? If so, in what ways? Most of the women in this study reported having experienced positive changes in their weight perceptions over time. As they have aged, three of the women (aged 32, 37 and 52) shared more accepting and kinder changes in how they viewed their own body size. Additionally, two more women (aged 68 and 77) shared positive changes to how society viewed their bigger body sizes. There is a greater emphasis on other aspects of their lives, such as their career and family, and there is less focus on their body size and appearance. Over time, there was also a less rigid concentration on weight loss, and more on health. Many of these women reported that they would not engage in another diet.

Likewise, the two elder women of the study shared that society is more accepting and tolerating of their larger body sizes now that they are older. However, both these older women were thin when they were younger and had already married and had children. Therefore, society may be more accepting now as these women have already 'fulfilled' their feminine duties, and because both these women have both passed the age in which they are required to fit within social conventions and beauty standards, such as being thin, to attract a mate. Subsequently, due to the acceptance from society, both these older women have become more accepting of their own bodies.

Furthermore, changes in how some of the women in this study view their own body size has been positively influenced by the increase over the past few years of 'fat' celebrities, 'fat' female figures and 'fat' positivity in the media. Muslim women have increasing access to Western media, the internet, and social media, hence 'fat' representation in Western movies,

magazines and music has a positive effect on them too. This could be another contributing factor to the difference in how the younger and older generations describe the ideal woman. While the younger generations of women in my study distanced themselves from the prevalent preference for the thin ideal in society, by stating that society views the ideal woman as thin, the older generation did not separate their view from society's view, and therefore, incorporated the thin ideal into their own definition of the ideal woman. Hence, the younger generation possessed a greater awareness of how beauty ideals are constructed by society.

However, these Muslim women specifically turn to their religion and Islamic scriptures as a shield against weight stigma. Islam is anti-discrimination and anti-prejudice in relation to body size and appearance, and the women of this study find solace and comfort in their religion by educating themselves on how Islam defines well-being and health. This has worked as a mental barrier against the body size judgement that they face in their families. Furthermore, a few Muslim women of this study have adopted or are attempting to adopt Islamic dressing, which does not show the shape and curves of a body. By doing so, they feel less self-conscious and uncomfortable in their clothing, and they experience fewer daily challenges, such as the struggle of finding suitable Western styled plus sized clothing.

6.3 This study's contribution to research

A significant portion of the studies which have examined weight perceptions in South Africa are quantitative studies, and many of these studies have focused on the black (African) population. While there have been few studies that have investigated weight perceptions and/or weight stigma amongst different racial groups in South Africa, these have not been in-depth qualitative studies. Furthermore, the researcher has not come across any qualitative studies which investigated weight perceptions amongst 'fat' or thin Muslim Indian women in South Africa. Another important aspect is that despite there being a high number of 'fat' people in South Africa, the field of fat studies is underdeveloped in our country. Fat studies is a discipline that explores the 'fat' experience and is growing in many Western and European countries.

Highlighting the experiences of ‘fat’ Muslim Indian women in South Africa not only contributes to the theory of fat feminism, but also brings awareness to the existence of weight stigma in this community. Weight stigma negatively affects both thin and ‘fat’ women. While thin women may spend a significant amount of their time trying to maintain their thinness, ‘fat’ women are stigmatised in their daily lives. The first step to combatting stigma and discrimination is being aware of it. However, to also address this stigma efficiently, it is important to hear directly from the people who have been and continue to be stigmatised, which in this case are ‘fat’ women in the Muslim Indian South African community. It is important to educate society on the different causes of weight gain and of the different consequences of weight stigma. This study also gave these women a chance to share their stories, an activity which would have been rarely engaged in independently as there is a lot of shame and embarrassment that surrounds the topic of body size or ‘fatness’. Furthermore, by doing research on this topic, the researcher hopes to normalise the topic of addressing body size and weight stigma, which may help other ‘fat’ women who may read this dissertation in knowing that they are not alone but also in being comfortable in sharing their stories.

Moreover, this study examined how beliefs about femininity and beauty standards are passed down through the generations in the Muslim Indian South African community, which subsequently contributes to social constructionism theory, and how social constructionism is a valuable theory with which to investigate weight perceptions and weight stigma. By analysing the stories and experiences of a variety of women from one family, a pattern becomes evident in which one can follow how a mother teaches her daughter that being ‘fat’ is unattractive and difficult, and how that daughter becomes a mother and teaches her own daughter the same beliefs, despite the difficulties and troubles that these beliefs have brought her. However, the generational passing down of body size and beauty ideals is not only vertical, but horizontal and diagonal too. Indeed, the women in this study have outlined how mothers, grandmothers, aunts, and other female relatives have shaped how they view their own body. In addition, these older female relatives, especially mothers and aunts, have monitored the eating habits of these women when they were girls, put them on diets, and passed negative weight-based comments. Moreover, as girls, these women have observed their mothers, grandmothers and aunts discussing and engaging in weight loss attempts.

Through the stories of the women in this study, especially the five younger women, ‘fat’ women of marriageable age are harassed by older women in their community to lose weight as these older women are worried that the younger generation of women will not get married if they are not thin. In the Muslim Indian South African community, it is important that daughters get married so that they can fulfil their feminine duties as wives and mothers. In addition, as highlighted by a mother-daughter relationship in the study, a mother may believe that if her daughter was ‘fat’, she would have a more difficult life in their community, which subsequently results in the mother actively trying to help her daughter lose weight through methods such as diets.

Through analysing the stories of women from different generations in their family, the women of this study have depicted a cycle of negative body size beliefs that pass from mother and daughter continuously. Indeed, even when a woman is angry and upset that her mother passed hurtful comments about her weight and put her on diets as a young girl, she has passed (sometimes unconsciously) the same negative and damaging beliefs about bigger sized bodies to her own daughter. Hence, the cycle of body dissatisfaction and body shame continues.

Indeed, in this study, we examined the relationship between three women of three different generations. The grandmother, Ayesha (aged 77) taught her daughter Fatima (aged 52) when she was a little girl that being ‘fat’ was unattractive and undesirable through direct insults and criticisms and put Fatima on a diet as a little girl too. Throughout her younger life, Fatima’s bigger body size brought her feelings of sadness, worry, insecurity and anger. However, as a mother, Fatima unconsciously taught her daughter, Jamila (aged 33), the same belief that ‘fat’ is unattractive, undesirable and a source of unhappiness. Whilst growing up, Jamila watched her mother, frequently diet, and often complain about her weight. Fatima also put Jamila on diets as an adolescent and had often commented on Jamila’s weight gain, whereby Jamila had learned to see ‘fatness’ through her mother’s, and ultimately, by extension, her grandmother’s eyes. Hence, the belief that being ‘fat’ is a negative physical trait has persisted over three generations.

6.5 Recommendations for future research

Recommendations for further research would advise conducting another study with a larger sample of 'fat' Muslim Indian South African women and with women from different families to determine how prevalent weight stigma is amongst a larger and more diverse sample of women from this community. Moreover, while this study focuses on weight stigma that 'fat' women face in the Muslim Indian South African community, this study has also highlighted that men in this community face weight stigma too. Therefore, an important future study could explore the experiences of 'fat' men in the Muslim Indian South African community and explore their experiences with weight perception and weight stigma. This would help to fill an important lacuna in the existing literature with so few studies on weight perception and stigma amongst South African men. Thereafter, it would be easier to compare gender-related similarities and differences of weight perception and stigma in this community.

6.6 Conclusion

This study was conducted in a qualitative and autoethnographic manner to explore the lived experiences of 'fat' Muslim Indian South African women in their community. During the data collection process, focus was paid to gender and beauty ideals, weight stigma and weight perceptions and psychological well-being. The findings of this study highlighted that these Muslim Indian South African women contributed their weight gain to various factors such as stress, emotional eating, endocrinological illnesses and eating habits. The study's findings also indicate that there has, and continues to be, a persistent and pervasive thin ideal in the Muslim Indian South African community, which places pressure on both women and men to achieve thinness. Women face higher levels of weight stigma than men, whereby thinness is a significant criterion for marriageability for women. Women face weight stigma from both men and women in their community, from the fashion industry and from their doctors. These experiences of weight stigma have contributed to psychological distress, body insecurity, yoyo dieting and negative perceptions of the term 'fat'. However, over time and with age, most of the women in this study, especially the older women, shared positive changes in relation to external and internal weight stigma, and reported that as they have grown older, weight has become less important.

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APPENDICES

APPENDIX 1: UKZN ETHICAL CLEARANCE LETTER

UNIVERSITY OF KWAZULU-NATAL
INYUVESI YAKWAZULU-NATALI

17 October 2022

Azeeza Mohammed Rawat (219076970)
School Of Social Sciences
Howard College

Dear AM Rawat,

Protocol reference number: HSSREC/00004739/2022
Project title: Femininity, weight stigma and well-being: The lived experiences of 'fat' women in an extended Muslim Indian South African family.
Degree: Masters

Approval Notification – Expedited Application

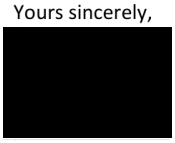
This letter serves to notify you that your application received on 08 September 2022 in connection with the above, was reviewed by the Humanities and Social Sciences Research Ethics Committee (HSSREC) and the protocol has been granted **FULL APPROVAL**.

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number. PLEASE NOTE: Research data should be securely stored in the discipline/department for a period of 5 years.

This approval is valid until 17 October 2023.
To ensure uninterrupted approval of this study beyond the approval expiry date, a progress report must be submitted to the Research Office on the appropriate form 2 - 3 months before the expiry date. A close-out report to be submitted when study is finished.

HSSREC is registered with the South African National Research Ethics Council (REC-040414-040).

Yours sincerely,



Professor Dipane Hlalele (Chair)

/dd

APPENDIX 2: INFORMED CONSENT DOCUMENT

Dear Participant,

My name is Azeeza Rawat (219076970). I am a master's student studying at the University of KwaZulu-Natal, at the Howard College campus in Durban. The title of my research is: Femininity, Weight Stigma and Well-Being: The Lived Experiences of "Fat" Women in an Extended Muslim Indian South African Family.

The researcher of this study is aware of the negative connotations that surround the word "fat" and does not wish to cause any offense. However, in this study, the term "fat" will be used in a critical manner in line with the way "fat" feminists have used it. This means, it will be used in a manner which recognises the socially constructed nature of "fatness" and in a way that seeks to reclaim this word to promote body acceptance. Furthermore, it will be used instead of the medicalised term "overweight" which tends to portray people with bigger body sizes as abnormal or flawed.

The aim of my study is to analyse the factors that have shaped views on femininity, body size, "fatness", and body image of Muslim Indian South African women in one specific family, and to explore the well-being and lived experiences of these women. The study will also focus on the physical, psychological, and social-cultural factors that have contributed to the body sizes of these women and it will examine intergenerational views and experiences of weight gain and body size for these females over time. I am interested in interviewing you to share your experiences and observations on this subject matter.

Please note that:

- The information that you provide will be used for scholarly research only.
- Your participation is entirely voluntary. You have a choice to participate, not to participate or stop participating in the research. You will not be penalized for taking such an action.
- Your views in this interview will be presented anonymously. Neither your name nor identity will be disclosed in any form in the study unless you give me express permission to do so.

- The interview will take between 60 and 90 minutes.
- The record as well as other items associated with the interview will be held in a password-protected file accessible only to myself and my supervisors. After a period of 5 years, in line with the rules of the university, it will be disposed by shredding and burning.
- Should you wish to have a copy of the final research report, please contact the researcher of this study via email. You will be provided with an electronic copy via email.
- Information about counselling services will be provided by the researcher should any participant wish to gain additional support after the interview process.
- If you agree to participate, please sign the declaration attached to this statement (a separate sheet will be provided for signatures).

My contact information is:
Azeeza Rawat
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The Humanities and Social Sciences Research Ethics Committee contact details are as follows:
Telephone: (031) 260 3587/4557/8350
Email: HSSREC@ukzn.ac.za

Thank you for your contribution to this research.

DECLARATION

I…… *(full names of participant*) hereby confirm that I understand the contents of this document and the nature of the research project, and I consent to participating in the research project.

I understand that I am at liberty to withdraw from the project at any time, should I so desire. I understand the intention of the research. I hereby agree to participate.

Please indicate below (by ticking where appropriate) whether or not you are willing to have your identity disclosed by the researcher in this study:

	I consent	I do not consent
Having my identity disclosed in in this study.		

Please indicate (by ticking where appropriate) whether or not you are willing to allow the interview to be recorded on audio equipment:

	I consent	I do not consent
Audio equipment		

SIGNATURE OF PARTICIPANT DATE

……

APPENDIX 3: SEMI-STRUCTURED INTERVIEW SCHEDULE

Biographical Questions

What is your name?

Where do you live?

How old are you?

What is your marital status?

Do you have any children?

What is your highest level of qualification?

What is your current occupation?

1. What does a beautiful Muslim woman of Indian descent in South Africa look like in your mind (i.e., the ideal)? Describe her.
2. Do you fit this ideal? If not, why?
3. How would you describe your current physical and mental health?
    a. Do you eat a balanced diet?
    b. Do you exercise?
4. How would you describe your body and body size?
5. Can you recall when, as well as the circumstances, of the first time you thought about your body size?
6. Do you have challenges with your body size?
    a. What are they?
    b. How long have you had these challenges? (Since you were a child? Only as an adult?)
7. Have you experienced significant weight loss or weight gain (as a child and/or as an adult)?
    a. If yes, can you describe the circumstances and/or reasons or causes of this weight loss or weight gain?
8. Have you ever tried to reduce your body size?
    a. If yes, do you remember your first attempt?
    b. If yes, was this your decision or someone else's?

    c. If yes, what strategy/strategies did you use to try to reduce your body size?
9. Have people ever treated you differently because of your body size? If so, please explain.
10. How do you feel about the word “fat”?
11. Do you believe men and women who have bigger body sizes are treated differently? If so, please explain.
12. How do you view larger body sizes of women?
13. How is body size in women (particularly women with larger body sizes) talked about:
    a. In your family?
    b. In your community?
    c. Is this different from when you were a child?
14. Do you think there has been more pressure on women in your family to conform to a certain body weight than men in your family? If so, please explain. Why do you think this has been the case?
15. What role have other women in your family (e.g., grandmother, mother, aunt, sister, cousin etc.) played in influencing your ideas about weight and body image?
16. What role did men in your family play in influencing your ideas about weight and body image?
17. Are men in your family affected by weight issues? If so, why? If not, why not?
18. Do you think your Muslim culture/religion has in anyway influenced your weight and body image? If so, how?
19. What other factors in South African society have influenced your understandings and perceptions about weight and actions taken around weight?
20. Has your body size shaped or affected your life? If yes, in what ways?
    a. Physically? Psychologically? Emotionally? Socially?
21. Have you ever experienced any discrimination or stigma based on your body size?
    a. Probing: From family, at school, in your culture, in the media?
22. What are your opinions of stereotypes of bigger sized or bigger bodied people?
    a. Prompt if needed: lazy, weak willpower, overeat, don’t exercise, bad people, greedy.
23. Have there been changes in terms of your experiences of or ideas about weight gain, weight loss, body size and body image over time? If so, in what ways?

Auto-ethnographical Interview Schedule for the Researcher:

The answers to the below questions will be answered in a self-reflexive journal, along with the researcher's thoughts, feelings, and memories that surface in response to the interview process and the participants' responses.

1. What do I identify as? For example, race, gender, culture, class etc.
2. Why did I choose this experience to share?
3. What do I hope to gain by sharing these experiences?