An investigation of the relationship between body image and westernisation: A comparison of black rural and urban women.

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DECLARATION

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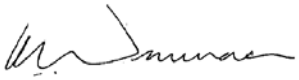

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ABSTRACT

The ideal of thinness as portrayed for western women has shown a relationship between body image concerns and socio-cultural values as found throughout literature. These concerns also extend to Black African women, although research has proved that they usually display fewer body image concerns than their western counterparts. Haynes (1995) found a significant difference in body satisfaction of white women, black rural women and black urban women. Contact with western values (westernisation or acculturation) was, among other reasons, hypothesised to play an important role in such a variation. The current study aimed to partially replicate Haynes' (1995) study, considering that it was conducted over two decades ago. The study used a cross-sectional and correlational design. A quantitative research method was employed for this study. Eighty (80) women positioned in different degrees of westernisation (rural and urban) were studied. The researcher exclusively used Black African women who were hypothesised to be exposed to different levels of westernisation. The one group was from Maqongqo village (rural women) and the other group was from the University of KwaZulu-Natal students from urban areas (urban women). The study sample completed two questionnaires namely: the Eating Research Questionnaire (ERQ) to assess westernisation and Body Shape Questionnaire (BSQ) to assess body satisfaction. Furthermore, the Image Marking Procedure (IMP) and the Moving Calliper Technique (MCT) were both used to assess body image distortion. A scale and tape were used to assess the study sample's weight and height after which their Body Mass Index (BMI) was calculated. Data were analysed using a Statistical Package for Social Sciences. The findings indicated that there was a significant difference in the degree of westernisation between Black African rural women (low westernisation) and Black African urban women (high westernisation). However, no significant differences were found in body satisfaction, body image distortion and weight status as measured by BMI between both black women with low (rural) and black women with high (urban) westernisation. The study concluded that although the urban sample were found to have a higher degree of westernisation, traditional influences prevailed regarding their body satisfaction, body image distortion, and weight status.

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Chapter 1: Introduction

Chapter 1 presents the general orientation of the research project. This is achieved by first providing a brief background of the topic, the research questions, and the objectives of the study. Chapter 1 then provides the motivation and the significance of the study. Lastly, the chapter concludes by presenting a brief outline of all the following chapters.

There is evidence that suggests that western women are pressurised by a society that suggests that thin body sized women have positive attributes whereas larger body sized women have negative attributes (Grogan 2016; Haynes, 1995). The pressure to conform to the ideal desirable body size is associated with negative consequences such as women engaging in maladaptive weight loss behaviours, eating disorders, body dissatisfaction, as well as body image distortion (Grogan, 2016; Polivy & Herman, 1985). In attempts to obtain a desirable body image, women engage in maladaptive weight loss behaviours (Polivy & Herman, 1985).

The thin body size preference is typically associated with western societies. However, Pumariega, Edwards and Mitchell's (1984) study of body image indicated a shift to other cultures besides western culture presented with eating disorders, body dissatisfaction and body image distortion. A decade later, Haynes' (1995) study sought to explore whether other cultures, besides western culture, were also at risk of developing body dissatisfaction and body image distortions. The difference between Pumariega et al's (1984) and Haynes' (1995) studies were the inclusiveness of other non-western cultures.

Culture plays a vital role in determining the 'ideal body size' of women (Ogana & Ojong, 2013). Some non-western societies have been found to prefer larger or voluptuous body sizes and when compared to their white counterparts they have been found to have fewer body image concerns (Kruger, 2005). Ogana and Ojong (2013) found that black Zulu-speaking women's preference indicated a slight shift towards the western ideal of thin body size. It is worth noting that ideal body size is constantly changing and the pressure to conform to ideal body has been found to put pressure on women, leading to body dissatisfaction and body image distortion.

1.1 Motivation for the study

This study aims to partially replicate the study done by Haynes (1995), which was conducted a year after the apartheid era in South Africa ended. This study assumed that Haynes' (1995) study used black women who lived and grew up under oppression. Because of previous segregation, the level of exposure to westernisation of black people then (1995) and today in 2017 has probably increased substantially. The replication of the study 22 years later aimed to determine if the findings would yield the same results in a population that grew up in a democratic South Africa. This study utilised the same methodology as Haynes (1995) and measures the equivalent construct but with a different population of "born frees"; born post-1994 into the newly-democratic South Africa. This study focused on black women whose culture reportedly favours large rather than thin body size but has been exposed to various degree of westernisation (Haynes, 1995).

This study was motivated by the increasing number of young black women who were previously perceived as at 'low risk' of developing eating disorders, body dissatisfaction and body image distortion. This group however has been reported to be presented with eating disorders and body image concerns (Marais, Wassenaar & Kramers, 2003).

This study was concerned with whether black women with different levels of westernisation (for which urban/rural status was used as a proxy measure) differ on body satisfaction, body image distortion and weight status as measured by the Body Mass Index (BMI).

1.2 Research questions

- What is the difference in the degree of westernisation between black women from rural and urban area?
- What is the difference in the degree of body satisfaction between black women with high and low level of westernisation?
- What is the difference in the degree of body image distortion between black women with high and low level westernisation?

- What is the difference in weight status as measured by Body Mass Index (BMI) between women with reported high and low level westernisation?

1.3 Research objectives:

- To partially replicate a research study conducted by Haynes (1995).
- To assess the difference in the degree of westernisation between black rural women and black urban women.
- To assess the difference in the degree of body satisfaction between black women with high and low reported westernisation.
- To assess the difference in the degree of body image distortion between black women with high and low reported westernisation.
- To assess the difference in weight status as measured by Body Mass Index (BMI) between black women with high and low reported westernisation.

1.4 Research layout or outline

This study is comprised of six chapters, which are structured and presented below:

Chapter 1: Introduction

This chapter is the current chapter and presents a general overview of the study. It provides an understanding of the background as well as the motivation for the study. It further presents objectives and research questions.

Chapter 2: Literature review

Chapter two presents an overview of the literature relevant to the study. First, this chapter provides definition of concepts used throughout the study and how these concepts are understood for the purpose of this study. The chapter provides a brief overview of urbanisation and acculturation or adaptation to western culture. Then, it focuses on literature pertaining to the evolution of preferred female body sizes, body dissatisfaction, and body image distortion from both western and non-

western perspectives. Furthermore, literature pertaining to eating disorders and the role of media is to be reviewed. Lastly, the chapter summarises key aspects of the literature discussed.

Chapter 3: Methodology

This chapter describes the methodological procedures employed in this study. The chapter begins by defining the study's aims and hypotheses. The research design is discussed. The instrument and data collection methods used in the study are also described.

Chapter 4: Results

This chapter presents the main findings obtained and describes the main trends with reference to the four hypotheses of the study: degree of westernisation, body satisfaction, body image distortion and weight status as measured by BMI. The results are presented with tables and graphs and a brief description of the results is presented.

Chapter 5: Discussion

This chapter discusses the main findings by drawing together findings obtained with reference to existing literature. This chapter organises the discussion in relation to the study's hypotheses.

Chapter 6: Conclusion and Recommendation

The final chapter presents the end product of the current study. The chapter further presents the limitations of the study and makes future research recommendations.

Chapter 2: Literature review

This chapter presents relevant literature on the study of body image from both traditional and western perspectives. This review provides an overview of the evolution of preferred body size, agreements, and/or disagreements of researchers across the globe and within the African and South African context. The review will focus on body size, body dissatisfaction, and body distortion.

Explanation of key concepts will be presented first. The clarification of concepts provides definition of concepts used in the study. A clarification of some of these key basic concepts is outlined as follows:

2.1 Concept clarification

- **Body Mass Index (BMI)** is used to calculate the index of weight relative to height in order to classify underweight, normal, overweight and obese status (WHO, 2000). The formula for calculating BMI is "weight in kilograms divided by the square of Height in Meters" (WHO, 2000, p. 8).

Table 1 Classification of adults according to BMI

Classification	BMI	Risk of comorbidities
Underweight	<18.50	Low (but risk of other clinical problems increased)
Normal weight	18.50 - 24.99	Average
Overweight	≥25.00	
Obese class I	30.00-34.99	Moderate
Obese class II	35.00 - 39.99	Severe
Obese class III	≥40.00	Very severe

Source: adapted from (WHO, 2000, p. 9).

According to the World Health Organisation it is important to note that "BMI does not distinguish between weight associated with muscle and weight associated with fat, it varies

according to body build and proportion" (WHO, 2000, p. 8). The current study will only use BMI, without distinguishing between weight either associated with body muscle or body fat.

- **Obesity** is a condition whereby an individual has excessive fat that may cause impairment to their health (WHO, 2000) (BMI≥30). Obesity is one of the classifications of BMI. BMI will be used as a variable in the current study.

- **Body image** "is a psychological experience that focuses on the person's feeling and attitude towards their own body" (McCrea, Summerfield & Rosen as cited in Uys & Wassenaar, 1996, p. 1). Hagman et al. (2015) reported that body image includes different dimensions and it focuses on the individual's own thinking, perception, attitude, as well as their behaviour towards their own body. That is, these dimensions include the cognitive or affective dimension, the behavioural dimension and the perceptual dimension.

- **Body image disturbance** includes both body dissatisfaction and body size distortion. It occurs when there is dysfunction in either or both of the components (Hagman et al., 2015).

- **Body dissatisfaction** is when an individual is unhappy or displeased with their current body size, as witnessed by a discrepancy between their ideal body size and current body size (Hawkins, 2013). Body satisfaction is one of the variables measured in the current study.

- **Body size estimation** is the perceptual dimension of body image. It measures how accurately an individual perceives their bodies (Gardner & Brown, 2011). In order to assess body image distortion, participants in the current study were required to estimate the width of specified body parts and these estimates were compared with actual measured sizes.

- **Body image distortion** is misperception or an unrealistic view of a person's own body by either overestimating or underestimating actual body weight, thus indicating that the individual has an inaccurate perception of their body size (Gardner & Brown, 2011). Body image distortion was a variable assessed in the current study.

- **Acculturation** happens when an individual adapts a new cultural value by moving from his or her own culture to adopt a new one (Brokhoff et al., 2012). According to Berry, Phinney, Sam, and Vedder (2006) acculturation is a process that encapsulates a change in the culture and psychology of an individual after interaction with other cultures or after "intercultural contact." The psychological change includes a change in an individual's cultural identity, attitude towards the process of acculturation and social behaviour or skills (Berry et al., 2006). For the purpose of this study, Berry et al.'s definition will be used, as it deals with the psychological alteration.

- **Urbanisation** "The process in which towns and cities grow bigger and more and more people go to live in them" (Rundell & Fox, 2007, p. 1648).

- **Urbanised** changing from living in a rural area to an urban area, city or town (Rundell & Fox, 2007).

- **Westernisation** is when an individual becomes influenced by western American or European values, economic, political, culture, ideas and technology, including ways of doing certain things (Rundell & Fox, 2007)**.**

Although many westernised people are found in urban areas, westernisation does not equate only to urbanisation (Steyn, Nel, Parker, Ayah, & Mbithe, 2012). Hence, this study hypothesised about the westernisation status of the population in question. Urban and rural status will be used as proxy for westernisation.

Having described and defined concepts used in the study, body image is described below.

2.2 Body image

Body image has been studied from the 1980s and has over the years developed researchers' interest as a topic of study (Grogan, 2007). Evidence suggests that western societies prefer women with

thin body sizes, whereas non-western societies prefer women with larger body sizes (Steyn et al., 2012). However, the ideal body size seems to be evolving when looking back to the 1940s, where evidence suggests that the preference has not always been thin body size in western societies. Similarly such a shift seems to hold true for non-western societies. Garner, Garfinkel, Schwartz, and Thompson, (1980) postulates that what is ideal and beautiful evolves over time.

Haynes (1995) suggests that South Africa is an ideal country for the study of cultural relationship to body image because of its multicultural and multi-ethnic population. Szabo and Allwood (2007) emphasised the significance of residence, whether the participants are from urban or rural areas. Both these studies found a positive relationship between westernisation and body image concerns. While black women residing in urban areas reported the desire to be thinner, those in rural areas reported the desire to be bigger (Szabo & Allwood, 2007).

For this study, the researcher used black women only. While it is not the scope of this research study to delve into the political history of South Africa, it is nonetheless important to understand a brief historic overview of South Africa for better comprehension of the selected population. Furthermore, the motive for this study to investigate a population of black women post the apartheid era (or 1994), justifies the need to look at the socio-political history of South Africa. This will give a background and link to the redress in the new South Africa that will tackle issues ranging from urbanisation and how most young black women are adapting, coming from marginalised and previously disadvantage circumstances. The discussion unfolds in the next section.

2.3 Brief history of urbanisation and acculturation

Segregation by race, culture and tribes was enforced during the apartheid era, where black South Africans were also marginalised and oppressed (Nel, 2011). Under this regime, residential landscapes were also racially divided and tribe based. People were subjected under the ‘group areas act’ to ensure racial and cultural segregation (Seekings, 2011)**.** Residential segregation also regulated social interaction between the racial groups (Nel, 2011). The lack of integrated socialisation was exacerbated by the “pass” law, which restricted where black people could live,

work, and roam around. This resulted in an economic hierarchy which saw Whites on top of the economic rank dominating Blacks, Indians and Coloureds collectively (Seekings, 2011).

Studies have indicated that segregation and urban development in South Africa was largely influenced by political-economic ideology (Nel, 2011). Such ideology, restricted and discouraged adaptation of other cultural groups and access to western cultural activities such as media, education, and health care (Nasson, 1986 as cited by Haynes, 1995), all these were largely exclusive to Whites only. As such, it can be concluded that segregation policies in the apartheid era prevented and restrained westernisation, which saw the majority of the black population largely living in rural areas and township locations either in the outskirts of or far away from urban areas. However, there was a change in the post-apartheid era where the new democratic government implemented redress policies aimed at social imbalances, which made it is possible for everyone to live in urban areas irrespective of race (Hamann, 2015).

There was a significant increase of urbanisation after 1994 which has been linked to the demise of apartheid and its segregation laws (Goebel, 2007). An analysis by Nel (2011) indicated that, although rural areas were previously favoured, urban areas became more favourable than rural areas in recent years. Furthermore, he suggested that the apartheid era is likely to account for a preference to live in urban areas because urban areas were more desirable and attractive, although the apartheid itself was not seen as favourable. It can be argued that the fall of apartheid caused people to prefer urban areas because they are also linked to superiority and economic gains compared to the rural areas, which are often despised and seldom linked to economic gains (Hamann, 2015).

The demise of apartheid also gave rise to acculturation. According to Hamann (2015), segregation was also a tool to preserve values and beliefs of a culture to its own people or tribe because the likelihood of social cohesion and influence from other tribes or cultural values was strictly limited. Therefore, interactions amongst various cultures, tribes, race and people increased when segregation by such traits was effectively abolished.

After discussing apartheid policies that may have constrained westernisation, it will be useful to reflect on whether westernisation means the same as modernisation or globalisation. In the process of modernisation, many late modernising societies were borrowing ideas, knowledge and technology, most of which were generated from societies in the west (Khondker, 2004). However, westernisation is not the same as modernisation. Westernisation, in contrast, is more related to social practices, religion and cultural changes. Westernisation as a term is not equivalent to globalisation; however, westernisation can be seen as an aspect of globalisation (Khondker, 2004). Globalisation, like modernisation, is often a fusion. Westernisation as a concept has some value if used only as a descriptive rather than analytic category (Khondker, 2004). As an analytic category it is rather limited.

Acculturation takes many forms, and can be labelled as group acculturation or psychological acculturation. A distinction between these types of acculturation is described as follows by Berry (1997). Group acculturation involves the entire cultural group changing as a collective and adapting to a different culture, whereas psychological acculturation involves a similar change by an individual only.

"The focus of most acculturation theory and research is to understand the effects on an individual as they move from an origin or heritage culture to a new or mainstream culture" (Brokhoff et al., 2012, p. 12).

Acculturation, as relevant to this study, is when an individual (black female) adapts or moves from the traditional culture (way of thinking, doing things) to the new mainstream culture (western). Therefore, in order to measure acculturation there has to be an evaluation of an individual's identification with their traditional or heritage values and the mainstream values (Brokhoff et al., 2012).

Acculturation strategies (Berry, 1986)

- Integration acculturation outcome - occurs when an individual combines both sets of cultural values. It is an integration of the heritage or traditional value with as the mainstream or dominant cultural value.

- Assimilation acculturation outcome - occurs when an individual assimilates or becomes part of the mainstream values at the expense of heritage or the traditional values.
- Separation acculturation outcome - occurs when an individual maintains and retains their heritage of traditional values and separates from the mainstream or dominant culture.
- Marginalisation acculturation outcome - occurs when an individual is marginalised from both sets of values.

Acculturation has outcomes that can have consequences. According to Berry et al. (2006) these are the consequences: stress identity confusion and feelings of assimilation (Berry, 1997).

Berry et al. (2006) argue that acculturation occurs over time. Demographic details such as age, gender, religion, and socio-economic status (SES) play an important role in the metamorphosis of acculturation (Berry et al., 2006). For example, a significant difference is expected from a person exposed to a certain culture from a primary school level and one later exposed at a retirement age.

The complexity of acculturation, apartheid, and urbanisation processes should be taken into account when investigating westernisation in South Africa. Firstly, the issue of apartheid may be of particular relevance to research conducted in South Africa, where previously separation and marginalisation at political, geographical, social, and economic levels was replaced by integration and assimilation of all racial groups (Haynes, 1995). Secondly, as discussed above, the apartheid government placed whites as superior. This may explain the assumption of the perception of dominance (mainstream culture) of western societies, despite the majority of the South African population being ‘non-western’ (African).

Studies have found that acculturation of non-western societies to a more western culture correlates positively with the shift in ideal body size, body image distrubance and eating attitudes of non-western societies (Haynes, 1995; Pumariega, 1986; Swami et al., 2010). This is discussed further below.

2.4 Body size

Before discussing body size preference, it is important to discuss Body Mass Index (BMI). The BMI is used to identify relative weight using specific classifications such as underweight, normal weight, overweight and obese (WHO, 2000). BMI varies according to body proportion and build as indicated before. Western societies were found to prefer the thin body size. Studies suggested that it had communicated a message that says, a larger body size is unattractive and or unhealthy while thin body size was attractive, ideal and healthier (Thompson, et al., 1980; Lake, Staiger, & Glowinski, 2000). However, as mentioned before, the preference of ideal body has been evolving over time. With an African sample, Haynes (1995) found a positive relationship between westernisation and body image concerns. Furthermore, black women in urban areas who were found to have a high degree of westernisation were found to prefer thin body size when compared to black women in rural areas who had a low degree of westernisation, who generally did not have a strong preference for a thin body size (Szabo & Allwood, 2007).

2.4.1 Evolution of body size preference

In the 1400's, the fertility of women was of great importance, therefore full-figured women with abdominal fat and big breasts were viewed as ideal and attractive (Moe, 1999). During the sixteenth and seventeenth centuries, the corset became popular (Moe, 1999). Queen Elizabeth I wore a tight corset. Wearing a corset gave women the appearance of a thinner waist (Garner, Garfinkel, Schwartz, & Thompson, 1980). The standard of beauty after that era evolved. In the 1890s as more people moved to the cities, fully figured women were no longer seen as attractive and then the idea of 'thin is ideal' was adopted (Garner et al., 1980; Moe, 1999). This suggested that when people became westernised and urbanised views of what is attractive and ideal changed.

Garner, Garfinkel, Schwartz, and Thompson (1980) analysed body sizes of women on *Playboy magazine* and those competing in the Miss America pageant from 1959 to 1978. They discovered that such women's body sizes over time were becoming thinner. Beauty pageants also introduced and promoted thinness as the ideal body size (Garner et al., 1980). Rubinstein and Caballero (2000)

analysed height and weight of the Miss America pageant participants from 1933 to 1999 and also noted that from the 1970's most of these women would be considered unhealthy or undernourished. They argued that women have been pressured to be thin therefore; they use maladaptive ways to obtain the thin body sizes. In the twenty-first century, celebrities like Beyoncé Knowles and Jenifer Lopez have redefined the ideal body, showcasing a more voluptuous body form (Grogan, 2016). Bordo 2003 as cited in Grogan 2016) suggested that a larger body size was becoming more acceptable, but the body must be firm to indicate that the individual is fit and is exercising.

Most non-western communities did not consider thin body size as ideal and healthy compared to western societies (Mciza et al., 2005; Popkin & Gordon-Larsen, 2004). They preferred a larger body size and considered it attractive (Cassidy, 1991). African women are found to view being overweight as normal and positive (Mciza et al., 2005; Popkin & Gordon-Larsen, 2004; Puoane, Tsolekile, & Steyn, 2010). In those societies, larger women are considered free from diseases, socio-economically able and have ability to take care of children and families, (Puoane et al., 2010).

The preference of a larger body size has been reported to be changing slightly in which some African women are following the latest trends and adapting to western ideals of beauty and body standard (Steyn et al., 2012). The shift was found to have a positive relationship with exposure to westernisation (Haynes, 1995; Steyn et al., 2012; Swami et al., 2010). The shift seems to pose a dilemma for non-western societies with the cultural expectation of the ideal and more positive body size being larger while the media and western ideal is thin body size. Szabo and Allwood (2007) suggested that there is a positive relationship between geographic location and body image concerns. In the study conducted in South Africa, participants in urban areas rated slender figures as attractive whereas rural participants rated the heavier figures as attractive (Swami et al., 2010). Furthermore, Swami (2013) also found a positive relationship between socioeconomic status and body size and the author suggests that in urban areas, which are more socioeconomically developed locations, thin body size is preferred. Although studies have found that westernised or urbanised black women prefer a thin body size (Swami, 2013; Szabo, 2007), a study in the North West province revealed that black rural women had thin body sizes compared to their urban counterparts

(Kruger, Puoane, Senekal, & van der Merwe, 2005). The authors argued and attributed this to socio-economic status, diet as well as engaging in physical activities (Kruger et al., 2005). They further suggest that eating habits are also associated with socioeconomic status and for Black Africans, foods high in fat and energy are viewed as luxurious (Kruger et al., 2005). This suggests that although most rural black women prefer a larger body size, poverty or inability to afford food that are high in fat could contribute to thin body sizes in rural women. Kruger et al. (2005) further highlighted that there were differences in physical activities between urban and rural groups. They found that women in rural areas were mostly employed to do manual labour compared to their urban counterparts who reported few physical activities. Their finding were also supported by a study on black urban community workers who reported larger body sizes to be their preference (Puoane et al., 2005).

Women who had some education (primary or secondary education) were found to have higher BMI in comparison to those with no education (Puoane et al., 2002). Interestingly, women with tertiary education showed low BMI when compared to those with lower education. This was attributed to their level of exposure as well as their knowledge of the relationship between body weight and health risks (Puoane et al., 2010). Studies have found that non-western black women prefer larger body sizes and are less likely to have body image concerns because they receive little pressure to conform to the 'thin is ideal' concept. Obesity is one of the classifications of Body Mass Index (BMI$\geq$30) and is discussed further below.

2.4.2 Obesity

Although thin body size is the global ideal and preferred body size, there has been a global increase in the prevalence of overweight and obesity (WHO, 2000). A study showed that ideal weight was thin but their actual body size was larger (NCD Risk Factor Collaboration (NCD-RisC), 2016). A study analysed 200 countries from 1975 to 2014, looking at BMI trends (NCD-RisC, 2016). The findings indicated that over the four decades, the world has been shifting from underweight prevalence to double obesity prevalence (NCD-RisC, 2016).

Globalisation and urbanisation are suggested to have a positive relationship with the obesity epidemic (Kruger et al., 2005; Puoane, Matwa, Bradley, & Hughes, 2006). The same authors suggested that freedom of movement has allowed Black South Africans access to the global market shifting from the traditional diet, which was low in fat to refined foods. Furthermore, they argue that there is less physical activity in urban areas (Kruger et al., 2005).

For many years, being obese or overweight was considered to have positive attribution in Black African culture. It was seen as a sign of happiness, wealth, as well as absence of diseases (Puoane et al., 2002). Due to these cultural perceptions of black South African communities, the management and prevention of obesity has become complex (Puoane et al., 2005).

As indicated above, there are conflicting findings regarding urban and rural black women's preferences of body size. Some findings suggest that urban women are thin and prefer thin body sizes when compared to rural women. With the rise of globalisation and urbanisation, more and more people particularly urban, are becoming aware of healthier eating habits and risk factors associated with obesity. Other studies indicated that, compared to rural women, urban women were overweight, engaged in refined diets and seldom engaged in physical activities, which, they argue, results in a prevalence of obesity (Kruger et al., 2005; Puoane et al., 2002).

2.4.3 Body size stereotypes

The determinants of attractiveness are thought to be the evaluation of women's bodies and their faces. It is thought to predict cues to their personality, fertility and health (Bleske-Rechek, Kolb, Stern, Quigley & Nelson, 2014). Body size stereotyping or body stigmatisation, in which people were judged based on how they look, dates back to the beginning of the study of body image. In the 1940's women with larger body size and a big belly were preferred as this was a sign of fertility (Moe, 1999). Big breasts were also valued as it was believed that they symbolised that children will be well nourished (Moe, 1999). During Queen Elizabeth I's times, women wore tight corsets, which maintained a straight posture. This was seen as a sign of good grooming and morals (Moe, 1999). This contributed to stereotyping and labelling of attributes based on body appearance. Wearing a corset was supposed to be a sign of good grooming and morals.

In western culture it was suggested that thinness was reported to be associated with positive attributes such as intelligence, happiness, wealth, sexual attractiveness, confidence and social acceptance (Crandall, 1994). However, large body sized women were associated with being unhealthy, weak, self-indulging, lazy and belonging to lower socio economic class and were often discriminated against (Crandall, 1994).

In some black communities, the opposite was the case; women with a larger body size were given positive attributes compared to their white counterparts. Women with larger body sizes were viewed as being fertile and able to care for a family, they were considered healthier, happy, and wealthier and free of disease when compared to thin women (Kruger et al., 2005; Popkin & Gordon-Larsen, 2004; Puoane et al., 2005). Puoane et al. (2002) suggested that the positive attributions to large body size may have a relationship with higher rate of obesity as those women do not want to lose weight and only a few consider themselves as obese. Puoane et al. (2005), studied community care workers' perception of body size, and found that moderate overweight was valued and attributed positively than normal weight. Their findings also supported the findings that suggested that most of the women who were overweight had no desire to lose weight. This means that these women receive less pressure from society to lose weight (Prentice, 2006).

The stereotyping of women based on their body sizes and the pressure for women to become thin has been criticised and viewed negatively in western societies by many researchers. Prentice (2006) discussed the probability that the obsession with being thin, may have slightly assisted the combating of the rise of obesity in those societies where being thin is valued. Their study added that societies where larger body sizes are viewed as positive might be partly responsible for the increasing number of obese people in those societies.

Men also contribute to women's view of their body image (Singh, 1993). The assessment or judgment of women by men may contribute to pressure on women to manipulate their body shapes to suit the desires of men (Singh, 1993). One of the most common reasons adolescents gave regarding the desire to lose weight, was due to the belief that younger men prefer thin women (Szabo & Allwood, 2007).

Men have indicated that women's bodies and faces provide them with information or cues to predict women's reproductive ability, ability to care for a child, age, health and sexual attitude (Confer, Perilloux, & Buss, 2010). It is to be noted that there are many factors that affect the assessment of women's bodies. Factors such as socio-economic status, psychological stress, culture and so forth. Swami and Tovee (2013), found that men who reported being stressed rated women with heavier size as more attractive when compared to men with less stress. Furthermore, men with higher socioeconomic status prefererred thinner women than heavier women. However, men are reported to pay more attention to body cues in short-term relationships than in long-term relationships (Confer et al., 2010). Studies have shown that women's bodies and faces influence the rating of their attractiveness by men (Bleske-Rechek et al., 2014).

Amazonian men rated women of high BMI and low Waist to Hip Ratio (WHR) as attractive (Sorokowski, Kościński, Sorokowska, & Huanca, 2014). They rated women with higher BMI as healthy and having strength and women with low BMI were given attributes of being younger (Sorokowski et al., 2014). Unlike BMI, low WHR was reported to not be associated with having attributes of good health and strength. Women with small WHR perceived as younger (Sorokowski et al., 2014). Having discussed body size stereotypes, a discussion on body dissatisfaction follows below.

2.5 Body dissatisfaction

Western women placed value on weight loss. Being thin was reported to be associated with positive attributes (Thompson & Stice, 2001). In western societies, as indicated above, a thin body size is attributed to self-worth, success and happiness (Durand & Barlow, 2009). Grogan (2016) defines body dissatisfaction as the discrepancy between ideal body and actual body. This means that women believed that if they had an ideal body size they might be happy. Several studies have shown that failure to obtain an ideal body size was found to lead to body dissatisfaction.

Haynes' South African study used a cross-sectional design to investigate the relationship between body image and culture (Haynes, 1995). Three groups of women namely: white women, and black women from urban areas as well as black women from rural areas were found to have different

degrees of westernisation. The higher the degree of westernisation the higher the body dissatisfaction levels reported. According to Haynes (1995), when comparing black females from urban areas with those which were from rural areas, higher body dissatisfaction was reported in women with higher degree of westernisation. She found a positive relationship between westernisation and body dissatisfaction. Haynes further indicated that the black women from urban areas were more likely to engage in weight loss behaviours than black women from rural areas who reported being happy with their body image (Haynes, 1995).

A study by Swami et al., (2016) was conducted in 26 countries across ten world regions regarding female body dissatisfaction; South Africa was included. The study found that South African rural female participants had higher ratings of body satisfaction whereas in urban areas, female participants reported body dissatisfaction (Swami et al., 2010). A similar study conducted in Brazil suggested the same findings, further indicating that rural women were less concern with their body size when compared to the ones in urban areas (Laus, Miranda, Almeida, Costa, & Ferreira, 2013). The above studies suggest that women exposed to westernisation display less body satisfaction when compared to those with low exposure. Adoption of western values by non-western societies made them vulnerable to the thin idea of beauty (Becker, 2004). However, a study conducted in Japan challenged the above assumption, reporting that Japanese females are rewarded for retaining traditional values and rejecting modern or western values (Brokhoff et al., 2012). The study further indicated that the girls were found to be satisfied with their body size and that in the Japanese tradition, the emphasis is on eating habits rather than body size (Brokhoff et al., 2012).

Studies indicated that in societies where thinness is not highly valued and preferred, women reported being satisfied with their bodies and reported less eating disturbances (Mwaba & Roman, 2009; Rucker & Cash, 1992). Mwaba and Roman (2009), found that the majority of black participants were satisfied with their body weight. Most participants reported that "they did not feel ashamed of their bodies, even when seeing their reflection in a mirror or in the company of thin women" (Mwaba & Roman, 2009, p. 8). Puoane et al. (2010) agreed; they found that urban women were not adapting to western ideals of thin body size and viewed large body size as attractive; women who participated in their studies were mostly satisfied with their body size and indicated no desire to lose weight even when they were overweight. The above researchers share

views different from other studies that found that black urban women are adapting to the 'thin ideal'. The view of larger body size as ideal may protect black women against body dissatisfaction. However, it is the same view that serves as a risk factor against other health factors such as obesity (Warren, Gleaves, Cepeda-Benito, Fernandez, & Rodriguez-Ruiz, 2005). The above findings highlighted how black women may be resistant to western images of thinness (Mwaba & Roman, 2009).

Numerous studies have reported body dissatisfaction amongst women, with many studies showing a positive correlation between western pressure to conform and an ideal western body size of thinness (Buote, Wilson, Strahan, Gazzola, & Papps, 2011). A study on the characteristics of women with body satisfaction supported this finding and further found that women who were satisfied had thin body sizes and engaged in weight management activities when compared to those who were dissatisfied (Runfola et al., 2013). The study suggested that women who were dissatisfied were of larger body size and did few physical activities and did not eat healthy (Runfola et al., 2013).

In contrast, in Africa, some studies have found that some women with larger sizes were found to be satisfied with their body sizes, they engaged in little weight management activities and considered larger body sizes ideal (Kruger et al., 2005; Puoane et al., 2005). Other studies found that, increase in westernisation had a positive relationship with body image distortion, body dissatisfaction and eating disorders (Lake, Staiger, & Glowinski, 2000; Swami, 2013; Szabo & Allwood, 2007). Haynes (1995) further reported evidence that suggests that the exposure to western society was related to the adoption of western body image ideals.

Some studies have found that women who had thin body sizes reported higher body satisfaction than those with larger body sizes in western societies. However, some studies in non-western societies found that women with larger body sizes reported high satisfaction. Buote et al., (2011) suggested that it might be related to the little social pressure received by non-western women regarding their weight compared to white women. Body image disturbance is related to, but not identical to, both body dissatisfaction and body image distortion (Hagman et al., 2015). Therefore, a review on body image distortion follows below.

2.6 Body image distortion and body size perception

Numerous studies have established a strong relationship between media, eating disorders, body dissatisfaction, and body image distortion (Hagman et al., 2015; Lake et al., 2000). Becker (2004) suggested that high exposure to media images of thin women increases body image distortion in those with anorexia nervosa and bulimia nervosa. Hagman et al. (2015) found a positive relationship between eating disorders and body size overestimation. It has been suggested that eating disorders and body image distortion share a nexus with upper socio-economic status and may be uncommon in other groups (Steinhausen, Rauss-Mason, & Seidel, 1991).

Although findings have suggested that body image disturbance was higher in women with eating disorders, Uys and Wassenaar (1996) found that "normal" women overestimate and exaggerate their body size. Thompson (2001) suggested that body image distortion appears to be a strong risk factor because of internalisation of societal pressure and standards of attractiveness. When studying female and male estimations of body size, studies suggest that females overestimated their body sizes whereas their male counterparts underestimated their body sizes (Lee & Lee, 2016; Tang et al., 2010). They further discuss that women received societal pressure to be thin whereas men receive pressure to be muscular (Lee & Lee, 2016). When comparing two groups, with regard to the overestimating and underestimating of body weight, Lee and Lee (2016) found that the group that overestimated their body size displayed maladaptive weight management behaviours and depression. They further reported that the group that underestimated their body sizes consumed high fat fast food. Both groups, the self-perceived overestimation and underestimation had risks of serious health issues (Lee & Lee, 2016).

Haynes (1995) found no significant difference in body image distortion between black and white women, or between black women from rural areas and those from urban areas. However, she found that the women overestimated their body dimensions. There seemed to be an inaccuracy of weight perception amongst black South Africans.

Various studies have revealed that most overweight and obese women did not consider themselves as obese and unhealthy (Kruger et al., 2005; Puoane et al., 2002; Puoane et al., 2005). When

comparing women in rural and urban areas, Haynes, 1995 found that women in rural areas had higher BMI compared to women in urban areas. In contrast, Kruger et al. (2005) found that obesity was more common in black women staying in urban areas than those in rural areas. Even though overweight black women generally reported that they were satisfied with their weight, underestimation of their body sizes may pose a risk factor for developing lifestyle diseases (Kruger et al., 2005).

2.7 Eating disorders

According to the Diagnostic and Statistical Manual 5 (DSM 5), body image disturbance is a core diagnostic feature of eating disorders such as bulimia and anorexia (American Psychiatric Association, 2013). Many of the patients suffering from eating disorders are known to display major concerns with their body appearance (Lee & Lee, 2016). Eating disorders and body image disturbance were believed to be associated with western societies (Buote et al., 2011). Eating disorders and body image disturbances were found to be also associated with upper socio-economic status and uncommon in other ethnic groups (Steinhausen et al., 1991). Over the years, there has been a change in the geographic patterns of eating disorders. Non-western cultures were also found to display body dissatisfaction, body image distortion and eating disorders (Laus et al., 2013). There was reported increased number of both black and white women with eating disorders symptoms. This challenges the notion that black people are immune to eating disorders and body dissatisfaction (Marais, Wassenaar, & Kramers, 2003). They further reported that urbanisation has increased vulnerability to eating disorders amongst the blacks and that in post-apartheid there has been a breakdown of some cultural and social values and standards that were previously bound by strong cultural values (Marais et al., 2003). Marais et al.'s (2003) findings suggested that there is a positive relationship between acculturation and eating disorder symptoms, in black women.

2.8 Socio-economic status and education

Swami et al. (2010) suggested that as black females attain greater socioeconomic status, and acculturate into "mainstream" western societies, they become more predisposed to developing eating disorders and body image concerns. They further indicated a positive relationship between

socio-economic status and body image concerns. Furthermore, exposure to media and western education are sources of cultural influence (Berry, 1976). It is therefore important for the current study to measure socio-economic status and education as well as media exposure of participants when investigating westernisation.

2.9 The role of media in body image

Mass media reportedly began the spread of thin body size as an ideal. In 1867 there was the introduction of the first weekly fashion magazine (Moe, 1999). The media are argued to contribute to the increased body dissatisfaction by promoting unrealistically thin female bodies and reinforcing thinness as a positive ideal body size (Thompson & Stice, 2001).

When analysing a comedy show on television Fouts and Burggraf (2000) found that negative comments and jokes made by comedians were towards women with larger body size. The findings supported many studies that have addressed the role of mass media on body dissatisfaction and body image distortion.

Global research on body image indicate that the media facilitated and promoted the western view of thinness as a 'perfect' body size (Clay, Vignoles, & Dittmar, 2005). The media served as a platform that determined the socially acceptable or ideal body shape that women strived to achieve. From the 1970s to the 1990s, researches have been reporting an increased number of women having negative perception about their bodies (Cash, Fleming, Alindogan, Steadman, & Whitehead, 2002). The media have been criticised for promoting the "thin is ideal" concept by many researchers, the standard of what is ideal as promoted by the media, is seen as very difficult to obtain (DeBraganza & Hausenblas, 2010). Strahan, Spencer, and Zanna (2007) used two groups of women and exposed them to different advertisements, one with thin models and the other with neutral body size models. Their findings indicated that the group that was exposed to thin models advertisement ate less when compared to those exposed to neutral body size models. This suggests that exposure to media had a negative effect on eating patterns of the participants. Similarly, a study by Sparks (2005) found that women who viewed thin models reported negative emotions

and perceptions about their own bodies, body dissatisfaction, feelings of shame and insecurities after watching thin model advertisements.

Strahan et al's. (2007) findings suggested that eating behaviours of women exposed to thin model commercials decreased after watching the commercials, more than women exposed to neutral commercials. Studies have identified that there is a strong relationship between media exposure, body dissatisfaction and eating disorders (Strahan et al., 2007).

Striving for thinness, eating disorders, body dissatisfaction, and body image distortion have been previously associated with western populations by many researchers. Warren stated that magazines mainly used white models as opposed to black models (Warren et al., 2005). He further argued that black women could be protected from the pressure to be thin as they did not identify with the models used in the media.

Ogden and Russell (2012) conducted a study on how black women make sense of 'White' and 'Black' fashion magazines. Respondents were reported to have reacted to the white fashion magazines with rejection and criticism. However, they related positively to the black fashion magazine. Participants could identify with the content; they rejected the thin models and only focused on the content. Ogden and Russell (2012) suggested that, although the women in the study celebrated and could relate to women in the black fashion magazines, they did not compare themselves with women in either of the magazines. The authors concluded that the women in the study showed resilience. The women were identified as having a good internal locus of control and resilience and refused to conform to the western standard of ideal body size.

Overall, researchers have found that media portrays women body shape as very thin making it almost impossible to attain (Grogan, 2016). Media advertisement of thin models has had a positive relationship with negative body image and low self-esteem (Strahan et al., 2007).

Judgments, stigmatizing and the role of media has placed emphasis on body appearance. Pressure to conform to the defined standard of ideal body size has been seen as correlating with body dissatisfaction, body distortion, maladaptive eating behaviour, preoccupation with dieting,

excessive exercising, surgical procedures, self-esteem and many more psychological effects (Lake et al., 2000; Stice & Presnell, 2007).

Non-western women are becoming aware and increasingly accessing western ideas of what is ideal and preferred through internet, music videos, movies and so on, putting non-western women at risk for the development of eating pathology and body dissatisfaction (Warren et al., 2005). McLean, Paxton, Wertheim, and Masters (2015) found that exposure to media as well as social media by adolescents had a positive relationship with eating restriction, body dissatisfaction and internalisation of the thin is ideal and over-evaluation of shape and weight. They found that adolescents who frequently participated in taking photos, photo editing and manipulation, and sharing them on social media reported higher body dissatisfaction and over-evaluation of body weight (body distortion) than those that did not (McLean et al., 2015).

2.9.1 Pressure to conform to acceptable body size

Research has indicated that social factors such as media, peers and family also contribute to dissatisfaction and negative attitudes of women towards their bodies (Paxton, Eisenberg, & Neumark-Sztainer, 2006). There is pressure and expectation that requires women to fit into an ideal culturally defined body appearance and this pressure tends to be lenient towards men (Buote et al., 2011).

Conforming to the 'thin ideal' in the western world may be a way for women to avoid stigmatisation that is placed on women of a larger body size (Mukai, Crago, & Shisslak, 1994). Crook (1996) argued that despite the pressure to become thin, only a small percentage of women could successfully fulfil the requirements of ideal body shape. The stigma and the pressure on larger women to be thin may have contributed to dissatisfaction and unhappiness of women.

The widespread preoccupation with thinness has placed thin body size as a western cultural norm (Rucker & Cash, 1992). Adaptation of western values by other societies may have made them vulnerable to the thin idea of beauty (Becker, 2004). The western view of thinness may be adopted by black women, despite the traditional preference for heavier body image (Becker, 2004).

The notion of western societies' emphasis on 'thin is ideal' and 'fat is bad' has been criticised by many researchers and theorists (Lake et al., 2000). Following the stereotyping of obese figures as lazy and unattractive, findings revealed that this emphasis has resulted in many females being unhappy with their body image (Thomsen, Weber, & Brown, 2002). Women are faced with pressure to use cosmetic surgery and adapt to the ideology of self-improvement (Stice & Presnell, 2007).

The literature reviewed earlier points out that although, compared to white women, black women have reported less dissatisfaction with their bodies, black women are becoming vulnerable to body image concerns. Puoane et al. (2002) suggested that it is important to consider that preoccupation with weight could be harmful, as is evident that it could be associated with the development of eating disorders. Preoccupation with body image has an adverse effect on health, whether it is the pressure to be thin or fat, both parties are at risk of developing serious health issues such as obesity, eating disorders and other health issues once they become excessively thin or large (Confer et al., 2010).

The pressure to attain an 'acceptable' body size and having a negative body image has been associated with eating disorders (Rucker & Cash, 1992). Negative feelings about body image may come and go for some people but for others they may cause preoccupation with their weight and dissatisfaction that may lead to psychological distress (Moe, 1999). Runfola et al. (2013) indicated that women who reported high body satisfaction rarely compare themselves with other women. This may suggest that dissatisfaction may develop because of comparison. Research has indicated that exposure to media and pressure from family and society to attain certain body standards, may result in body dissatisfaction, possibly as a result of women comparing themselves to the images they see in the media and internalising them (Grogan, 2016; Warren et al., 2005). Researchers have indicated that these standards are mostly unattainable (Grogan, 2016). Warren et al. (2005, p. 247) support this, and found that "ethnicity can serve as a protective factor against internalisation and body dissatisfaction." Ethnicity or culture can protect against the development of eating pathology and negative body image. Furthermore, Warren et al. (2005) recommended that western societies could prevent or protect against eating pathologies, body dissatisfaction and body distortions by

being critical and not placing value on the unrealistic thin body size promoted by the media. Negative body image may be a consequence of external pressure rather than internal pressure.

2.10 Summary

Literature suggests that there may be negative outcomes and risks due to the pressure to conform to one acceptable body image as per western or cultural standards (Paxton et al., 2006). Attempts have been made to promote other body shapes as attractive and to create awareness of the consequences of negative body image (Stice & Presnell, 2007). Despite these attempts, it seems that the idea that "thin is good and large is bad" still prevails (Stice & Presnell, 2007). Literature indicates that societies, particularly western societies, idealise thin body shapes in women at the cost of health (Stice & Presnell, 2007).

As mentioned above, eating disorders, body dissatisfaction and body image distortion are believed to be associated with western societies (Buote et al., 2011). In a society where the ideal of thinness is not highly valued, women have reported being satisfied with their bodies and reported fewer eating disorders and lower body image distortion (Mwaba & Roman, 2009; Rucker & Cash, 1992). This suggests that socio-cultural issues have a relationship with eating disorders, body dissatisfaction, and body image distortion (Furnham, 2002; Haynes, 1995). Changes in geographic patterns with regard to eating disorders have been reported (Swami et al., 2010). Non-western societies show increasing evidence of eating disorders, body dissatisfaction, and body image distortion (Steyn et al., 2012; Swami et al., 2010). Findings are indicative of a marked prevalence of both black and white races with eating disorder symptoms (Marais et al., 2003). This challenges the perception that black people are 'immune' to eating disorders, body dissatisfaction and body image distortion (Marais et al., 2003). The preoccupation with body image has an adverse effect on health, whether it is pressure to be thin or fat, both parties are at risk of developing serious health issues such as obesity, eating disorders and other health issues once they become excessively thin or large (Confer et al., 2010). The next chapter describes the methodological procedures employed in this study.

Chapter 3: Methodology

3.1 Introduction

Chapter 3 outlines the methodological framework employed in this study. First, it presents aims and hypotheses followed by a description of the research design, sampling procedures, data collection techniques a review of body image assessment procedures and then the instruments used for data collection, mentioning, where available, their validity and reliability. A presentation of the data analytic procedures employed is also summarised. Lastly, ethical considerations and limitations of the research methods will be presented.

3.2 Aims and hypotheses

3.2.1 Aims

This study aims to examine the existence (or lack thereof, and or nature) of a relationship between westernisation and body satisfaction, body image distortion and body size as measured by BMI. In African culture, thinness is not idealised as it is in western societies, therefore acculturation or westernisation of the South African women will be considered. The study further examined whether there is a relationship between westernisation (independent variable) and body size as measured by BMI, body satisfaction and body distortion (dependent variables).

3.2.2 Hypotheses

The study hypothesised that there is a disparity in the degree of westernisation, body satisfaction, body image distortion and body weight status as measured by BMI between the black women from rural areas and black women form urban areas.

3.2.2.1 Hypothesis 1

There will be a significant difference in the degree of westernisation between black rural women and black urban women.

1a. Black urban women participants will obtain higher score on westernisation when compared to their black rural women counterparts.

1b. Black rural women participants will obtain lower scores on westernisation when compared to their black urban women counterparts.

3.2.2.2 Hypothesis 2

There will be a significant difference in the degree of body satisfaction between black rural women and black urban women.

2a. Black urban women participants will report lower body satisfaction when compared to their black rural women counterparts.

2b. Black rural women participants will report higher body satisfaction when compared to their black urban women counterparts.

3.2.2.3 Hypothesis 3

There will be a significant difference in the degree of body image distortion between black urban women and black rural women.

3a. Black urban women participants will display higher body image distortion when compared to their black rural women counterparts.

3b. Black rural women participants will display lower body image distortion when compared to their black urban women counterparts.

3.2.2.4 Hypothesis 4

There will be a significant difference in the body size as measured by body mass index (BMI) between black rural and urban women.

4a. Black urban women participants will have a low BMI when compared to their black rural counterparts.

4b. Black rural women participants will have a high BMI when compared to their black urban women counterparts.

In a nutshell, the current study hypothesised that there will be a positive relationship between westernisation (independent variable) and body satisfaction, perceptual distortion of body size and body size as measured by BMI (dependent variables) among black women living in urban and rural areas juxtaposed to each other.

3.3 Research design

According to Durrheim (2006), research design provides a clear plan of action, a strategy that states what is to be studied, using which methods and analysis for what purpose. As such, the following section will explain the methods and strategies carried out in this study.

3.3.1 Cross-sectional design

This study used a cross-sectional design, and it partially replicates Haynes' (1995) research methodology by investigating women assumed to be positioned in different degrees of westernisation. A cross-sectional design studies or measures a phenomenon at a single point, and in most cases, it makes comparisons between different groups or subjects (Welman, Kruger &

Michelle, 2005). Periods and intervals give a clear distinction between a cross-sectional study and a longitudinal study (Welman et al., 2005). For example, a cross-sectional design requires a once-off data collection and compares variables at a single point of time, whereas its longitudinal counterpart, collects data over a long period of time or different intervals (Tierney, 2002). A cross-sectional design may not provide definite cause and effect because it measures variables at a single point in time. Nonetheless, the analysis thereof is usually descriptive, time efficient, and leaves little room for the researcher to exert undue influence on the variables (Tierney, 2002).

3.3.2 Quantitative research

This study employed a quantitative research method, which is a systematic and objective process that employs numerical data as opposed to verbal or written data (Maree, 2010). Quantitative data is often sampled from a population in order to make generalised comparisons to the same population being studied. According to Maree (2010), this method allows the researcher to occupy an objective and detached role, and reduces the chance of the researcher influencing the participants or the data. In addition, quantitative research provides a good quality statistical data, which enables the researcher to make meaningful comparisons (Durrheim, 2006). Unlike qualitative research, which studies phenomena in detail and often asks open-ended questions, quantitative research has a set of predetermined categories, which are specific; this allows the research to have a specific direction (Durrheim, 2006).

3. 3.3 Correlational Study

A correlational study is concerned with investigating relationships between variables. It is descriptive in nature (unlike experimental research), it cannot determine “cause and effect” but provides the association between variables (Thomas, Silverman, & Nelson, 2015). As such, researchers are warned against making conclusion about cause and effect when using a correlational study.

A correlational study can establish whether there is a positive or negative association between studied variables (Thomas et al., 2015). In instances where an association between variables is

found, it is important to know that such association does not necessarily mean that one variable has a causative effect on the other (Thomas et al., 2015). Variables being studied in this study include: westernisation (with urban and rural as a proxy for westernisation) and body satisfaction; westernisation and body distortion; westernisation and body size as measured by BMI.

3.4 Population and sample

Population refers to a 'full set of cases' in which the researcher aims to draw conclusions from using a sample (Welman et al., 2005, p. 53). Sampling is a method used to select research participants from a larger target population of interest (Maree, 2010). The researcher exclusively used black women who are hypothesised to be exposed to different levels of westernisation, i.e., either from an urban or rural area. Whites and all other racial groups were not the focus of this study, hence their exclusion from this study.

A sample size of eighty (80) Black African women was used in the study. The urban sample consisted of forty (40) students at the University of KwaZulu-Natal, Pietermaritzburg Campus, whereas the rural sample consisted of forty (40) women from Maqongqo village. The village is situated about 26km from Pietermaritzburg. The participants were able to speak either English or Zulu, and were between the ages of 18 to 23 years ('born free'). The participants reported nothing that could influence changing body shape such as illness and pregnancy. All the participants had to meet the above criteria before participating in the study.

The researcher sampled women from the ages of 18-23 years. The partially replicated study used women from the same age group. In addition the age group is composed of 'born frees' that is the post-apartheid generation. Although the researcher specifically choose urban participants that were attending higher education, rural participants had different education levels. This may have had a potential confounding effect and influenced results of westernisation. The researcher used urban and rural areas as a proxy for westernisation. The use of Maqongqo village was selected assuming that it will provide a sample less westernised than the urban students sample.

3.5. Data collection

3.5.1 Recruitment

A non-probability purposive convenience-sampling method was employed for this study because it is inexpensive, provides easy access to the population, and saves time (Maree, 2010). Despite precautions to "limit the use of non-probability sampling" due to issues with generalisation about the whole population (Maree, 2010, p. 176), non-probability sampling nonetheless, has been widely used and remains a preferred method by many researchers (Welmal, Kruger & Michelle, 2005). Purposive sampling entails selecting participants for the study with "specific information in mind" (Maree, 2010, p. 178). Thus, for this current study, the researcher used participants who met the study criteria outlined, that is black women between the ages of 18 to 23.

Two groups of black women participated in this study. The first group of women, who were hypothesised to have low levels of westernisation, consisted of forty women who stayed at Maqongqo village. Announcements were made at a community gathering and a school assembly, whilst other advertisements were also placed at local shops notice boards to request for participants (see appendix G). About nineteen (19) participants responded to the abovementioned invitations. As such, the researcher had to resort to another plan, where she recruited more participants by approaching possible candidates who were roaming around or in streets adjacent to the assessment place. The assessments or data collection process were done in a church where the researcher had been given access to conduct data collection processes and measurements. These measurements were for Body perceptual distortion and BMI measures using the following instruments: Image Marking Procedures (IMP), Moving Calliper Technique (MCT), tape and scale (the same measurements were also used for the other group). Measurements were conducted in a private space on the church stage, and only one participant was measured at a time to ensure privacy and confidentiality. Nonetheless, questionnaires were administered in a group.

For the other population of forty urban women, an advertisement (appendix G) was placed on the University notice boards, which proved to be ineffective as no participants volunteered. The

researcher then requested two residence officers known to her for assistance. These officers recruited by giving out the current study information sheet and kept a record listing interested participants' details and room numbers. The researcher obtained thirty-three (33) participants from the residence, whereas the researcher recruited the rest at a boot camp on Pietermaritzburg Campus. In summary, participants were given questionnaires to complete and return on a set date where measurements for Body perceptual distortion and Body mass Index measures were done upon submission of questionnaires.

Informed consent forms and information sheets were issued to participants prior participating in this study (See Appendixes A and B). The information sheets outlined the description, nature (incl. procedure and duration), and purpose of this study for participants' perusal before participating, whereas the informed consent forms stipulated the ethical considerations. These will be further explained later in this chapter.

3.5.2 Data collection instruments

As indicated in the definition of body image presented in Chapter 2 above, the concept has three components; it includes cognitive or affective, behavioural and perceptual aspects (Gardner & Brown, 2011). The cognitive or affective component is sometimes referred to as subjective, in that it measures an individual's feelings and beliefs about their body weight or size. It includes body dissatisfaction or drive for thinness (Mills, Roosen, & Vella-Zarb, 2011). The measures used to assess the cognitive or affective component may be questionnaires or interviews. The behavioural component includes certain behaviours that an individual employs to avoid, maintain or modify a certain body size such as diet, nutrition or physical activities (Mills et al., 2011). Instruments used to measure this component include questionnaires, observations and interviews. The last component is perceptual which refers to how an individual perceives or sees their body sizes. The subject estimates their body size and it is compared with their actual size (Gardner & Brown, 2011). Instruments used include image marking, adjusting calliper, computer imaging, and figure drawing techniques. This study focuses on the perceptual and the cognitive aspects of body image and specific instruments used are described below.

The current study used similar data collection instruments to those used by Haynes, (1995). The questionnaires were available in both isiZulu and English (Haynes, 1995). The instruments included two questionnaires, one that measured westernisation or acculturation (ERQ) and one that measured body satisfaction (BSQ). Measurements of weight (scale/kg) and height (tape/M) to obtain body mass index (BMI), and two techniques that measured body size perception (MCT and IMP) were used. A detailed outline of these instruments will be presented below.

i) Eating Research Questionnaire (ERQ) - Appendix C

The study utilised the Eating Research Questionnaire, which is a self-report questionnaire compiled by Haynes (1995). The questionnaire is divided into four sections addressing biographic information, group identity, education, and interest. The second section of the questionnaire (group identity) assesses mainly acculturation to westernisation. Haynes (1995) indicated that the questions were derived from different studies that studied a similar topic. The questionnaire included indices such as language, media exposure, food, education and perceived group identity, between the two populations (Black African rural and Black African urban). These sections on interest and education were based on Berry's (1976) suggestion that western education and the media are both formal and informal sources of cultural influence.

a) Scoring

To determine the participants' socio-economic status, the following questions were asked and scored as follows:

Parent Occupation	**Level of socio economic status**
Dead/ Unknown	0
Unemployed	1
Unskilled occupation e.g. (domestic worker, gardener)	2
Skilled occupation e.g. (builder, painter)	3
Professional e.g. (nurse, teacher etc.)	4

Food shortage	Level of socio economic status
Yes	2
No	1

A higher score will represent higher socio-economic status (SES) whereas a low score will represent low economic status. SES was calculated according to Haynes' (1995) study. The composite score for socio-economic status (SES) was derived from scores showing food shortage and parental occupations. Furthermore, Kramers (2000) also measured socioeconomic status by parents' profession. Uys and Wassenaar (1996) also used parental occupation as a proxy for socio-economic status

For sections two, three, and four a three-point Likert scale was used to assess level of acculturation, for example:

Level of acculturation or degree of westernisation	Score
Traditional or non-western choice	1
Combination of traditional or non-western choice and a western choice	2
Western choice	3

A higher score will represent higher levels of westernisation whereas a low score will represent low levels of westernisation. Questions were scored according to a 3-point scale on which 1 represented a "traditional" choice, (i.e. non-western), 2 represented a mixture of traditional and western cultures, and 3 represented a western choice. This method of scoring was based on the assumption that acculturation from an African to a western culture exists on a continuum (Haynes, 1995). The scores were combined and a measure of degree of westernisation was defined as the sum of the scores. Urban and rural will be used as proxy for westernisation. Establishing a significant association in hypothesis 1 would allow for urban and rural distinction to be a measure of westernisation in the remainder of the hypotheses.

Haynes, (1995) reported that the measure of acculturation or degree of westernisation was not tested in a pilot study. Therefore, the validity and psychometric properties of the measure were not tested, thus limiting the study from generalising its findings. However, items chosen were highly

factual and were reported to have face validity and concurrent validity by other researchers working on acculturation questionnaires in other countries (Haynes, 1995; Pumariega, 1986). Although the Eating Research Questionnaire (ERQ) has limitations, using another instrument to determine 'degree of westernisation' may have compromised this attempt to replicate Haynes' (1995) study.

ii) Body Shape Questionnaire (BSQ) – Appendix D

Body Shape Questionnaire (BSQ) comprises of a 34 self-report item Likert scale which was developed by Cooper, Cooper, and Fairburn (1989). BSQ is used to measure or screen body weight concerns and body shape concerns (Cooper et al., 1989). Shorter versions of the BSQ have been developed, following debates about whether the length is justifiable for an instrument that measures a single construct (Evans & Dolan, 1993). However, some researchers supported the use of the BSQ full version because of its recommended use when body satisfaction is the focal point of a study (Ghaderi & Scott, 2004; Pook et al., 2002).

a) Administration and scoring

The participants were required to answer on a six-point Likert scale from 1- never; 2- rarely; 3- sometimes; 4- often; 5- very often; to 6- always. The questionnaire required the participants to indicate phenomena or statements that they have experienced in the past four days.

The BSQ displays a high validity with an alpha co-efficient value of 0.97, and it has a well-established cross-cultural reliability (Dolan, 1991). Furthermore, the BSQ has displayed excellent internal consistency and test–retest reliability (Rosen, Jones, Ramirez, & Waxman, 1996). The questionnaire is a six (6) point Likert scale. A respondent may score a sum of 34 to 204, with higher scores representing body dissatisfaction and lower scores representing body satisfaction. There is no specific clinical cut-off point. A score of less than 80 is taken as evidence of no concerns, 80 to 109 represents mild concerns, 110 and above indicates moderate to severe concerns

(Lake et al., 2012). For the purposes of this study, the researcher used the cut-off score of 109, as was used in the study being partially replicated (Haynes, 1995).

iii) Image Marking Procedure (IMP)

The Image Marking Procedure (Askevold, 1975) is used to measure or assess the perception of specific body part sizes (i.e. hips, shoulders, thighs and waist).

a) Administration and scoring

A large paper sheet (placed on a wall) and two pencils were used. Participants were asked to stand away from the large paper attached to the wall in front of them and then asked to imagine that they were standing in front of the mirror. Thereafter, they were requested to estimate the sizes of their hips, thighs, shoulders and waist by marking points on the paper sheet using two pencils. This was used to measure how the participants perceived the sizes of their hip, thighs, shoulders, and waist. Finally, they had to stand with their back on the paper where their actual measurement was marked by the researcher using a pen with different colours.

To obtain a Body Perception Index score, the researcher divided the actual body size into the estimated body size, and multiplied it by 100 (Haynes, 1995). The BPI score was determined after the participants left the testing room to prevent discomfort and possible distress.

iv) Moving Calliper Technique (MCT)

This instrument was used to measure the width of the participants' shoulders, waist, hips and thighs (Slade, 1985). The instrument consists of a straight ruler and two wooden pieces that are mounted on the ruler, the one wooden piece is mounted at the one end of the ruler whereas the other wooden piece is movable. The MCT is reliable and valid because it displayed internal consistency co-efficient values ranging from 0.72 to 0.93 in eating disorders samples (Slade, 1985). Both the MCT and the IMP reported good reliability (Gleghorn, 1978 as cited in Uys & Wassenaar, 1996). The researcher adjusted the moving calliper to measure the actual width of

participant's thighs, shoulders, hips and waist. The instrument was used to measure actual body part width.

In summary, Body Perception Index (BPI) scores were obtained by dividing actual body size into the estimated body size, multiplied by 100 to provide an index of distortion (Haynes, 1995). Uys and Wassenaar (1996) indicated that the final score alone may be insensitive to distortion of particular body parts, hence scores for distortion of shoulders, waist, hips and thighs were also calculated. Both instruments were used however; the moving caliper technique was used to measure actual body part width only. Furthermore, it was compared with the Image Marking Procedure (IMP).

v) Body Mass Index (BMI)

Body Mass Index (BMI) is defined as weight (kg) divided by height (m) squared and was used to measure relative body mass (WHO, 2000). Participants were asked to step onto the scale in order to measure weight (kg) and then to stand against the wall and the researcher used a measuring tape to measure their height (m).

3.6 Data analysis

This study aimed to investigate the nature of the relationship between the following variables: westernisation and body satisfaction; westernisation and body image distortion; as well as westernisation and body weight status as measured by BMI. The study focused on Black women from rural and urban areas. In order to achieve this, the study had to establish whether a difference in the degree of westernisation between black rural and black urban women exists. Rural status was used as a proxy for low westernisation, and urban status was used as a proxy for westernisation.

Data was analysed using Statistical Package for Social Sciences (IBM SPSS Statistics 22). A Chi-square test was used. It is a non-parametric test, which examines the association between two nominal variables (Maree, 2010). According to Howitt and Cramer (2014) the Chi-square is also

used to determine if the frequencies of participants in different groups significantly differ from each other. Furthermore, Chi-square analyses are based on the two-way cross-tabulation of two variables, take westernisation (using urban and rural as proxy) and body satisfaction as examples. It compares observed frequency with expected frequency in order to determine whether there is a significant difference (Howitt & Cramer, 2014). Variables' independence or dependence is also assessed (Maree, 2010). The Chi-square was run through SPSS in order to determine whether a significant relationship exists between the studied variables. A significant association of variables, according to Maree (2010), would have a *P*-Value of less or equal to 0.05 *(P* $\leq$ 0.05), whereas a *P*=Value higher than 0.05 indicates a lack of a significant relationship between variables (*P*> 0.05).

3.7 Ethical considerations

Ethical sensitivity in research is an important aspect, as the research ethics' primary objective is to ensure that in every study or research, participants' wellbeing and dignity is protected (Wassenaar & Mamotte, 2012).

During the development of the project, the researcher obtained approval from the University of KwaZulu-Natal Pietermaritzburg campus Registrar to collect data at the university (see appendix E for Gatekeepers Approval). The chief of the Maqongqo village granted the researcher permission to conduct the current study HSS/0113/016M (See appendix F). In addition, the researcher applied for ethical clearance from the UKZN Humanities and Social Sciences Research Ethics Committee, which was approved or granted (See appendix H for ethical clearance letter). Data for the study was collected after obtaining all gatekeepers' approvals and ethical clearance.

All respondents received an information sheet (see appendix A) that informed them about the topic, and what was expected of them. They understood, through reading this sheet, that they were not going to be placed under any pressure to participate, and it was also made clear that participation was entirely voluntary and were at liberty to withdraw from participating at any time without any consequences. Thereafter, willing respondents were required to sign a consent form. All respondents were 18 years and over, making them eligible to sign a consent without permission from parent/s or legal guardian/s**.**

Wassenaar and Mamotte (2012) state that it is important for the researcher to explain to the participants of the study, as to who benefits and how they will benefit, whether directly or indirectly. Participants were informed that the study is for academic purposes and they will not benefit directly from this study. However, the study may contribute to knowledge on understanding body satisfaction and body image distortion. In addition, participants became aware of their weight and height.

Anonymity was maintained throughout the entire process as a means of attaining and sustaining confidentiality. No names were required in the questionnaire. Only the researcher and supervisor have access to the collected data. Consent forms will be kept safe and stored in a locked room. They will be destroyed after a period of 5 years. No-one but the researcher and supervisor will have access to the collected data.

The study did not foresee any physical risks that will befall the participants. However, the researcher was aware that questions regarding body image may cause distress or discomfort for some participants. Participants were informed that should they need counselling assistance as a result of participating in the study, arrangements will be made, to refer to the UKZN Child and Family Centre (PMB Campus). However, none of the participants reported the need for counselling. Results will be made available to all participants who are interested by emailing the researcher to enquire about the aforementioned results.

This chapter described the methodological procedures employed in this study. The following chapter will present the findings.

Chapter 4: Results

This chapter presents the data analysis output and results. The chapter begins by briefly recapping the aims of the study. The sample description will then be briefly presented. This is followed by sample characteristics and background. Finally, the chapter will then present the findings of the study as per the hypotheses. The findings will be illustrated with bar charts and tables, providing a report of the findings. A detailed discussion of the results is presented in chapter 5.

Table 2 Definitions of key symbols.

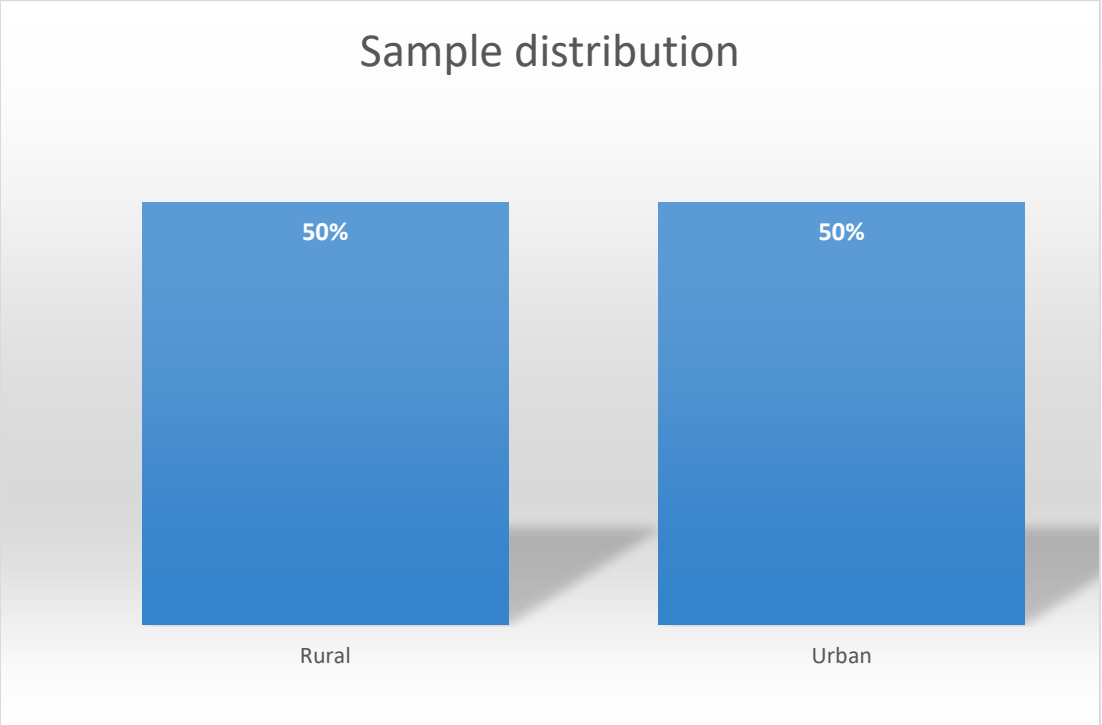
Symbol	**Definition**
1	Rural
2	Urban
($P \leq 0.05$)	Significant
($P > 0.05$)	Non-significant
*	Significant
%	Percentage
R	Estimate of the Pearson product-moment correlation co-efficient
P-Value	Probability Value

4.1 Findings

4.1.1. Sample distribution

Hypothesis 1 will establish whether westernisation is significantly higher among urban women compared with rural women, and this distinction in terms of westernisation will thereafter be taken as a given in the rural/urban divide between groups. Findings presented on sample distribution are obtained from the Eating Research Questionnaire. The sample distribution was obtained from biographic information of participants.

Figure 1: Sample distribution bar graph in terms of dwelling



The sample size of 80 participants was drawn from both urban (UKZN students) and rural settings in the KwaZulu-Natal province (at Maqongqo village), with equal distribution of 50%. All of the participants were Black Africans. Figure 1 illustrates that there is an equal number of participants from both urban *(n* = 40) and rural areas *(n* = 40). The breakdown of the description of the sample was as follows:

Table 3 Sample distribution in terms of age

Age	Frequency	Percent
18	9	11.3
19	10	12.5
20	23	28.8
21	16	20.0
22	11	13.8
23	11	13.7
Total	80	100.0

Table 3 presents the age range of the participants in this study. The participants' ages ranged from 18 years to 23 years old. All the participants were born post-1994 (or post-apartheid). The majority of the participants were about 20 years of age (28.8%), followed by those who were 21 years (20.0%). These two age groups made up 48.8% of the respondents. The 9 youngest participants were 18 years of age.

Table 4 Sample distribution in terms of marital status

Marital		Frequency	Percent
Single	1	78	97.5
Married	2	1	1.3
	Total	79	98.8
Missing	System	1	1.3

Table 5 Marital Status : Cross-tabulation

Marital status	Frequency	Rural/Urban		Total
		Rural	Urban	
Single	78	48.7%	51.3%	100.0%
Married	1	100.0%		100.0%
Missing	1			
Total		49.4%	50.6%	100.0%

Table 4 and table 5 present the marital status of participants in this study. The majority (97.5%) of the participants were single, with only one participant (from the rural setting, see table 4.3.1) who was married. One participant did not disclose her marital status.

Table 6 Sample distribution of participants' number of children and occupation

Variables and Categories		**Frequency**	**Percent**
Number of children	0	66	82.5
	1	11	13.8
	2	3	3.8
Occupation	Cleaner	1	1.3
	Hair stylist	1	1.3
	Learner	5	6.3
	Student	60	75.0
	Unemployed	13	16.3
	Total	80	100.0

Table 6 illustrates that the participants' number of children ranged from zero to two children on average. The majority, which is 82%, of the participants had no children, whereas 13.8% had one child, whilst those who had two children comprised of only 3.8 % of the total sample. In terms of occupation, most (75%) of the participants were students, in which more (40 of 60) came from the urban setting (see figure 1), whilst the least (20 of 60) were from the rural setting. The other

participants were either unemployed (16.3 %) or high school learner (6.3%). However, it is important to note that a few outliers of participants who were employed or had some form of jobs were represented in the sample size by about 2.6% of the total sample.

Figure 2 Bar graph in terms of highest grade passed

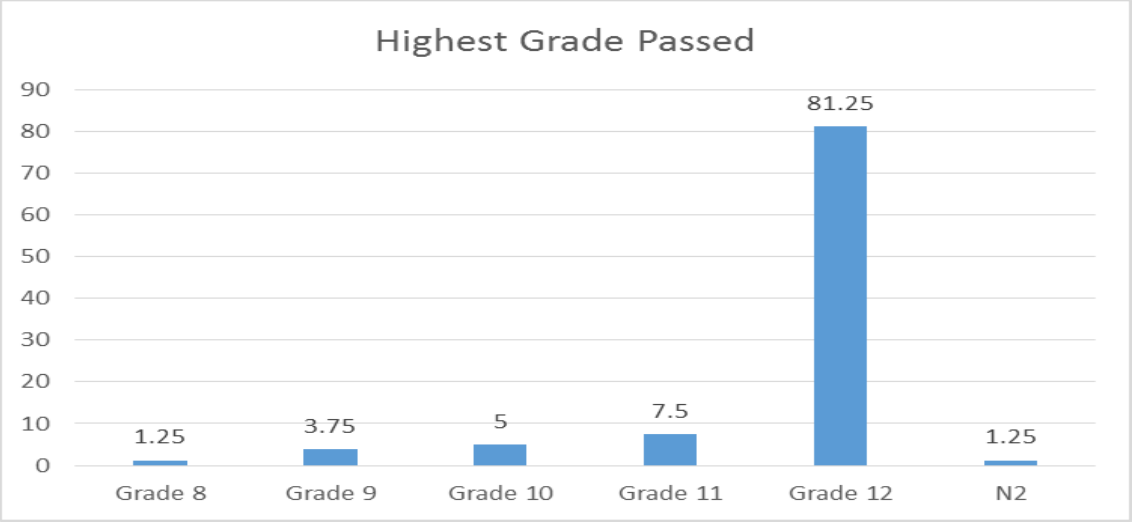


Figure 2 shows the participants' highest grade passed. The majority (81.25%) of participants had completed grade 12. Followed by 7.5% who completed grade 11, whilst those in both grade 8 and N2 had the least representation with 1.25%.

4.1.2 Descriptive analysis of socio-economic characteristics

Rural and urban participants significantly varied on the following characteristics: Mothers' occupation (χ^2=13.657; P = 0.008*), fathers' occupation (χ^2=20.152; P = 0.000*) and socio-economic status (χ^2=18.548; P = 0.017*). However, it was also found that the difference between the two groups (rural/urban) in terms of food shortage was not significant (χ^2 = 2.650; P = 0.104).

Table 7 Mother's occupation

Mother's occupation	***Frequency***	***Rural***	***Urban***	**Total**	Chi-square value	*P*-Value
Dead/unknown	8	75	25	100%	χ^2 = 13.657	*P* = 0.008*
Unemployed	28	57.1	42.9	100%		
Unskilled occupation	10	80	20	100%		
Skilled occupation	14	42	58	100%		
Professional	20	20	80	100%		

Table 7 provides participants' mothers occupation analysis of significance between rural and urban participants. The results indicate a significant difference between rural and urban participants' mothers' occupations (χ^2 = 13.657; *P* = 0.008).

Table 8 Father's occupation

Father's Occupation	***Rural***	***urban***	**Total**	Chi-square value	*P*-Value
Dead/unknown	50	50	100%	χ^2 = 20.152	*P* = 0.000*
Unemployed	71.4	28.6	100%		
Unskilled occupation	100		100%		
Skilled occupation	80	20	100%		
Professional	16.7	83.3	100%		

Table 8 provides participants' fathers occupation analysis of significant between rural and urban participants. The results indicate a significant difference between rural and urban participants father's occupation (χ^2 = 20.152; *P* = 0.000).

Table 9 Food shortage

Food Shortage	***Frequency***	***Rural***	***Urban***	***Total***	*Chi-square value*	*P-Value*
No	51	43.1	56.6	100%	χ^2 = 2.650	*P*= 0.104
Yes	29	62.1	37.9	100%		

Table 9 illustrates reported food shortage between black urban and rural participants. Results revealed no significant difference between rural and urban participants (χ^2 = 2.650; *P*= 0.104).

4.1.2.1. Socio-Economic Status

Key description symbols:

Food Shortage – 0 = No; 1 = Yes

Parents Occupation – 0 = Dead/Unknown; 1 = Unemployed; 2 =Unskilled occupation; 3 = Skilled Occupation; 4 = Professional.

The following formula was used to determine the participants' SES: **Socio Economic Status** = (Mother's Occupation + Father's Occupation - Food shortage) for an example professional mother (4) plus professional father (4) minus no food shortage (0) = 8.

Table 10 Socio-Economic Status

		Rural/Urban				*P*-value and Significance value
		Frequency	Rural	Urban	Total	
Socio Economic Status	0	10	70.0%	30.0%	100.0 %	χ^2 =18.548; *P* = 0.017*
	1	8	50.0%	50.0%	100.0 %	
	2	7	42.9%	57.1%	100.0 %	
	3	13	84.6%	15.4%	100.0 %	
	4	15	53.3%	46.7%	100.0 %	
	5	6	33.3%	66.7%	100.0 %	
	6	5	40.0%	60.0%	100.0 %	
	7	3	66.7%	33.3%	100.0 %	
	8	13	7.7%	92.3%	100.0 %	

Table 10 shows socio-economic status between rural and urban participants. A significant difference was found between the two groups (χ^2 = 18.548; *P* = 0.017*). The results revealed higher (92%) socio economic status for participants in the urban area compared to those in the rural area, who had a lower (7.7 %) socio economic status. Similarly, the occupation of parents (tables 7 & 8) indicated that the majority of the professionals were urban parents, compared to their rural counterparts (see table 7 & 8).

4.2 General findings

Table 11 presents univariate analysis results obtained from this study. Key to codes: Group Identity or Westernisation (1 = Traditional or non-western choice, 2 = Combination of traditional or non-western choice and a western choice, and 3 = Western choice). Body Mass Index (BMI) was used to calculate the index of weight relative to height in order to classify weight as follows (1 =

Underweight, 2 = Normal weight, 3 = Overweight, 4 = Obese class I, 5 = Obese class II, 6 = Obese class III). The World Health Organisation (WHO) criteria were used.

Table 11 General overview of the results

Variables and Categories		**Frequency**	**Percent**
Group Identity Westernisation	1	4	5.0
	2	70	87.5
	3	6	7.5
	Total	80	100.0
BMI	1	2	2.5
	2	39	48.8
	3	26	32.5
	4	7	8.8
	5	4	5.0
	6	2	2.5
	Total	80	100.0

Table 11 indicates that 87.5 % of the total participants selected a combination of traditional and western choice, while 7.5% selected the western choice, and the rest (5%) of the participants selected the traditional choice for Group Identity. This proves that the majority of the participants preferred to identify themselves as both traditional and somewhat westernised. According to the BMI measurements, about 48.8% (n=39) of the participants were of normal weight, followed by 32.5% (n=26) of those who were classified as overweight. A combination of those who were generally classified as Obese (Obese I, II, & II) comprised about 16.3% (n=13) of the total sample. Amongst the total sample size only about 2.5 % (n=2) were classified as underweight.

Figure 3 Body Shape Questionnaire (BSQ)

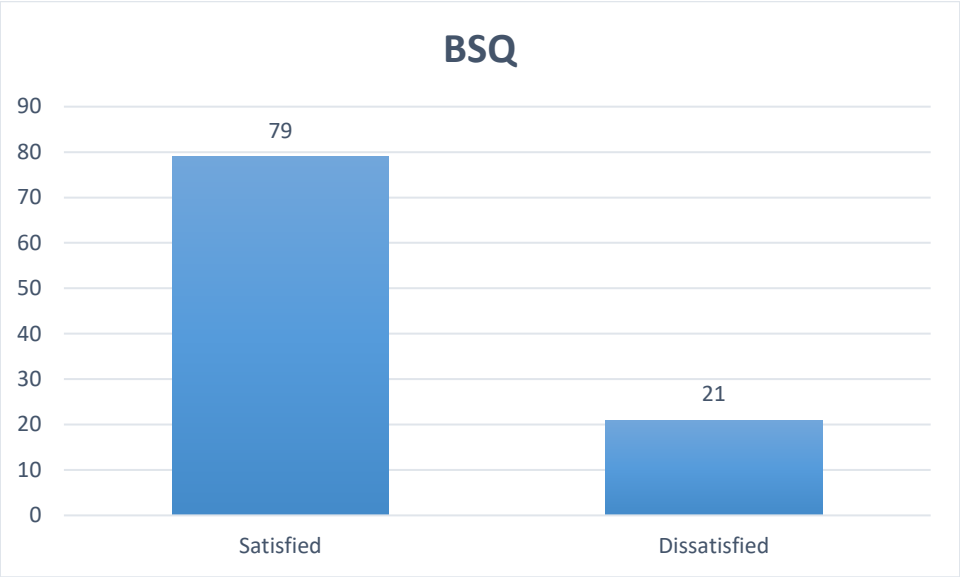


Figure 3 illustrates the Body Shape Questionnaire findings, showing that the majority (79%) of participant were satisfied with their body shape, whilst about 21% of them were body dissatisfied.

4.3 Hypothesis testing

4.3.1 Hypothesis 1

There will be a significant difference in the degree of westernisation between black rural women and black urban women.

Using the composite score obtained from the Eating Research Questionnaire, the findings are presented below. Once a significant difference is established between urban and rural groups in terms of degree of westernisation, urban/rural status will be taken as a proxy of degree of westernisation for the remaining hypotheses.

Table 12 Degree of westernisation between urban and rural

Group identity		Rural/ Urban		Total	**Chi-square value** and *P*-value
		Rural	Urban		
Degree of Westernisation	1	100,0%		100.0%	χ^2=10.057; $P = 0.007$, $P \leq 0.05$
	2	51,4%	48,6%	100.0%	
	3		100,0%	100.0%	
	Total	50,0%	50,0%	100.0%	

Table 12 shows the relationship of degree of westernisation between the two groups (rural and urban). A significant difference was found (χ^2 = 10.057, P = 0.007, $P \leq 0.05$) between the degree of westernisation and dwelling place (rural or urban). As predicted in hypothesis 1a and 1b, (see chapter 3.1.2.1) urban participants were found to score higher on westernisation than their rural counterparts. These results supports both hypotheses 1a and 1b which states that there is a significant difference between the two groups ($P \leq 0.05$). As such, it is deduced that participants from an urban setting had a higher degree of westernisation than their rural counterparts who are often seen less westernised.

4.3.2 Hypothesis 2

There will be a significant difference in the degree of body satisfaction between black rural women and black urban women.

The Body Shape Questionnaire (BSQ) was used to measured body satisfaction.

Table 13 Sample distribution in terms of BSQ

			Rural/Urban		
			Rural	Urban	Total
BSQ	1= Dissatisfaction	Count	8	9	17
		% within BSQ	47.1%	52.9%	100.0%
	2 Satisfaction	Count	32	31	63
		% within BSQ	50.8%	49.2%	100.0%
Total		Count	40	40	80
		% within BSQ	50.0%	50.0%	100.0%

Table 14 Relationship between westernisation (urban/rural) and body satisfaction

		Rural/ Urban		Total	**Chi-square value** and *P*-value
		Rural	Urban		
BSQ	1 - Dissatisfaction	47,1%	52,9%	100.0%	χ^2 = 0.075; *P* = 0.785
	2 - Satisfaction	50,8%	49,2%	100.0%	
	Total	50,0%	50,0%	100.0%	

Table 13 and table 14 show the relationship between body satisfaction and westernisation (using urban and rural as a proxy). The results illustrate that the value of the Pearson Chi-square was .075. The outcome found that the difference between the two groups (rural/urban) in terms of body satisfaction was not significant (χ^2= 0.075; *P* = 0.785). Thus, there was no significant difference between black urban and black rural women in terms of BSQ. The results do not support the hypothesis that there will be a significant difference in the degree of body shape satisfaction between the two groups.

4.3.3 Hypothesis 3

There will be a significant difference in the degree of body image distortion between black women with high and low reported westernisation.

Body image distortion was measured by the Image Marking Procedure and the Moving Caliper techniques. Image marking was used to measure participants estimated body parts' width as well as their actual body parts' width. The Moving Caliper Technique measured the actual body size in order to obtain accurate results.

Table 15 Mean scores of BPI of each body parts

Body Perception Index		Rural	Urban
Hips	Mean	99.0929	98.5376
	Count	40	40
Waist	Mean	99.0617	96.2223
	Count	40	40
Thighs	Mean	91.9275	94.4978
	Count	40	40
Shoulders	Mean	94.5222	118.3463
	Count	40	40

Below 100 = underestimation; Above 100 = overestimation

Table 15 illustrates the mean count for the two groups' BPI of their hips, waist, thighs and shoulders. The table shows that both rural and urban black participants underestimated their hips, waist and thighs but the urban participants overestimated their shoulders compared to their rural counterparts who underestimated theirs.

Table 16 Correlation between various body parts' perceptual body distortion and westernisation

BPI	**Westernisation**
Hips	r = -0.020
Waist	r = -0.095
Thighs	r = 0.085
Shoulders	r = 0.115

To determine whether body image distortion was significantly positively related to westernisation, Pearson's correlation co-efficient between Body Perception Index (BPI) of each body part and

westernisation (Urban and Rural) were conducted (See Table 16). An increase in westernisation was associated with less perceptual distortion of hips and waist, whereas an increase in westernisation was associated with greater perceptual distortion of shoulders and thighs. However, the results revealed no significant difference between rural and urban participants' body perception index across all the body parts tested. Therefore, a hypothesis 3 was not supported by the findings.

4.3.4 Hypothesis 4

There will be a significant difference in weight status as measured by Body Mass Index (BMI) between black women with high and low reported westernisation.

The research used a standard scale to measure weight and standard tape measure to measure height. To calculate BMI the researcher used the formula outlined in chapter 3 (BMI = w (kg)/h $(m)^2$).

Table 17 Mean height

N	Valid	80
	Missing	0
Mean height		1.7
Minimum		1.4
Maximum		1.75

Table 18 Mean weight

N	Valid	80
	Missing	0
Mean weight		64.6
Minimum		40
Maximum		112

Table 17 shows that the mean height of the participants (n = 80) was 1.74 metre. Table 18 illustrates the mean weight of the participants (n = 80) was 64.67 kilograms.

Table 19 Cross-tabulation: frequency Table in terms of BMI

			Rural/Urban		
			Rural	Urban	Total
BMI	1= Underweight,	Count	0	2	2
		% within BMI	0.0%	100.0%	100.0%
	2 = Normal weight	Count	17	22	39
		% within BMI	43.6%	56.4%	100.0%
	3= Overweight	Count	14	12	26
		% within BMI	53.8%	46.2%	100.0%
	4 = Obese class I	Count	4	3	7
		% within BMI	57.1%	42.9%	100.0%
	5 = Obese class II	Count	3	1	4
		% within BMI	75.0%	25.0%	100.0%
	6 = Obese class III	Count	2	0	2
		% within BMI	100.0%	0.0%	100.0%
Total		Count	40	40	80
		% within BMI	50.0%	50.0%	100.0%

Table 19 illustrates the frequency distribution of participants in terms of BMI and Westernisation (rural/urban). As indicated in Table 11, the majority of the overall sample fell within the normal BMI category, followed by the overweight category. Table 19 shows that from rural settings four (4) participants fell within the Obese class I; three (3) participants fell within the Obese class II and two (2) participants fell within the Obese class III category. The number of obese participants from the rural setting was nine (9) out of the forty (40). In terms of urban participants, only four (4) were found to be obese and within the WHO Obese Class I and II. Two (2) participants from the urban setting were found to underweight whereas none of the participants from the rural setting were found to be underweight.

Table 20 Relationship between westernisation (urban/rural) and BMI

		Rural/Urban		Total	*P*-value and Significance value
		Rural	Urban		
BMI	1		100.0%	100.0%	χ^2 =.938; *P* = 0.312
	2	43.6%	56.4%	100.0%	
	3	53.8%	46.2%	100.0%	
	4	57.1%	42.9%	100.0%	
	5	75.0%	25.0%	100.0%	
	6	100.0%		100.0%	
Total		50.0%	50.0%	100.0%	

(1 = Underweight, 2 = Normal weight, 3 = Overweight, 4 = Obese class I, 5 = Obese class II, 6 = Obese class III).

Table 20 illustrates that the difference in Body Mass Index (BMI) of urban black women and rural black women was not significant (χ^2 =.938; *P* = 0.312). The hypothesis that there will be a significant difference in terms of westernisation and body size status as measured by BMI was not supported.

4.4 Summary of findings

To conclude this section, the findings suggest that hypothesis 1, which hypothesised that there will be a significant difference in the degree of westernisation between black rural women and black urban women was supported by the research findings. The majority of participants however lean towards a combination of traditional and western choice (with 70 out of the 80 of the participants' selection of this choice of group identity, see table 4.9). However, the outcome of the findings show that urban participants score higher on westernisation than their rural counterparts. Hypotheses 2, 3, and 4 were not supported. The study found no significant difference between the

two groups when it came to body satisfaction, body image distortion and body size as measured by body mass Index (BMI). These results are discussed in depth in the next chapter.

Chapter 5: Discussion

This chapter presents a discussion of the current study's findings, with reference to the hypotheses and interpretations thereof. The chapter further makes comparisons of the current study's findings with previous studies.

5.1 Relationship between dwelling place (rural/urban) and westernisation

A positive relationship between dwelling place and westernisation was found. That is, urban participants were found to be more westernised than their rural counterparts. Most studies suggest that people in urban areas tend to be more westernised than their rural counterparts (Buote et al., 2011; Haynes, 1995; Swami et al., 2010). Participants in the urban setting are more likely than the rural participants to experience acculturation, cultural diffusion and cohesion in general (Buote et al., 2011).

Haynes' (1995) findings support the current study's findings. The author made speculations that politics, socio economic status as well as demographics were important contributing factors to her findings. This was also supported by Berry et al. (2006) who indicated that acculturation occurs over time, therefore biographic details such as age, gender, religion, and socio-economic status (SES) play an important role in the transformation of acculturation (Berry et al., 2006). Some of these factors will be discussed below to show their influence on the degree of westernisation below.

5.1.1 Traditional values

In order to understand the above findings, the current study argues that the rural areas still uphold relatively more traditional values than their urban counterparts. Firstly, the National Traditional Leadership and Governance Framework Act (2003), recognise Traditional Councils in traditional communities. According to the White Paper (2002, p.3) "the institution of traditional leadership occupied an important place in African life and historically, in the body politic of South Africa. It embodied the preservation of culture, traditions, customs, and values of the African people while also representing the early forms of societal organisation and governance." The village that was

studied had a traditional leader and the research had to follow procedures and obtain permission from the chief, this may be an indication of the high regard of traditional protocols. It is thus not surprising that the rural population still preserve their culture and tradition and some may rather integrate the western and traditional or alternatively reject the western. In terms of urban participants, Hamann (2015), argued that most urban Africans have a desire to attain the European standards of living and rejects traditional leaders particularly because in the apartheid era, the government used some traditional leaders as pawns, which led to them losing credibility for their people.

5.1.2 Socio-Economic Status

The study found that the socio-economic status of rural and urban participants differed significantly. Comparisons of the participants' occupations was better for those in urban settings than those in rural settings. Those in urban settings had parents who were mostly professionals and were significantly more likely to be employed as opposed to those in the rural setting.

This is consistent with other findings (Haynes 1995; Puoane et al., 2005). Socio economic inequality in South Africa is a major concern. The country has the highest income inequality, take KwaZulu-Natal for example; half of the population were reported to be living below the poverty line and, amongst those, two-thirds were from rural areas (Bird et al., 2002). Although the democratic government introduced programmes such as the reconstruction and development programme, then the integrated sustainable rural development strategy and currently the comprehensive rural development strategy aimed at elevating poverty and provision of basic services such as electricity, water and housing, rural areas still need more development resources compared to urban areas (Bird et al., 2002). The difference in socio-economic status between the two groups may influence the adoption of western culture for example, Swami et al. (2010) suggested that assimilation to the western lifestyle may be more affordable for urban citizens, possibly because of associated resource security, including access to education and media. These factors might have discouraged adoption of westernisation for rural women. It is important to understand the above factors as they have been found to play a significant role in acculturation or the adoption of western culture.

Although a significant difference between the black urban and the black rural participants was found regarding their degree of westernisation, acculturation strategies were also evident (see table 11). The group identity section (ERQ) indicated that the following acculturation strategies were revealed in this study. On the one hand, the integration acculturation outcome was espoused by 87.5% of the total sample, who preferred a combination of both their traditional values and those of western culture (Berry et al., 2006). However, when comparing rural and urban participants, the assimilation acculturation outcome was reported by only 7.5% of urban participants, on the other hand. Such a strategy occurs when an individual adopts western values at the expense of their traditional values. Another strategy evident in this study by 5% (the remainder of the total sample) was the separation acculturation outcome that occurs when an individual maintains their traditional values. This strategy was only chosen by rural participants.

It is evident from the above, that acculturation strategies assist in understanding the degree of westernisation. The majority of the participants preferred a combination of both their own culture and some aspects of western culture, while a few assimilated western culture, and a minority preferred their primary culture. This was consistent with previous studies (Haynes, 1995) study, which this study sought to partially replicate. The degree of westernisation could be accounted for by acculturation strategies because of the assumption that acculturation from an African to a western culture exists on a continuum (Haynes, 1995).

5.2 Degree of body satisfaction

The current study hypothesised that westernisation would positively correlate with body dissatisfaction. The hypothesis stated that women with low westernisation (rural women) would significantly differ in body satisfaction when compared to those with high westernisation (urban women). This was not supported (see table 14). The study found no significant difference in body satisfaction between participants from rural (low westernised) and urban areas (high westernised), implying that those who are westernised may not necessarily be prone to body dissatisfaction. The current study's findings are not consistent with several other findings, which found a positive correlation between westernisation and body dissatisfaction (Becker, 2004; Hagman et al., 2015; Haynes, 1995; Laus, Miranda, Almeida, Costa, & Ferreira, 2013; Swami, 2015). Many have

reported that when comparing white women and black women, black women are found to be more satisfied than their white counterparts (Hagman et al., 2015; Wassenaar, Le Grange, Winship, & Lachenicht, 2000). Haynes (1995) found no significant difference between white females and black urban females regarding body satisfaction. She suggested that the acculturation or adoption of western values may have produced what Berry (2006) now terms an 'Assimilation acculturation outcome'; rejection of the traditional body ideal in pursuit of western thinness.

The current findings do not support that black women exposed to westernisation are at risk of body dissatisfaction as previously reported. However, the current study found that majority of the participants from the study were satisfied (79%) with their bodies and only a few reported body dissatisfaction (21%). Mwaba and Roman (2009) studied black university students and found that the majority reported body satisfaction. Similarly, urban black women were found to have high degree of body satisfaction (Kruger, Puoane, Senekal, & van der Merwe, 2005; Puoane et al., 2005). Although the above studies did not make a comparison between urban and rural, they studied urban populations, which the author of the current study, incorrectly hypothesised that they have higher body dissatisfaction.

The findings support the notion that there is general body satisfaction amongst rural and urban women population (79%). However, the 21 % of participants that were dissatisfied with their body shapes may possibly be in the process of adapting to the western 'thin is ideal' norm.

In summary, the study found that westernisation and body satisfaction were independent variables. The findings of the current study do not suggest a cultural clash in terms of body satisfaction between more westernised black women (urban) and less westernised black women (rural) as reported by Haynes (1995). The current study implies that an increase in westernisation does not necessary involve a significant change in the body dissatisfaction. In other words, an increase in the degree of westernisation of participants was not found to translate into body dissatisfaction. Therefore, it can be argued that awareness of the western attitude towards body shape is an insufficient factor to motivate women, confirming that having a western defined body shape and becoming dissatisfied with body shape and size. Various studies have found that black women have higher degree of body satisfaction even when overweight (Kruger et al., 2005; Mwaba &

Roman, 2009; Puoane et al., 2005; Puoane et al., 2002). The findings imply that cultural acceptance and less societal pressure received by non-western women may be a protective factor against body dissatisfaction.

5.3 Degree of body image distortion

The study hypothesised that the two groups will differ significantly in terms of body image distortion. This hypothesis was not supported by the current study's findings (see table 16). The results revealed no significant difference between black urban women (highly westernised) and black rural women (low westernised) in terms of perceptual body distortion.

The study found that both black urban and rural participants underestimated hips, waist and thighs. However, in terms of shoulder size estimation, urban participants overestimated while the rural underestimated (see table 15). In contrast, Haynes (1995) found that urban and rural black women overestimated their body parts namely hips waist and thighs, and found that the white participates underestimated their shoulders. Uys and Wassenaar's (1996) findings were consistent with Haynes' (1995); they found that women overestimated their body size. Hagman et al. (2015) accounted for overestimation of body part size to the pressure to conform to the western 'thin is ideal' concept. According to Lee and Lee (2016) women overestimate their body parts because of pressure they get from society to be thin. Men underestimated their body parts because of societal pressure to be muscular. Furthermore, anorexic women were found to overestimate some of their body parts (Hagman et al., 2015; Uys & Wassenaar, 1996). One of the features that characterise anorexia nervosa is drive for thinness or fear for fatness (APA, 2013). In a nutshell, anorexia nervosa patients are found to overestimate their body parts but have a drive for thinness. Therefore, the current study sample's underestimation of body parts, may be accounted for by possible cultural preference of larger body size. The above should however be treated with caution as the study did not assess the preferred body size of participants

In chapter 2, literature suggested that a larger body size was culturally acceptable in Black African society. To explain the above findings, it was possible that the participants may have underestimated because of cultural or traditional expectation of larger body size. In contrast,

Senekal, Steyn, Mashego, and Nel (2001) found that underweight black students overestimated their body parts, while overweight and obese black students underestimated their body parts. Senekal et al. (2001) further argued that the underestimation by the overweight and obese group could be a result of body dissatisfaction and assimilating to a western thin body ideal. The above should however be treated with caution as the study did not assess the preferred body size of participants.

Briefly, it was found that the two groups had different degrees of westernisation but this was not correlated with body image distortion. This implies that acculturation to westernisation does not include complete rejection of culturally or traditionally acceptable body size. This implies that body image distortion and westernisation were found to be independent variables.

5.4 Weight status as measured by Body Mass Index (BMI)

The data derived from BMI of participants indicate no significant difference between the rural women (low westernisation) and the urban women (high westernisation) (see table 20). The current study results did not support the hypothesis that rural black women will have a higher BMI compared to their urban black counterparts.

The study's hypothesis contrasted with Kruger et al. (2005), who found that obesity was more common in urban blacks than rural blacks. They argued that rural women engaged in more manual labour than their urban blacks counterparts (Kruger et al., 2005). The current findings are also inconsistent with Szabo and Allwood (2007) who studied adolescents and found that rural blacks had a higher BMI compared to their urban counterparts. The authors further established that weight concerns were exclusively found in the urban black population.

The current study found that 48.8 % of the participants were of normal BMI status. When combining the overweight (32.5) and the obese (16.3) BMI categories, the study found that 48.8% of participants were either overweight or obese and only 2.5 % were classified as underweight. This implies that almost half of the participants fell within the 'larger' BMI category. It is therefore possible that the cultural acceptance of a larger body size and less pressure from society to obtain

thin body size still plays a protective role in the group being vulnerable to body image concerns. The prevalence of obesity and overweight are higher in the black population than in other groups (Kruger et al., 2005; Puoane et al., 2005; Puoane et al., 2002; Puoane, Tsolekile, & Steyn, 2010).

Furthermore, a positive correlation between level of education and weight status was found (Puoane et al., 2005; Puoane et al., 2002; Puoane et al., 2010). They found that the higher the education level of participants, the lower their BMI. They argued that the higher the level of education the more informed of higher BMI health risks. The current study revealed that 81.25% of the sample completed Grade 12. Although the correlation between BMI and level of education was not formally assessed, the above suggests that the current study is inconsistent with the above findings.

Chapter 6: Conclusion

Firstly, the main findings are summarised below, which will be followed by a brief discussion of the implications of this study. This chapter will outline limitations of the current study. Lastly, recommendations for future intervention and research will be explained.

6.1 Summary

This study sought to investigate the relationship between body image and westernisation by doing a comparison of black rural and urban women. The investigations was guided by several hypotheses, only one of these hypotheses was confirmed while others were not confirmed. Significant differences between westernisation and body satisfaction, body image distortion and weight status as measured by Body Mass Index (BMI) were not confirmed or had no significant relationship. These findings are inconsistent with those found by other researchers who found that exposure to westernisation correlated positively with body image concerns (Hagman et al., 2015; Haynes, 1995; Uys & Wassenaar, 2000). This was not expected by the researcher, especially taking into account socio-cultural factors that could play a role in the development of body image concerns. Despite one group of the samples having higher degree of westernisation, it did not correlate positively with body satisfaction, body image distortion and weight status as measured by BMI.

The fact that most participants preferred a combination of both their traditional and that of western culture might have diluted the absolute western perception regarding thinness as an ideal body size. This may suggest that the cultural ideal body size still plays a vital role and a serves as a protective factor against negative body image concerns. Nonetheless, it is important to note that factors other than westernisation might account for the current study findings, factors such as high levels of self-esteem, self-acceptance and lower self-criticism which were not assessed by the present study.

A significant difference between urban and rural participants was found regarding to their degree of westernisation. This could be accounted for in several ways, but acculturation strategies seem

to be most applicable. This suggests that participants in the urban areas are usually more westernised than their rural counterparts. This was consistent with other studies (Hagman et al., 2015; Haynes, 1995) that displayed significant differences between rural and urban areas. Factors such as socio-politics, SES, age, gender, and religion were cited as mediators for such a significant difference, amongst others.

Overall, the study did not confirm a significant relationship between westernisation and body image as explored by a comparison between both rural and urban women.

6.2 Implications and limitations of the study.

6.2.1 Sample size

Data for this study was collected from forty (40) University of KwaZulu-Natal students and forty (40) Maqongqo village women. The non-random nature of the sample will limit generalisation of results. According to Babbie, (2010) often when researchers conduct a survey they wish to be able to generalize their finding to the population from which the sample came from. However, to be able to do this, the sample has to be a true representation of a larger population. Babbie (2010) states that, 'representativeness' is the quality of a sample that has the same distribution of characteristics as the population from which it was derived. Representativeness is enhanced by probability sampling and enables the researcher to make generalisations to the larger population (Babbie, 2010). The urban sample was possibly biased. Seven of the urban participants were recruited from boot camp, suggesting that these women were more physically active than the rural sample.

6.2.2 The instruments

The current study is a partial replication of a previous study. The researcher omitted some elements of the previous study, notably a white sample group. This seems like a good choice because significantly more women from the village were non-westernised than the urban sample. However, validity and reliability of data collection techniques still remain satisfactory. Although the eating

research questionnaire (Appendix C) was not tested for psychometric properties; items chosen are factual and have face validity and concurrent validity by other researchers working on acculturation questionnaires.

The study used data collection methods that was based on self-report measures. There are various limitations of self-report measures. However, for the scope of the current study, response sets and styles are applicable. This includes socially desirable responding, acquiescent responding and extreme responding (Paulhus & Vazire, 2009). Socially desirable responding is a tendency for respondents to over report or under report in order to provide a socially desirable response. Acquiescent responding occurs when a respondent tends to provide affirmative answers without regard to the content (Paulhus & Vazire, 2009). Extreme responding is the "tendency to use extreme choices on the rating scale" (Paulhus & Vazire, 2009, p. 231). Furthermore, when assessing the perception of body parts sizes, some participants may have just estimated for compliance. Which means that there was a possibility for over-reporting or under-reporting. Nonetheless, the use of the both Moving Calliper Technique (MCT) and the Image Marking Procedure (IMP) reported good reliability and reduced the error of self-reporting because participants can fabricate their responses.

The study was conducted in KwaZulu-Natal using students from the university as the urban sample and women from Maqongqo village. However, the study did not distinguish between different South Black African cultures such as Xhosa, Venda, Setswana and Xitsonga, amongst others. The westernisation questionnaire (ERQ) grouped participants as having the same cultural origin based on race. The survey did not include information regarding participants' culture. This is particularly concerning, especially with the urban participants that were recruited from the University because students hail from different cultural groups. Nonetheless, the questionnaires required the participants to choose from either traditional, western or a combination of western and traditional identity as means to group them according to an accurate cultural estimate or preference. Therefore, it can be argued that it catered for everyone regardless of their cultural origin.

A significant difference was found between the urban and rural sample in terms of degree of westernisation. According to Berry et al. (2006) acculturation occurs over time and a significant

difference is expected from a person exposed to a certain culture from a primary school level and one later exposed at a retirement age. The current study did not explore the duration of stay of urban participants.

Tierney (2002) warned that a lengthy survey stands the risks of demotivating participants, which makes it likely for some participants to fabricate responses instead of being honest in their response style. In order to address such a shortfall, those participants who were observed to become distracted and impatient with the length of the questionnaires were given a break by the researcher, whilst some participants were allowed to complete the questionnaires in their own homes and measurements were done upon collection of the questionnaires.

6.3 Future research and recommendations

The current findings provide some new information on the topic of the relationship between westernisation and body image. Findings showed no significant difference between westernisation and body satisfaction, body image distortion and weight status as measured by BMI. It is important to note that the current study's aim was to assess the relationship between westernisation and body image, using urban and rural as a proxy for westernisation, the current study did not seek to explain or explore cause and effect. Future studies should consider using a longitudinal research design, assessing those variables over time.

Based on the limitations of the westernisation questionnaire indicated above (Appendix C), future research could develop or use more South African standardised instruments. The current study did not differentiate the Black population in terms of cultural origin. In the context of South Africa where there is diversity in cultures, future research could explore studying a specific culture instead of just a specific race.

Future studies might also concentrate on using more sensitive measures of degree of westernisation, based on the work of Berry (1997) to determine whether there is a westernising trend in Black South African women associated with increasing body dissatisfaction and eating disorder symptomatology. Studies should also be conducted to determine whether traditional

African values and body image ideals are protective factors against body dissatisfaction and eating disorder symptomatology.

The preferred body size for black people is a larger body size. Studies have found that the prevalence of overweight and obesity in many Black African cultures is high and being overweight is not seen as unhealthy (Kruger et al., 2005). This makes the population prone to many health consequences. It may be useful to conduct educational campaigns aimed at promoting more realistic body sizes and shapes as well as promoting positive healthy bodies of all types. Local research should also assist in determining which larger body sizes (BMI) are below the threshold of being health risks.

6.4 Conclusion

The purpose of the study was to examine the relationship between westernisation and body image. This was found not to be significant. Despite this, the study found a significant difference in degree of westernisation between black urban and rural women. In attempts to explain the difference between black rural women and black urban women in terms of degree of westernisation, the author of the current study argues that rural areas still have traditional leaders that assist in upholding traditional customs whereas urban areas do not. Furthermore, the difference in the socio economic status of the two groups may play a vital role in acculturation to western culture.

The current study found no significant difference in body satisfaction between black urban women and black rural women. More participants were found to have higher levels of body satisfaction and only a few obtained lower scores on body satisfaction. In attempts to explain the findings, the author ascribed this to cultural protection against body dissatisfaction and lower pressure received by black women to conform to thin body size. In terms of body image distortion, the current study also found no significant difference between the two groups. However, the current study found that women underestimated their body sizes unlike previous studies, which found that participants overestimated their body sizes. Finally, no significant difference was found in weight status as measured by BMI between the two groups.

The results suggest that the post-apartheid Black women participants in this study have not embraced western, ‘thin’ body standards, and that the majority of the women in this study seem to be comfortable with their bodies, possibly due to different body standards and the acceptance of their culture of origin. Although the current study did not find a positive relationship between westernisation and body satisfaction, body image distortion, weight status as measured by BMI, it can be argued that the study can at least attest to the fact that the cultural or traditional influence in the study of body image may play a significant protective role.

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Appendix A: Information Sheet and Consent to Participate in Research

Greeting Ladies
My name is Eliza Thulo, from the Discipline of Psychology.

You are being invited to consider participating in a study, on the following topic: An investigation of the relationship between body image and westernisation. A comparison between rural and urban areas black women. The aim and purpose of this research is to investigate whether black women with different levels of westernisation differ on body satisfaction, body image distortion and weight status as measured by the body mass index. The study is expected to enrol 80 participants, from both rural and urban areas. You will be asked to complete several questionnaires and participate in a body dimensions estimation task. If you agree to assist, the duration of your participation is expected to be no more than 40 minutes.

The study may involve mild discomfort for some participants when answering questions about body image. Participants needing support will be referred to the UKZN Child and Family Centre. The study will provide no direct benefits to participants, but will hopefully contribute to the body of knowledge.

Participation is entirely voluntary. You may withdraw from participating at any time or refuse to answer any questions you do not wish to answer.

All data will be treated as confidential and no names will appear in any reports on the study. We will not need to capture your real name on any of our forms.

This study has been ethically reviewed and approved by the UKZN Humanities and Social Sciences Research Ethics Committee (approval number HSS/0113/016M).

In the event of any problems or concerns/questions you may contact the researcher at (081 3232 170), email lethulo@gmail.com or the UKZN Humanities & Social Sciences Research Ethics Committee, contact details as follows:

HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION

Research Office, Westville Campus
Govan Mbeki Building
Private Bag X 54001

Durban

4000

KwaZulu-Natal, SOUTH AFRICA

Tel: 27 31 2604557- Fax: 27 31 2604609

Email: HSSREC@ukzn.ac.za

Participating in this research is voluntary; you are not forced to participate. Should you wish to withdraw, you can do so at any time. The decision to withdraw will not affect you negatively in anyway.

This study is being done towards a masters' degree in Social Science (Clinical Psychology). My supervisor is Prof D. Wassenaar, email - wassenaar@ukzn.ac.za.

Appendix B CONSENT

I have been informed about the study entitled "An investigation of the relationship between body image and westernisation. A comparison between rural and urban areas black women", by Eliza Thulo.

I understand the purpose and procedures of the study. I have been given an opportunity to answer questions about the study and have had answers to my satisfaction.

I declare that my participation in this study is entirely voluntary and that I may withdraw at any time without affecting any of the benefits that I usually am entitled to.

If I have any further questions /concerns or queries related to the study I understand that I may contact the researcher at 081 3232 170 or email: Lethulo@gmail.com. My supervisor is Prof D Wassenaar Wassenaar@ukzn.ac.za.

If I have any questions or concerns about my rights as a study participant, or if I am concerned about an aspect of the study or the researchers then I may contact:

HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION

Research Office, Westville Campus
Govan Mbeki Building
Private Bag X 54001

Durban

4000

KwaZulu-Natal, SOUTH AFRICA

Tel: 27 31 2604557 - Fax: 27 31 2604609

Email: HSSREC@ukzn.ac.za

_____ _____

Signature of Participant **Date**

Appendix C: EATING RESEARCH QUESTIONNAIRE

Thank you for completing this questionnaire. You are assured that all details will be regarded as confidential. We will be seeking overall trends and will not focus on individual questionnaires. The question sheets are not coded, nor are you required to put your name on the questionnaire. The following data will, however, be of great value to us.

Please complete the following questions. Thank you for your assistance.

1. General

1.1 Date of birth (dd/mm/yy): ……..
1.2 Age: ……..
1.3 Marital status: ……..
1.4 Number of children: ……...
1.5 Current occupation: ……
1.6 Own preferred future occupation:……
1.7 Mother's occupation: ……
1.8 Father's occupation: ……
1.9 Home of family (circle answer): rural urban
1.10 Present place of occupation (circle answer) rural urban
1.11 Approximate height (in metres):…….
1.12 Approximate weight (in kgs): …….
1.13 Do you think you have an eating disorder?…….
1.14. Have you ever been treated for an eating disorder? Yes No
If "yes", please elaborate
……
……..……

1.15. Have you or your family ever not had enough food to eat?

Yes	No

If your answer is yes, for how long did the food shortage last?

1 Day	1 Week	1 month	1 Year

2. GROUP IDENTITY*

(*It is acknowledged that under apartheid legislation references to race or culture were justifiable regarded as offensive. For the purpose of this research, however, this information may be useful in identifying culture-specific trends, health and illness patterns).

Choose the option most relevant to yourself (mark with an "X"):

2.1. Which language is most frequently spoken at home?

African indigenous language	Mixture of African indigenous language and English	English

2.2. Which language do you speak most frequently?

African indigenous language	Mixture of African indigenous language and English	English

2.3. Which language would you like to speak more frequently?

African Indigenous language	Mixture of African indigenous language and English	English

2.4. In which language are the magazines\newspapers you read most frequently written?

African indigenous language	Mixture of African indigenous language and English	English

2.5. What style of food do you prepare and eat most frequently?

(Examples of traditional food might include: Uphuthu, meat, samp, beans maas, madumbi roots, sweet potatoes, etc. Western dishes might include hamburgers and other fast foods, pasta, salads, chocolate cake, scones and cream, etc.)

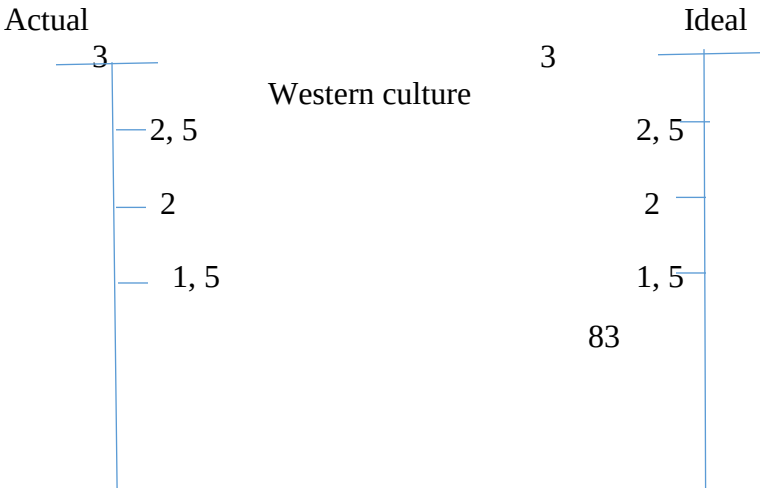
Traditional dishes	Both traditional and western dishes	Western dishes

2.6. Use the graphs below to roughly indicate with an "X":

i. The extent to which you believe your lifestyle actually matches that of Western culture, rather than matching the culture of your own race group and

ii. The extent to which you would ideally like your lifestyle to match that of Western culture, rather than the culture of your own race group.

(E.g. A mark at level 3 wold indicate a lifestyle very similar to, if not the same as that of Western culture, whereas a mark at level 1 would indicate a lifestyle very similar to, if not the same as the culture of your own race group)



Culture of your own race group 1

3. EDUCATION

3.1 For how many years did you attend school?

0 years	1-6 years	7-9 years	9-12 years	+13 years

3.2 Scholastic grade/standard achieved ……

4. INTERESTS

4.1 Name of magazine you buy\ read most frequently

…….

4.2 How frequent do you read this magazine (mark with an "X")?

Every year	Every 6 months	Every term	Every month	Every 2 weeks	Every week

4.3 Do you have a television where you are living (mark with an "X")?

Yes	No

4.4 How often do you watch television (mark with an "X")?

Never	Occasionally	Regularly

Appendix D: BSQ-34

We should like to know how you have been feeling about your appearance over the **PAST FOUR WEEKS**. Please read each question and circle the appropriate number to the right. Please answer all the questions.

OVER THE PAST FOUR WEEKS:

	Never	Rarely	Sometimes	Often	Very often	Always
1. Has feeling bored made you worried about your shape?.....	1	2	3	4	5	6
2. Have you been so worried about your shape that you have been feeling you ought to diet?.....	1	2	3	4	5	6
3. Have you thought that your thighs, hips or bottom are too large for the rest of you?.....	1	2	3	4	5	6
4. Have you been afraid that you might become fat (or fatter)?.....	1	2	3	4	5	6
5. Have you worried about your flesh being not firm enough?.....	1	2	3	4	5	6
6. Has feeling full (e.g. after eating a large meal) made you feel fat?.....	1	2	3	4	5	6
7. Have you felt so bad about your shape that you have cried?.....	1	2	3	4	5	6
8. Have you avoided running because your flesh might wobble?.....	1	2	3	4	5	6
9. Has being with thin women made you feel self-conscious about your shape?.....	1	2	3	4	5	6
10. Have you worried about your thighs spreading out when sitting down?	1	2	3	4	5	6
11. Has eating even a small amount of food made you feel fat?.....	1	2	3	4	5	6
12. Have you noticed the shape of other women and felt that your own shape compared unfavourably?.....	1	2	3	4	5	6
13. Has thinking about your shape interfered with your ability to concentrate (e.g. while watching television, reading, listening to conversations)?.....	1	2	3	4	5	6
14. Has being naked, such as when taking a bath, made you feel fat?.....	1	2	3	4	5	6
15. Have you avoided wearing clothes which make you particularly aware of the shape of your body?.....	1	2	3	4	5	6
16. Have you imagined cutting off fleshy areas of your body?.....	1	2	3	4	5	6

	Never	Rarely	Sometimes	Often	Very often	Always
17. Has eating sweets, cakes, or other high calorie food made you feel fat?	1	2	3	4	5	6
18. Have you not gone out to social occasions (e.g. parties) because you have felt bad about your shape?	1	2	3	4	5	6
19. Have you felt excessively large and rounded?	1	2	3	4	5	6
20. Have you felt ashamed of your body?	1	2	3	4	5	6
21. Has worry about your shape made you diet?	1	2	3	4	5	6
22. Have you felt happiest about your shape when your stomach has been empty (e.g. in the morning)?	1	2	3	4	5	6
23. Have you thought that you are in the shape you are because you lack self-control?	1	2	3	4	5	6
24. Have you worried about other people seeing rolls of fat around your waist or stomach?	1	2	3	4	5	6
25. Have you felt that it is not fair that other women are thinner than you?.	1	2	3	4	5	6
26. Have you vomited in order to feel thinner?	1	2	3	4	5	6
27. When in company have your worried about taking up too much room (e.g. sitting on a sofa, or a bus seat)?	1	2	3	4	5	6
28. Have you worried about your flesh being dimply?	1	2	3	4	5	6
29. Has seeing your reflection (e.g. in a mirror or shop window) made you feel bad about your shape?	1	2	3	4	5	6
30. Have you pinched areas of your body to see how much fat there is?	1	2	3	4	5	6
31. Have you avoided situations where people could see your body (e.g. communal changing rooms or swimming baths)?	1	2	3	4	5	6
32. Have you taken laxatives in order to feel thinner?	1	2	3	4	5	6
33. Have you been particularly self-conscious about your shape when in the company of other people?	1	2	3	4	5	6
34. Has worry about your shape made you feel you ought to exercise?	1	2	3	4	5	6

Appendix E: UKZN Gatekeepers Approval

UNIVERSITY OF KWAZULU-NATAL
INYUVESI YAKWAZULU-NATALI

30 June 2016

Ms Lesawana Eliza Thulo (SN 215079426)
School of Applied Human Sciences
College of Humanities
Pietermaritzburg Campus
UKZN
Email: lethulo@gmail.com

Dear Ms Thulo

RE: PERMISSION TO CONDUCT RESEARCH

Gatekeeper's permission is hereby granted for you to conduct research at the University of KwaZulu-Natal (UKZN), towards your postgraduate studies, provided Ethical clearance has been obtained. We note the title of your research project is:

"An investigation of the relationship between body image and westernization: A comparison of black rural and urban women".

It is noted that you will be constituting your sample by handing out questionnaires to black female students on the Pietermaritzburg campus.

Please ensure that the following appears on your questionnaire/attached to your notice:

- Ethical clearance number;
- Research title and details of the research, the researcher and the supervisor;
- Consent form is attached to the notice/questionnaire and to be signed by user before he/she fills in questionnaire;
- gatekeepers approval by the Registrar.

Data collected must be treated with due confidentiality and anonymity.

Yours sincerely

MR SS MOKOENA
REGISTRAR

Office of the Registrar
Postal Address: Private Bag X54001, Durban, South Africa
Telephone: +27 (0) 31 260 8005/2206 **Facsimile:** +27 (0) 31 260 7824/2204 **Email:** registrar@ukzn.ac.za
Website: www.ukzn.ac.za

Appendix F- Maqongqo gatekeeper's approval

Approval to conduct research study in Maqongqo Village

I Nhlakanipho Khulezweni Maphumulo (full name) Chief of Maqongqo village hereby confirm that I understand the contents and nature of the research study on the investigation of the relationship between body image and westernisation by Eliza Thulo.

I understand the purpose and procedures of the study. I have been given an opportunity to answer questions about the study and have had answers to my satisfaction. I understand that that the women participation in the study will be voluntary and that participants may withdraw at any time should they so desire.

I understand that the study will provide no direct benefits to participants, but will hopefully contribute to the body of knowledge.

I understand that I may contact the researcher on (081 3232 170), email lethulo@gmail.com or UKZN Humanities & Social Sciences Research Ethics Committee Tel: 27 31 2604557 - Fax: 27 31 2604609, Email: HSSREC@ukzn.ac.za

I therefore consent to provide Ms Eliza Thulo permission to conduct her study in Maqonqo village

Signature of Chief _____ Date: 25/10/2015

Appendix G: Advertisement

Research Participants needed for a study on
Body image and westernisation
Who can participate?
You are eligible to participate if;

- You are a Black African female student
- Were born post 1994 (between ages 18 and 22 years)

IF yes,
We are looking for you to participate in a study.

If you are interested or would like more information, please email: lethulo@gmail.com and we will contact you.

lethulo@gmail.com	lethulo@gmail.com	lethulo@gmail.com	lethulo@gmail.com	lethulo@gmail.com	lethulo@gmail.com	lethulo@gmail.com	lethulo@gmail.com	lethulo@gmail.com	lethulo@gmail.com

Appendix H – Ethical clearance

UNIVERSITY OF KWAZULU-NATAL
INYUVESI YAKWAZULU-NATALI

04 July 2016

Ms Lesawana Eliza Thulo 215079426
School of Applied Human Sciences-Psychology
Pietermaritzburg Campus

Dear Ms Thulo

Protocol reference number: HSS/0113/016M
Project Title: An investigation of the relationship between body image and westernisation: A comparison of black rural and urban women

Full Approval – Expedited Application

In response to your application received 03 February 2016, the Humanities & Social Sciences Research Ethics Committee has considered the abovementioned application 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.

The ethical clearance certificate is only valid for a period of 3 years from the date of issue. Thereafter Recertification must be applied for on an annual basis.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully

.....

Dr Shenuka Singh (Chair)
Humanities & Social Sciences Research Ethics Committee

/pm

Cc Supervisor: Professor D Wassenaar
Cc Academic Leader Research: Professor Kevin Durrheim
Cc School Administrator: Ms Nondumiso Khanyile