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Socio-cultural beliefs about an ideal body size and implications for risk of excess weight gain after immigration: a study of Australian residents of sub-Saharan African ancestry

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ABSTRACT

Objectives: Though several studies have focused on risk factors associated with excess weight gain, little is known about the extent to which socio-cultural beliefs about body sizes may contribute to risk of excess weight gain, especially in non-Western migrant communities. Drawing on socio-cultural and attribution theories, this study mainly explored socio-cultural beliefs about an ideal body size among Australian residents who were born in sub-Saharan Africa (SSA). Implications of body size beliefs for risk of excess weight gain after immigration have also been discussed.

Design: Employing a qualitative design, 24 in-depth interviews were conducted with Australian residents who were born in SSA. Thematic content analysis was undertaken to ensure that participants' experiences and views were clearly captured.

Results: According to the participants, a moderately large body size is idealised in the SSA community and post-migration weight gain is commonly regarded as evidence of well-being. While desirability of a moderately large body size was noted by some participants, others were concerned about health risks (e.g. high blood pressure) associated with excess weight gain. Moreover, body size ideals seemed to be different for men and women in the SSA community and these ideals were mainly promoted by family and friends. Participants reported that women with very slim (skinny) body sizes are often regarded as persons suffering from health problems, whereas those with 'plumpy' body types are often considered beautiful. Participants also noted that men are expected to look well-built and muscular while those with big bellies are often seen as financially rich.

Conclusions: Participants' interpretation of post-migration weight gain as evidence of well-being calls for urgent intervention as risk of excess weight gain appear to be high in this immigrant group.

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KEYWORDS

Idealisation of body size; weight gain; socio-cultural and attribution theories; sub-Saharan African immigrants in Australia

Introduction

Migration and risk of excess weight gain

Excess weight gain, defined as a condition whereby the body contains too much fats or lipids that are medically considered surplus and unrequired (IFB Adiposity Diseases 2018; Komaroff 2016; Thomson et al. 2016; WHO 2018), is a major risk factor for many non-communicable diseases (NCDs), such as diabetes, some cancers, chronic respiratory diseases and cardiovascular diseases (WHO 2018). A number of studies have suggested that migration from low to high income countries may increase risk of excess weight gain, mainly due to possible modifications to dietary and physical activity behaviours (Delavari et al. 2013; Holmboe-Ottesen and Wandel 2012; Menigoz, Nathan, and Turrell 2016; Murphy, Robertson, and Oyeboode 2017). Empirical evidence shows that risk of excess weight gain after immigration can be reduced through healthy eating and engagement in regular physical activity (Colagiuri and Buckley 2007; WHO 2018). However, interventions that address less healthy dietary and physical activity behaviours related to risk of excess weight gain are likely to be unsuccessful, unless individuals understand the health implications associated with excess weight gain and develop positive attitudes toward dieting and physical activity (Chan and Woo 2010; Madigan et al. 2015).

Attitudes toward dieting and physical activity may be partly determined by a person's perception of ideal body size (Toselli, Rinaldo, and Gualdi-Russo 2016). Ideal body size is a complex concept which is understood differently across diverse cultures. Notably, in many contemporary Western societies, slimness (particularly for women) is one main indicator of good appearance (Humenikova and Gates 2008; Tiggemann 2012), whereas a large body size seems to be an indicator of well-being in some sub-Saharan African (SSA) culture(s) (Australian Bureau of Statistics 2013; Ettarh et al. 2013; Hugo 2009; Renzaho 2004). The assumed cultural admiration for a large body size among people of SSA ancestry is an important concern, as this may result in a high risk of excess weight gain. However, this topic has not been adequately explored among immigrants of SSA ancestry. To date, not much is known about the extent to which socio-cultural beliefs about body sizes influence weight-related behaviours among SSA-born migrants in Western countries. It is also less clear whether the socio-cultural environment of Western countries influence 'significant' changes in body size beliefs among immigrants of SSA ancestry. In the context of potentially differing cultural beliefs about body size and weight, this study examines the self-reported weight status of SSA-born residents in Australia, evaluates their perceptions of factors that contribute to post-migration weight gain, explores their socio-cultural beliefs about an ideal body size and appraises the extent to which body size ideals contribute to risk of excess weight gain after immigration.

Theoretical perspectives of body image

Socio-cultural theory of body image provides an important framework for understanding not only socio-cultural beliefs about body sizes but also how people may respond to changes in their bodies (Dakanalis et al. 2014; Vygotsky and Cole 1978; Wang, Bruce, and Hughes 2011). Socio-cultural theory of body image proposes that human cognition develops through social interaction with people, objects and events (Dakanalis et al. 2014; Vygotsky and Cole 1978; Wang, Bruce, and Hughes 2011); and by this interaction

individuals integrate socio-cultural beliefs about body sizes into their reasoning (Wang, Bruce, and Hughes 2011). The theory suggests that the notion of ideal body size is established and enforced by the culture of a particular society (Wang, Bruce, and Hughes 2011). Each culture develops its own specific ideals of body size and individuals internalise these cultural ideals (Dakanalis et al. 2014; Wang, Bruce, and Hughes 2011). Individuals may feel pressured to conform to the cultural ideals about body size and as a result engage in behaviours that meet the cultural standards (Dakanalis et al. 2014). Depending on the extent to which the bodies of individuals meet the cultural standards, they may either become satisfied or dissatisfied with their own bodies (Dakanalis et al. 2014; Wang, Bruce, and Hughes 2011). The theory further posits that family, peers and the mass media are the main agents that promote the internalisation of cultural ideals about body size (Tiggemann 2012). Direct or indirect pressure from family, peers and the media (also known as tripartite influence) in pursuance of making individuals meet cultural standards of body size can lead to body image dissatisfaction and disorderly weight-related behaviours among targeted individuals (Yamamiya, Shroff, and Thompson 2008).

In addition to the socio-cultural theory of body image, attribution theory helps to explain how people may understand the causes of post-migration weight gain (Heider 1958; Kim et al. 2018; Moskowitz 2005). According to the theory, people assign causal explanations for events (Heider 1958; Reeder 2013) and establish causality to factors either external (causes beyond a person's control) or internal (causes emanating from the individual) (Heider 1958; Malle 2011). External attributions to the causes of events denote environmental factors accounting for unintentional happenings while events believed to be caused by an individual's personal characteristics are classified under internal attributions (Heider 1958; Malle 2011). Some attribution theorists have suggested the need to consider the role played by a person's intention when explaining internal factors that cause events (Malle and Korman 2013; Reeder 2013). Therefore, internal factors ascribed to the causes of events are categorised into personal or impersonal (Reeder 2013). Personal causality refers to a situation where an event is believed to be caused by a person with the intention of reaching a target or goal whereas impersonal causality implies behaviour outcomes caused by a person's unintentional actions (Reeder 2013). Furthermore, the theory suggests a potential bias in the attribution of causes to events (Heider 1958; Malle and Korman 2013; Reeder 2013). People may easily overemphasize or underrate the contribution of situational or personal factors as causes of events (Heider 1958; Malle and Korman 2013; Reeder 2013). Supposing the outcome of a behaviour is seen as a failure, people may easily deny personal responsibility, but may easily attribute a successful behavioural outcome to themselves. Employing socio-cultural and attribution theories to understanding body size perceptions among Australian residents who were born in SSA, this study may inform health promotion responses aiming at reducing weight-related problems in this immigrant group.

Materials and methods

Design

A qualitative design based on a phenomenological approach was employed to ensure that participants could freely discuss their own experiences and perceptions. Using a semi-

structured in-depth interview guide, participants' socio-cultural beliefs about body sizes were explored.

Research setting and study participants

The interviews were conducted in two Australian states that host the largest population of African Australians: New South Wales (NSW) and Victoria (Australian Bureau of Statistics 2013). Participants were selected based on the following criteria:

- (1) persons born in an SSA country, but currently living in Australia;
- (2) persons who stayed in SSA until at least 18 years of age;
- (3) persons who have resided in Australia for at least 12 months (to ensure that participants had settled in the new environment and could offer meaningful responses).

Ethical considerations

Ethics approval (Reference Number: HC17018) was received from the Human Research Ethics Committee of the University of New South Wales (UNSW) on 14 March 2017. The study was conducted in accordance with the Australian National Health and Medical Research Council's (NHMRC) National Statement on Ethical Conduct in Human Research. Informed consent, anonymity, privacy and confidentiality were ensured in the data collection, storage and reporting.

Participant recruitment

Quota sampling was employed to reduce participant selection bias emerging from potential demographic and ethnic diversities. Four main characteristics were considered when determining quotas for the selection of the participants: SSA subregion of origin, gender, living arrangement and current state of residence. Based on the United Nations' classification of African regions and sub-regions, four main regions of origin were distinguished: Western Africa, Eastern Africa, Central Africa and Southern Africa. A maximum of eight participants were targeted for each region of origin. The selection of participants from each region also considered gender balance (men and women); living arrangements (living with familial relationships or not) and place of residence (living in NSW or Victoria).

Data collection

The study was advertised at various social gatherings (e.g. churches, mosques, weddings and food centres) within the African community. Flyers and word-of-mouth were used for the advertisement. Persons who showed interest in the study were checked for eligibility and a list of eligible participants was compiled for interview schedules. Each person was allowed to book a day and time for the interview based on his/her own availability. Participants were also asked to indicate whether they preferred over-the-phone or face-to-face interview. An interview took between 20 and 80 min to complete and was recorded after receiving oral consent from the participants. Nevertheless, one participant

did not want to be recorded and preferred the interviewer to take notes instead. All questions were open-ended and probing skill was employed, when required, to elicit in-depth responses. The questions covered participants' demographic characteristics, migration history, settlement in Australia, socio-cultural beliefs about body sizes and weight-related behaviours (dieting and physical activity). More specifically, participants were asked to express how they felt about their own body weights and suggest factors accounting for their post-migration weight statuses. Participants were also allowed to elaborate on their body size ideals and probing method was used to establish the sources of these ideals. Analysis was conducted daily until a point where additional data were not generating any new information. Data saturation was achieved after interviewing the 24th participant.

Data management, coding and analysis

Data analysis was informed by Blaikie's 'constructionist' strategy which involves the examination of responses from the position of participants' own understandings, experiences and perceptions (Blaikie 2007). Pseudonyms were used instead of participants' real names to protect their confidentiality. The interviews were transcribed verbatim and NVivo 11 software was used to manage the data. A thematic content analysis approach was used to code the responses of participants. Attention was given to shared responses within and across groups and the emergence of new theoretical concepts. The emerging themes were proofread thrice to ensure accuracy of findings.

Research team and participant recruitment support

The study was overseen by a team of four researchers with three members originating from SSA. One team member of SSA background conducted the interviews under the supervision of the other three team members. About half of the interviews were transcribed by a transcription agency (www.rev.com) and the remaining interviews were transcribed by the interviewer. The interviewer reviewed all the transcripts and identified emerging themes under the supervision of a more experienced team member. The other two team members undertook a review of the emerging themes to reduce potential bias and to provide additional insights into the interpretations.

With regard to recruitment of participants, assistance (in the form of advertisement) was given by representatives of numerous African community organisations in NSW and Victoria (e.g. Carers of Africa, God's Power Ministries, the Ghana Association of NSW and Victoria, Ethiopia Community Association, Congolese Community Association, just to mention a few).

Results

Participants' socio-demographic characteristics

An outline of the participants' socio-demographic characteristics is presented in [Table 1](#). [Table 1](#) shows that 14 of the 24 participants were men, and the average age was 36 years. The majority ($n = 17$) had attained tertiary level education, with about 1 out of every 2 participants ($n = 12$) self-identifying as a Christian. Each subregion (Western, Southern,

Eastern or Central) of SSA had at least three participants, and majority of them ($n = 14$) stayed in New South Wales (NSW) at the time of the interview (Table 1). The participant with the longest duration of stay in Australia had stayed in the country for 24 years while 1 year was the least amount of time a participant had stayed in the country. Half ($n = 12$) of the participants were staying with either a friend or relative with whom they shared meals, and one-third ($n = 8$) were living alone (Table 1).

It is important to note that participants were recruited based on living arrangements (living with persons of familial or non-familial relationships), gender and place of residence with the assumption that these factors would show variations in body size beliefs, but these issues did not emerge clearly as important themes during the analyses.

Self- and social perceptions of change in body size

Participants were asked to describe any changes in their own body size (weight) after migrating from SSA to Australia. The majority ($n = 16$) of them reported that they had gained significant weight after immigration whereas a few ($n = 2$) mentioned post-

Table 1. Summary of participants' socio-demographic characteristics.

Background characteristics	<i>N</i> = 24
<i>Gender</i>	
Male	14
Female	10
<i>Current average age (years)</i>	
20–29	6
30–39	11
40–49	4
50+	3
<i>Age before migration (years)</i>	
18–27	15
28–37	4
38–47	4
48+	1
<i>Highest attained educational level</i>	
Basic	-
High School	2
Tertiary	17
Other forms of formal education	5
<i>Religious affiliation</i>	
Christianity	12
Islam	1
Non-assigned	11
<i>Sub-Saharan African region of origin</i>	
Western Africa	6
Eastern Africa	7
Southern Africa	8
Central Africa	3
<i>State of residence</i>	
New South Wales	14
Victoria	10
<i>Duration of stay in Australia (years)</i>	
<2	1
2–5	5
6–10	8
11–15	8
16–20	1
20+	1

migration weight loss. One of the two participants who noted post-migration weight loss gave the impression that her weight loss was unusual: 'In my case, it's been a reverse. I came to Australia bigger than I am now. I have clothes I brought from Ghana 13 years ago: "slit" and "kaba" (traditional dress from Ghana) that I can still fit in. I have a 19-year-old top that is still hanging in my wardrobe' (Ajo, female, 54 years). The remaining participants believed that their body sizes had either fluctuated ($n = 5$) or remained nearly the same ($n = 1$). This finding suggests a high likelihood of weight gain after migrating from SSA to Australia.

In addition to the self-perceptions of change in body size, participants noted that they had heard comments about their changed body sizes from significant others (e.g. friends, family, health workers). An example can be seen in this participant's comment: 'There's been a very big change. When I came to Australia, I weighed 74 kg. In 10 years, I now weigh 115 kg. My doctor tells me I'm not even obese, I'm morbid' (Daniel, male, 32 years). Furthermore, participants noted differences in the freedom to say thoughts about body sizes between SSA-born persons and Australian-born residents as exemplified below:

... I'm realising over the past one year, I've put on a lot of weight and it became more apparent when I went back to Uganda. People told me: 'you've put on weight'. Frankly, they will tell you and they wouldn't take it the way people take it here (in Australia), ... People here (in Australia) will fear to tell you that you've put on weight, but there (in Uganda), they will tell you directly ... (Yaro, male, 38 years)

Given the relative freedom to express views about one another's body size among SSA-born persons, individuals of authority and significance are likely to play a key role in the construction of body size ideals among participants.

Perceived factors that contribute to post-migration weight gain

In line with attribution theory, three main themes emerged from the participants' narratives when they were asked to explain factors that accounted for their post-migration weight gain. The themes were: significant reduction in physical activity after immigration and post-migration consumption of foods containing high calories of fats, sugars and hormones; decline of body metabolism due to ageing and inheritance of 'fatty' genes from family.

First, most participants ascribed their post-migration weight gain to changes in diet and physical activity behaviour after immigration. For instance, Dada (male, 54 years) said: 'The foods I eat here (Australia) are oily compared to Africa. We don't exercise as much as we do when we were in Africa. The foods here (Australia) are also different. They contain hormones and make you grow big ...' (Dada, male, 54 years).

In addition to the dietary and physical activity-related factors, some participants said that ageing is naturally accompanied with a reduction in body metabolism and that explains why they have gained more body weight after immigration. One participant illustrated this in the following words: 'I think age plays a very important part. I think the older you get, the more your metabolism goes down, so you obviously gain a bit more weight when you get older ...' (Cheska, female, 28 years).

Lastly, one participant demonstrated how inherited genes may influence changes in body size by using his own family characteristics as an example:

To me, I also believe that your body size depends on the family that you were born. For me, all my brothers have weight (referring to large body size). We almost look the same when it comes to body size and our height is a little bit different but similar ... (Olu, male, 49 years)

This finding reflects participants' awareness of factors that contribute to changes in body size as they linked post-migration weight gain to poor dieting, reduction in physical activity and nature. However, attribution of ageing as a singular cause of post-migration weight gain (as reported by some participants) underscores possible attributional bias as some participants had reportedly lost weight or remained nearly the same years after immigration.

Socio-cultural beliefs and perceptions of an ideal body size

One of the main objectives of this study was to explore the socio-cultural beliefs about an ideal body size and appraise how such beliefs may influence risk of excess weight gain. The main theme that emerged in relation to this objective was that a moderately large body size is significantly idealised in the SSA community. Additionally, beliefs about body sizes were associated with perceived affluence of destination country, gender and personal wealth. Findings show that migration from SSA to Western countries was accompanied with expectation of weight gain as weight gain was seen by many as an evidence of well-being:

... And you know when you're like me, ... culturally ... I remember going back to Zimbabwe, my brother-in-law said: 'how come you're still thin?' Being big is the desired sort of thing. Then, I was like: 'hello! whatever!' ... (Renee, female, 37 years)

For the majority of the people, putting on more weight, especially if somebody has recently come from the rural area to the city, that would be a good thing. It would be indicating that they've started making some money and they have some peace of mind, so they've started gaining weight ... (Yaro, male, 38 years)

Concerning the 'genderisation' of body size ideals, women with very slim body sizes were classified as ill while those with moderately large body sizes were regarded as beautiful. For men, weight gain in the belly region was attributed to financial riches while muscular body types were viewed as indicators of strength or security. One participant said:

Mainly for females (*women*), but I know the men also have their level of, I guess ... , they have their own thing, but mainly for females (*women*) ... It's seen as if you're too slim or you're too skinny, it's seen as maybe, one, you're not healthy, two, you've got issues: emotional issues, mental issues, or if you're married, your husband is not taking care of you, or your parents are not taking care of you ... , whereas if you're on the bigger size, or the larger size, it's been assumed that you've got a great life, and you're just living your life as it is. For the men, it can be perceived, if you've put on a bit of weight, especially around your midsection area, it's perceived that you are rich, or you've kind of made it in life. (Lovia, female, 39 years)

Participants' assertion that men with waist/belly fats are regarded as financially rich emphasizes the influence of socio-economic status on the formation of body size ideals. The following account from a highly educated participant further confirms how social status may play a significant role in the construction of body size ideals:

... There's always been, especially in my culture as well or maybe when I was growing up, there's always been that underlining idea that if somebody is fat or he has a big belly, he's

the boss (rich) ... But I wouldn't say there is a preference as to body size. You get a variety and people would either like ... I know for men, for example, I could either like a slim chic (slim sexual partner) or I could either like somebody who has a bit more fat on her body. I think it just comes down to an individual ... (Boala, male, 29 years)

Furthermore, the analysis yielded another sub-theme which reflected the agents responsible for the promotion of body size ideals. To many participants, weight gain ideals are often promoted by family members (especially spouses) and other significant persons in their community. Many participants reinforced the idea that their families, friends and communities regarded weight gain as 'well-being', as noted by two participants: 'Just my personal trainer and my wife. I think when I met her, she wanted me to gain weight and she succeeded. Laughter' ... (Don, male, 31 years)

... I think they (family) appreciate me gaining weight, but as of late, my mom has said that I've gained a bit too much weight. So, she always teases me, but from our cultural background, I guess the bigger you are, the more you're considered beautiful, so I would say that they would appreciate weight gain, over weight loss. (Lovia, female, 39 years)

In contrast, some participants noted that friends and family members discouraged the internalisation of large body ideals mainly because of their perceptions of health risks associated with large bodies. Examples can be seen in the following expressions:

My wife is trying to tell me to lose my weight because even though I am not sick or obese, when your weight is more than your body size, or when your weight is more than your height, according to science, that means things (corrections) need to be done ... (Olu, male 49 years)

Those who knew me when I got to Australia. Now I'm getting a bit of tummy and they keep telling me, you need to lose weight, you need to work on your tummy. (Nat, male, 37 years)

The results show that while body fats are culturally valued and seen as an indicator of success, there is also a growing concern among participants about health implications associated with large bodies.

Responses to post-migration weight gain

Participants were asked to express how they felt about their own body weight and the themes that emerged showed mixed feelings. Many participants reported that they were content with their body sizes; some stated a desire to gain more body weight through dieting and/or physical exercise whereas a few preferred bodies that are medically regarded as healthy. Though some participants expressed intentions to gain more body weight, they further clarified that their preferred body standards exclude extremely big and morbid body types. The participants (both men and women) perceived a moderately large body size as ideal for looking good in clothes as exemplified by two participants:

I prefer thick. I prefer being fit but being thick as well ... I think clothes fit you better when you're a bit thicker. Not obese, but fit and thick. I feel like clothes suit you better when you have a bit of meat on there (your body), not too skinny. (Cheska, female, 28 years)

I like the size I am now, so I think ... I weighed myself, I'm currently like 73 kg... and, want to get up to 80. (Faya, male, 37 years)

Participants who expressed dislike for a large body size based their reason on a perception that large bodies are associated with ill health. Two participants illustrated how they felt in the following quotations: ‘I don’t want to be overweight, to get blood pressure, cholesterol’ (Vic, female, 43 years); ‘Medium built is good, I don’t believe in being excessively fat because of the associated health issues.’ (Ajo, female, 54 years)

Overall, the results show various beliefs about body sizes that are mainly related to socio-economic status, gender, health beliefs and perceived wealth status of migrants’ destination country. Nonetheless, desirability of a moderately large body size emerged as the common voice that was heard across participants’ narratives.

Discussion

The body of research on body image has mainly focused on the desirability of a small body size, particularly for women in Western and post-communist countries (McCreary 2012; Tiggemann 2012). In the past few decades, a number of studies have documented potential differences in body size ideals across various ethnicities, with some writers suggesting that a large body size may be culturally admired by people of SSA (Australian Bureau of Statistics 2013; Ettarh et al. 2013; Hugo 2009; Renzaho 2004), whereas the opposite is believed to be true for people of Western cultures (Humenikova and Gates 2008; Tiggemann 2012). What is less clear is the extent to which this cultural admiration for a large body size is maintained after migrating from SSA to a Western country. The rationale behind body size preferences after immigration and the extent to which these factors are related to risk of excess weight gain are also uncertain in the literature. In order to better understand these issues, this study investigated the self-reported weight status of Australian residents who were born in SSA, evaluated their perceptions of the causes of post-migration weight gain, explored their socio-cultural beliefs about an ideal body size and examined the extent to which these factors contribute to risk of excess weight gain.

Findings from this study indicating that most participants have gained significant weight after settling in Australia, are consistent with those reported in a previous study by the Australian National Preventive Health Agency (Australian National Preventive Health Agency 2014). The reasons given by participants for their post-migration weight gain suggest that they have adequate knowledge of risk factors associated with weight increment. The participants attributed their post-migration weight gain to factors related to behaviour (post-migration modifications to dietary and physical activity behaviours), biology (ageing and genetics) and the environment (unavailability of local African foods and physical activity products).

In line with the attributional bias component of the attribution theory (Heider 1958; Kim et al. 2018; Moskowitz 2005), the participants mainly underscored the Australian environment (external locus of causality) as the main reason for their post-migration weight gain rather than their own behavioural choices (internal locus of causality). To many participants, available foods in Australia are predominantly less healthy (fatty and genetically modified); and they believed that accounted in large part for their post-migration weight gain. In contrast to this observation from participants, evidence shows that ‘healthy’ organic foods are available in Australia indicating that there may be other undisclosed factors (e.g. high costs of organic foods) influencing participants’ food choices (National Health and Medical Research Council 2013).

Regarding the biological factors, the data on participants' socio-demographic characteristics show that most of them migrated to Australia when they were young (between 18 and 27 years old). As indicated in some studies, a natural reduction in body metabolism was expected as they grow older, and this may have contributed to weight gain after immigration (Barzilai et al. 2012; St-Onge and Gallagher 2010). However, a number of studies have also argued that proper management of dietary and physical activity behaviours could reduce age-induced risk associated with weight gain (Jaaskelainen et al. 2011; Shimokata and Kuzuya 1993). In addition to the age factor, research has shown that the genetic composition of some individuals is associated with high risk of excess weight gain (Jaaskelainen et al. 2011). Irrespective of the age and genetic factors, findings from this study show that some participants made conscious efforts to gain more body weight after immigration through dieting and physical exercise.

Concerning socio-cultural beliefs about an ideal body size, most participants, regardless of their ethnic backgrounds, reported that a moderately large body size is admired in their culture(s). This admiration of moderately large bodies contradicts the widely documented desirability of a small body size in many Western societies (Dakanalis et al. 2014; McCreary 2012; Vygotsky and Cole 1978; Wang, Bruce, and Hughes 2011). Thus participants' perceptions of ideal body size were consistent with the assumption that people of SSA ancestry share a culturally constructed idealisation of large bodies (Australian Bureau of Statistics 2013; Ettarh et al. 2013; Hugo 2009; Renzaho 2004). However, this study suggests a unique interpretation of what is commonly referred to as 'large' or 'thick' body size compared with previous observations (Renzaho 2004; Tiggemann 2012). The preferred large body was described by participants as 'not too slim', 'fit', 'full', 'medium' or 'thick' and expressions of dislike for underweight, obese and morbidly obese body types were clearly noted. Though it appeared that participants pursued a moderately large body size, there is a need for a more critical assessment of the extent of body largeness that is idealised in this immigrant population.

It is important to take note that the participants' exposure to the Australian environment had less impact on their perceptions of an ideal body size. Previous studies have shown that a 'small' body size is increasingly portrayed especially in the Australian media as a marker of beauty (particularly for women) (Park 2007; Tiggemann and Miller 2010), but it appears that most participants in this present study selectively maintained their cultural admiration for moderately large bodies. According to the participants, migration to more affluent destinations is understood in the SSA context as an opportunity for well-being, and immigrants living particularly in Western countries were expected to demonstrate affluence in the form of weight gain. This cultural expectation of weight gain after immigration appeared to have influenced post-migration weight-related behaviours, as some participants reported that they have gained more desire for food and have intentionally tried to gain more bodyweight. A critical implication drawn from this finding is that socio-economic status and pre-migration history may play a crucial role in post-migration weight gain. Participants of 'poor' socio-economic backgrounds, particularly those who had experienced extreme poverty prior to immigration, may have desired to respond to their previous sufferings by means of intentional weight gain. To the families of such participants, post-migration weight gain symbolises an increase in wealth while a reduction or maintenance of pre-migration body size reflects disappointment. This finding confirms a growing hypothesis (resource scarcity) in the

literature which suggests that intentional gaining of more body fats may be a physical and psychological response to previously threatened food supply that occurred among individuals of low socio-economic status (Dhurandhar 2016).

The maintenance of large body ideals by participants also challenges some earlier studies suggesting that immigrants often adopt cultural trait(s) of the host culture(s) (Matera, Stefanile, and Brown 2012; Remennick 2014). Nevertheless, a small number of participants seemed to have disconnected themselves from the cultural expectation of post-migration weight gain. Although this group of participants indicated that a large body size is admired in their cultures, they downplayed the influence of this cultural belief on their own weight-related behaviours. To them, a large body size is associated with increased risk of diseases/illnesses (e.g. high blood pressure) and for that reason they separated themselves from weight gain ideals. The implication of this finding is that idealisation of body sizes may not be influenced exclusively by cultural beliefs or socio-economic status, but also health beliefs.

Another significant finding from this study is the differences in body size expectations for women and men. While many participants reported that women with very slim body sizes are often seen through cultural lenses as persons suffering from emotional, mental and/or physical health problems, those with 'plumpy' bodies were regarded as beautiful. For men, whereas those with muscular body types were perceived to be strong, those with big bellies were regarded as financially rich. There is evidence to suggest that these distinctive cultural interpretations of body sizes for men increased desirability of weight lifting and influenced an intake of more foods than the usual. Nevertheless, the interpretation of big bellies as evidence of riches reinforces the possible relationship between 'poor' socio-economic background and expectation of post-migration weight gain. Though the reported body size ideals differed for men and women, the differences are however reconciled in the general preference for a moderately large body size across both genders.

In support of the tripartite (family, peers and media) influence component of the socio-cultural theory (Tiggemann 2012), it was reported by participants that family and friends play a significant role in promoting weight gain ideals. Participants reported that family and friends often make direct commentaries (e.g. teasing remarks) about the body size of one another and negotiate the extent to which members in their social networks can increase or decrease in body weight. From participants' perspective, it was also easier for Australian residents born in SSA to make body size references about one another than Australian-born residents. The cultural freedom to express thoughts about one another's body size can be utilised as an empowering resource for weight-related interventions in this immigrant group.

Strengths and limitations

Understanding that body size beliefs has been less studied in non-Western communities (particularly in a migration context and among people of SSA ancestry), this study provides important contributions to knowledge. Methodologically, the approaches used in this study have a number of strengths. First, the use of a phenomenological approach allowed for exploration of participants' lived experiences and enabled revisions as new perspectives emerged. This approach also enabled participants to freely discuss their socio-cultural beliefs and perceptions about body size in their own words which would

have been difficult to elicit from a quantitative study. Moreover, the use of quota sampling ensured inclusion of persons from different SSA regions, allowing for inter-group comparisons. While acknowledging that findings from this study cannot be extrapolated to all immigrants of SSA ancestry, the data are compelling, and most participants in this study constitute a hard to reach section of the Australian population.

Though the study approach provided compelling data, possible bias associated with self-reports cannot be overlooked. For instance, participants may have misremembered their exact weight levels before and after immigration. Therefore, employment of clinical indicators in the assessment of changes in participants' body weight after immigration will be essential for future studies.

Lastly, while the selection of participants paid attention to some demographic variables, the proportion of participants for men and women was unequal after achieving data saturation. Nevertheless, there were significant similarities in body size beliefs across the various ethnic and demographic characteristics.

Implications of findings for public health interventions and future research

Overall, findings from this study indicate a cultural admiration for a moderately large body size among the Australian residents who were born in SSA. The interpretation of a very slim body as a sign of ill health for women and the understanding of belly fats as indication of riches may promote excess weight gain in this ethnic minority group. While recognising that large body sizes which are often referred crudely as overweight and/or obese body types (Denke, Sempos, and Grundy 1994; Huang, Frangakis, and Wu 2006) do not always correlate with health problems (Hainer and Aldhoon-Hainerova 2013), the extensively documented point that excess body fats may increase risk of NCDs (such as diabetes, stroke and heart problems) should be a concern for participants and people in similar circumstances (WHO 2018). Therefore, public health interventions are needed to monitor and address culturally motivated desirability of excess weight gain in this ethnic minority group. The public health interventions may consider promoting 'healthy' weight-related behaviours through the engagement of significant persons in the SSA community.

Furthermore, ageing and genetics were mentioned by participants as factors contributing to risk of excess weight gain. Given that weight gain vulnerability associated with ageing and genetics may be reduced through proper dieting and vigorous physical activity (Jaaskelainen et al. 2011; Shimokata and Kuzuya 1993; Sowa et al. 2016), dietary and physical activity interventions for the aged and people who have inherited 'fatty' genes will be important. Drawing on the methodological limitations of this study, research in the future can quantitatively assess significant associations between socio-demographic characteristics of participants and cultural beliefs about body sizes. A consideration of more critical definitions of body sizes and an exploration of chronic health conditions in this population will also be important for future studies.

Conclusion

Migration from SSA to Western and post-communist countries symbolises increased expectation of weight gain. To a large extent, a moderately large body size is mainly

idealised in the SSA community, but this idealised body size is sensitive to participants' gender, socio-economic status, health beliefs and place of destination. Lastly, friends and family are the two main agents that promote body size ideals among the Australian residents of SSA ancestry. Public health interventions need to consider cultural factors when addressing weight-related issues, particularly among immigrants of SSA backgrounds.

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