

# Body Image of Kuwaiti Women

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### Abstract

The purpose of this study was to explore Kuwaiti women's body image, using a pretested and structured questionnaire. An opportunity sample of 188 women was used for the study, drawn from all volunteer women visiting a clinic in Kuwait, the capital city of Kuwait, during a 30-day period.

The findings of the study suggest that there is a general concern among the women about their physique, which may be due to their level of obesity, which is thought to prevail in societies undergoing modernization, like Kuwait. Additionally, this concern about body image may be due to the high emphasis usually placed in an affluent society, like Kuwait, upon personal adornment, physique, clothes and beauty.

## Introduction

Schilder (1935) defines body image as "the picture of our own body which we form in our mind, that is to say the way in which the body appears to ourselves" (p. 104).

Jupp (1983) notes that "Body image is a dynamic concept, defined in terms of a picture or mental representation, or a constellation of representations, of the body self which gradually changes throughout life as the body develops and changes" (p. 4B4).

Bruch (1973) uses body awareness, body percepts, body identity, body structure, body self and social body concept as synonyms for body image. The latter term, social body concept, engenders a notion promoting the idea that body image is influenced by social forces, as Askevold (1975) notes that the term suggests "that not only biological and psychological mechanisms are involved, but that sides of the concept are guided by social forces as fashion" (p. 71).

Hiller (1982) notes that "overweight body image would be associated with more negative personality characteristics than normal weight image, and evidence was found supporting the predictions" (p. 107). Bruch (1973) suggests that body image is distorted in persons with obesity and anorexia nervosa. Gray (1977) notes that "Body image disturbance tends to take two forms: perceptual distortion of the body and negative affect toward the body" (p. 1035).

Orbach et al (1966) note that "there is an almost complete lack of data on the incidence of body-image disturbances in patient population as well as in the population at large" (p. 41). Bailey et al (1970) note that "there has been relatively little research on individuals' perception of body image" (p. 617).

Dillon (1962) notes that there are no sex differences in the errors of estimates of body size. Harris and Smith (1982) note that:

"Sex differences were found, however, indicating that male subjects were more likely to list faulty Eating Habits as a reason for obesity. Since both obesity and stigmatization for obesity may be more of a problem for women than men... it may be that women are more aware of the complicated nature of the problem. Females were also more likely to report knowing someone fat than were males, which might reflect either differences in actual acquaintances (an unlikely explanation for the discrepancies in reports of fat relatives) or differences in perception of what is considered fat" (P. 1053).

Goldblat et al (1965) note that:

"The lesser importance of social factors as related to body weight among men, as contrasted to women, may arise from a lesser importance that society attaches to the physical appearance of men, as well as from a different definition of culturally desirable weight for them" (p. 1043). Maddox et al (1968) note that "Men were more likely than women to use best-worst physical condition: women were more likely than men to use pity or the appearance of the face as their frame of references" (P. 296).

de Garine (1972) notes that:

"The appreciation of good food should not only be considered in relation to the moral code of the society, but also in the light of an acceptable personal physical appearance.. Nowadays, fashion-conscious women follow frugal diets in order to acquire a silhouette which, in most traditional societies, would be regarded as a symbol of sterility, and might even lead to accusation of witchcraft" (P. 146). Goldbatt et al (1965) note that:

"We do not have to look far to see the image of the slim, attractive female as portrayed throughout the popular culture. Motion picture stars, television personalities, women in advertisements, fashion models, and, indeed, the fashionable clothes themselves, all reflect the definition of the beautiful female as the one who is thin" (p. 1043). Maddox et al (1968) note that fatness has a negative connotation. de Garine (1972) notes that overweight is seen by most traditional societies as a reflection of wealth. Jelliffe (1967) notes that "Many cultures have their own body image - that is, their concepts concerning the workings of the body and its physiology" (p. 2810).

Dwyer et al (1970) note that "Arabs, for example, esteem different, plumper body types than Americans" (p. 273). Inkeles and Smith (1970) note that "modernizing influences make for maladjustment and those who have been... exposed to them manifest more psychosomatic symptoms" (p. 109). The latter, Meleis (1982) suggests, are present among Kuwaiti women as she regards them "as highly hypochondriacal, and most of their complaints are considered psychosomatic" (p. 966). She suggests that these symptoms are attributable to the effects of rapid modernization, which Kuwaiti women have been undergoing, and to the sense of powerlessness as regards their destiny. This disquieting feeling of powerlessness may promote overeating among Kuwaiti women, as Brosin (1953) notes that "Many persons.. use food as a means of allaying disquieting feeling.." (p. 975). Freeth (1972), referring to Kuwaiti women, notes that:

"I was surprised to see how even the elderly had smooth unlined faces, looking scarcely a day older than when I had seen them sixteen years before. They tend to be plump, which helps to keep away the wrinkles, but their life of ease and freedom from care is obviously the chief factor in preserving their ageless looks" (p. 42).

Al-Shawi (1987) notes that most Kuwaiti mothers are satisfied with the plumpness of their daughters, especially during adolescence because they think that obesity is related to puberty. A Kuwaiti mother, she adds, thinks that a prospective husband will like her daughter better being plump. Mothers' influence as regards body image, she notes, may be waning. She adds that plumpness among most Kuwaiti girls is a form of identification with their Egyptian female teachers who tend to be plump or fat themselves. Kuwaiti women are also influenced by Egyptian television series which are shown and popular in the Gulf area because these series often portray fat mothers and plump girls as the ideal shape for mother and daughter, respectively. The influence of Egyptian television is overtaking the influence of Egyptian teachers. The latter's influence is further decreased by the replacement of Egyptian teachers with Kuwaiti ones.

Kamal and Martinez (1948a) note that Kuwaiti women are exposed to the ills of affluence where the abundance of food and decreased physical activity coexist. Al-Shawi (1987) notes that there is an abundance of food in Kuwait and Kuwaiti women are exposed to it everywhere they go. Eating, she notes, is a social occasion in Kuwait. Women are discouraged from physical activity by wealth and cultural reasons.

Al-Shawi (1987) notes that there is a tendency among Kuwaiti women to put on weight noticeably after they reach forty years of age because they think it is part of the norm and want to look the part. Sometimes, Kuwaiti women put on weight after becoming second wives because of feeling of being deserted by the husbands. Nonetheless, she adds, there is concern with body image among Kuwaiti women because of the increasing number of them opting for the traditional attire over the cosmopolitan (western). She notes that 70% of college women wear the traditional attire, which includes the

head-kerchief and a long dress with long sleeves. The attire, she suggests, tends, as some Kuwaiti women think, to give the illusion of slimness. The traditional attire places no restriction, because of its design, on weight gain a woman might incur. With the traditional attire, a woman is less conscious of her figure and gain or loss of weight because it does not outline the body. When miniskirts (being examples of the cosmopolitan attire) were in vogue, she adds, and the traditional attire was rare, Kuwaiti women were more conscious about their body image as any change in weight becomes noticeable. She maintains that there has been no change among Kuwaiti women regarding the body image since miniskirts and their desire to look nice, but what has changed is that some women suppress their desire to look nice in favour of looking proper. Their desire to look nice, she adds, is manifested by the fact that some Kuwaiti women who wear the traditional attire use make-up on their faces, which contradicts the reasons (Islamic) for which the dress is worn, i.e., a woman with a traditional dress is supposedly following more closely the precepts of Islam, which also forbid the wearing of make-up in public. She concludes that a Kuwaiti woman is often torn between appearing proper and her inner desire to look attractive.

The purpose of this study was to explore Kuwaiti women's body image using a pretested and structured questionnaire administered to a group of Kuwaiti women.

## Method

### 1 - The sample of women

The Kuwaiti women's sample used was an opportunity sample, drawn from all volunteer women visiting Qadysia Clinic in the suburb of Qadysia in Kuwait, the capital city of Kuwait, during a thirty-day period. The sample size was 188 women drawn from women visiting this general practice clinic during the thirty-day period. The general practice clinic was chosen because it is conveniently located in one of the oldest suburbs of Kuwait and because the clinic staff showed willingness to provide support in carrying out the study.

### 2 - Methods of measurement

2.1 Measurement of obesity among the women was carried out by a trained nurse in the clinic who took the women's weight and height, using standard instruments available in a clinic. The weight in kilograms divided by the squared height in meters ( $W / H^2$ ) was calculated to obtain the body mass index (BMI), which was the index of adiposity used in this study. The values of the BMI were divided into four categories: Less than 19 (underweight), 19 - 24 (normal weight), 25 - 30 (overweight) and over 30 (obese), according to standard normal ranges.

2.2 Measurement of the women's body image was carried out by a set of questions exploring their satisfaction with their present figures and any dieting practices used.

The questionnaire for the women included questions about the respondent's age, marital status, level of education, occupation, type of dress (see below), and measurements of weight and height.

The questionnaire was pretested on 36 Kuwaiti women. A small number of changes were made to a number of the questions asked to enable complete understanding by the respondents. The final version thus contained a set of questions that would elicit the responses required to achieve the objectives laid down.

The type of dress the women wore was categorised into traditional and other. Traditional dress refers to the Islamic dress which is loose-fitting and long and has long sleeves. A head-kerchief is worn with it. "Other dress" refers to any dress that did not fit the description of the Islamic dress.

The occupations of the respondents grouped into professional, skilled and manual in accordance with the Registrar-General's classification of occupations. A category of others was added to include those who did not fit into the aforementioned categories, i.e., housewives, and those in the armed forces, etc.

The questionnaires used for this study were essentially of the structured type.

### 3 - Data analysis

The choice of the answers to the questions as well as the various variables used in the questionnaires were coded by giving each a numerical value.

The data was analysed by using an S.P.S.S. (Statistical Package for Social Sciences) programme. The numerical values coded for the answers and the variables used in the questionnaires were fed directly into the computer and a frequency distribution for them was obtained. Using the same package, the data were cross tabulated and the chi-square tests were carried out to establish a statistical test of association between certain variables. The level of significance (P) used in this study was equal to or less than 0.05.

### Findings

#### 1 The level of obesity among the women

##### 1.1 Distribution of the level of obesity among the women

The index of adiposity used in this study is the body mass index (BMI), which is defined as the weight of an individual in Kilogram over his height in meters squared ( $W / H^2$ ). The standard ranges of BMI for women are given below:

|               |                             |
|---------------|-----------------------------|
| underweight   | = BMI value of less than 19 |
| Normal weight | = BMI value of 19 - 24      |
| Overweight    | = BMI value of 25 - 30      |
| Obese         | = BMI value of over 30      |

The 188 women in the sample are grouped according to their body mass index (BMI). There were 18 (9.6%) women who were underweight, 84 (44.7%) who were of normal weight, 63 (33.5%) who were overweight, and 23 (12.2%) who were obese.

#### 2 - Women's body image

The women responded to a set of questions which were put forward to them concerning their satisfaction with their figures and their dieting habits. For example, 89 (47%) of the women expressed the opinion that when they look in the mirror they are satisfied with the way they look.

Only 29 (15%) of the women expressed the opinion that they look fatter than most of their friends, and 122 (65%) felt they should try to change their present weight.

A total of 122 (65%) of the women expressed the opinion that they feel they should try to change their present weight.

A total of 104 (55%) of the women expressed the opinion that they usually watch what they eat, reflecting a proper nutritional practice and only 19 (10%) are presently members of a weight reducing programme.

A total of 102 (54%) of the women expressed the opinion that they weigh themselves regularly, i.e., once per week, and 133 (71%) of the women feel that they are happy with themselves most of the time. There was a statistically significant association between the number of women who expressed the opinion that they are happy with themselves most of the time and their dress ( $P = 0.0066$ ).

## DISCUSSION

The majority of the women (94, 50%) expressed the opinion that when they look in the mirror they are not satisfied with the way they look, indicating, as what Gray (1977) calls, a "negative affect toward the body" (p. 1035). Bailey et al (1970) note that overweight persons tend to perceive their body as being larger and hence the dissatisfaction with the way they look in the mirror. Traub and Orbach (1964) note that the individual's reaction to his physical appearance in the mirror reflects his body image, i.e., if his reaction is that of dissatisfaction, the person's body image is low or negative. Clifford (1971) notes that dissatisfaction with one's body "may reflect cultural factors associated with concerns with weight gain in an affluent society.." (p. 119), which places greater emphasis on personal adornment, clothes, personal appearance and beauty, which is perhaps the case in Kuwait.

Most of the women (122, 65%) felt they should try to change their present weight, suggesting perhaps a low or negative body image, because anyone who is trying to change his / her present weight is presently dissatisfied with his / her own body. Jupp et al (1983) note that people with weight problems experience greater concern toward their body image than people with normal weight, and want to be relieved of that burden. Their concern about their body image is reduced following weight loss. Hiller (1982) notes that "overweight body image would be associated with more negative personality characteristics than normal weight body image..." (p. 107).

A majority of the women (104, 55%) stated that they usually watched what they ate, reflecting perhaps a sound nutritional practice. But it is possible, since nearly half of the women are either overweight or obese, that the women may be avoiding obviously fattening foods, such as desserts and candy, but as Blackman et al (1982) notes, "may.. gain weight eating other items which they do not believe to be as dangerous" (p. 539). It is also possible that the women are trying to minimise public criticism by stating that they watch their diet.

An overwhelming majority of the women (169, 90%) expressed the opinion that they are not presently members of a weight reducing programme or group, confirming the reduced physical activity of the women. One possible explanation, for the lack of enthusiasm among the women toward joining reducing programmes or groups, is that the women may view the latter, as Dwyer et al (1970) note, as having "two failings. First,.. they are outside the realm of supervision by knowledgeable physicians or health agencies. Second, the major qualifications for the instructors is that they have themselves reduced successfully and are good leaders". (p. 284). Allon (1979) notes that weight loss through supervision by professional experts is more successful than if it were the sole responsibility of the participants, but it is possible, as Penick and Stunkard (1970) note, that weight loss under professional supervision may be due to a desire on the part of the participant "to please the doctor and to meet his expectations" (p. 752). One may rule out expense as being a likely objection to joining weight-reducing programmes or groups, since the majority of the women can obviously afford it, owing to the high standards of living in the country. There may be social restrictions regarding the

movement of women to and from places other than work, school, or homes of relatives. It may be that a sizeable proportion of the women experience a negative affect toward their bodies and, as a consequence, shun joining weight-reducing programmes or groups for fear of being "discovered" as being obese or overweight. Goffman (1967) notes that people with weight problems tend, for fear of embarrassment, to avoid face-to-face contact with normal weight individuals. It is also possible that the lack of enthusiasm for joining weight-reducing programmes or groups among the women, may be attributed to the extremely hot weather of the country throughout most of the year, and to the high rate of traffic congestions, which would eliminate all but the highly motivated from attending such programmes.

The majority of the women (102, 54%) stated that they weighed themselves regularly, i.e., once per week, suggesting a predominant concern among the women about their figures. It is possible, as Gray (1977) notes, since nearly half of the women are overweight or obese, that some of the women may have a distorted body image by perceiving themselves to be heavier than others and hence the high frequency with which they want to check their weight. Dwyer et al (1970) note that "Heavier people in general tend to be more concerned about weight than lighter people" (p. 272).

The overall body image of the women seems to be negative or low, judging from the women's responses to the majority of questions in this area. A majority of them are not satisfied with the way they look in the mirror, want to change their present weight, avoid critical appraisal by stating publicly that they watch what they eat, are not members of a weight-reducing programme or group, and weigh themselves regularly. The women have a rather deep concern about their body and are very much aware of the great emphasis being put, in a society of high standards of living, on personal adornment, clothes, physique and beauty. The women are generally self-conscious about their body and since nearly half of them are either overweight or obese, this may not be surprising.

Hiller (1981) notes that "an overweight body image was associated with other negative personality attributes and negative experiences" (p. 238). The latter may be attributed to the effects of rapid modernisation which has been taking place in Kuwait. Inkeles and Smith (1970) note that modernising influences make for maladjustment and those who have been.. exposed to them "manifest more psychosomatic symptoms" (p. 109). The latter, Meleis (1982) suggests, are present among Kuwaiti women and are attributable to the effects of rapid modernisation, which Kuwaiti women have been experiencing, and to the sense of powerlessness as regards their destiny. This disquieting feeling of powerlessness may promote overeating among the women, as Brosin (1953) notes that "Many persons.. use food as a means of allaying disquieting feelings" (p. 975).

The women seem to be concerned about their body image. It is possible that this concern moves in a vicious circle. The influence of wealth and modernisation may bring about disquieting feelings of powerlessness among the women, which are allayed by overeating. This raises the level of obesity among the women and hence the level of concern about their body image. It should be noted that there is a tendency in affluent societies to place greater emphasis on personal adornment, clothes, physique, and beauty which may contribute to the level of concern among the women about their body image.

## Conclusion

Since there is a concern among the women with their body image, health education



should devise methods to examine the roots of the problem and identify its causes so as to ascertain, since the country is under the influence of wealth and modernisation, whether this concern with body image is due to the high emphasis usually placed in an affluent society, like Kuwait, upon personal adornment, physique, clothes and beauty or due to disquieting feelings brought about by a sense of powerlessness against the influx of modernisation, which is often allayed by overeating, which can lead to obesity. Hence the concern with body image.

A need, therefore, has emerged for health education interventions aimed to promote the increase of the level of physical activity undergone by the Kuwaiti women, together with the enhancement of the social acceptability of women exercising in public. In addition, health education programmes should be evolved to enable the acquisition of further knowledge and skills related to healthy eating patterns and sensible food choice.

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