



Embodiment of social roles and thinness as a form of capital: A qualitative approach towards understanding female obesity disparities in Chile

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ABSTRACT

Obesity in Chile disproportionately affects women of low socioeconomic status (SES). Research has shown that ideals of body size and differences in perceived social pressure for being slim across socioeconomic strata contribute to the social stratification of body size among women in modern societies. Thinness is most valued by high SES women, following western standards of ideal body size.

Aiming to understand the link between ideals of body size and SES, this qualitative study explored how 36 Chilean women construct their bodily ideals according to their social position. A purposive sample of women with different profiles with regard to educational attainment, nutritional status and body size (dis)satisfaction was defined, aiming to cover a diverse spectrum of bodily perceptions. Data were collected through semi-structured interviews and approached through a thematic and narrative analysis.

Drawing on Bourdieu's concepts of habitus, field, capital and embodiment of the social context, this study explains how ideals of body size and appearance are strongly linked to class-dependent gender roles and social roles. The existing gender and class inequalities in the Chilean social structure have been literally embodied by these women through a 'gendered class habitus'. Compliance with the thin ideal confers women different degrees of power according to their social position in different fields, such as in marriage and on the labour market, which turns thinness into an embodied form of capital.

The societal dynamic behind obesity rates cannot be disregarded when approaching possible solutions. Promoting obesity-related lifestyle modification at an individual level might appear an over-simplistic and individualistic approach to a complex social issue. Context-oriented interventions that take cultural constructions of gender and social class into account might yield better results in the long term, while advocating for a more equitable society and social justice as a public health concern.

1. Introduction

In the last three decades, overweight and obesity rates have increased worldwide in both developed and developing countries (Ng et al., 2014). As countries' gross domestic product (GDP) increase, demographic, epidemiological and nutritional transition processes take place, thus determining populations' overweight and obesity rates and related burden of disease (Popkin, 2004, 1998). Economic development is associated as well with the SES and gender distribution of obesity among the population. Low-income economies exhibit greater rates of obesity among high SES subpopulations. As GDP increases the burden of obesity shifts to low SES groups and a strong inverse relationship

between SES and obesity becomes evident only in women, not in men (Monteiro et al., 2004).

Among developing regions of the world, Latin America is undergoing a process of demographic and nutritional transition. Consistently, a rising trend in overweight and obesity is observed in all countries (Kain et al., 2003; Popkin et al., 2012). Unlike other countries in the region, Chile does not seem to face a double burden of malnutrition, but an alarming growing trend in obesity levels, especially among women in the less affluent segments of the population (Atalah et al., 2014): 46.7% of Chilean women with lower educational attainment are obese; however, this figure drops to 19% in the highly educated group (Ministerio de Salud de Chile, 2010).

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Research has shown that ideals of body size and differences in perceived social pressure for being slim across socioeconomic strata contribute to the social stratification of body size among women in modern societies. Thinness is most valued by high SES women, following western standards of ideal body size (McLaren, 2007; Sobal and Stunkard, 1989). Socially advantaged women experience more dissatisfaction with their appearance and body weight than their disadvantaged counterparts for a given body mass index (BMI) (McLaren and Kuh, 2004), a phenomenon that appears to be more common in countries where people have a westernized lifestyle (Holmqvist and Frisén, 2010). Based on data from 10 world regions, Swami et al. (2010) found that although there were significant differences in the ideal female figure and body dissatisfaction between regions, these may not depend as much on the degree of westernization as it does on differences in SES. According to McLaren and Kuh (2004), mobility between social classes throughout life stages, either upward or downward, influences the dissatisfaction experienced by women with their appearance and body weight (McLaren and Kuh, 2004). Several issues were discussed to explain these findings, such as the effect that health education messages have on women as their education improves, expectations about physical appearance related to personal achievements, and feminist scholars' views about the influence that a patriarchal society might have on women's perceptions about their bodies (McLaren and Kuh, 2004). Such complexity has partly been addressed by qualitative studies that have explored women's complex relationship between the prevailing social structure and obesity (Dumas et al., 2013; Warin et al., 2008), however, their main focus was on gender constructions, food practices and weight control strategies. In the certainty that a better understanding of female body dissatisfaction might provide an insight into social class differences in obesity, this qualitative study explored how female ideals of body size and appearance are built upon social classes and gender roles, aiming to integrate women's body (dis)satisfaction with their lived experience "as gendered, situated bodies in an inequitable world" (Aphramor, 2005).

As Najman and Davey Smith (2000) argue, to address socioeconomic inequalities in health, "more promising is research which suggests that the human body is the physical manifestation of an individual's history of socially determined experiences and exposures". When health inequalities are conceptualized in this way, class differences are more than just differences in access to material, cultural, and social resources, they are actually embodied (Najman and Davey Smith, 2000). According to Bourdieu (1984), physical appearance and body size are embodied forms of class inequality. The body becomes a 'marker of social class' when certain embodied properties are the product of class-related practices and a symbolic value is bestowed upon physical features (Bourdieu, 1984).

Central to Bourdieu's theories is the concept of 'habitus', which links social structures with individuals' daily practices in the sense that the routines that structure the logic of everyday life, mostly unconscious, are largely influenced by the social context (Bourdieu, 1977). Since practices and dispositions are embodied rather than a conscious act of following rules, the habitus is somehow 'irreversible' and largely determined by the social conditions of its constitution (Bourdieu, 1977). Therefore, the habitus integrates individual systems with social constructs (Sato et al., 2016), providing individuals with a class-dependent yet natural way of thinking and acting in the social world while locating themselves in it (Bourdieu, 1984). For Bourdieu (1984), the 'distance from necessity' is what determines lifestyles and 'class habitus'; how far individuals are from the imperatives of biological survival (providing for food, shelter, etc.). Working-class individuals develop an instrumental relation with their bodies, forged by necessity, where time to cultivate the body outside of this scope is scarce. By contrast, upper-class individuals, free of the imperatives of necessity, treat their bodies as projects with different emphasis, such as 'the body as an organism' or 'the body for others', if the emphasis is on appearance. Among middle-class individuals, concerns to cultivate the body appear in the form of

healthism and exaltation of controlled diet and sobriety (Bourdieu, 1984).

When social class differences with regard to body shapes, sizes and appearance are addressed, it is necessary to acknowledge the role of gender in the embodiment of social class. According to Bourdieu (1984), the female habitus turns women's bodies into a 'body-for-others', exposed to the objectification performed by the gaze of others and largely built up from the feedback supplied by others. The body-for-others is thus considered as a social product and the social gaze a form of power, whose efficacy depends on the appreciation received after bodily properties consented as beautiful. The interest exhibited by women from different classes for physical appearance will be proportional to the material or symbolic profit that can be drawled from physical traits, which turns female body size, shape and appearance into embodied forms of capital (Bourdieu, 1984; Shilling, 2004). A corporeal form of capital implies that structures of inequality can be reproduced and legitimized through the body in the sense that certain physical traits, when considered as a form of capital, result in an unequal accumulation of economic capital (Bourdieu, 1984; Shilling, 2004, 1991).

Based on the above-exposed framework, this work discusses the embodiment of the Chilean social context through a 'gendered and class habitus' in the sense that social class determines women's submission to the male gaze and their perceptions of thinness as an embodied form of capital. The specific objective of this qualitative study was to understand how women construct their ideals of body size according to their social position.

2. Method

The sample for this qualitative study was selected from the data base of an epidemiological study (n = 896) that inquired on factors related to female obesity in two Chilean communes: Temuco and Macul. A commune is the smallest administrative subdivision in Chile, which is administered by a Municipality. Locations were chosen based on their similarities in the distribution of the population by SES (Adimark, 2004). Macul is located within the capital city, Santiago de Chile and Temuco is at 700 km south, within The Araucanía Region. The epidemiological study used a stratified multistage cluster sampling frame to select 1656 women aged 20–60 living in households located in urban areas of both communes, and consisted of home administered face-to-face surveys. The response rate was 54%. Data was collected about participants' education and (dis)satisfaction with body size through the Contour Drawing Figure Rating Scale (Thompson and Gray, 1995), among other obesity-related factors. Height and weight were directly measured (using portable instruments) to estimate BMI. Preliminary results of this study are reported elsewhere (Robinovich et al., 2013).

2.1. Sampling and data collection procedures

Purposive samples of women from Temuco and Macul with different profiles with regard to educational attainment, nutritional status and body size (dis)satisfaction were defined, aiming to cover a diverse spectrum of bodily perceptions. Both locations were included because they represent different social contexts, which might enrich data collection and analysis. Despite having similar distribution of the population by SES (Adimark, 2004), the epidemiological study showed that Macul and Temuco differ in terms of residential segregation, which is in accordance with previous studies (Garin et al., 2009; Rodriguez, 2001). The profiles built considered in first place two groups, based on accordance and discrepancy between self-body image and real body image (the image that corresponds to the participant nutritional status) since judgments of self-body size are influenced by educational, cultural and nutritional status-related issues (Fitzgibbon et al., 2000; Lynch et al., 2007). Within each group, 16 profiles were determined, including normal and obese women satisfied and dissatisfied with their body size,

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