

why should we still core about Body Inologe?

YWCA INSIGHTS REPORT

Bringing up the topic of body image with young people these days will usually get you an eye roll and a groan. Born digital natives, they entered a world that was well aware and vocal about photoshopped images, about the over-representation of young, thin and white as the default, and about the over-sexualisation of women's bodies. Schools teach them about the harms of negative body image. The popularity of influencers on social media that promote body positivity continues to rise. But the general consensus seems to be "yeah, we know all this but I still hate my body".

In Ngā Kōrero Hauora o Ngā Taiohi (Youth Wellbeing 2018), almost half of the young people (500 aged 12 - 24) surveyed chose "body image" as one of their biggest concerns - 82% of the respondents who chose 'body image' as a major concern identified as female. People used to think body-image issues start in adolescence. Then it was primary school (Davison & Birch, 2001). Now, evidence suggests that body image anxiety can take hold of kids as young as three-years old (PACEY, 2016).

In the UK last year, the Mental Health Foundation conducted one of the largest polls on body image. It found that one in eight people aged 18 and above have been so distressed about their body image they have thought about killing themselves. One in five of the 4,505 respondents said images on social media had caused them to worry about their body image, and the proportion was almost one in two among 18 to 24-year-olds. One in 10 women said they had self-harmed or "deliberately hurt themselves" because of their body image, compared with one in 25 men (Mental Health Foundation, 2019).

"Body image anxiety can take hold of kids as young as three-years old"

Research presents us with a cavalcade of nightmare scenarios linking poor body image and body dissatisfaction with a higher risk of depression, bullying, reduced physical activity, poorer sexual health, diminished sexual negotiation, increased drinking and smoking, lower self-esteem, and unhealthy eating behaviours and eating disorders (Neumark-Sztainer et al., 2006; Bornioli et al, 2019; Goldschmidtt et al, 2016; Griffiths et al., 2016). Basically, high levels of body dissatisfaction guarantees a poorer quality of life and psychological distress.

Young women live in a world ideally primed for body obsession. Social media keeps us hooked into a validation trap hinged on images. Powerful industries profit off of keeping us insecure about what we look and feel like in partnership with a media world that elevates unrealistic body ideals and sexualises women's bodies. This trickles down into our own behaviours - our words and judgements - which reinforce these narratives. It's a vicious cycle.

There is much we can do to fight back against the culture of body dissatisfaction and systems that profit from it. Action can be taken from the individual and community level right through to the regulatory, education, industry and public health level.

What is Body Image?

simple definition of body image is "how you see yourself when you look in the mirror or when you picture yourself in your mind". But the way everyone individually experiences body image is extremely complex and can encompass:

- What you believe about your own appearance (including your memories, assumptions, and generalisations).
- How you feel about your body, including your height, shape, and weight.
- How you sense and control your body as you move. How you physically experience or feel in your body.
- How much we value what other people think about our bodies and appearance
- How much other people's opinions about our appearance affect our feelings about ourselves

There are further issues relevant to body image that are specific to certain factors and experiences, such as long-term health conditions, cultural differences around body ideals, and gender and sexuality, which are often linked to other societal factors and discrimination.

Often, when we talk about 'poor body image', we are referring to a feeling of being unsatisfied with our body – either because of appearance, or the way it functions. This is described as 'body dissatisfaction'. In contrast, positive body image can be described as being satisfied with our body, holding respect, appreciation and acceptance of its abilities, and having a healthy balance between valuing our body and valuing the other aspects of ourselves that make us 'us' (Mental Health Foundation, 2019).

How do young women in Aotearoa feel about their bodies?

While exact estimates vary, depending on how body image is measured, concern and worries about appearance are commonplace among young people in Aotearoa. Through the YWCA's work, we know that girls and young women between the ages of 14 to 25 cite body image pressures as a top concern.





n online survey was conducted by the YWCA and Pretty Smart in March to June 2020 of 209 young women from Aotearoa NZ (aged 18 to 24). The results were unsurprising in that it's clear the majority of our young women struggle with negative body image. 80% of the young women surveyed said that they think about their appearance all the time or often. The results that stand out are those about not participating in activities - in the majority of cases, social activities because of feeling bad about your body. This shows that negative body image has a real-world impact on young women and their participation (or lack of it) in various spheres of life-it constrains women's participation in society, and the places they go. The other interesting finding is the young women's reported perception that career success is influenced by appearance. Studies show this is correct (Wong, 2016), but it is heart-breaking that this message has been so clearly received and understood at such a young age already.

HOW DO YOUNG WOMEN FEEL **ABOUT THEIR BODIES?**

A survey of 209 young women from across Aotearoa (18-24 years old) found that:

feel negatively about how they look on a daily basis



58%

AVOID ACTIVITIES



will avoid fully participating in their lives when they don't feel good about their bodies.

Socialising 40% Sports 22%

81%

think that appearance affects the level of career sucess you can achieve



GOOD LOOKS



YOUNG WOMEN





MOS

feel judged on their appearance by others:

Going out 55% Social Media 53% On the street 42%





Other Statistics out of Aotearoa

There is very little NZ-based research solely into body image and its effects. But there have been other studies done about related issues (mental health, social media impacts etc) that reveal sobering statistics about young women and body image.

A 2020 survey of 509 young people reported both positive and negative effects of social media on body image. **88%** said they had connected via social media with people who have made them "feel really positive" about themselves, but **79%** have also **seen posts that made them "feel negatively about [their] body image**, social situation or background". The 2018 Youth Wellbeing Report Ngā Kōrero Hauora o Ngā Taiohi surveyed 1024 rangatahi aged 12 - 24. Survey participants were asked to choose from a list of 18 concerns.

46% of respondents (479 people) chose **'body image' as a top concern** just after 'Succeeding in studies and getting good grades' (chosen by 49% of respondents, or 514 people).

It also found that those who are **bisexual**, **have a disability**, **are aged 19-24**, or are female are more likely to feel negatively about their body image.

Of the social media platforms, **Instagram impacts body image negatively the most**, followed by Facebook and SnapChat. Twitter and YouTube showed more of a positive impact (Graeme Dingle Foundation, 2020).

A 2019 Girl Guiding NZ research report found that 41% of girls believe women and girls are objectified in the media; and that 6 out of 10 girls have been discriminated against (or were treated differently) because of their physical appearance (GirlGuiding NZ, 2019). 82% of the respondents (395 people) who chose 'body image' as a major concern **identified as female** (Ara Taiohi and ActionStation, 2018).

A New Zealand national wellness survey conducted in 2012, found that **39%** of adolescent girls were happy with their body, suggesting that the remaining **61%** were not (Wood et al, 2012).

A 2015 study of 181 men and women attending the University of Otago suggested that **young New Zealand women**, but not men, are **unhappy with their bodies and want to be thinner.** (Miller & Halberstadt, 2005).

A 2016 study of 681 15-18 year olds in Otago found that **54% of female adolescents felt their body was "too fat**", compared with only 22% for males (Bensley, 2016). A 1997 study, out of the University of Canterbury, reported that **71% of adolescent girls** they surveyed experienced significant **body dissatisfaction** and desired to be thinner than they currently were. (Fear et al, 1997).



International Statistics

As we are seeing the effects of body image become increasingly a globalised experience, we can theorise that the results of overseas research could be relevant here.

Children as young as **5 years of age express dissatisfaction with their bodies** and display awareness of dieting as a means of weight control (Davison & Birch, 2001). A 2015 study out of the U.S. found that around **50%** of **13 year old American girls reported being unhappy with their body**. This number grew to nearly 80% by the time girls reached 17 years of age (KearneyCooke et al, 2015).

A 2006 study out of the University of Sussex in the UK found that **simply viewing a Barbie doll reduced body esteem** and increased a desire for thinness in girls aged 5-8 years. (Dittmar et al., 2006).

Research in 2009 found that **23% of U.S. adult women reported frequent body checking** and 11% reported body image avoidance (Striegel-Moore et al, 2009).

A similar study out of Australia in 2016, found exposure to Barbie led to the increased desire for thinness in girls aged 5-8 but found no impact on body image (Rice et al., 2016). One large study in 2014 reported **no differences in rates of body dissatisfaction between Caucasian and African-American adult women**, with around 50% of the women from each group reporting body dissatisfaction (Jackson et al, 2014).





"Women talk about how they look more than men do, they think about how they look than men do, and they're more likely than men to engage in behaviours to alter or improve their appearance. There's a reason no one in this culture would be surprised to overhear a woman saying:

"I feel so fat and ugly today."

We accept this type of unhappiness as part of being a woman.

Over thirty years ago, researchers coined the phrase normative discontent to describe this phenomenon. The term suggests we've gotten to a place where it's considered normal for girls or women to be deeply disappointed when they look in the mirror.

It's the girl version of "boys will be boys."

from Renee Engeln, Beauty Sick



Do Māofi and Pacific Peoples really think "bigger is better"?

In his seminal book Whaiora: Māori health development, Mason Durie says that Māori have traditionally preferred a body size larger than that considered attractive by Western standards (Durie, 1998). Similarly, it is said that Pacific Peoples have traditionally valued a large body size for both males and females (Pollack N, 1995). Is this a simplistic view seen through a Western lens? Does this mean Māori and Pacifica girls are less likely to have negative body image?

In a 2006 University of Waikato study, Body Image Attitudes amongst Māori and Pakeha Females, it was demonstrated that "Māori may identify more strongly with western standards of attractiveness than previously expected. The larger body size of Māori (Fear, Bulik and Sullivan, 1996) and the traditional preference for a larger figure (Durie,1998) may have lead to the presumption that body image dissatisfaction is not an area of concern for this group, however the present research has shown this to be untrue and that this is a topic worthy of further research" (Ngamanu, 2006).

In a 2011 study called Body image and its relation to obesity for Pacific minority ethnic groups in New Zealand aimed to confront the "Pacific Peoples believe bigger is better" stereotype (Teevale, 2011). In it, the behaviours, beliefs and values of Pacific adolescents and their parents, that are related to body image were explored. The study found Pacific adolescents and their parents did not desire obesity-sized bodies but desired a range of average -sized bodies that met their Pacific-defined view of health.

A 2012 study called NZ Female Body Image: What Roles do Ethnicity and Body Mass Play? looked at body dissatisfaction in Māori and New Zealand European (Pakeha) female university students (Talwar, 2012). Although there were many similarities between the groups, there were also interesting differences. The Pakeha participants had more concerns regarding weight than the Māori participants. Furthermore, strength of Māori ethnic identity was shown to be associated with lower levels of weight concern. Although it was a small study, it's findings "highlights the potential protective capacity of Māori ethnicity in terms of providing resilience against the development of facets of body dissatisfaction within a majority Western society... suggests that a greater affiliation with Māori ethnic identity significantly contributes to lower weight concern, which is considered an essential element of body esteem."

All this research suggests that those who identify as Māori or Pacifica and demonstrate strong attachment to the socio-cultural beliefs and practices of their ethnic group will be more accepting of a larger figure and less likely to develop body image dissatisfaction than Pakeha and those Māori and Pacifica who do not demonstrate strong attachment with the sociocultural beliefs and practices of their ethnic group.

For negative body image and eating disorder interventions to be acceptable and useful for Māori and Pacific Peoples they must be responsive to the beliefs and desires of these communities.

Read more about this in the Body Image and Ethnic Background section on page 21.

"A greater affiliation with Māori ethnic identity significantly contributes To lower weight concern"

As we are seeing the effects of body image become increasingly a globalised experience, we can theorise that the results of overseas research could be relevant here. Recent research has linked poor body image and body dissatisfaction with a higher risk of depression, bullying, eating disorders, reduced physical activity, poorer sexual health, diminished sexual negotiation, risk-taking behaviours including increased drinking and smoking, and lower self-esteem. Other research has found that higher body dissatisfaction is associated with a poorer quality of life and psychological distress, and the risk of unhealthy eating behaviours and eating disorders.

In young people, body dissatisfaction has been linked to negative and risk-taking behaviours and mental health problems, including:

- Symptoms of eating disorders or unhealthy attitudes and behaviours towards food and eating (Rosewell et al, 2018)
- Extreme weight loss techniques (Hueppauff, L.A., 2020)
- Depressive symptoms and symptoms of anxiety disorders such as social anxiety or panic disorder (Sharper et al, 2017)
- A higher likelihood of suicidal thoughts (Crow et al, 2008) and self-harm behaviours, including abusing drugs (Muehlenkamp, 2012)
- A higher likelihood of using alcohol or smoking cigarettes (Andrew et al, 2016)
- Lower participation in physical activity (Be Real, 2017)
- Avoidance of social situations and interactions (Mills, Fuller-Tyszkiewicz, & Holmes, 2014)
- Disrupted focus and attention. Engaging in "body surveillance" (the constant monitoring of one's body and being preoccupied with worry over how one's body appears in the eyes of others) disrupts cognitive performance (aka brain power), especially when a task is difficult and requires you to focus (Engeln, 2017).
- Avoiding participation in classroom debate and staying away from school entirely (Appearance Matters, 2020).
- Engagement in "fat talk" (a mode of language that encourages conversations and negative comments about one's body. It reinforces the belief that slimmer bodies are more attractive than larger ones and often includes comments about wanting to change their body through diet or exercise). Studies have found that hearing fat talk (Jones et al., 2014) and, even more strongly, participating in fat-talk (Arroyo & Harwood, 2012; Jones et al., 2014) predicts increased body dissatisfaction. Thus, fat-talk appears to be prompted by and also fuels negative body image.



Eating Pathology

Eating pathology means any "symptom of an eating disorder (either Anorexia Nervosa or Bulimia Nervosa) that includes extreme caloric restriction, self-induced vomiting, excessive exercise, and misuse of laxatives, diuretics, and diet pills" (American Psychiatric Association, 2013).

Anorexia nervosa is the third most common chronic disorder affecting adolescent girls, with the highest mortality rate of all psychiatric disorders (NZ Eating Disorders Clinic; Smink et al., 2012).

It cannot be understated how dangerous it is for adolescent girls to participate in any of the dangerous behaviours described above given both the psychological and physical effects this has on a growing young person. However, not all adolescents who are dissatisfied with their bodies have unhealthy attitudes and behaviors towards food.

A study in 2018 looked at what might increase the relationship between body dissatisfaction and eating pathology, or make it stronger. From the report, they said: "In other words, we wanted to find out what factors made someone who was dissatisfied more likely to also have unhealthy eating attitudes and behaviors. We gave 231 adolescent girls (from Christchurch high schools) questionnaires measuring eating pathology, body dissatisfaction, mood, perfectionism, self-esteem, teasing and pressure to lose weight from the media and from others. We found that adolescent girls who were dissatisfied with their bodies, and who reported high levels of perfectionism, low mood, felt pressured by the media to lose weight or had low self-esteem reported greater levels of eating pathology. This is important to know as potentially working to reduce these factors among adolescents could protect those who are dissatisfied with their bodies from developing eating pathology". (Rosewall et al, 2018).

Approximately 200,000 studies have been published on depression, compared to 15,600 on eating disorders. Internationally, the funding of eating disorders research falls far behind with just US\$1 per affected individual, compared to Alzheimer's \$239, autism US\$109, and schizophrenia research at a rate of US\$69 per person, respectively. The implications of this are that we cannot currently describe all of the intricacies of eating disorders because there are many unanswered questions (Murphy, 2020).

Researchers are not just looking at the psychological factors that cause people to develop eating disorders. Researchers at Otago University are the NZ arm of the Eating Disorders Genetics Initiative (EDGI) the world's largest ever genetic investigation into eating disorders. EDGI aims to identify hundreds of genes that influence a person's risk of developing anorexia nervosa, bulimia nervosa and binge-eating disorder, to improve treatment, and ultimately, save lives (NZ Doctor, 2020).

"Anorexia nervosa is the third most common chronic disorder affecting adolescent girls, with the highest mortality rate of all psychiatric disorders"

Self Objectification

Research has found that girls as young as three think negatively about bigger sized people (Spiel et al, 2012) and that body image issues begin as early as five-years-old (Common Sense Media, 2015). This shows us how quickly girls learn that their appearance is being closely monitored. This awareness that others are evaluating your looks turns inward and you become the closest, and most frequent, observer of how you look. This is selfobjectification (also often called body surveillance or body monitoring).

This kind of constant mental gymnastics takes up a lot of space in our minds, space that should be being used for more important things.

Renee Engeln explains it in her book, Beauty Sick:

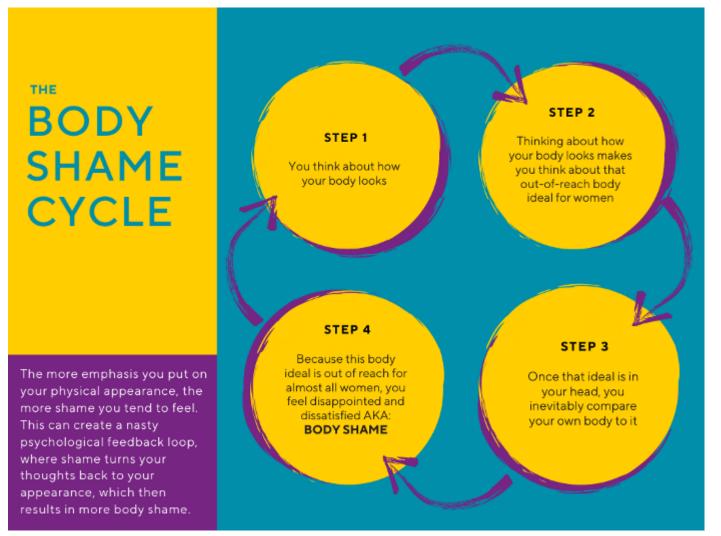
"Imagine you're looking in a full-length mirror. You're taking in how your clothes fit, what your skin looks like, how well your hair is conforming to your wishes. **Self-objectification is what happens when that mirror remains in your mind even after you're no longer in front of it.** No matter what else you're doing, a part of your consciousness is still imagining how you look in that mirror."

Engeln goes on to explain the perils of this type of constant body surveillance:

"Self-objectification impacts girl's and women's emotional well-being and mental health, primarily because of its power to trigger shame..." See The Body Shame Cycle below.

So how do we combat body shame?

We must fight back against the forces that teach us to think of our bodies as objects that exist for others' approval or disapproval.





Fat stigma

The thin ideal and obsession with our looks has resulted in an insidious and increasing form of discrimination that is only recently getting the attention it deserves: fat stigma. Results from a 10 year study on bias released last year found that unconscious bias based on race and sexual orientation is decreasing, but weight bias is increasing (Charlesworth, 2019)

Fat stigma or bias generally refers to negative attitudes toward a person because they are overweight or obese. The assumption that larger individuals are lazy or lacking in willpower is pervasive in our society - girls as young as three judge character based on body shape, and young women in focus groups have reported that they would rather be thin than smart (Tiggemann et al,

2000). Stigma towards individuals of size harms people of all sizes.

The "war on obesity," which sometimes seems intended to scare and shame people into dieting, is partly to blame. The diet industry, which falsely

suggests that one can choose one's weight on the scale, also contributes. In fact, diets rarely work in the long-term (Spritzler, 2020).

Weight is largely determined by genetic and additional factors that are outside of an individual's control.

Larger individuals face discrimination in a plethora of domains:

- Popular children's television shows portray larger bodied characters as figures of ridicule. One study found 14 instances of fat shaming per episode and that usually no one stands up to the shamer, and the teasing is often followed by laughter (Eisenberg et al, 2014).
- In print media, larger weight individuals are often

depicted eating junk food and with heads cut off, which reinforces the stereotype and dehumanizes them.

- Larger-bodied patients who go to see a medical doctor are commonly told that all of their symptoms are a result of being overweight; so their complaints are not fully investigated (Gudzune et al, 2013). Doctors have shorter appointments with fat patients (Brown et al, 2013) and show less emotional rapport in the minutes they do have (Gudzune et al, 2013).
- Fat stigma contributes to binge eating and weight gain, both of which can be harmful physically and emotionally. Fat stigma is also a contributor to shame and fuel for eating disorders (Libbey et al, 2008). Fear of being fat



Ok2BeFat (She/Her) @Ok2BeFat

It's ok to be fat!

8:55 AM · 26 Aug 20 ·

can drive some of the behaviours that cause eating disorders and make recovery more difficult.

 Larger people (especially larger women) earn lower salaries and are less likely to be hired and promoted

(Major et al, 2017).

 Studies have found that anywhere from onethird to three-quarters of people classified as obese are metabolically healthy. They show no signs of elevated blood pressure, insulin resistance or high cholesterol (Rey-López JP et al, 2014). Meanwhile, about a quarter of nonoverweight people are what epidemiologists call "the lean unhealthy." A 2016 study that followed participants for an average of 19 years found that unfit skinny people were twice as likely to get diabetes as fit fat people (Guo et al, 2016)

Habits, no matter your size, are what really matter. Dozens of indicators, from vegetable consumption to regular exercise to grip strength, provide a better snapshot of someone's health than looking at her from across a room.

Mental Health

While having poor body image is not a mental health condition itself, it can make you at risk of developing or exacerbating mental health conditions such as depression or anxiety.

Adolescents are particularly vulnerable. The physical and physiological changes due to puberty are the perfect storm for body image dissatisfaction to emerge - seeing the tangible changes to your body whilst experiencing hormonally charged mood swings is a lot to handle.

Multiple studies have shown that many people have reported reduced levels of body image satisfaction once menstruation has commenced (Smolak, 2004; Altabe & Thompson, 1990; Tiggeman, 2005). In Beauty Sick, Renee Engeln references a study of almost 300 girls that showed that the gap between girls and boys in self-objectification shows up before the gap in depression (Grabe et al, 2007). She posits: "That's a good piece of evidence that increases in body monitoring typically accompanying puberty should be considered a key risk factor for the development of depression in girls and young women".

A study led by the University of Toronto followed adolescent girls for 5 years, and found that if girls engaged in less self objectification and body monitoring, rates of depression went down (Impett et al, 2011).



"The physical and physiological changes due to puberty are the perfect storm for body image dissatisfaction to emerge - seeing the tangible changes to your body whilst experiencing hormonally charged mood swings is a lot to handle"..



The way in which our experiences and environment affect our body image will be different for everyone. Overall, research suggests that body image may be influenced by exposure to images of 'idealised' or unrealistic bodies through the media or social media; our relationships with our family and friends; how our family and peers feel and speak about bodies and appearance; and pressure to look a certain way or to match an 'ideal' body type.

Body type ideals

The contributor to poor body image that, in a sense, sits above them all is feeling a pressure to live up to an 'ideal' body type or appearance. From there, there comes a feeling of shame or other negative emotions when we see ourselves not meeting that ideal. This 'internalisation of the ideal" has been linked to body dissatisfaction and disordered eating and depressive symptoms in children and young people (Neves et al., 2017; Dakanalis et al., 2015). These distressing emotions were reflected in the 2012 New Zealand national wellness survey where 61% of adolescent girls said they were not happy with their bodies (Wood et al, 2012).

How young women develop their sense of 'ideal' appearance is varied, but young people themselves identify the media, pressure from family and friends, comparisons with peers, and personal factors like low self-esteem, feelings of depression, and a need for control as important influences on their own body image (Graeme Dingle Foundation, 2020; Be Real, 2017; Rosewall et al, 2018).

"In the 2012 New Zealand National Wellness Survey, 61% of adolescent girls said they were not happy with their boolies"



'internalisation of the ideal': the "extent to which an individual "buys into" socially defined ideals of attractiveness and engages in behaviours designed to produce an approximation of these ideals" (Thompson & Stice, 2001). Is commonly linked to the development of poor body image through feelings of shame or distress when this ideal is inevitably not met.

the 'thin ideal': In Western cultures, it is common for the 'ideal' for women to be thin body shapes, but with maintained curves (Low et al., 2003). What this ideal looks like will shift across cultures and can vary between genders.



The media and social media

The most commonly acknowledged influence on body image is exposure to unrealistic 'ideal' bodies through film, television, magazines, advertising and social media. Exposure to these images is said to promote the valuing of these 'ideal' and unrealistic body types. The media also helps create and reinforce certain social norms. Corporate influences and advertising have a big role to play in "influencing people's understanding of gender identity and what is pretty, cool or good".

Multiple studies have shown how media perpetuates stereotypes and the thin ideal:

A study of **children's movies and TV programs** in 2004 found that **more than two-thirds linked thinness and physical attractiveness with positive personality traits** (e.g., caring, kindness) while 75% of the programs linked bigger bodied characters with unfavourable traits (Herbozo et al, 2004).

Another study of 180 popular children cartoon programs in 2010 found that **87% of female characters were portrayed as underweight** (Northup & Liebler, 2010).

The Geena Davis Institute/USC Annenburg School's content analysis of 11,927 speaking characters in top-grossing family films, on primetime TV programming, and on children's TV shows from 2006-2011 found that **females were far more likely than males to be depicted wearing sexy attire** (28% vs. 8%) and showing some exposed skin (27% vs. 9%), to have a thin body (34% vs. 11%), and to be referenced by another character as physically attractive or desirous (15% vs. 4%). (Smith et al., 2013) Another study has shown that **72 percent of fitspiration posts emphasize appearance, rather than health** (22 percent) (Simpson et al., 2016).

Aside from body shape, other appearance features are also subjected to narrowly defined appearance standards in media content. A spotless face that has no irregularities or pimples is a characteristic of characters glamorised for their appearance in media popular among early adolescents, such as Disney and Nickelodeon programs (Northup & Liebler, 2010).

With regard to skin colour, **having a sun tanned** skin is considered ideal for White individuals (Chapman et al., 1992) whereas having a lighter skin is considered ideal for Black individuals (Baker, 2005). Appearance standards of non-White characters particularly favor Eurocentric features, and thus characteristics that cause one to look more "Westernized" (e.g., double eyelids for Asians, flat hair for Black individuals) (Baker, 2005; Conrad et al., 2009; Yan & Bissell, 2014).

"Fitspiration" is a popular social media trend showing images and videos of active and fit young women whilst seemingly advocating for healthy lifestyles. But analyses of the **text accompanying the images have found that they often include guilt-inducing messages that focus on body image,** e.g. "Suck it up now, so you don't have to suck it in later" (Boepple et al., 2016). A study of seven popular American children's TV programs found that **the most common theme was boys objectifying and valuing girls solely for their appearance and girls engaging in selfobjectification and ego-stroking of boys** (Kirsch et al., 2015).



An analysis of over ten years of Seventeen magazine revealed a focus on the creation of "body problems" (establishing two sets of body characteristics: one desirable, one undesirable) in the minds of girls and then offering guidance on how to fix these problems. These types of magazine extoll the virtues of controlling the body through bodywork regimens and diet whilst at the same time encouraging resistance against dominant cultural discourses about the body (e.g., the thin ideal) that they themselves promote in their pages (Ballentine, 2005). In a content review of women's fashion and fitness magazines, researchers found that **most models were young, thin and white.** Only 6% of the models had rounder, softer body types, and 95% of the models in the fashion magazines were characterized as lean (Wasylkiw et al., 2009).



Renee Engeln puts it best:

"When it comes to their influence on beauty sickness, there are three serious problems with media images of women. First, they are unrealistic and unrepresentative, distorting our sense of what women in the world actually look like. Second, they are unfailingly paired with images of success, romance, and happiness - continuously reinforcing the notion that a specific type of beauty is the key to a good life. Last, and perhaps most important, the women in these images are frequently sexually objectified, reinforcing our tendency to see other women and ourselves as things" (Beauty Sick, 2018).

Other studies illuminate the negative impact the media /social media's perpetuation of stereotypes and the thin ideal has:

After television became widespread in Fiji, a study found that 11% of adolescent girls reported vomiting for weight control, **74% considered themselves "too fat**", and the prevalence of disordered eating doubled from 13% to 29% (Becker et al, 2002).

An analysis of 25 different published studies found that exposure to thin ideal media images leads to increased body dissatisfaction for women. Research also links these images to **increased** feelings of **depression** and **anger** as well as decreased positive emotions and self-esteem - especially among adolescents. (Groesz et al., 2002)

In a study of young girls aged between 13-17 years, nearly **50% reported a desire to be as skinny as the models they viewed in fashion magazines** and reported that these magazines gave them a body to strive for (The Girl Scouts Research Institute, 2010).

A study found using social media for as little as **30 minutes a day** can negatively change the way young women view their own body (Fardouly et al, 2015). One study investigated over 100 11-13 year olds and found that **adolescent girls who shared more photos online**, such as selfies, and used more photoshop felt worse about their appearance and **exhibited greater eating concerns** (McLean et al., 2015).

In a recent survey, **25%** of young people (13% of boys and 37% of girls) said **celebrities have caused them to worry in relation to their body image**, and 19% (10% of boys and 28% of girls) said TV shows caused them to worry in relation to their body image (Mental Health Foundation UK, 2019).

In a nationally representative (U.S.) survey of 1,030 13-to 17-year-olds on teen's social media use, **35%** reported having **worried** about people tagging them in unattractive photos; 27% reported feeling stressed out about how they look when they post pictures; and **22% reported feeling bad** about themselves when **nobody comments on or "likes" the photos they post.** Though girls and boys alike reported having these feelings, they were more common among girls (Common Sense Media, 2012).

A systematic review of 20 papers found that **photobased activities**, like scrolling through Instagram or posting pictures of yourself, were **a particular problem when it came to negative thoughts about your body** (Holland & Tiggeman, 2016). A study of 800 men and women found that **Facebook use** predicted objectified body consciousness, which in turn predicted greater **body shame** and **decreased sexual assertiveness**. (Manago et al, 2014).

A study found that **social media environments** might influence adolescent girls and young women to engage in social comparison leading to **feelings of inadequacy and body dissatisfaction** (Alperstein, 2015). A 2016 study found **1/5 of women** who regularly post in **fitspiration** were at significant risk of **eating disorders** (Boepple et al., 2016)



This perfect storm of low self-esteem and focus on appearance is exactly what advertisers and companies want. The vulnerability that results from seeing these perfected images is what drives much of women's consumer behaviour. When you feel yourself falling short of the ideal, you'll consider buying a product in an attempt to move yourself closer to it. Industries that are profiting from this dissatisfaction are creating a culture that makes it very difficult to be accepting of your body.

It's important to consider how we interact with social media and the impact that may have on body image. The use of social media has evolved over the years to be all about appearance. Through it we scrutinise how we compare to others - friends, peers, celebrities - and we spend a lot of time online talking about appearance - weight concern, fitness goals, praising and criticising. When we receive compliments about appearance, this reinforces the importance of body image in how you are judged as a person.

Rather than the time spent on social media, maybe it is the way we use it that explains the relationship between social media and body dissatisfaction. A 2014 study found that time spent on photo activity, rather than time spent on Facebook generally, was linked to thin-idealization, self-objectification,



If tomorrow, women woke up and decided they really liked their bodies, just think how many industries would go out of business.

- Dr. Gail Dines

weight dissatisfaction, and pursuit of thinness (Meier & Gray, 2014). Similarly, another 2015 study found that "social grooming" behaviors such as "liking", visiting, and commenting on friends' posts and photos were linked to body image concerns. The researchers explained this link through the notion that "social grooming" activities lead to viewing other individuals' profiles, particularly their photos (Kim & Chock, 2015).

It is not unusual for people to spend a great deal of time thinking about their next "selfie" opportunity and planning the right pose to capture their best and most attractive self. People often edit or add filters to their selfies, take many selfies before choosing one to post, and worry about the reactions of others. Research has found that the greater the effort and concern around creating and posting the most attractive selfies, the greater the body image concerns (McLean et al., 2015).

It's clear that social media can have serious and detrimental effects on the body image of young people. However, social media also provides a place for people to create content which challenges dominant norms around body image. We must not lose sight of the extent to which social media can promote body positivity through allowing young people to connect with individuals with similar experiences and take control of their own image.

18 | Why should we still care about Body Image?

There are a few different movements on social media around body image:



New research shows that viewing body positive Instagram

content may actually improve women's body image, at least in

the short term. It found that brief exposure to body positive Instagram posts resulted in improved body image and mood in young women, compared to idealised (thin and toned) and appearance-neutral posts (Cohen et al, 2019)

But there is a downside to body-positive images, too: they're still focusing on bodies. Although this study found positive results for body image, it also showed that body positive content can make women more focused on their physical appearance over other aspects of themselves.

Body neutrality is rooted in acknowledging what your body does, not how it appears. Your body allows you to exercise, travel the world and experience new cultures. Your body gives you the ability to hold hands or hug someone you love. Your

body gets you from point A to point B. Body neutrality is about seeing your body as a vehicle that, when treated with care, can help you move about the world in a way that brings you joy. That's it. No thinking







The less time we spend thinking about our bodies, we can focus on other things. Obsessing, silently judging ourselves, and self-criticism take up a lot of mental energy (Engeln, 2018). More importantly, these types of thoughts prevent us from enjoying experiences and being fully present in our

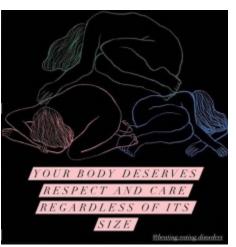
Fat Acceptance

Wikipedia defines fat acceptance as "a social movement seeking to change anti-fat bias in social attitudes by raising awareness among the general public

about the obstacles faced by

fat people. Areas of contention include the aesthetic, legal, and medical approaches to people whose bodies are fatter than the social norm."

American dietitian Amee Severson wrote an excellent article on fat acceptance. She says "If body positivity is going to do what it was always supposed to do, it needs to include fat acceptance. It needs to include those in marginalized bodies and bodies that are not culturally accepted now. Fat acceptance circles center fat bodies because all bodies are not treated equally in our everyday spaces".





Parents and family

Parents are key to children's healthy development, and body image is no exception. For instance, girls whose fathers tended to express concern about the girls' weights judged themselves to be less physically able than those whose fathers didn't (Davison & Birch, 2001). In the same study, girls whose mothers expressed similar concern judged themselves to be less physically and cognitively able. Another study found that 5- to 8-year-old children's perception of their mothers' body dissatisfaction predicted their own body dissatisfaction (Lowes & Tiggemann, 2003).

The influence of the media on body image may be lessened by parental behaviour. One study found that the children of parents who reported greater control over time spent on social media reported spending less time online, making fewer appearance-related comparisons, and having better overall mental health (Fardouly et al., 2018).

Parents and family can also have a negative effect on children's body image and increase the likelihood of difficulties in this area. One study of adolescent girls found that over half had



experienced weight-based teasing from family members, particularly girls who weighed more, and these experiences were related to higher levels of body dissatisfaction and unhealthy eating behaviour (Neumark-Sztainer et al., 2010). A recent study found that young women whose parents commented on their weight when they were younger were much less likely to be satisfied with their bodies as adults, regardless of the actual size of their bodies. (Wansink et al., 2017).

This extends to the way that parents think, act and speak about their own bodies as well as their children's bodies. Daughters are quick to observe their mothers' actions and emulate them, even when doing so is inappropriate, unhealthy, or even dangerous. One study found that regardless of their weight, girls were much more likely to start dieting before age 11 if their mothers were dieting. (Coffman et al.,2016). Reviews of the research suggest that parents can affect their children's body image in both direct ways (comments or criticisms about weight and appearance) and more indirect ways (parental eating behaviours, and attitudes toward their own bodies and appearance) (Neves et al., 2017; Rodgers et al., 2009).

Peers

Between the ages of 14 to 25 no one matters more to young women than their friends and peers. During this time, when young women are developing autonomy from their parents, peers become a significant source of social and emotional support. These, often intense, relationships can have both a positive and negative influence.

Young women's peers will play a much stronger role in reinforcing what the ideal body looks like. In the UK's Mental Health Foundation Body Image and Mental Health survey, 42% of girls agreed that things their friends have said have caused them to worry in relation to their body image. A study found



that young women often take part in practices that are aimed at altering their appearance and physique in order to gain social acceptance (Jackson & Lyons, 2011). Young women will often compare themselves to their peers, putting themselves at greater risk of body image dissatisfaction and eating disturbances than those who do not engage in social comparison (Hardit & Hannum, 2012).

The influence of peers can also be felt through bullying. A survey of UK 11-16-year-olds found that over half of young people had experienced appearance-based bullying, with 40% of those young people experiencing bullying at least once a week, and 54% saying the bullying had started by age 10 (Be Real, 2017). Young women who do not match body ideals may be more likely to be the target of bullying. The effects of weight-based in adolescence predicted teasing binge eating, unhealthy weight control, eating to cope, poor body image, and recent dieting occuring well into adulthood (Haines, 2006; Puhl et al., 2017).

Having supportive friendships may be a protective influence. Some studies have found support for strong friendships being associated with decreased body dissatisfaction (Sharpe et al., 2014; Kenny et al., 2017)

"When someone hears and engages in fat-talk they experience higher levels of body image dissatisfaction, guilt and shame"

Fat Talk

Fat-talk is when girls and young women speak about • When an individual hears and engages in fat-talk their bodies with each other in a negative way, and is something that is common within Western societies. Participating in fat-talk has social currency in that it is a common way for young women to bond and connect. But, there are sinister consequences to it:

- Fat talk has been found to increase body dissatisfaction and drive for thinness (Warren et al. 2012).
- Fat-talk is seen to be more typical than positive body talk and the more fat-talk that someone hears, the more likely they are to participate in it (Salk & Engeln-Maddox, 2012).



- they experience higher levels of body image dissatisfaction, guilt and shame (Salk & Engeln-Maddox, 2012).
- When a woman is of a size generally considered to fit within the norms of 'healthy' but complains that she is fat to someone of a similar size, it sends the message that the second person should also be unhappy with her body (Salk & Engeln-Maddox, 2012).
- Fat talk from friends and family causes internalisation of the thin ideal and leads young women to consider that their body image dissatisfaction is appropriate (Curtis & Loomins, 2014).



Why should we still care about Body Image? | 21

How does body image vary across people from different ethnic backgrounds?

Feeling bad about our bodies is a universal experience for different racial and ethnic groups the world over. But not every group has the same body ideals. Concerns around body image may not always fall into the categories of body weight and shape. For instance, some concerns may be around skin tone, hair texture or size and shape of facial features (Holmqvist & Frisén, 2010).

Generally, differences between young women with different ethnic backgrounds in levels of body dissatisfaction are small and there appear to be more similarities. It's more likely that factors such as age and weight will have a bigger influence on body image than ethnicity.

While the differences across ethnicities may be small, where such differences have been observed, they tend to show that, in general, young Maori and Pasifika women are more satisfied with their bodies than young Pakeha women (Talwar, 2012; Teevale, 2011). A 2016 study found that Asian adolescents reported greater body dissatisfaction than other racial groups (Bucchianeri, 2016).

What research does make very clear is that the more an individual is exposed to Western beauty ideals (via socio-cultural practices that emphasise the "thin ideal" and media) the more their body dissatisfaction increases. Shortly after the introduction of television to Fiji, researchers noted an increase in body image dissatisfaction amongst native Fijian women (Becker, 2004). When China became more open to the West, mass media and commercials spread new ideals of sexual attractiveness. Sex and sexual beauty went from taboo subjects to central features of public culture. At the same time the prevalence of body image dissatisfaction and eating disorders increased (Luo, Parish & Laumann, 2005).

Cultural influences on body image

Looking more broadly at culture as opposed to only ethnicity or race can enhance our understanding of body image across groups.

Research suggests that body dissatisfaction is more pronounced in affluent countries where people lead a lifestyle more characterised by high levels of individualism and consumption (Holmqvist et al., 2010). In these countries, people may experience greater pressures to conform to the 'ideal body' due to having greater access to body-centred information and images through the media.

Research from the US found that the strongest sources of thinness pressures for White women are from the media, peers and family, whereas, for Black women, peer attitudes and family pressures are more pronounced (Javier et al., 2015). For young Pacifica women, family and church, but not the media, are more likely to predict the body change strategies they adopted (McCabe et al., 2011).

As well as exposure to the media, body image in immigrant communities may also be influenced by the experience of adapting to a new culture, which is something that can be very stressful (Ward et al., 2018). A study found that this stress and discrimination were found to be important risk factors in understanding the development and maintenance of eating disorder symptoms among ethnic minority populations (Kwan et al., 2018). Young women who are lesbian, trans, non-binary, gender fluid, or non-conforming, may find it difficult to meet gendered expectations, but equally may be discriminated against if they do conform to a particular image outside of straight, cis-gender expectations.

How does body image vary across the LGBT community?

In the UK's Mental Health Foundations Body Image and Mental Health Report, they found a higher proportion of individuals who identified as gay, lesbian or bisexual reported feelings of anxiety and depression because of their body image. Among adults who identified as gay, lesbian, bisexual or other, 53% felt anxious and 56% felt depressed because of their body image compared to one third (33%) of the adults who identified as heterosexual. They also found one third (33%) of adults who identified as gay, lesbian, bisexual or other reported experiencing suicidal thoughts or feelings because of concerns about their body image, compared to 11% of the adults who identified as heterosexual.

Interesting research out of the University of Auckland last year explored not only how gender influences body satisfaction but also whether sexual orientation may intersect with gender to influence body (dis)satisfaction (Basabas et al., 2019). The findings showed:

- Heterosexual men reported significantly higher body satisfaction than heterosexual women.
- Heterosexual men also reported higher satisfaction than their gay and plurisexual counterparts.





- Lesbian women reported significantly higher body satisfaction than gay men.
- There were no significant differences between heterosexual, plurisexual, and lesbian women's body satisfaction.
- Heterosexual and plurisexual women's mean body satisfaction scores were not significantly different from gay men's body satisfaction.

The study results are consistent with the idea that people who desire to be perceived as attractive by men may experience increased pressure to look a certain way, based on traditional beauty standards and the male gaze. Moreover, identifying as lesbian or plurisexual did not affect body satisfaction over and above being a woman, suggesting that women of all sexual orientations may internalize dominant beauty ideals whether or not they seek male attention.

Transgender people

The Counting Ourselves report revealed that five out of every seven trans and non-binary people in Aotearoa New Zealand aged 15 and older (71%) reported high or very high psychological distress, compared with only 8% of the general population (Veale et al., 2019). In other studies of transgender mental health, transgender people report more depressive and anxiety symptoms than the general cisgender population (Budge et al., 2013). Together, these findings indicate that anxiety and depression are particularly high among transgender populations, and the high frequency of discriminatory events based on transgender identity is likely to play a large role in this.

A recent study found the role of social stigma in the form of cis-sexist and transphobic discrimination is likely to play a significant role in the formation of body image issues among transgender individuals (Tabaac et al., 2017).

Transgender people may also experience distress resulting from the incongruity between their biological sex and their gender identity. Feelings around one's body can differ depending on the stage at which a person is on their transition journey. One study found that those transgender youth who were further along in consolidating a gender identity described gaining a sense of social awareness, self-acceptance, and body satisfaction (McGuire et al., 2016).

Stigma and discrimination

In the Mental Health Foundation's (UK) Body Image and Mental Health report, 40% of the adults who identified as gay, lesbian, bisexual or other said they felt shame because of their body image, compared to 18% of the heterosexual adults. Similarly, 54% of adults who identified as gay, lesbian, bisexual or other felt their self-esteem was negatively affected by their body image in the past year, compared to 37% of the adults who identified as heterosexual.

Young Women with Disabilities

Disabilities, disfigurements or having a serious illness may also affect a young person's body image. Again, this can be linked to not meeting the dominant image of beauty and being perceived as "different".

Everyone deserves to feel comfortable and confident in their own bodies. So what are the types of things that encourage healthy body image?.

What you can do as an individual

There are some actions we can take to improve how we feel about our bodies and help us to protect, promote and maintain a positive body image throughout our lives:

BECOME (SOCIAL) MEDIA LITERATE

Research has shown that teenage girls who take a critical approach to viewing idealised appearance images in traditional media are protected against a negative effect on body image (McLean et al., 2016). This means we should take a step back, question the truthfulness of a media image and ask yourself:

1. Has this image been changed or manipulated to make it look a certain way?

2. Why is this image being presented this way?

Also important is understanding how people interact on social media and remembering that people carefully select and/or modify images of themselves so as to present the best version of themselves and their world. It is very rarely the full picture of a person's life in all it's ugly, messy, and imperfect glory. With this more critical eye, the less likely you are to make comparisons and find yourself lacking.

DO A SOCIAL MEDIA CLEANOUT

Go through all your social media channels, but especially Instagram (since it is so photo-focused). Unfollow or delete anyone or any account that:

- Makes you feel bad about yourself or your body
- Features extreme exercise or dieting behaviours
- Cuts out certain foods or food groups
- Talks about "clean eating" or "good" foods and "bad" foods
- Gives unsolicited diet advice
- Shares before and after photos
- Propels the myth that weight loss = health (because spoiler: it doesn't)
- Causes you to compare yourself to them

After you've finished your cleanout, actively look to include diversity into your feed if you don't already. Make sure you're seeing different shapes, sizes, skin shades, and able-ness when it comes to any influencers.

CHECK YOUR MOOD AND SET LIMITS

At this point, after all the studies, there's no doubt that body image and the media can negatively impact your self-esteem. Therefore, you should limit your exposure. On days when you're feeling vulnerable, anxious, depressed or just not so good then limit your time on social media. Take a break and engage in other activities that have nothing to do with appearance and comparing yourself to other people



BANISH BODY-TALK

Talking negatively about our bodies does us no good at all. Here's a handy Body Talk Action checklist (adapted) from Dove's Self Esteem Project

Take the one-week challenge.

Challenge yourself to a week of no fat talk. It might be hard at first, but if you tell friends and family about it, they can support you and even try it for themselves.

Tell your friends you're bored of body talk

Next time you meet up with a friend, if they start any fat talk reassure them but also alert them to the negative impact of their words – for example: "I adore you and it hurts me to hear you talk about yourself that way".

Focus on the fun talk

Avoid fat talk when discussing diet and exercise, focusing instead on the emotional and health benefits. So, if your friend has started a new fitness regime, perhaps ask them whether they're feeling stronger or sleeping better.

Replace negative with positive.

If you start to fall into the 'body talk trap', try turning

a negative into a positive. Think of a positive replacement statement for everything negative you might say about your or others' appearance

Love your body*

The first step to building self-esteem and positive body confidence is to love and appreciate your body. Use it to feel energised – go for a walk and enjoy the fresh air, do some gardening or go for a bike ride with your mates. Find the best way that works for you to stay active. A healthy amount of exercise every week can make us feel better about our bodies, encourage good mood and decrease stress. But don't overdo it. The best workout programmes are the ones you actually enjoy.

*We want to emphasise the complexities and oversimplification of "loving your body". In the real world, this is really hard to do! Our feelings about our bodies are never constant and that's ok. While you may not be able to love your body every day, you can work at accepting it, flaws and all..

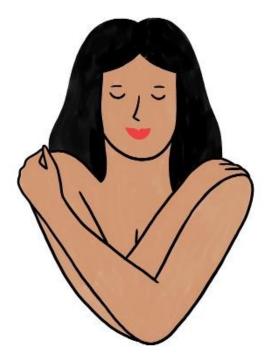
Tackle your harsh words about others

Stop making criticisms about other people's weight or looks. Not only will other people subconsciously pick up this negative behaviour, they'll also interpret it to mean that bigger can't be beautiful.



SELF COMPASSION

A lot of the advice we impart to young women about combating negative body image starts with "don't". A recent literature review (Halliwell, 2015) highlighted a model that broadens positive body image to include both body appreciation and body image flexibility (Webb, Butler-Ajibade, & Robinson, 2014). Researchers have identified "body appreciation" as a key element of positive body image (Avalos et al., 2005). "Body image flexibility" is self-compassion directed toward the body. Halliwell writes "high body appreciation and body image flexibility help individuals pursue valued action when an individual encounters body image-related threats (e.g., weighing oneself, body -related teasing, clothes become tight-fitting) that often elicit body comparison, body dissatisfaction, and negative affect...the ability to be selfcompassionate towards the body (i.e., body image flexibility) and embrace appreciation, love, and respect for the body (i.e., body appreciation) help those with positive body image treat their bodies kindly and respectfully (e.g., engage in intuitive eating, accept the body while acknowledging its flaws, engaging in enjoyable activity), even when they encounter body image-related threats."



As Renee Engeln says in Beauty Sick:

"What do we do about this?" and "How do we make it better?"...I realised I didn't have much to offer beyond a list of things not to do...Don't seek out media that features idealised, objectified images of women. If you must encounter these images, give them as little of your attention as possible. Don't compare yourself to media images of women. Don't fat talk, or even be around it if possible. Don't encourage other women's negative body talk. Don't talk about other women's appearance. Don't choose clothing that requires so much body monitoring it distracts you from what's going on around you. Don't get sucked into appearance-fixated social media. Don't pressure your daughters about their weight. Don't. Don't. Don't.

So do be kinder to yourself. Self-compassion, a practice that psychologists have recently begun incorporating into treatments for anxiety and depression, can be a good starting place for fostering a more positive view of your body. Self-compassion involves treating yourself with warmth and kindness. And accepting that part of being human is having flaws and imperfections."



"Your body is an instrument; not an ornament" - Beauty Redefined, 2014

LEARN TO VALUE YOUR BODY IN TERMS OF WHAT IT CAN <u>DO</u> FOR YOU, NOT WHAT IT <u>LOOKS</u> LIKE

A study found that women who exercised primarily to change their body shape not only participated in less physical activity overall, but felt worse when they did exercise (Segar et al, 2006).

From Beauty Sick:

"If you exercise, focus on exercising for pleasure, stress reduction, and improved health. Focusing on exercising to change how you look makes you less likely to stick with it. Avoid gyms, classes, or fellow exercisers that encourage you to work out for a new body shape. Instead, try to find instructors who leave you feeling powerful instead of insecure. Exercise so that you'll be able to do the things you want to do, not so that you can look the way people want you to look.

Dress in a way that doesn't distract you from what you're doing. If you can't sit comfortably in an outfit, that's a guarantee that it will steal valuable brain space from you when you wear it. Make a commitment not to purchase clothing that requires constant monitoring or sucking in or uncomfortable poses to stay in place."

EMBRACE HEALTH AT EVERY SIZE®

The Health at Every Size®(HAES) approach comes out of a movement toward acceptance of all body shapes, sizes, and weights, with an emphasis on the facts that:

- 1. There are a wide range of reasons a person may in a larger body, and
- 2. Not all individuals in larger bodies are "unhealthy," and not all people in smaller bodies are "healthy."

This movement emphasizes and rises against the

discrimination and stigma present in society toward people in larger bodies.

The principles of this movement are:

- ✓ Weight inclusivity and acceptance
- Health enhancement through equal access and personal practices that improve overall well-being
- ✓ Acknowledgement of fat stigma, and fat bias
- Promotion of flexible, individualized, intuitive eating without focusing on weight control
- Support and promotion of enjoyable physical activity that is accessible by people of all sizes, abilities, and interests.

HAES practices have been shown in controlled trials to improve health habits, self-esteem and psychological well-being as well as metabolic health—all without weight loss or introducing weight bias (Bacon & Aphramor, 2011).

MAKE A COMPLAINT

If you see an advert in a magazine, on television, or online that you think presents an unhealthy body image as aspirational, you can complain to the Advertising Standards Authority. This can start the process of investigation and action. Information on how to complain is set out here: https:// www.asa.co.nz/complaints/complaints-process/

If your body image is a significant cause of stress, or if you're being bullied about how your body looks, consider talking to a friend, a trusted adult or a health professional. It's especially important to do this if you're feeling any pressure to make drastic decisions – for instance, having cosmetic surgery, starting extreme dieting or trying drugs and supplements – or if you are having thoughts of harming yourself.



Community actions

Taking HAES a level up to the community level, public health campaigns should focus on messages of healthy eating and exercise for all adults, regardless of weight, and avoid making weight the key focus of their messaging.

In their advertisements, companies should aim to be inclusive in terms of age, gender, ethnicity and size, so as to encourage a more diverse bodily ideal, and use advertising messages that prioritise overall wellbeing rather than just physical appearance.

France (in 2009) and Israel (in 2013) introduced tough laws legally requiring digitally altered commercial images be labelled. Subsequent research has revealed that the disclaimers don't have a positive impact on women's body image. A French study found that women who viewed these images with warning labels became more prone to negative thoughts (Selimbegović & Chatard, 2015). A qualitative study out of the UK revealed that some participants felt that, even with a label, the intent of the edited photo is still a message that the body type presented is 'desirable' and that reactions to such images are often automatic or subconscious. Instead, they felt that the media should focus on the inclusion of more varied body types and sizes, ages and ethnicities to encourage a more wide-ranging and inclusive ideal of beauty (Paraskeva et al., 2017).

In the last several years we have seen brands embrace the body positivity movement as their marketing strategies - most notably Dove and their



Self-Esteem Project, Target in the U.S., and here in Aotearoa, Lonely Label. Their ads champion diversity and inclusion whilst insisting "you are beautiful". Renee Engeln says: "Every one of these "you are beautiful" campaigns sends women down the road to thinking more about how they look...Although it certainly was not the intent of the advertisers, these ads actually encourage body monitoring and self-objectification. Body monitoring almost never results in positive outcomes for girls or women, even if it's triggered by a feel good ad suggesting that all women are beautiful (Beauty Sick, 2016)."

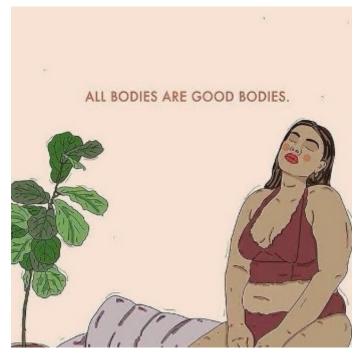
"In their advertisements, companies should aim to be inclusive in terms of age, gender, ethnicity and size, so as to encourage a more diverse bodily ideal, and use advertising messages that prioritise overall wellbeing rather than just physical appearance."

Encouraging healthy body image in children and young people

AT HOME:

Parents can help their children develop a healthy body image by encouraging self-acceptance, avoiding making critical comments about their child or adolescent's food intake or body weight or shape, and avoiding engaging in behaviours that communicate the promotion of poor body esteem, such as frequent dieting or self-deprecating talk about their own bodies. Here are some guidelines parents should follow according to the Mental Health Foundation's (UK) Body Image and Mental Health Report:

- Praise kids on qualities unrelated to physical appearance
- Teach kids that people have value and deserve respect regardless of their body shape or size
- Support kids to express emotions and communicate their feelings about their bodies
- ✓ Help kids develop strategies for coping with comments about appearance



- Avoid placing unrealistic expectations on appearance or conveying that they would be more likeable if they changed their weight or shape
- Monitor media consumption— and start a conversation.
- $\checkmark~$ Show affection and spend time together.

We also need to be explicit and talk to our kids about fat stigma and body image, from a young age. When they're young tell them that bodies come in all shapes and sizes, and that's a good thing. When they're older you can explain that our culture overvalues thinness and that sometimes, as a result, people with bigger bodies are treated unfairly. It can also help to explain to tweens and adolescents that their bodies are going through periods of rapid growth and that their current size and shape may soon change (Moyer, 2019).

IN SCHOOLS:

In the school context, body image programs are likely to run alongside health education programs that educate about preventing "overweight" and "obesity" through healthy eating and activity. There is a need to recognise the limitations of a young person's individual agency in the context of competing messages about healthy bodies that stir up emotions of fear, shame and disgust.

A 2013 review of 16 in-school body image programmes in Australia found some support for classroom-based body image programmes that address media literacy, self-esteem and peer influences; however, where it was measured in the longer-term, few studies showed sustained results (Yager et al., 2013).

In New Zealand high-schools, Body Image is but one of 40 different health subjects within health



education that teachers can choose to focus on. Typically, most schools will spend an average of one period per week on health education. What topic gets precedence over the other depends on the issue of the day, and Body Image may not be seen as relevant as general Mental Health and Wellbeing or Sexuality Education.

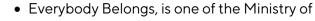
There are a few teaching resources out there, at differing Year levels, that include modules on Body Image. These include:

 In 2018, the New Zealand Health Education Association (NZHEA) published a senior (Year 11-13) secondary teaching resource Mental Health and Resilience: Teaching and learning activities for NZC Levels 6-8 that has a comprehensive section on body image. This is a curriculum resource that shows how the Health and PE underlying concepts are used to construct health education knowledge across The New Zealand Curriculum. It also links to NCEA achievement standards. Education's teaching guides from their series The Curriculum in Action. It falls under Health and Physical Education (specifically the key learning area of Mental Health) in the New Zealand Curriculum, is for Primary School students (Years 4-6), and provides teachers with ideas for planning units of work to meet the identified learning needs of their students. Due for a revision.

 The NZ Council for Educational Research (NZCER) published the book Mental Health Education and Hauora in 2018. This resource supports teaching children and young people about mental health, wellbeing, resilience, and interpersonal skills. There are activities focussing on Body Image in it. A highly regarded resource, the Ministry of Education plans to supply each school in NZ with a copy in the near future.

Despite not being compulsory, a number of schools do offer specific body image lessons. Having external providers deliver body programmes relieves over-burdened teachers and capitalises on specific expertise. In Aotearoa New Zealand





providers include:

- Nest Consulting offers Body Talk©, a
 programme inspired by NZ's EDEN 'Nourish',
 Australia's Butterfly Foundation 'Free to BE' &
 UK's Dove Self Esteem & Body Image projects.
 Can be delivered as weekly classes over four
 weeks. Schools should consider combining this
 with some of their other programmes that focus
 on puberty, self awareness, sexual health, antibullying & social media responsibility.
- In 2018, the U.S.-developed Dove Self Esteem project launched in Aotearoa New Zealand. In partnership with Life Education they are delivering 'Confident Me' in NZ schools and is a resource for teachers to help improve self esteem and reduce body image concerns. Over five sessions, the workshops address key topics,

including the impact of society, professional and social media on appearance ideals, and gives teachers strategies to boost confidence with students. A well known and popular programme world wide. We caution about taking an overseas programme and inserting it into the New Zealand context without consultation or adjusting the programme to suit our unique cultural landscape.

More recent research is challenging the effectiveness of in-school body image programmes that focus on the individual and the perils of the media. Instead it is recommended that we move towards a whole school approach that emphasises health education about healthy bodies within a broader context that challenges body size as the focal point of health and addresses fat stigma (Wright & Leahy, 2016).



Supporting body image across cultures and ethnic groups

Having a strong self-identity and connection with one's culture could serve as protective factors to pressures around body image for minority ethnic people (Teevale, 2011; Talwar, 2013).

Most body image interventions and campaigns for young women have been, for the most part, aimed at Pakeha, middle-class populations. Very few in Aotearoa New Zealand are culturally specific. By increasing representation in the interventions and campaigns to reflect society's cultural diversity we open everyone up to more diverse views of body ideals. This also speaks to the need for greater diversity in advertising and the images used in the media and social media.

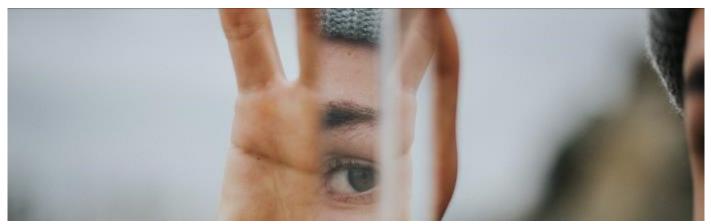
Supporting body image across long-term conditions & disabilities

The UK's Mental Health Foundation Body Image and Mental Health Report identified the following:

- For individuals with chronic physical illnesses such as cancer, there is evidence to support the use of Cognitive Behavioural Therapy and psychotherapeutic interventions as well as some support for educational approaches for improving body image in cancer patients (Fingeret et al., 2013).
- For individuals with learning disabilities and autism spectrum disorder, some studies have trialled dance and movement therapy, which may have positive effects on body awareness

and wellbeing, though the research in this area is still developing (Barnet-Lopez et al., 2016).

For individuals with longer-term mental health conditions who have been prescribed medication, it is important to consider the impact of medication on quality of life, body image, and self-esteem alongside its effectiveness for the treatment and management of mental health problems. There is some support for approaches such as Cognitive-Behavioural Therapy and counselling in aiding in offsetting some of these negative effects (Álvarez-Jiménez et al., 2014).



Supporting body image in the LGBT community

Harassment and rejection reduces a LGBT person's self-esteem and satisfaction with life, which then reduces the individual's body image (Tabaac et al., 2018). This gives credence to the development of programmes and interventions that build self esteem and subsequently, body appreciation in these populations specifically. But the onus should not be put solely on the individuals shoulders to develop the self coping strategies to withstand the discrimination they face. Societal factors that promote discriminatory beliefs among cisgender populations need to change. Whilst educational, governmental and workplace policies should aim to identify harmful practices and educate; each and every one of us has a responsibility to make the world a safe place for everyone.

Counting Ourselves, a 2019 community report about the health and wellbeing of trans and nonbinary people in Aotearoa New Zealand, recommended the following in terms of better protecting trans and non-binary people from discrimination:

- provide comprehensive resources and training about the human rights issues and protections for trans and non-binary people for health providers, schools, employers, government agencies and the wider public.
- amend Section 21 of the Human Rights Act 1993 to explicitly include gender identity, gender expression and sex characteristics as specific prohibited grounds of discrimination.



Recommendations

There are clear actions that can be taken to make a real difference in combatting the negative affects of body dissatisfaction—most of them are at the legislative and industry level.

Regulatory Action

It is undeniable that young women's body dissatisfaction increases when they compare themselves negatively to others based on appearance. The media and social media in particular provides the perfect breeding ground for this - young women are inundated with images of idealised bodies leading to the internalisation of the "thin ideal" of body image that is simply unattainable.

Despite the progress made by body image campaigns, increase in media literacy, and the positive attempts by a few companies - advertising continues to be dominated by these ideals as they sell us the products that will magically "fix" the problems. Likewise, social media companies balk on taking definitive action to protect users from harmful content when hosting 'engaging' content is central to its business model. When these industries are profiting off of our insecurities there is very little incentive to make these changes.

This is where clear and strong regulations come in.

SOCIAL MEDIA REGULATION

The Helen Clark Foundation put out their report Anti-social Media: Reducing The Spread Of Harmful Content On Social Networks (Errington et al., 2019) in 2019 following the Christchurch terror attack. Two of their recommendations in particular have the potential to make a big impact in regards to body image. The paper recommends that social media companies should no longer be left to monitor and remove harmful content themselves, but should be regulated by an independent body.

$\rightarrow\,$ We endorse this recommendation and ask that reducing harm to body image is a focus.

If an independent regulator is established by the New Zealand government they "should consider the potential to address harms relating to the promotion of unhelpful or idealised body image online, beyond content related to eating disorders. The new codes of practice should include an expectation that social media companies should improve their practice in relation to how their platforms are used to propagate unhealthy body image through advertising and algorithmic promotion and commit them to ensuring the content they promote to users does not exacerbate body image concerns. This should be enforced by the new independent regulator" (Mental Health Foundation, 2019).

"As is currently being proposed in the UK, the New Zealand Government could consider imposing a statutory duty of care on social media companies to ensure they take more responsibility for the safety





of their users and tackle harm caused by content or activity on their services. In terms of penalties, considering that social media companies are driven by commercial imperatives, we recommend that penalties are set at a level that will incentivise social media companies to combat harmful content online effectively.

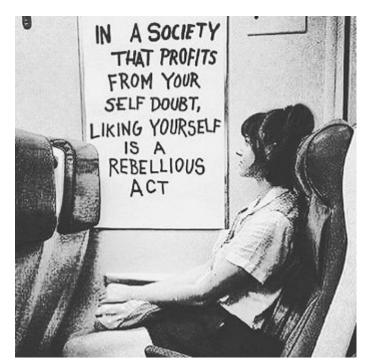
 → In line with the approach taken in Australia and being considered by the European Union and the UK, the New Zealand Government should consider imposing penalties which oblige social media companies to forfeit a percentage of their annual revenue.

At the same, as noted above, appropriate checks and balances must also be put in place to ensure the right to freedom of expression is not impacted by social media companies being subject to high penalties for non-compliance. This could be achieved by having a wide variety of interests represented on any enforcement body." (Errington et al., 2019).

ADVERTISING REGULATION

The Advertising Standards Authority (ASA) is a strong example of industry self-regulation and the vast majority of advertisers abide by its codes and rulings. All three of the ASA's Standards Codes (see full details under Legislation below) contain social responsibility principles that prevent advertisers from using models who are "underweight" or from presenting "unhealthy weight" as desirable. The Children and Young People's Code has explicit rules on Body Image and sexual appeal and imagery but these rules only apply to advertising to children and young people aged 0 to 18. The rules are somewhat vague and open to any interpretation.

In the UK, The Mental Health Foundation wants the government to beef up the Advertising Standards Authority's powers and we endorse that for New Zealand too. They recommend:



- → "The Advertising Standards Authority should consider pre-vetting high reach broadcast adverts from high-risk industries – such as cosmetic surgery companies and weight-loss products and services – to ensure that all advertising that reaches the public abides by its codes. It should also make greater use of its ability to proactively instigate investigations (Mental Health Foundation, 2019)."
- → We would also like to see the addition of the Body Image and Sexual Appeal and Imagery rules to the general Advertising Standards Code and the introduction of more explicit principles such as broadening our cultural ideals of beauty to include models of different ethnicities and sizes; communicating the holistic value of people; eliminating sexualisation and objectification of women; and the importance of being healthy above body shape.

The current system is overly reliant on motivated members of the public successfully negotiating the myriad codes and standards to make a complaint. Self-regulation and confidence in corporate social responsibility can't hide the glaring contradiction of asking industries that trade on our insecurities about physical appearance, sexual attractiveness



and an idealised lifestyle to self-regulate their portrayal of "positive" and "realistic" body images. It's not enough to promote the idea that businesses who demonstrate leadership in tackling body image issues will be publicly rewarded. A robust regulatory system also needs disincentives for producing harmful material.

In the UK April 2020, the House of Commons Women and Equalities Committee launched a new

Industry Action

Coupled with stronger regulations we need companies to step up and take decisive and collective action.

DIVERSITY IN MEDIA

In the UK, the YMCA and Dove launched the Be Real Campaign - a national movement made up of individuals, schools, businesses, charities and public bodies uniting to change attitudes to body image. The campaign's Body Image Pledge calls for the responsible portrayal of body image by the advertising, fashion, media and music industries, as well as by other relevant organisations and asks companies in these sectors and other organisations to make a commitment to publicly endorse and sign up to the Pledge.

A similar campaign could be developed here in Aotearoa and encourage social media companies to come up with innovative ways to promote positive body image and protect their users from body-image-related harm..

 → We recommend that the Ministry of Broadcasting, Communications and Digital Media convenes roundtable meetings with advertisers, broadcasters, and body image campaigners to explore ways to promote diversity in advertising and media and to widen sign-up to a Body Image Pledge.

DISCRIMINATION AND STIGMA

As digital citizens, people have a right to expect freedom from bullying and discrimination online, as

inquiry into what causes poor body image and how people's body image is impacted by companies, adverts, social media and Government policy. The inquiry will consider whether there is enough research and data to support the Government in creating policy surrounding body image and social media (UK Parliament Committees, 2020).

→ We would like a similar inquiry to be conducted by the NZ government.

REPRESENTATION

IF YOU CAN SEE IT, YOU CAN BE IT

well as a responsibility to treat others well. Stigma and shaming, including through appearance-based bullying, puts people at greater risk of experiencing body dissatisfaction.

→ As is being proposed in the UK, "social media companies should be expected to have clear systems for users to report bullying and discrimination and effective means to take down offending content.
 Users should have greater control over the content they see and should be able to hide likes and comments, as well as filter content that they consider undesirable" (Wright & Javid, 2019).

Media portrayal of obesity contributes to the formation and maintenance of fat stigma attitudes, misconceptions about obesity and influence discriminatory behaviour. Likewise, there are substantial examples of stigmatising comments from Government, healthcare professionals, and academics when working with the media. Thus, when engaging with the media, there is a need for us all to consider how we communicate about obesity, avoiding stigma and discrimination.

Use non-stigmatising language: Several terms are used to refer to obesity, which in many instances carry an emotional response, and may lead to shame, embarrassment and avoidance of healthcare. Rather than using 'obesity' or 'overweight' as adjectives, person first language is recommended. Use phrasing such as 'person in a fat body' rather than 'overweight/obese people'. People first language is an accepted way to address people with physical or mental health conditions, disabilities or chronic illnesses. However, when working with people or patients, take the opportunity to ask what terms are preferred when talking about weight.

Use non-stigmatising images: Media,

organisations, government, workplaces and education, should make the most of nonstigmatising image banks when images of people with obesity are needed

Healthcare And Public Health Action

HEALTH AT EVERY SIZE

We endorse the Health at Every Size (HAES) movement. Research has shown that ethical and effective public health intervention challenges fat bias and fosters self-care behaviors rooted in respect and nurture, not shame (Tylka etal., 2014).

The HAES website set up by founder Lindo Bacon has a global Register where you can search a database of individuals who have signed the HAES Pledge and provides information about their HAESrelated work or activities.. Currently, there are nine practitioners from Aotearoa New Zealand registered.

We would like to see either a NZ version of the Register created or work done to promote the Register in New Zealand and encourage more practitioners and others to take the Pledge and join the register.

TRAINING OF FRONTLINE PRACTITIONERS

A public health approach to promoting positive body image needs to start early in life. It must recognise that our body image and body esteem is formed, to a large extent, by the attitudes to food, weight and body shape of those closest to us, and their associated behaviours. The influence of those closest to us can be both direct (in comments they make to and about us), and indirect (in comments made about themselves and others, and associated behaviours) and this influence continues in later childhood and adolescence. We recommend:

→ Training for GPs, health visitors, dietitians and other frontline practitioners advising parents and carers on both parenting and healthy eating should include information about how parents and carers can, from a very early age, positively influence their children's feelings about their bodies through the behaviours and attitudes they express when they are with them.





→ Training on this issue should also be given to the Early Childcare Education workforce and others who care for young children, whose comments and behaviours are also strongly likely to influence young children's developing sense of their bodies.

OBESITY CAMPAIGNS

Public campaigns focusing on nutrition, obesity and being overweight should avoid the potential to create stigma and indirectly contribute to appearance based bullying by not making weight the main focus of their messages. Instead, they should focus on healthy eating and exercise for all members of the population, regardless of weight.

Much less attention has been paid to the psychological and cultural impact of fat stigma and the increasing focus on people's weight and size.

 → The Government, District Health Boards and public health bodies across Aotearoa New Zealand should actively consider these effects when developing their campaigns and other messaging on obesity.

Education, schools and media literacy

Education plays a crucial role in challenging body dissatisfaction, both in encouraging positive behaviours and helping pupils recognise and cope with negative influences. The Government should ensure that every child benefits from evidence based, targeted activities around body image and media literacy, and that teachers of all subjects are provided with the support that they need to promote positive body image within the scope of their own subject areas.

Some approaches are more effective than others. A recent systematic review suggested that the most effective body image programmes in schools are "interactive, contain multiple lessons (usually 5-8



lessons), and include activities addressing media literacy, self-esteem, and the influences of peers" (British Youth Council, 2017). A body image and media literacy toolkit, co-produced by young people, should be a compulsory element of what children learn in schools. If it is to be effective, the promotion of positive body image cannot be confined to specific subjects, but must be integrated into schools' wider approach and harness the power of peer to peer support.

The wider school environment can also have a profound impact on body dissatisfaction. Practices within schools which may have a negative impact on body image include:

- Reinforcement of the gender binary. Single sex schools or different uniforms or sports opportunities for boys and girls in mixed sex schools, pose a challenge for young people who do not conform to the gender binary.
- Narrow options of school uniforms may be illfitting or inappropriate for girls of other ethnicities, exacerbating body confidence issues.
- Fitness testing, weighing, or teacher commentary around weight or food.
 - $\rightarrow\,$ The Ministry for Education should support schools with guidance around these.

In the spirit of International Women's Day

I want to apologize to all the women i have called beautiful before I've called them intelligent or brave

I am sorry i made it sound as though something as simple as what you're born with is all you have to be proud of when you have broken mountains with your wit from now on i will say things like you are resilient, or you are extraordinary not because i don't think you're beautiful but because i need you to know

you are more than that

by Rupi Kaur



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Appendices

Appendix 1: The Advertising Standards Autholity

The ASA is the organisation that sets the standards for responsible advertising in New Zealand. The ASA also runs the advertising complaints processes. The ASA has 14 member organisations representing advertisers, agencies and the media. There are three codes under which body image complaints could be made:

ADVERTISING STANDARDS CODE

PRINCIPLE 1: SOCIAL RESPONSIBILITY Rule 1 (c) Decency and Offensiveness Advertisements must not contain anything that is indecent, or exploitative, or degrading, or likely to cause harm, or serious or widespread offence, or give rise to hostility, contempt, abuse or ridicule. Include irresponsible or offensive depictions of differences including race, body shapes and sizes. For example, suggesting it is desirable to be an unhealthy weight (under or overweight).

CHILDREN AND YOUNG PEOPLE'S ADVERTISING CODE

PRINCIPLE 1: SOCIAL RESPONSIBILITY Rule 1 (e) Body Image Advertising must not provide an unrealistic sense of body image or promote an unhealthy lifestyle. Rule 1 (f) Sexual appeal and imagery Advertising must not employ sexual appeal nor include sexual imagery.

Guidelines:

- Children or young people must not be portrayed as sexual beings nor that ownership or enjoyment of a product will enhance their sexuality.
- Images and themes used in advertisements to children or young people must be age-appropriate.

THERAPEUTIC AND HEALTH ADVERTISING CODE

Further Guidance on Advertising Weight Management Programmes - Use of models / actors in weight management advertisements:

Advertisers should take care that models or actor s, and any person providing testimonials, should not be underweight and have a generally-accepted weight to height ratio and body-mass index.

In addition, when using permitted testimonials, images should not be manipulated to misrepresent actual results.

Appendix 2: The Broadcasting Standards Authority

The BSA oversees and promote broadcasting standards in NZ. There are four Broadcasting Codes of Practice (for radio, free-to-air television, pay television and election programmes in an election period) and they all contain 'standards', which outline what is required of broadcasters when they broadcast programmes in New Zealand.

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When making a complaint, you need to choose the standards that best fit your concerns. The standards that pertain most to body image complaints are:

Good Taste and Decency: May relate to offensive language, sexual material, nudity, violence or anything else that might cause offence or distress in the context of a programme.

Discrimination and Denigration: Only applies to sections of the community, not individuals. A high level of condemnation is required to find a breach.

Balance: Only applies to news, current affairs or factual programming which discusses a controversial issue of public importance. Broadcasters must make reasonable efforts to present competing viewpoints about important issues.

Fairness: Only applies to individuals or organisations taking part or referred to in a programme. Key issues include informed consent, informed participation and reasonable opportunity to comment.

Appendix 2: Body Image Survey Results

1. On an average day how do you feel about your appearance (face/body)?

Half n half	(101) 48.1%
Mostly positively	(47) 22.4%
Mostly negatively	(37) 17.6%
Positively	(13) 6.2%
Negatively	(12) 5.7%

2. How often do you think about your appearance when you are doing things?



3. Have you ever avoided an activity because you don't feel good about your appearance?

Yes	<mark>(1</mark> 43) 68.1%
No	(67) 31.9%

4. What activity did you avoid?

Socialising	(84) 40%
Doesn't apply	(62) 29.5%
Sporting	(46) 21.9%
School/uni/tech	(12) 5.7%
Work	(6) 2.9%

5. Do you think your appearance affects what level of career success you can achieve?

Some situations	(15 <mark>2</mark>) 72.4%
No situations	(39) 18.6%
Yes, all situations	(19) 9%

6. Where do you feel most judged on your appearance by others?

Going out	(116) 55.2%
On social media	(112) 53.3%
Walking down the	(88) 41.9%
School/uni/tech	(58) 27.6%
With whānau	(42) 20%
With friends	(41) 19.5%
At work	(35) 16.7%
On public transport	(34) 16.2%

7. You're half way there! Do you alter your appearance in images before uploading them to social media?

No	(128) 61%
Yes	(63) 30%
Doesn't apply	(19) 9%

8. Which apps do you use? (skip if you don't use them)

Something else	(193) 91.9 <mark>%</mark>
Facetune	(12) 5.7%
Beauty Editor	(3) 1.4%
PhotoWonder	(3) 1.4%
CreamCam	(3) 1.4%
Beauty Plus	(2) 1%
Perfect 365	(1) 0.5%
Facey	(0) 0%

9. Do you ever wish you looked like people on social media?

Yes	<mark>(155</mark>) 73.8%
No	(55) 26.2%

10. Have you ever been teased about any of these things?

Weight	(106) 50.5%
Height	(29) 13.8%
Facial features	(25) 11.9%
Skin Colour	(18) 8.6%
Hair	(17) 8.1%
Sexual Preference	(10) 4.8%
Gender	(5) 2.4%

12. Nearly finished! What do you do to feel better about your body and appearance?

Be kind to myself	(87) 41.4%
Be active	(87) 41.4%
Don't think about it	(77) 36.7%
Hang out with frie	(55) 26.2%
Go into nature	(51) 24.3%
Work on my pers	(48) 22.9%
Avoid body talk	(44) 21%
Switch off social	(28) 13.3%

13.	Finally,	which	ethnic	group	do
you	belong	to?			

Tongan	(1) 100%
Pākehā	(0) 0%
Māori	(0) 0%
NZ European	(0) 0%
Samoan	(0) 0%
Cook Island Māori	(0) 0%
Niuean	(0) 0%
Chinese	(0) 0%
Indian	(0) 0%
Other	(0) 0%
Prefer not to say	(0) 0%

11: What sort of comments have you received?



