CONSTRUCTIONS OF HEALTH, WEIGHT AND BODILY APPEARANCE AMONG INDO-FIJIAN WOMEN ACROSS THREE GENERATIONS

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ABSTRACT

Discursive constructions of a 'thin ideal' body shape today have often associated the slender body to the idea of a 'healthy weight' and physical beauty. While idealised notions of the feminine figure have trended from the curvaceous body to the thin ideal within western societies, for women from non-western cultures living in a western milieu, research in this area is limited. Culturally derived understandings about health, weight and bodily appearances affects the ways in which women construct idealised notions of body shape. This thesis explored constructions of health, weight and bodily appearances among Indo-Fijian women across three generations. Six focus group discussions were held with a total of 24 women spanning three generations, where four women participated in each group. Focus group discussions were taped, transcribed and analysed based on the principles of Foucauldian discourse analysis.

The analysis revealed that idealised notions of health, weight and bodily appearances were constituted as representations of the body as healthy and feminine among Indo-Fijian women across all three generations. The body as healthy was understood in terms of eating practices and physical activity. Eating practices were further negotiated as notions of diet, illness and weight, and in turn shaped the way in which women across three generations constructed the body as healthy. The body as feminine was understood as a way of exercising femininity and, discussed within understandings of physical appearance and slenderness. Across each generation, women discussed ideas about idealised notions of the body shape in culturally specific ways. Therefore, all participants drew on particular cultural and social practices of negotiating health, weight and bodily appearances as Indo-Fijian women living in New Zealand. It is concluded that the construction of societal idealised notions of body shape is not static, but rather contingent upon the context in which women live; therefore shaped and reshaped within interactions with dominant discourses of health, biomedicine and culture to construct idealised notions of the feminine body shape.

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CHAPTER 1: INTRODUCTION

Western societies have increasingly become preoccupied with a woman's figure. Weight and body concerns have consistently been highlighted especially within body image research where, studies indicate that weight is the primary concern in terms of embodied experience for women (Jefferson & Stake, 2009; King et al., 2013). Contemporary societies focus on a weight which is difficult to achieve. Without doubt, it would appear rather surprising if a magazine gave 'weight-gain tips', however, a page on '10 quick ways to lose weight' will not come across as unusual to a typical female reader. Such discourses read in popular magazine articles for instance, encourage women to engage weight-loss strategies to achieve valued forms of the body like the thin ideal body shape.

Positivistic assumptions utilised by researchers such as epidemiologists, draw on statistical and biomedical approaches. Epidemiological research has indicated that only five to ten percent of women conform to the thin-ideal body (Wolf, 1991), suggesting that millions of women deviate from this ideal. Mainstream approaches theorise that failure to meet such ideals lead women to experience body dissatisfaction and concerns, leading to physical and psychological health issues (Becker, 2004; King et al., 2013; McKinley, 1999; Neumark-Sztainer, 2012). However, these mainstream ideas only focus on body image concerns as an individual problem, excluding wider accounts of the context in which concerns arise.

Feminists from various disciplines (e.g. sociology, philosophy, anthropology) on the other hand, have taken a critical stance and propose that contemporary ideals of women are constructed with cultural discourses of an ideal body image (Bartky 1988; Bordo 1993; Germov & Williams 1999; Guendouzi 2004). Feminist research criticises notions about individualising body image and weight concerns and rather turns to the way in which wider accounts of social and cultural discourses construct feminine body ideals.

The background of the present research will be presented in nine segments. The first of these will discuss the way in which the feminine ideal has been shaped over time within

the western milieu. The second section of the background chapter will then turn to addressing the construction of the ideal female figure in relation to physical appearance. This part will look at cultural constructions of idealised notions of beauty, as well as address the way in which the expression of success is attained through physical appearance. This will be followed by understandings surrounding weight including ideas about obesity, anorexia and bulimia. The fourth section will look at ideas in relation to controlling weight. This will account for the idea that controlling weight is an important aspect of constructing idealised notions of the body within western societies. In the fifth segment of the background, eating practices among women will be discussed. Here ideas about control and discipline through eating practices, namely by engaging in dietary regime will be discussed. The final three sections will look at idealised societal notions of bodily appearances within the non-western context and eating practices. Discussions about eating practices will look at ways in which the notion of food is an important aspect for individuals from non-western cultures. The next section will turn to discussing the interactions of westernised cultural discourses with non-western community groups in relation to idealised notions of bodily appearances, followed by an overview of the present research.

The feminine ideal body shape

Within western societies, understandings about idealised notions of the feminine figure have changed in particular ways throughout the centuries. In the 1920s, the ideal figure of a woman was a thin lean body, with slender hips and legs (Fangman, Ogle, Bickle & Rouner, 2004), later replaced by the hourglass shape in the 1950s, where the voluptuous body was idealised by sensuous figures such as Marilyn Monroe (Lloyd, 1996). Since the 1980s, the voluptuous body was once again, replaced by preferences for a slim physique or the thin ideal. Thin ideal women were expected to carry an angular, lean and 'fat-free' image (King et al., 2013), where this image continued throughout the 21st century (Seid, 1994). Attainment of the thin ideal thereby, were often endorsed and glamorised in *Vogue*, where models tended to be portrayed through fashionable slimness in figure-hugging dresses (Fangman et al., 2004). Some researchers (Altheida, 1985; Banner,

1983; Latham, 2000) argue that the content and imagery have contributed to constructing the thin-ideal body image for women. That is, the pervasive use of slimness in such magazines constructs such women as glamorous, sophisticated, fashionable, youthful, vital, and physically attractive (Fang et al., 2004). Hence, over the last century and today, western world culture has prescribed discourses framing femininity through an ideal body shape. Over the years, idealised notions of the body have been trained, impressed, and shaped as a result of the 'triumph' body forms and have been presented through these historical ideals of femininity (Bordo, 1993).

These historical and social processes indicate that the cultural scaffolding of the feminine figure is negotiated and re-constructed in ways that are narrowly defined and restrictive. Although once curves of a woman defined her femininity, the feminine ideal of today has s been reshaped to a narrowly defined and slim figure. Bordo (1993) posits that "slenderness has consistently been visually glamorised, and as the ideal has grown thinner and thinner, bodies that a decade ago were considered slender have now come to seem fleshy" (p. 57). This suggests that despite variation body shapes, women are expected to conform to societal idealised notions of a body shape (Seid, 1994).

Beauty and femininity

The body serves as a medium and metaphor for culture (Bordo, 1989). The feminine figure is often placed in the spotlight as a symbol of consummate beauty (Fangman et al., 2004; Garner, Garfinkel, Schwartz and Thompson, 1980). Dominant discourses or social understandings within modern societies around 'beauty' today lies within the idea of women's slenderness as the accepted and attractive body form (Lamb, Jackson, Cassidy & Priest, 1993; Mask & Blanchard, 2010). These social constructions of feminine embodiment are often illustrated through pageant organisations, such as Miss World and Miss Universe and in fairy tales, television, movies and other forms of contemporary media. Contestants who enter pageants events for instance, compete to be identified as the 'most beautiful' woman where notions of feminine beauty are judged often by the perfection of bikini clad contestants, in which slenderness plays a crucial factor (Garner et al., 1980). The winner of a pageant is applauded for being a perfect

illustration of 'inscribing' beauty through the thin ideal body image and as such, a successful portrayal of the idealised woman. Contestants, exemplify the way in which commonly shared social and cultural discourses about feminine embodiment are constructed and reconstructed (Gergen, 1999; Merleau-Ponty, 1962), resenting a shared meaning about what society may constitute as physically attractive. This suggests that the prevailing contemporary ideal of slenderness in such cases, act as a requirement for feminine beauty, rather than an option for women to practice femininity within western societies.

Discourses such as 'first impressions make lasting impressions' tend to be related to self-presentations or physical appearance. Within the western milieu with physical attractiveness emphasised to attain successful interactions or relationships for women in everyday life such as in employment and intimate relationships (Bartky, 1990; Puhl & Peterson, 2012; Wolf, 1991). Hence, this implies that beauty is a prerequisite for successful practices of femininity. Bordo (1993) further argued that dominant social discourses played out in the contemporary media have collectively constructed a fashion industry to promote slimness as a culture of defining youthfulness and success. Therefore, managing embodiment is an exercise of shaping femininity in culturally salient ways with the slim figure an important feature in accounting for female beauty (Guendouzi, 2004), and in turn constructed as one of women's most important assets.

Aspiring for slimness among women is not only connected to the idea of losing weight for aesthetic purposes but also health reasons. The ideal standard of beauty of a thinner body size within contemporary societies is typically viewed as being associated with physical fitness and optimum health (Brunson, Overup, Nguyen, Novak & Smith, 2014; Puhl & Peterson, 2012). Health and fitness professionals claim that a slimmer physique means less risks for illnesses, such as cardiovascular diseases and obesity promoting ideas of health improvement among individuals (Haskell et al., 2007; Lyons & Burgard, 1990; Sobal, 1999). These ideas are typically reinforced within media sources which often display thin attractive women delivering health messages, such as conveying nutritional advice and outlining the 'health' benefits of joining a gym and regular exercises. Hence, health-related information places much emphasis on physical attractiveness rather than the physical functioning of a slim body itself. Barlett, Vowels

& Saucier, (2008), point out that media sources tend to sell products, such as weight-loss products, using images through inadequately clad models. This indicates that such weight-related discourses associate a healthy body image to a 'thin ideal' body shape through use of slim and attractive models who are portrayed as being healthy due to using such weight-loss products. Therefore, the display of a thin body physique is linked to qualities of beauty and health which women have been encouraged to attain over time.

Issues with weight

Western world culture features an immutable understanding about the ideal woman as being connected with weight (McKinley, 1999), often emphasising that less is best (Seid, 1994) in order to meet the standards of a thin ideal. Aspiring to the thin ideal means managing weight in practices such as restrictive diet and exercise. Women who go above or below the cultural expectations of the thin ideal body image are often labelled as either, being obese (Fikkan & Rothblum, 2012), or anorexic or bulimic (Burns & Gavey, 2004), respectively.

A large amount of literature suggests that obesity is typically associated with negative experiences and stigmatization (Fikkan & Rothblum, 2012; Puhl & Peterson, 2012; Stice, 2002). Bodies that do not comply with slenderness, and represent the opposite end of this are seen as deviating from feminine ideal and therefore, portrayed as "unattractive" or as poor representation of women's health (Bordo, 1993; Burns & Gavey, 2004). Women who are overweight are less likely to experience success in important areas of their lives such as career, health and romantic relationships (Boyes & Latner, 2009; Fikkan & Rothblum, 2012; Puhl & Heuer, 2008). As such, stigmatization practices of 'obesity' are no doubt, commonly understood through weight-bias within communities exemplifying the set standards of one's body size. For example, overweight individuals are viewed as, unhygienic, unpopular and as more likely to face ill-health than their slim counterparts (Dixey, Sahota, Atwal & Turner, 2001; Coutwright, 2009).

Howarth, Foster & Dorrer (2004) point out that marginalisation and stigmatisation of obesity can have marked constructions of labelling individuals as 'ill'. Other researchers have reinforced this idea, claiming that being overweight is connected to various health issues, including physical health concerns (Mokdad et al., 2003) and psychological and social problems (Friedman, Reichmann, Costanzo & Mustante, 2002). The World Health Organisation (WHO, 2014) declares obesity as a form of 'disease' and seeks to initiate programs which reduce the worldwide rates of 'the obesity epidemic'. Discourses of weight around obesity reinforce the notion of 'thin is ideal', and pathologise bodies that do not emulate such standards creating to some degree a 'fear of fat' (Fikkan & Rothblum, 2012), Women who fail to conform to ideal constructions of the feminine body often face prejudice and are constructed as ill or unhealthy. Deviance from 'thin-ideal' understandings creates stigma and negative experiences for women as an invalid form of femininity (Orbach, 1978).

To a lesser extent than obesity, excessive weight-loss has been constructed as deviating from the normalised thin ideal through the medical taxonomy of anorexia and bulimia (Malson, 1997). While the terms anorexia or bulimia were barely heard of in the 1970s (Mazur, 1986), these are now the most recognised form of a 'culture-bound syndrome' (Bordo, 1993) caught up with prescriptions of the feminine ideal body in western societies. For instance, Orbach (1993) argued that anorexia or bulimia is an expression of women's confusion about being thin. From this viewpoint, an anorexic or bulimic body does not conform to the feminine ideal body shape or size because of the 'struggle' a woman faces to meet cultural standards of the thin ideal body image (Malson, 1997). Subsequently, a woman's struggle indicates psychological distress by upholding implications of fragility and loss of control in emulating the thin ideal (Bordo; 1993; Malson, 1997). This suggests that such distress separates her from the social context and rather pathologises the woman as weak and ill.

While women who are understood as being anorexic or bulimic portray a body shape that is slim, the disordered women does not construct idealised notions of feminine embodiment in a way that it should be done. The challenge lies within whether disorders such as anorexia or bulimia are an exaggeration of idealising the feminine traits (i.e.

attractive and slim), or a persistent search for an acceptance for the body within western societies.

Contemporary society has constructed weight as an important practice of femininity. Failure to meet idealised standards of the body shape and size frames women's weight as being problematic. Mainstream practices such as medicine and psychiatry have conveyed weight as largely individualised, whereby marginalising weight in particular ways carries connotations of illnesses (e.g. obesity or anorexia). Within this view, clinical entities illustrate a way in which overweight or extremely underweight individuals are unsuccessful constructions of the feminine ideal.

Controlling weight

Understandings of anorexia and bulimia have indicated excessive control over the body, and obesity a lack of it among women. Controlling weight is an important way in which 'beautiful' bodies can be shaped and re-shaped in order to emulate the cultural body icon of the thin ideal. Conforming to such cultural imperatives of the thin ideal is often achieved through constant regulation of the body through weight-loss strategies, such as dieting and physical activity. The idea of controlling weight is now normative in contemporary societies where disciplinary acts of managing weight is often linked to taking charge in constructions of a slender body. Accordingly, Burns & Gavey (2004) argue that given the association between overweight and underweight bodies and the association to ill-health (e.g. cardiovascular diseases, diabetes, blood pressure, anorexia and bulimia) (Malson, 1997; Ministry of Health (MOH), 2014) and unattractiveness (Puhl and Peterson, 2012), slenderness portrays a way of exercising control over the body and illustrates health and fitness among women.

Research indicates that weight-related social control and discipline are greater among women compared to men because, as mentioned earlier, seeking approval of others, such as dating or romantic relationships, are important in constructing femininity (Brunson et al., 2014). In addition, women are more likely than men to face consequences in various aspects of their lives due to the dominant discourses

constructed in relation to stigmatization towards obesity (Puhl & Latner, 2007), threats to the feminine identity (Phares, Steinberg & Thompson, 2004) and other factors such as peer and parental/maternal influences (Armstrong & Janicke, 2012; Orbach, 1978; Phares et al., 2007).

Negotiating the 'political anatomy' of the body, as Foucault (1979) argues involves a constant surveillance of the individual's body, and acts as locus of social control. From this Foucauldian perspective the body is disciplined by western culture through taking up the notion of 'docile bodies' (Foucault, 1979) in which, women are required to attend in the constant regulation, subjection and transformation of the body through acts of discipline and control (Bordo, 1993). Sociocultural discourses (e.g. health promotion programmes, weight-loss discourses) create public displays of the ideal female body shape and size for women to situate themselves under a form of body-surveillance (Germov & Williamson, 1999) and thereby, reinforce the thin ideal body image. To have the power and ability to shape the body therefore, portrays a woman's control to shape her life through the expression of femininity through popular understandings of the thin ideal body image (Bordo, 1993). In other words, the appearance of the body may be a site of a woman's accomplishment and pride which conforms to the norms of physical attractiveness and health.

Managing the body contributes to subjectivity and experiences of feminine embodiment through practicing control and discipline (Bordo, 1993). Striving to meet cultural standards of idealised notions of the body acts as a constant reminder for women to engage in embodied practices such as dieting and physical activity to achieve 'gold standards' of a feminine figure. Chernin, (1981) argued that women suffer the notion of 'tyranny of slenderness', and engage in rigorous control and discipline in order to meet unrealistic ideals and avoid consequences of 'failing to be feminine'. Therefore, women who engage in weight-loss strategies illustrate a way of exhibiting control over their body. Hence, disciplining themselves and regulating such strategies place value on the fact that women take up popular notions of female embodiment for all sorts of particular benefits.

Eating practices

Food and eating practices are a vital part of an individuals' life as one must eat food to ensure survival. However, the concept of eating is complex and means more than simply ingesting food. Lupton (1996) suggests that food consumption serves to mark boundaries of culture within societies. For women within the western context, eating practices are caught up with an expression of control in relation to feminine embodiment (e.g. attaining ideal feminine figure). Dieting then, plays a role in women's lives through monitoring of food-intake and changes to eating patterns and practices (Bakhshi, 2011). Dietary practices symbolise restraint and control over the body as to how much and what kinds of food are consumed (Lupton, 1996). This could mean that eating practices within contemporary societies can be shaped through the way in which people negotiate and construct the notion of diet. Hence, the notion of diet becomes a way of constructing the thin ideal body form for some women, and influenced by the dominant culture one rewards, values and admires (Bordo, 2009), such as conforming to the popular culture of the thin ideal body image.

In western societies such as, the United States, Australia and New Zealand, many women engage in dietary practices as a form of a weight-loss strategy (Orbach, 1993). Numerous diets are available and targeted at women, such as lemon detox, Jenny Craig, high-protein, low-calorie diets, Weight Watchers and Palaeolithic diets to name a few. These diets set limits to the types of food one can consume. Substantial research illustrates that social and cultural discourses have encouraged dieting practices among women in order to conform to the cultural imperatives of the thin ideal body image (e.g. Cash, 2005; Garner et al., 1980; Grossbard, Lee, Neighbors & Larimer, 2009; Fikkan & Rothblum, 2012; Hausenblas, Janelle, Gardner & Focht, 2004; McCabe, Ricciardelli, Waqa, Goundar & Fotu, 2009). Therefore, certain diets can be understood as 'guidelines' for women for regulation and control towards attaining the thin ideal body type. As such, Lupton (1996) argues that the restriction to certain food exemplifies the degree to which overeating can be prevented, making it less likely for women to deviate from the feminine ideals of body shape and size. Therefore, within the western context losing weight to meet feminine ideals becomes an important social achievement (Sobal &

Maurer, 1999) and perhaps the practice of dieting is somewhat inevitable within industrialised societies whereby notion of trying to lose weight has become normalised.

Healthy eating practices are often constructed and shaped by the individual's diet. The notion of dieting has been associated with promoting a healthy lifestyle (Madden & Chamberlain, 2004). The idea of a healthy diet carries implications for attaining a 'healthy body'. Hence, eating practices that are considered to be 'healthy' displays the notion of morality (Madden & Chamberlain, 2004) and are viewed as more likely to achieve idealised notions of the slender body. In modern western societies the slim figure, signifies "physical health, athleticism, mental wellbeing and fitness", (Burns and Gavey, 2004, p. 555), in which discourses around slimness are also associated with the reduced risk of disease (Puhl & Latner, 2007). New Zealand, like many other western societies offers healthy guidelines such as food pyramids, in which eating more vegetables and cutting back on food which is high on sugar and salt defines healthy eating practices. Lang (1998) argued that choices surrounding food constructs diet as one's moral responsibility as to what impact choice of food may have on personal health. Therefore, by eating healthily, a woman is seen to act morally in accordance with societal demands of producing a body which is healthy. Thus, notions of eating practices, health and physical attractiveness are interrelated. Framing it as the food/health/beauty triplex, Lupton (1996) argued that the appropriate food choices can construct a healthy body which also displays women as slim and physically attractive, features which are valued and admired within western societies.

Body ideals among non-western societies

While there is general consensus around cultural beauty standards as a thin ideal figure for women within the western context, feminine ideals of the body can vary across cultures. Contrary to the preferences of the 'slim' figure in western societies, other academic literature has shown that women from non-western societies appreciate large and robust body-size and shape, specifically for women from Pacific Islands (Becker, 1995, McCabe et al., 2009; Williams, Ricciardelli, McCabe, Waqa & Bavadra, 2006), Middle-Eastern women (King et al., 2013); Hispanic women (Javier, Abrams, Maxwell &

Belgrave, 2013) and, the African-American (Javier et al., 2013) ethnic group. Thinness is instead devalued and, constructed as unattractive.

Women from non-western contexts tend to construct meanings around as a fuller shaped figure as indicators of health, such as fertility which is indicative of womanhood (Nasser, 1988), and wealth, such as access and affordability of food (Pollock, 1995). Hence shifting from idealised notions of the feminine figure among western societies other women place less emphasis on physical attractiveness as an indicator of successful femininity within the non-western cultural milieu (Bush, Williams, Lean & Anderson, 2001). Instead, societies such as the Fijian culture for example, traditionally construct weight loss as a construction of ill-health and weakness (Becker, 1995). McCabe et al. (2009) indicated that the idealised feminine figure in Fiji was constructed as having hips and being strong in order to portray and enable physical functionality. This implies that construction around body ideals is contingent upon the cultural context in which a woman lives in.

Eating practices among non-western cultures

Much attention has been paid to the way in which cultural discourses shape the meanings surrounding food and eating practices within a particular context (Lupton, 1996). Within many Pacific Island nations, the manifestation of high food resources is an indication of wealth, health and wellbeing among individuals (Swami & Tovee, 2005). Therefore, members of Pacific nations have historically constructed preferences for larger and robust figures as such body forms indicate higher access and availability to food, which are qualities highly valued within the Pacific context.

Contrary to the way in which dieting is valued within western societies, women from non-western cultures value preparation and consumption of food. The preparation and consumption of food is understood as an interactive component, where families get together to prepare, cook and eat meals (Kuhnlein & Receveur, 1996). The idea of food itself moves beyond something women contest and exercise restrain over by engaging in dietary practices for losing weight to a way of socialising and conforming to traditional

practices. Food and eating practices within non-western nations are, therefore valued and embedded to the individual's culture (Turner, 1984). From this cultural point of view, the preparation, provision and exchange of food between the Fijian community is a potent symbol of unity, kinship and affinity (Turner, 1984). Within this setting, eating practices and food are performed in culturally salient ways, which is in contrast to the dominant discourses around dieting valued within the western milieu.

Nevertheless, migration or transition to the western culture can often affect the way in which eating practices are shaped among individuals. Devine, Sobal, Bisongni and Connors (1999), found that migrants from non-western countries typically reconstruct their eating practices after they shift to a western milieu. Specifically, the way in which traditionally meals are cooked and prepared is altered, where individuals reduce food portions and engage in changing their choices around food in order to conform to the dominant discourses that surrounds eating practices, such as dieting (Devine et al., 1999). Bordo (2009) pointed out that while it is already a well-known phenomenon within western cultures, the idea of dieting and contesting food is also beginning to reshape and construct women's eating practices among non-western cultures. This suggests that individuals from non-western nations are taking up dominant ideals of slenderness by engaging in dietary practices.

Spreading the ideal feminine figure across cultures

The construction of the feminine body ideal among women from non-western cultures has received a great deal of attention, particularly after the introduction of westernisation within the non-western milieu (Becker, 1995; McCabe et al., 2009; Javier et al., 2013; Reddy & Crowther, 2007; Swami, Knight, Tovee, Davies & Furnham, 2007). Countries like Fiji have seen rapid changes within their environment through migration, modernisation and urbanisation over the past two decades (Anderson-Fye & Becker, 2004). These changes have included the introduction of television and broadcasts of westernised television programmes (Becker, 2004). This could mean that such changes have shifted attention from traditional understandings and practices around notions of food, health and bodily appearances to westernised constructions related to the cultural

ideal of a slender body. Individuals who move to a western context are increasingly becoming concerned about body presentations and cultural aesthetic ideas (Bush et al., 2001). Ideas around weight-related issues, and concerns in relation to bodily appearances have increased within non-western cultures (see for examples, Becker, 1995; Becker, 2004; Bush et al., 2001). Particularly, cultures such as African-American, Asian and Fijian have reconstructed values in relation to feminine ideals as a slim figure (Becker, 1995; Javier et al., 2013) which closely resembles the thin ideal in western cultures. Bordo (2009), recently argued that weight-concerns in relation to the slim figure is no longer a 'cultural-syndrome', but has diversified across non-western cultures, such as African-Americans and Hispanics. According to Bordo (2009), women from non-western cultural groups, who once constructed preference for curvaceous body types, are now constructing the idea about narrower figures. Taking a clinical approach, Bordo (2009) identified the way in which women among diverse cultural groups are being diagnosed with illnesses, such as anorexia nervosa. Similarly, Becker (1995; 2004) found a shift from preferences for a robust figure to idealising a slim feminine figure among women in Fiji after the introduction of television, which broadcasted westernised feminine ideals. This indicates that body shape and size is contingent upon societal change and therefore, that shifting from a non-western cultural context to a western milieu illustrates the idea that idealised notions of the body is not static, but rather valued and accounted for by taking the wider socio-political context. Hence, constructions of the ideal body shape and size for women is often understood by the dominant culture that one values and admires; specifically reshaping and cultivating the body in culturally salient ways through accounting for the wider socio-political context.

Present research

Notions of bodily appearances, weight and health play a significant role in constructing idealised notions of the body among women. The food/health/beauty triplex (Lupton, 1996) reveals that notions surround eating practices, health and physical appearances is interwoven with the way in which women construct femininity. These have also been

emphasised as important features within the western community, and hence often, valued and rewarded through wider social and cultural practices.

Nevertheless, compared to idealised notions of bodily appearances in western societies, a limited number of studies have been done within the non-western context, specifically with Indo-Fijian women. Yet, when exploring the connection between ideal body types and appearances among non-western cultures, most studies have focused on the presence of preferences for a thin ideal body image, but placing less emphasis on the way in which such feminine ideals have been reconstructed and negotiated by these individuals. In addition, while eating practices has previously looked at the way in which individuals make choices surrounding food, little attention has been given in relation to negotiating ideal bodily appearances, weight and health. Therefore, the present research will investigate notions of health, weight and the bodily appearances and the way these are negotiated within social and cultural practices for Indo-Fijian women across three generations. The research thereby, explores how Indo-Fijian women negotiate the ideal feminine body across three generations.

CHAPTER 2: METHODOLOGY

The aim of the present research is to explore the dominant discourses of health, weight and bodily appearances among Indo-Fijian women across three generations. The research will draw on cultural and social practices around both, food and the body in order to construct negotiated understandings about notions of health, weight and bodily appearances as Indo-Fijians living in New Zealand.

The study sought to recruit women over 18 years of age who identified as Indo-Fijian, specifically being born and lived in Fiji for at least five years prior to migrating and now permanently living in Auckland, New Zealand. The decision to limit data collection to these women was to create a homogeneous context and ensuring that women have experienced living within the Indo-Fijian culture, both in a non-western (i.e. Fiji) and western context (i.e. New Zealand). A homogenous context would also exclude the possibility of any ambiguity or error when interpreting the data which could have occurred if women had only experienced one context over the other. Therefore, this will give the data consistency to explore wider social meanings and practices in relation to what health, weight and the body mean to these women.

I chose to conduct the study in Auckland due to the limited time and cost available. Auckland is also a multicultural society, and a westernised context, therefore relevant for the purpose of my research. That is, Auckland provides a site where the Indo-Fijian and western culture combine and in which, women could draw social and cultural practices form both cultures in relation to issues surrounding bodily appearances, food, health and, weight.

Ethics for this research was assessed and approved by the Massey University Human Ethics Committee. When contacting possible volunteers for the research, I kept in mind that the present study was recruiting women across three generations. The decision to use participants over three generations was to allow the research to explore discursive claims surrounding health, weight and bodily appearances over each generation.

Therefore, this was approached by setting a rough estimate of age group for each generation. Subsequently, when recruiting generation one, I targeted women who were over 60 years of age or grandmothers, while the targeted age group for generation two was between 35 to 50 years old or mothers, and generation three were between 18 to 30 years of age. In addition, being an Indo-Fijian myself, I contacted potential participants through my existing relationships, namely by emailing and calling my family and friends. I provided women with information sheets which outlined the details of my research. I also requested my family and friends for contacts of women who could also be potential participants. When contacting all women, I ensured that each of them met the criteria for my research. Therefore, women who did so were then invited to participate in the study.

A total of 25 participants were initially recruited for the present research. However, one participant from generation three did not show up on the day of the research. Therefore, the study consisted of a total of 24 women who participated in the research. A total of six group discussions were held, where two groups were organised for each generation. Having two groups allowed for multiple focus and hence, gather a range of information for the purpose of this research. In this way, different groups can account for the way in which their interactions with dominant discourses within societies affect the way women's stories are told. Accordingly, Kitzinger (1994) and Morgan (1996) indicated that group discussions exhibit exploration and exploitation of various ideas through people's views and experiences. On average, there were four participants in each group. All participants identified as Indo-Fijians (born in Fiji, and lived in Fiji for at least 5 years), and were now living in Auckland. The age group for generation one were between 60 to 80 years old, generation two were between 30 to 54 years old and generation three were between 20 to 29 years of age. While no-one reported any major health conditions, or identify as experiencing an eating disorder throughout their lives, I had informed all participants that I would have information pamphlets available about eating disorders, given the nature of the discussions about weight and bodily appearance in the research.

The location and time for conducting the research were decided in collaboration with women, and were held at the participants' own homes (3), the researcher's home (1), a

meeting room at ANZ bank (1) and a meeting room at the University of Auckland (1). On average, the discussions lasted approximately an hour, and ranged between 40 minutes and 130 minutes. Before each focus group, I reminded women about their rights as participants, and allowed them to ask questions or clarify any areas related to the research. Once participants were settled, and consent forms completed and collected, group discussions began.

Data for this research was collected in unstructured focus group discussions. Collective discussions provide a suitable means for exploring the experiences of people (Kitzinger, 1994; Morgan, 1996) regarding constructions of health, weight and the body. In this way, I was able to access detailed insights around cultural knowledge and how discourses are used to negotiate weight, health and bodily appearance. The unstructured nature of focus groups, as posit by Hughes and DuMont (1993) enables the researcher to access the way in which ideas are constructed and communicated among participants, such as women's understandings about everyday cultural and social practices around health, weight and bodily appearances. The use of unstructured focus group interviews encouraged participants to talk as freely and unguided as possible. Across all six groups, participants were invited to converse in English and/or Hindi during the discussions to maximise their expression of thoughts and ideas relevant for this research.

The aim of the discussions were to explore understandings around: women's health, weight, food, eating practices, slenderness, body shape and size, lifestyle (within non-western and western setting), physical activity/exercise and ideal representations of women; and the way in which these are constructed within Indo-Fijian culture. In doing so, prompts or probing questions were used during discussions in order to encourage participants to deliberate on their understandings in relation to the research questions. Prompts around health, weight, femininity, food, obesity, dieting practices, ideal representations, slender, beautiful, attractive, and lifestyle were used to ensure that the discussions remained relevant to the research. Additionally, the use of prompts facilitated the discussions and often, worked to derive socially and culturally held meanings about health, weight and bodily appearance within the group.

All group interviews were audio-taped using a portable recorder then transcribed by the researcher. Notes were taken by the researcher during and after group discussions in order to gain an overall impression of the group discussions. These also noted participants' contributions during the discussions, including any hesitations during discussions, agreements and disagreements, important gestures, and mutual understandings about particular aspects of the discussion. Collection of the data and its transcription processes occurred immediately after each group was held. The transcription of each group was made in English, and where required, translated by the researcher. When transcribing each interview, verbatim, laughs and pauses were included in order to obtain a precise record of the way in which the research issues were expressed by participants. This was also a way to gain critical reflection of the women's emotions and therefore, allow for a more complete picture of the way women constructed their discussions of the issues under investigation.

The analytic process began by listening to the recordings and reading the transcripts several times to ensure familiarity with the data. The analytic procedure employed principles of Foucaldian discourse analysis, and used guidelines suggested by Willig (2003) and Hook (2001). Therefore, the corpus of data was examined in relation to the way in which discourses were organised to represent understandings of Indo-Fijian women's construction about idealised notions of bodily appearances, health and weight as the initial focus for the research. When reading the transcripts, extensive notes were made and studied to understand the way various ideas, constructions and social understandings appeared in relation to the research aim in these transcripts. These constructions were coded and accounted for by highlighting each extract related to the codes in different colours. For example, conversations about health were highlighted in the colour green, ideas relating to feminine practices were highlighted in pink, while ideas related to biomedical and health promotion discourses were highlighted in yellow. These highlighted extracts were interpreted to examine the ways in which discursive claims made by participants constructed idealised notions of the body, not only within the wider social context in which these women live, but also their shared constructions about the ideal body among themselves (i.e. their own community) (Willig, 2003). Hence, the process explored the ways in which ideas surrounding health, weight and

physical appearance were negotiated, shaped and managed, when accounting for idealised notions of the body among Indo-Fijian women, for instance.

The analytic procedure also examined and compared the way in which health, weight and bodily appearances were constructed and explained differently between the three generations. This allowed for consideration of how the meaning of each research issue within each generation was understood from within its particular generational context, and how it was shaped and adapted accordingly. In this way, the analysis process paid careful attention to how events and objects take place within the wider social-political and cultural context, as well as considering how groups retain power and negotiate control over the way in which idealised notions of the body are constructed (Hook, 2001). Additionally, discursive claims made within group discussions were considered as historically and socially situated during the analysis (Hook, 2001). Therefore, not only was the context (i.e. Fiji and New Zealand) of participants accounted for during analysis of the data, but also the way participants drew on various constructions of health, weight and bodily appearances over time, in different locations, and across three generations.

The relationship between the researcher and participants shaped the data collection and analytical processes of the present research. Looking back from a reflexive stance, the present study made me aware of myself as both a researcher and as a young Indo-Fijian woman. Throughout the research process, while I actively sought relevant information for the purpose of my research, I was conscious of the way in which I presented myself to my community by maintaining my respect for other Indo-Fijian women, especially to those older than me. Hence, my manners and the way of communicating to my elders throughout the research played an important role in the way the focus groups for generations one and two were carried out. This often meant that I should not interrupt other women when they were talking, which at times interrupted the research technique of using prompts during the discussions. Particularly, in one of the group discussions with generation one, participants often reminded me of my position as a young girl who has not experienced or grown up in the way in which they have. This concern was expressed to illustrate that access to resources and health-

related information were not as readily available as it is today. Discussing such information was tied in with their emotions, such as their expression of joy, sadness and disappointment about their lifestyle in Fiji in comparison to today, which also brought in my own emotions as a researcher, including sympathising about some of the lifestyle circumstances of their lives. Hence, in addition to my culture and values, for such cases I often waited for participants to complete discussing sensitive issues, prior to using prompts as a sign of respect for those elder than me.

The reflexive stance taken throughout the group discussions was useful in gaining insight and in depth information about the study topics. For most of the group discussions across all three generations, participants approached issues, questions and comments in a practical way, and maintained a professional ground in discussing information relevant to the research. Hence, discussions unfolded by relating to the meanings surrounding issues relating to health, weight and bodily appearances within the Indo-Fijian community, particularly relating back to their lifestyle and way of living in Fiji. This often meant that participants were able to relate to the researcher about topics unique to the Indo-Fijian culture, such as ideas related to food, traditions, family gatherings and other cultural aspects which affect the way health, weight and bodily appearances are negotiated by these women across the three generations. In addition, by describing changes within their social environment, participants framed the development of their knowledge about health, weight and bodily appearances in ways which were socially, culturally and historically situated.

Throughout the analysis process, discourses of culture, health, biomedical and personal were accounted for and interpreted as being intertwined in the discussions. In this way, drawing on discourses reinforced, justified and developed discursive claims and actions in relation to the research topic. Hence, these discourses accounted for the way decisions shaped health and feminine practices among Indo-Fijian women, and are consequently understood through their wider social-political and cultural practices, and what the implications of such practices are for women.

Group discussions are introduced in the next chapter to illustrate the nature of the constructions made in relation to health, weight and bodily appearances. Therefore, representations will be portrayed as representations in order to account for the complex

understandings about the topic. In addition, for ethical reasons, women's identity will be changed to random initials or letter which does not represent the person's last name. For example, Mrs [Last Name] will be altered to Mrs T. Quotes will be taken directly from the transcripts, and used to illustrate the way these have been analysed. The way in which these have been interpreted and analysed will be presented in the form of representations, and are addressed within the discussion in the next section. Shorter quotes, words and phrases will be presented in double quotation marks, and the participants' initials will be noted in brackets. Longer quotes will be used to illustrate and emphasise points and the way group conversations have unfolded throughout the discussions about particular issues. Utterances and pauses have been removed to retain the flow of arguments and development of ideas within all groups. For example, the following conversation:

> *M: "Uh I would notice that um... those who don't exercise, those who don't look after themselves, eating unhealthy food, um... stale, and those, um... fried, junk food, those are the ones, as they grow older, I... I... I have come across, they have lots of common problems like diabetes, um... pressure, and uh... heart problems, and all those types of... yeah"*
>
> *K: "Um... Yeah. Over here it's the lifestyle... it's quite different, usually there's a lot of focus on TV about weight management, about healthy foods, and all that, whereas in Fiji, nothing like that, we don't get to hear much about... the medical side in Fiji... like uh it's not good"*

has been edited to be read as follow:

> *Mrs M: "I would notice that those who don't exercise, those who don't look after themselves, eating unhealthy food [like] stale, fried [and] junk food, those are the ones, as they grow older, I have come across, [that] they have lots of common problems like diabetes, pressure, and heart problems"*
>
> *Ms K: "Yeah. Over here it's the lifestyle, it's quite different [and] usually there's a lot of focus on TV about weight management, about healthy foods, and all that, whereas in Fiji, [it is] nothing like that, we don't get to hear much about the medical side in Fiji, it's not good"*

CHAPTER 3: FINDINGS

This section discusses idealised notions of health, weight and bodily appearances among Indo-Fijian women, constructed in two parts or representations. The first representation is about 'the body as healthy' and is comprised in two parts, eating practices and physical activity. The second representation is about the 'body as feminine', and will draw on notions of physical appearance and slenderness.

The first representation, 'the body as healthy', is understood as a process which draws on two main ideas; eating practices and physical activity. Firstly, understandings about eating practices shape the idea of (un)healthy practices among Indo-Fijian women by negotiating notions surrounding diet, weight and illness. These three ideas explore the way in which eating practices are shaped, and therefore affect constructions of a healthy body for Indo-Fijian women. Secondly, understandings about physical activity explores the way in which a healthy body is attained. Physical activity accounts for individuals' participation in various activities within their lifestyle and environment and health outcomes as a result of engaging in such activities. Therefore, both eating practices and physical activity employ cultural, health-related and biomedical discourses in understanding the importance of each idea when constructing the body as healthy.

The second representation, 'the body as feminine', explores the way in which femininity is constructed among Indo-Fijian women. Femininity will draw on ideas about physical appearance and slenderness, and therefore constructions of bodily appearances among women. This section will investigate ways in which understandings about bodily appearances are driven by social practices like the fashion industry and media sources as well as weight-related practices, such as the desire to attain an ideal body shape to construct the body as feminine among these women.

Understandings about both representations take place within particular cultural and social settings. Specifically, cultural and social practices influence constructions about the body as healthy and feminine shape the ways in which health, weight and bodily appearances are negotiated among Indo-Fijian women. The development of each

representation constructs a picture that health, weight and bodily appearances are not static representations, and instead can be reshaped and redefined through lifestyle changes and in relation to the dominant discourses within social contexts that people live in.

The body as healthy

This representation was central to the ways in which Indo-Fijian women across each generation negotiated bodily appearance and was the main way these women talked about an ideal body. Discussions for 'the body as healthy' are presented in two segments. The first of these is about the way in which eating practices are shaped to construct the body as healthy. Understandings about eating practices drew on notions of diet, illness and weight. Therefore, throughout group discussions the idea of diet was viewed as consuming traditional and/or modern foods and how such diet has shaped women's eating practices over the years. Negotiations within groups also revealed that the way in which eating practices are shaped affects women's health outcomes and thereby the notions of illness were discussed. Eating practices were also negotiated in terms of weight, where women specifically talked about weight gain as a way in which the body as healthy was understood.

The second segment will explore the idea of physical activity in constructing the body as healthy among Indo-Fijian women. Within this aspect, women's understandings about physical activity as a way of minimising health consequences in order to attain health benefits throughout life will be discussed. Across the three generations of women, understandings about eating practices and physical activity is negotiated and, discussed in terms of how a healthy body can be accounted for.

Eating practices

Idealised notions of the body were constructed by negotiating food and eating practices among Indo-Fijian women. Discussions across the three generations revealed that eating practices play a significant role in constructing a healthy body through notions of

diet, illness and weight. This section explores the way in which eating practices were accounted for generation by generation.

Diet

Discussions about health revealed that food and eating practices were largely affected by diet. Across the three generations, diet was discussed in terms of traditional and modern foods. The former included cooking Indo-Fijian meals such as, curries and roti with ingredients like ghee, masala, turmeric, whereas modern diet was portrayed in terms of salads, sandwiches, breakfast cereals, etc. Each generation made sense of how traditional and modern diets are accommodated in their lives. Intergenerational discussions illustrated why women choose certain diets and these discussions were framed by drawing on cultural and health-related constructions on diet.

Generation one

Understanding eating practices among generation one involves addressing the nature and process of the way food choices are made. The concept of diet was understood by women as including traditional ingredients as part of their eating practices. Participants alluded to their personal and cultural experiences of living in Fiji, where cooking Indo-Fijian meals were embedded to their lifestyle, and therefore defined constructions of diet. Women spoke about living in rural areas of Fiji, where their physical surroundings, such as working in agriculture had allowed them to conform to a traditional, but healthy diet. Living in rural areas of Fiji, enabled the availability and accessibility to fresh ingredients which allowed women to cook fresh meals, such as dhal[1], roti[2], vegetable curries, namely okra, silver-beet, sarson[3], each day. Participants in this group also believed in planting "seeds of spices and herbs, and using it in meals" in order to have "fresh and organic food from the farm" (Mrs S) while living in the rural regions. Other

[1] Dhal: Vegetable dish or formally known as Lentil soup, cooked with onions, carrots, with a light or creamy texture

[2] Roti: Flat bread, similar to Naan bread, but not fluffy

[3] Sarson: Vegetable dish/curry, usually consists of green leafy vegetables (such as spinach or mustard), cooked with a range of spices and salt

participants spoke about growing crops that were "easy and fast to grow like taro, cassava, okra" (Ms G), which enabled consumption of fresh food on a regular basis. Mrs B, talked about often rooting out and cooking cassava curry and making chutney out of curry leaves for lunch. Diet was constructed around the freshly grown food available and accessible in their environment and these ingredients were used as part of cooking a traditional Indo-Fijian meal. In this way, food is accounted for as being an activity of life, where meals are actively gathered and prepared for cooking.

> *Mrs J: "The ghee use to be made from the cows' milk. The cows we raised ourselves"*
>
> *Mrs S: "That's right. And even oil, we didn't purchase oil from the stores"*
>
> *Mrs S: "And you should have seen the way that oil was made. It was made by boiling the flesh of coconut in water which then extracted out the oil"*
>
> *Mrs B: "We even took the masala and turmeric [spices] and we pounded it fresh ourselves with an okaree[4]"*
>
> *Mrs U: "Yeah even [with] cooking, we used open fire to cook our food"*
>
> *Mrs S: "When I made roti, I cooked it on open fire, not using any pans, it was just cultural to cook it straight rather than use utensils you know. It's so the roti is nice and fluffy and golden brown"*
>
> *Mrs B: "And because of all that, even though we're now old, we stayed healthy"*

Kuhnlein & Receveur, (1996), talk about the awareness of how crops are grown in framing individuals' food knowledge, and notions around healthy eating practices. These authors indicate that food knowledge occurs through the availability and accessibility to fresh food. Diet then becomes defined through cultural practices from the way crops are cultivated, which includes having knowledge about food flavour, aroma and texture. The construction of a healthy body for Indo-Fijian women draws on experiences of food preparation and knowledge. Generation One women expressed that using home-made ingredients enabled them to conform to healthy eating practices. Constructing a healthy body drew upon on knowing what kind of food was being ingested. These women reported that by growing vegetables, extracting oil, milking cows, raising poultry and

[4] Okaree: Mortar made out of steel, often used for grinding or pounding ingredients

fishing, women prepared food in ways that they 'knew' reflected traditional Indo-Fijian practices. For Mrs S above, cooking roti in "open fire" by avoiding the use of utensils was an illustration of preparing and cooking roti in a culturally significant way. Participants above also talked about the way spices such as, masala and turmeric were pounded using hand tools freshly each day in order to be added in their food. Therefore, preparing food in particular ways frames the idea of what a meal should be. This way of constructing the understanding of ingredients and meals drew on cultural discourses, where women claimed that food was embedded to the Indo-Fijian culture, therefore it should be prepared in specific ways, which featured texture, flavour and aroma of traditional ingredients. From a cultural point of view, Falk, Bisogni & Sobal, (1996) pointed out that food practices tend to be prominently shaped by strong beliefs and attitudes about food knowledge and hence the way food should be prepared.

However, the issue of shifting places or migrating was a concern for these Indo-Fijian women because it affected the availability and accessibility to fresh food and hence their ability to prepare and eat traditional meals. All participants in this group talked about similar changes to their traditional diet when they moved to urban regions or New Zealand, shaping their eating practices and hence, their dietary regime.

Participants from generation one expressed concerns around practices of a traditional diet in New Zealand because women believed that commonly used ingredients are no longer cultivated through traditional processing technique, such as ways of pounding and cooking in open fires. Women believed that the goodness of modern imported spices is compromised due to processing techniques used and longevity to maintain freshness. For example, women claimed that there are added chemicals to preserve spices for longer, a technique that they were not aware of when they lived in Fiji as discussed below.

> *Mrs C: "[The] vegetables here [in New Zealand] have so many chemicals in them"*
>
> *Mrs U: "Yeah, and negatively affect us"*
>
> *Ms V: "That's right"*
>
> *Mrs W: "Yeah"*

Mrs C: "They have extensive chemicals in them, all the manure. If farmers don't put manures in their crops then the vegetables won't exist, and that too also affects us, doesn't it?"

Mrs W: "Yeah, absolutely. And the goods that are imported, such as the oil and all have so much chemicals and other stuff added to it!"

Mrs U: "Now days, when we plant vegetables and crops, we have to add manure, and all these chemicals, before [in Fiji] we never did. I [have to] think twice before I eat those [vegetables] today"

Kuhnlein & Receveur, (1996) posit that social and political changes of relocation, migration, urbanisation can bring about changes to the types, quantity and quality of food available. This idea is reinforced by earlier research in which, lifestyle events and experiences have a tendency to affect food choices (Falk et al., 1996; Rozin, 1980). Therefore, generation one reported that rather than a deliberate choice, alterations to diet happens as a result of life events, such as migration, whereby changes within the environment in turn shape eating practices.

Due to the modern processing of traditional ingredients, generation one constructed such ingredients as becoming corrupted when chemicals are added. Subsequently, processed food are understood as lacking in nutrition, which were constructed as resulting in negative health consequences, which will be discussed in detail later. Interestingly, participants' understanding about healthy eating which is shaped from traditional practices such as, the notion of eating unprocessed food indicates a westernised view whereby the idea of consuming fresh and organic food is encouraged.

Mrs B: "All these information kind of educated the community. There were nurses and doctors so you could actually go visit the health centre here [in New Zealand]. They educated you a bit more, such as being told what to eat too. I guess by even listening to the radio, I got to learn a lot."

Mrs U: "Yeah, I never used to eat those things, I went one time, and the doctor told me I should so now I am, I eat porridge in the morning, not my roti anymore [laughs]"

Mrs S: "In Fiji though we ate roti. But here [in New Zealand], I heard that porridge is more healthy. I think women our age should be conscious of what kinds of food we are consuming you know. So I have that each morning and sometimes add honey. Just a little bit. Not sugar though because that is not good, so I have a bit of honey"

Often, generation one spoke about the choice of diet by drawing on western world health promotion discourses. Participants reflected on health messages and information that shaped their choices around food. Findings in this study illustrated a shift from eating traditional foods to assimilating a more westernised based (i.e. modern) diet due to health messages and information. Women pointed out that information from the media, such as radio and television, health professionals and social support systems act in shaping the idea of diet and health. Mrs S above, talks about adding honey instead of sugar to her porridge each morning as a result of being health conscious, and therefore constructing healthy eating practices.

Brimblecombe et al., (2014) saw a similar shift to eating patterns, where messages on television played a role in constructing changes from individuals' traditional Aboriginal diet to adapting to modern food systems. Hence, health communication can be seen to shape the way health behaviours are performed, including diet (Lupton, 1996). Participants in generation one exemplify such changes to their diet from Fiji, where they consumed food such as, roti and curry for breakfast, to altering their diet to porridge in New Zealand because it was advisable by their doctors to have better health outcomes. As a result, health-related beliefs and discourses were central to the way in which diet was performed. Therefore, the change in attitudes towards food constructs the way choices are made around food and thereby, affect the way food and eating practices are understood among generation one.

Generation two

> *Mrs M: "We've been told that this is what we should be eating, and it's healthy, and that's how we have learnt to, not until we came to know about things like oil in our food, and started learning that what damages it does to us. Oil is obviously is not good"*
>
> *Ms A: "With our food, the way we cook it, we have lot of spices, [a] lot of masala, [a] lot of oil, [a] lot of ghee and everything in it, so we need to cut down because we sometimes overcook it and then told about what it does to us!"*

Mrs M: "That's it, we go for that spicy taste, where it's too spicy, but we don't want our children to have that diet because [of] what it can do. Even the food, it's very oily and you can see it in the curry. That food looks unhealthy"

Mrs L: "Yeah because here [in New Zealand] there is a lot more information from the doctors, our work colleagues and the media"

For the second generation, notions of diet were made sense of as a healthy regime and embedded in culture. Firstly, women strived to achieve positive health outcomes by gaining control over their diet in ways of modifying and monitoring their food. Specifically, as discussed earlier in generation one, participants in the second generation paid attention to health promotion discourses about the way diet was constructed. Mrs M claimed that although oil is a common ingredient that was often a part of cooking traditional food in Fiji, she has learnt that it can negatively impact on health. Therefore, the use of oil was contested in her diet when preparing meals. Like Mrs M, most women in this group spoke about reducing the amount of oil, ghee and spices, such as masala, when cooking traditional meals. As Mrs L above reports, such awareness was raised due to the increased levels of health information and messages in New Zealand compared to Fiji, where women became more aware by interacting with colleagues at work, receiving messages about diet from their work, children's schools and the media. For example, Mrs Q claimed that she comes to know about healthy eating through her children who go to school and "bring back all the brochures about nutrition and eating". Other women said:

Mrs M: "When I was driving to work one morning I heard on the radio about the benefits for drinking lemon juice in your tea or water each morning so I thought to myself I need to try this and looked at that lemon lying in my bag. I thought to myself, someone has to make good use of that"

Mrs L: "[Laughs] Yeah, I heard that lemon with honey can be really good for your body"

Thus, health promotion discourses potentially impacts on the way food patterns are controlled in order to construct diet, such as decreasing the use of oil in meals. This implies that health promotion discourses can inform practices of control around food, and thereby shaping eating practices.

Eating practices were further constructed around notions that improvement is possible and desirable by listening to information from reliable sources. Women claimed that the availability of more information and communication about health in New Zealand compared to Fiji made them aware of good and bad dietary practices. Some of the women in this group discussed being exposed to radio broadcasts such as adding lemon in their water as detoxifying. Therefore, because lemon is accessible and advisable in New Zealand, women included drinking lemon and water to achieve positive health outcomes. Devine et al. (1999) argued that environmental context elucidates the changes to eating practices, despite the ethnic group one belongs to. This is the idea that food choices are contextual in time and place and salience of diet varies across personal and cultural experiences. Similar to the previous generation, generation two also renegotiated eating practices to adapt to the environmental context in which they lived in.

Secondly, discussions in the focus groups also established that participants in generation two were connected to their cultural roots in their cooking and eating practices. For example, most participants expressed emotional ties with traditional foods, where they reported that if they don't have curries, they begin "missing those, and the main thing is curry" (Mrs M), and therefore enjoy eating food that is "spicy and hot" (Ms A). From a cultural point of view, a traditional diet was signified as being important to them and thus embedded part of their eating practices. Women believed that due to the nature of Fiji's tropical climate, some vegetables were more easily nurtured, compared to growing fresh crops in New Zealand. Therefore, from growing vegetables and herbs, to preparing and cooking them, women drew on similar cultural discourses to generation one, and believed that certain foods should be prepared a certain way because such diet will always be part of these women. However, generation two were aware about the extent to which adding spices and oil impacted on health, as discussed in the earlier discussion about diet and health. Women reported that they are "aware of all the oil in that curry" (Ms A), in which Mrs M discussed that each time she consumes food as such, "I think about what it must be doing to my heart [laughs]". Therefore, although women talk about holding strong cultural ties, their eating practices are shaped by constructions of attaining a healthy body.

Generation three

> *Ms T: "Yeah, our [Indo-Fijian] diet is not healthy!"*
>
> *Ms R: "So much oil and stuff"*
>
> *Ms T: "Like not healthy at all. Generally, the Indian society is about having a feast, and just like that, we end up having fatty food. [And] not just fatty food, but [it is] heavy food. It's just the way our food is cooked, and prepared, and how we cook it. Like [with] oil, and the amount of stuff we put in, and how much processing it needs, so I think that affects our health"*
>
> *Ms T: "We are supposed to have lots of greens. And you know what, we do eat vegetables, we'll cook our greens, but then we put a lot of oil in it, salt, all this other stuff, and then we cook it and cook it until the vegetables dies [laughs] and then we eat it"*
>
> *Ms H: "Yeah, we don't eat raw food. And raw food is what's supposed to be good for our health"*
>
> *Ms Y: "Yeah we should. We [Indo-Fijians] don't steam our food or boil our food"*

Participants in generation three constructed the understanding of diet by categorising certain foods as either having a 'good' or 'bad' effect on health. Unlike the claims of generations one and two around consuming traditional diets as important, the third generation emphasised the importance of healthy eating. Traditional food was framed as often over-cooked and of being high in salt, spices and oil. Participants deliberated that preparing and cooking food in such ways moves away from the idea of healthy eating because food loses its essential nutrients.

This notion takes on a westernised view, in which messages such as the food pyramid emphasises eating fresh fruit and vegetables. It was evident that migration and the shift to New Zealand at a younger age than generations one and two had led to the exposure of attaining a greater level of information about health and eating practices through education at schools for generation three. For instance, Ms T talked about the difference in eating practices between younger and older generations. She attempted to explain that young generations broaden their understandings for diet through attaining knowledge from "schools and universities, and mixing around with more people" while

older generations have settled with their "own culture and society". This exposure to westernised notions had opened up the possibility for generation three to contest particular food in their diet, shaping their eating practices accordingly. Ms H, spoke about having the "five-plus a day drilled" into their heads throughout school, where environments such as classrooms engaged learning about food. Brimblecombe et al., (2014) found that the participants in their study also highlighted learning in classrooms around food education and nutrition as beneficial and as, credible sources of knowledge. In the present study, women talked about how certain food groups can benefit health, and should therefore be consumed in their diet. Generation three primarily framed a healthy diet as food intake that minimises processing, specifically avoiding meals that have additives or chemicals in the food. That is, a lot of the women in this group recognised that eating healthy involved "steaming, boiling or consuming food that is raw", rather than adding too many ingredients during cooking.

> *Ms Y: "Especially when New Zealand's very health conscious. I think there's been a lot of information about health here [in New Zealand], so there are stuff about eating healthy [but] you don't have that in Fiji"*
>
> *Ms H: "When we come into New Zealand, we become more health conscious because when you come over here, you get more educated on what it means to be healthy"*
>
> *Ms T "That's it. Here [in New Zealand] there is stuff about eating habits, lifestyle and all these things, so over here you get educated about being healthy"*

Similar to claims of generations one and two, women from the third generation claimed that because health information and communication is more salient in New Zealand than in Fiji, they were more able to find out about healthy foods in New Zealand. Drawing strongly on health discourses, generation three claimed diet as an important part of their overall wellbeing and that eating practices should reflect movement towards positive health outcomes. Women in this group talked about accessing more information because "there is stuff about eating habits" in relation to health within the New Zealand context. As illustrated in the extract above, participants in generation three discuss that health-related information is often connected to eating practices, and hence constructs their knowledge on "what it means to be healthy". Research has

indicated that the management of food consumption is the foremost common way of promoting health and wellbeing among young individuals (Drewnowski & Hann, 1999).

However, traditional food was important and played a role in holding active cultural ties with acquaintances and family. Rather than being part of a healthy diet, traditional diet was constructed as only being part of social events and interactions, such as served at events and special occasions. Women then, discussed:

> *Ms H: "But sometimes I have to eat our food, especially when I go to someone else's place, they eat heavy spicy stuff with the Masala and stuff"*
>
> *Ms Y: "Yeah me too. I had my cousin's birthday, and we had like a family feast and involved like heavy goat curry, and duck curry, so we have to eat with each other, so it's like whatever the majority of the family eats"*
>
> *Ms H: "They [the family] have a lot of really good cooks so they take pride in that, especially with the spices. So when you go to family get together, they'll have all of that, and you're like oh gosh, because you have to eat that but I wouldn't usually make that on a daily basis"*

This illustrated a form of control over diet, in which women identified eating traditional foods as a social interaction, rather than a health-related choice, such as family visits or occasions, rather than cooking a meal as part of their dietary regime. Falk et al., (1996) reported a similar relationship between food choices and social framework, where food choices are bought into being through social gatherings rather than an everyday practice of consumption. This may suggest that women in generation three manage diet within boundaries between culture and health.

Diet: Summary

Overall, across all three generations, the notion of diet was important and played a significant role in constructing women's eating practices. All generations discussed the way in which the connection between diet and eating practices constructed the body as healthy. This was discussed across generations by drawing on health promotional discourses, in which health-related information has renegotiated and shaped the idea of their diet and therefore, eating practices within New Zealand.

In comparison with each other, generations one and two often talked about a traditional diet as being embedded in their culture. Being raised around traditional ingredients and foods in Fiji, participants in both generations were able to gain knowledge of how traditional meals should be prepared and cooked. However, unlike generation two, for the first generation migration and shift to New Zealand from Fiji has corrupted the way in which traditional ingredients were viewed. Generation one constructed changes from their traditional diet to including and altering other forms of food similar to those from a westernised based diet. Nevertheless, generation two informed practices around controlling and contesting traditional ingredients, such as spices, in order to follow a healthy regime by attempting to include a modern-based diet, shaping their eating practices accordingly.

Unlike generations one and two, the third generation constructed their diet strongly in relation to the health-related messages based within the westernised context in which they live. Hence, traditional diet was often a way of holding active cultural ties within their Indo-Fijian community. Primarily women in generation three constructed their eating practices primarily based on a modern diet in order to achieve a healthy body.

Illness

Participants also reported that a healthy body is a body able to prevent and manage symptoms of illnesses. Women across each generation claimed that the body has the ability to develop illnesses such as cardiovascular disease, diabetes and cholesterol, and managing eating practices and food has implications for shaping the possibilities for illness or disease.

Generation one

Discussions about achieving a healthy body among generation one led women to raise concerns about the notion of illness as something which they have encountered due to lifestyle changes (e.g. shifting to urban contexts, such as New Zealand as well as aging process). Women in this group discussed illness by integrating traditional knowledge gained from personal experiences of living in Fiji and understanding illness as a

biomedical phenomenon following a shift to New Zealand. Participants believed that understandings on various health outcomes and consequences, specifically illnesses have been shaped by drawing on an association between lifestyle changes and eating practices.

Prior to moving to New Zealand, generation one spoke about illnesses, such as cholesterol and heart diseases, as something they "didn't know about" (Ms J) and was "unheard of" (Mrs B) when living in the rural areas of Fiji. Women claimed that because they lived a traditional lifestyle (e.g. engaging in agricultural work), they were able to manage and prevent diseases through engaging in healthy eating practices in Fiji such as consuming fresh fruits, vegetables, and fresh bred poultry to attain "positive health outcomes". Mrs G reiterated that "food was not processed, so we knew what was going in our bodies" and hence claiming that by preparing and eating the types of food that they did she was able to maintain a healthy lifestyle because consuming such foods led to "no illnesses, whatsoever". Additionally, Mrs C also spoke about diet in Fiji as being "healthy and positively impacting on health and body" because it provided "vitamins and nutrition" and even by consuming ingredients such as ghee (i.e. clarified butter) women claimed that they did not "worry about falling sick or getting high cholesterol". Within the traditional Indo-Fijian context, adding ingredients such as ghee to their food was considered healthy. This indicates that the role of food is constructed by generation one as an important aspect of health, and a way of managing and preventing illness. Specifically, all participants in generation one believed that the freshness of food, as well as the way in which food is prepared can aid a person to take preventative measures towards illness, and therefore a healthy body. Claims around the notion that consuming fresh and unprocessed food is connected to health and management of illnesses has been discussed among other researchers Frassetto, Schloetter, Mietus-Synder, Morris and Sebastian (2009) pointed out that an agricultural diet, namely fresh fruits, vegetables and farm-bred poultry have been constructed previously as the notion of a hunter-gatherer diet, which are today recognised as having health benefits within the western context, particularly in the treatment, management and prevention of symptoms and illnesses such as, blood pressure, diabetes and cardiovascular illnesses.

Meanings around food were often based on constructing food as a resource for preventing and managing illness. The idea that food played an important part in treating illness, draws from cultural discourses, namely as the notion of using Ayurvedic practice, which construct food in the treatment of diseases (Ramakrishna & Weiss, 1992). According to these authors, Ayurvedic practices are connected with health improvement and nutrition. When modern day medicine were not available, Ayurvedic treatments were employed and, utilised the idea of food to strengthen a person's bodily functions (Ramakrishna & Weiss, 1992). In the present research, generation one spoke about managing and treating sickness when falling ill living in Fiji. Participants constructed cultural and personal understandings of using natural remedies to prevent and manage illnesses, such as "headaches, diarrhoea, colds and flus" (Mrs S). Ms J and Mrs S for example, discussed cooking home-made remedies for treating symptoms of headaches and diarrhoea by using "all fresh herbs from the garden" where women "pounded those to make the medications needed and mix oil and spice to make ointments". Food is not only constructed as a way of fulfilling hunger, but also ingested or applied to the body as a means of treating illnesses to maintain health. Hence, the notion of Ayurvedic practice which illustrates the use of food for health and illness , whereby food is positioned as having healing elements and positive health outcomes (Ramakrishna & Weiss, 1992). In this way, there is an association between food and medicine, in which ingredients are used as a prescription to treat or prevent diseases.

The notion that eating practices can be 'bad' for the body and leads to ill-health was often reiterated by generation one and implicated in experiences of obesity, cholesterol, high blood pressure (HPB) and diabetes. Generation one reported that after they had migrated to New Zealand from Fiji, they gained knowledge about the notion of illnesses and diseases in relation to eating practices. Drawing on health promotion discourses, all participants constructed processed food as "unhealthy food" (Mrs S) and therefore understood that resistance to processed foods was implicated in "why people are health-conscious" (Mrs B) today. Within this view, the consumption of food is constructed as either 'good' or 'bad'. The former frames the idea that consuming 'good' food is a way of staying healthy, whereas the latter is constructed as leading to health consequences.

Ms V: "I used to eat ghee a lot. Dip it in my roti. Today we are told that ghee is unhealthy so we try to avoid it"

Mrs W: "Now, we have an issue with high cholesterol and high blood pressure so I was listening to the radio and we've been told that we must avoid oil, ghee."

Mrs U: "My cholesterol can get high you see? Because the doctor told me, I try and eat healthy [food]. We make sure we add wholemeal flour to it and we don't use ghee with it anymore. But this is my view of my diet"

Participants spoke about the way in which the dominant role of health-related messages, accessed via the media (e.g. television and radio), through family and friends, and health professionals (e.g. doctors and dieticians) have constructed their knowledge that poor diet and nutrition can heighten the risk of health consequences. Health promotion discourses disseminated by the doctor and media are reported as the most common methods for gathering information about nutrition and health outcomes which shape traditional eating practices (van Dillen, Hiddink, Koelen, Graaf & van Woerkum, 2003). For participants in the above extract, ghee was never viewed as a problematic aspect of their diet, until their shift from Fiji to New Zealand after which ghee was understood as a possible health risk to their health mainly through elevation of cholesterol levels. Participants talk about removing ghee from their diet because doctors and other health professionals advised them to do so in order to reduce the risk from high cholesterol. Therefore, the knowledge gained from biomedical discourses have reconstructed their understandings about traditional eating practices. This suggests that the context in which women live actively constructs food choices based on health outcomes and consequences and reconstruction of eating practices suggests an endeavour to manage and prevent illnesses.

Biomedical explanations were also used by participants to understand the way in which eating practices construct the meaning of illness prevention and management. Specifically, engaging in biomedical practices, such as visiting doctors is understood to provide control over illnesses. For instance, women spoke about being introduced to "routine check-ups and blood-tests" (Mrs B) in New Zealand, which has played a role in altering their diets to manage symptoms of diseases. As such, Mrs S spoke about visits to her doctor, where she learnt about her diagnosis with cholesterol and HPB. She then

talks about how she changed her diet by "mixing up" her food from her regular curries and occasionally cooking and eating stew so she can add raw vegetables such as, cauliflower because of cholesterol reducing properties. Endorsement about her lower cholesterol levels is given through attending follow-ups with her general practitioner which acts as means of portraying a sense of control over her illnesses. Participants spoke about the importance of reconstructing diet because of living with diabetes or cholesterol through managing their dietary practices. Nevertheless, biomedical explanations were intertwined with personal knowledge about using food to control illness as well as taking up biomedical notions of health such as taking medication. This suggests that managing illnesses should not be exclusively viewed as a biomedical practice, and that for many Indo-Fijian women food and eating practices are the cornerstone for the ways in which illnesses were managed. Hence, food was seen as a life-saving component for treating and managing illnesses, and an important aspect in constructing the body as healthy.

> *Mrs U: "Women should look after their health and so they don't get to that stage of sickness"*
>
> *Mrs S: "With age, we should take even greater precautions about our body in that case. So you see, I eat lots of vegetables. I add onions and cauliflower because it clears the blood vessels, and reduces cholesterol. I boiled or steamed the vegetables and have more [vegetables] on my plate, little oil and masala"*
>
> *Mrs U: "That's right"*
>
> *Mrs C: "Yeah, with our age, we want to ensure that our health is good, and that we live long"*
>
> *Mrs W: "We should stay healthy with our diet and be responsible for our own health each day so we need to eat right"*

While the management of food remains at the heart of taking preventative measures to minimise illnesses, other aspects of lifestyle changes, such as the aging process affected women's eating practices. Shatenstein (2008) argued that compared to any other lifestyle changes amongst older individuals, changes around food choices are often attributed to the aging process. In the present study, generation one claimed that facing illnesses is an inevitable part of life as the body gets older and becomes more vulnerable

and weak. Generation one expressed fear about growing older and being diagnosed with chronic illnesses to an extent which they cannot live an independent life. Therefore, women discussed eating practices as taking responsibility for changing their diet. Eating becomes a precautionary exercise to prevent detrimental effects of aging through development of illnesses such as, diabetes and cholesterol are common when a person gets older. For Mrs S in the extract above, taking "greater precautions" about her body means being careful about the kinds of food she eats, such as minimising the use of "oil and masala [spices]" when preparing and cooking meals, and instead, eating more "boiled and steamed" food, when possible. Changing eating practices were seen as a way to regain control over the body to minimise threats of illnesses as well as ways to reduce illness symptoms. Thus, by regaining control and adjusting to the aging body, eating practices, the body and illnesses are flexible notions within given context and time.

Generation two

Generation two women also took up a biomedical discourse, whereby illness is viewed as something which a person encounters eventually, from engaging in unhealthy lifestyles with food, often viewed as being problematic for the body through unhealthy eating practices. Similar to the previous generation, this group drew similar links between nutrition and preventing illnesses in order to maintain the body as healthy as possible. To reduce the risk of being diagnosed with certain illnesses, most women in this group talked about opting for salads for lunches rather than eating oily curries.

> *Mrs Q: "Salad can be a good meal because it's healthy"*
>
> *Mrs M: "Yes, these precautions must be taken for our health so I'm having salad during lunchtimes"*
>
> *Mrs L: "Well, you become conscious that you had too much of the curry, and you change your meal, so here [New Zealand] we buy [and] we have different types of food like your salads"*

Consuming more salads is considered as nutritional and healthy eating and as a way to retain healthy bodily functioning (Madden & Chamberlain, 2004). The notion of framing eating practices as a source of health or ill-health, was understood in terms of health

promotion discourse. Like generation one, women in the second generation believed that they gained more insight and understandings about the association between nutrition and illness when they moved to New Zealand from Fiji. Specifically eating practices were constructed by knowledge about the current risks of illnesses within contemporary societies. Women drew on the way in which obesity, cardiovascular disease and diabetes are commonly presented in New Zealand.

> *Mrs O: "Back home [in Fiji] there was not that much medical services that we knew what was wrong with our parents or grandparents, but over here [in New Zealand], I suppose we've got more knowledge, we see things on TV like diseases, this disease and that disease, so people are just more conscious"*
>
> *Mrs F: "Oh absolutely, I guess the women who moved from Fiji are more educated too [because], they have more exposure to the educational material of how you should look after yourself, what you should eat"*
>
> *Mrs L: "Yeah, we get health messages everywhere. From [the] TV, from the newspaper, from your colleagues, from the internet as well, because obviously healthy meals are important. When we do our regular visits to the GP here they [will] tell us, you need to go [for] more fruits and vegetables"*
>
> *Mrs M: "Well that's it, I learnt about a balanced diet, and eat my fruits and vegetables so I can have a balanced diet and avoid getting sick"*

Health-related messages played a prominent role to generation two women's understandings about illnesses, evidenced through statements such as "receiving health messages from the internet" and through "regular visits to the GP". Specifically, Mrs M, for instance became aware of including more fruits and vegetables to achieve "a balanced diet and avoid getting sick". Internet websites like the New Zealand Heart Foundation (2014), gives nutritional information about healthy eating practices including, the consumption of more fruits and vegetables and less oil to a person's diet in order to reduce the risk of heart fatalities. Nutritional information such as disseminated by the Heart Foundation has played a vital role in reconstructing eating practices among Indo-Fijian women whereby participants believe that engaging in guidelines of popular health discourses can reduce the risk of illnesses. These women's account of health discourses, especially around nutritional information and health were highly similar to the popular discourses of New Zealand health websites (e.g. Heart

Foundation). This suggests that the way in which women negotiate the notions of food consumption, health and the body, is contingent upon the society one lives in.

> *Mrs F: "The other thing for my diet is [my] family background. I got to be aware that both my parents had heart and diabetes problem, both the parents' families. I mean it's so much easier for us to get into that trend, so we got to always just be mentally cautious that we don't get it easily, so we are careful with the food we eat"*
>
> *Mrs Q: "Yeah, stay away from those habits, you don't get similar. You don't pick up or like even getting those genes from your grandparents"*
>
> *Mrs O: "Yeah, or pick up the similar experiences, your experiences of your family"*

The strong links made between illness and hereditary factors in health discourses further shaped eating practices for women in generation two. These women talked about anticipating unhealthy eating not only to prevent illnesses because of societal 'scares' around cardiovascular disease and diabetes in New Zealand, but also because "family history" (Ms A) of illnesses. Mrs F above claimed that because "both parents had heart diseases and diabetes" she took control of her diet to restrain herself from "getting into that trend". In this way, women exerted the idea of gaining more self-control to monitor their eating practices in relation to prevent themselves from "getting those genes". By making reference to older generations, women believed that there is a connection between the lifestyle (e.g. dietary practices) of previous generations and their health outcomes. Participants reported that over time and context, they have experienced the difference between 'healthy' and 'unhealthy' food through seeing how older generations in Fiji ate and their health outcomes today. Other women, like Mrs M drew from personal knowledge through visiting relatives in Fiji where "food was really oily and you can see it in the curry which looks unhealthy", subsequently claiming health risks as being intertwined with unhealthy eating patterns.

Generation three

Generation three also drew on similar ideas to generation two about notions of illness. Eating practices were also constructed with personal knowledge about susceptibility to illnesses.

> *Ms T: "That's the thing with our family, there is a lot of health issues in our family like high blood pressure, diabetes"*
>
> *Ms Y: "But I don't think they change their diet too much"*
>
> *Ms Z: "Well, yeah heart problems and all runs in the family, so we need to eat right"*
>
> *Ms T: "Yeah, but because of that, we need to be conscious. The healthy food and stuff, that's transferred onto us, like all of us siblings and it has also changed mum's view of cooking"*

Women in this group reiterated similar discourses to generation two about family history and heart disease and diabetes. Ms Z talked about the way deaths occur in her family due to heart-attacks, indicates that heart problems "runs in the family". Therefore, such deaths due to illness constricted her eating practices, leading to reconstructions of diet to include healthier choices around food. Therefore, eating practices were essentially re-created when accounting for susceptibility to illness which was consistent to the previous two generations showing that dietary practices and health are intertwined. Women among generation three discussed moving away from the traditional diet because it indicates health risks through the amount of ingredients, such as oils and spices added to their food.

Illness: Summary

Overall, constructing the body as healthy often lead to understandings about eating practices and the notion of illnesses. Eating practices were negotiated around the notion of illnesses among Indo-Fijian women across the three generations. In making sense of what the idea of illnesses mean to these women, all participants drew on aspects of health-related information. Each generation discussed aspects of health promotion

discourses as a way understanding the connection between illnesses and eating practices. While generation one discussed both, preventing and managing illnesses, the second and third generations focused mainly on preventing illness.

For generation one, eating practices played a role in managing and preventing illnesses by drawing on health-related information and Ayurvedic practices. Women used these practices to negotiate the notion of food as a way of managing illnesses which women have been diagnosed with, as well as minimising the risk of other diseases. Therefore, generation one believed that the notion of illness was affected by the connection between lifestyle changes, including shifting and migration to a new context and, the aging body. The idea of illness then became an inevitable aspect of life which was managed through food and nutrition.

For generations two and three, preventing illnesses were framed through eating practices in relation to health promotion discourses. Unlike generation one, the second and third generations talked about the link between illness and hereditary, which was often affected by the food a person consumes. Women discussed that eating practices were the primary way to take preventative measures of illnesses, particularly those which they were susceptible to and in doing so, women negotiated ways in which a healthy body can be achieved.

Weight

All three generations often related the notion of body weight as something which can impact their health when negotiating understandings about food and eating practices. Specifically, all participants drew on health promotion and biomedical discourses to link body weight to constructions of illness and/or diet.

Generation one

> *Mrs W: "I take precautions and [have] changed my routine with diet, you know eat this not that, because sadly I'm fatter than I use to be though now [Laughs], so I try and eat well and keep the fat down. You see, my entire my*

family are diabetic patients, and are fat like my brothers and sisters are all fat, [and] I am afraid to be one of them. Well I am probably a little fat, but I fear that if I get slack and fall behind with my diet and routine, I will get fatter, and I still have that leeway to get fatter. I want to avoid this because I don't want [to get] diabetes"

Mrs U: "I think there are more obese people here [in New Zealand] so you don't want to get sick like that and avoid being obese"

Discussions about eating practices among generation one revealed that the notion of weight was connected to the idea of preventing and managing illnesses. Drawing on experiential (i.e. what individuals have constructed within their context (Chrysochou, Askegaard, Grunert & Kristensen, 2010) and biomedical discourses, participants constructed understandings about the idea of weight gain as something which exacerbates symptoms for illnesses such as, HBP, diabetes or cholesterol. For instance, all women in this group constructed these illnesses as linked to their understandings of obesity. Women believed that obesity could worsen the condition of the body by increasing the symptoms associated to HBP, cholesterol and diabetes. Hence, of managing or preventing such diseases meant that women had to engage in physical activity (discussed shortly) or as mentioned earlier, monitor their diet, in order to control weight. Mrs W above discussed the association between her family history of diabetes and weight, where she spoke about the "entire family, my brothers and sisters are diabetic patients and are fat". Mrs W constructed the notion of being overweight as a way of weakening the body and making herself more susceptible to diabetes. Therefore, the endeavour to manage weight involves an approach to gain control over illnesses through engaging in weight management practices. Weight gain was seen to cause ill-health, and was portrayed as a negative experience in life for this group.

Generation one also recognised that eating practices shaped the ways in which weight could be managed and that eating certain kinds of food can lead a woman to either lose or gain weight. From this viewpoint women claimed that gaining weight was risking "obesity-like" (Mrs B) illnesses. Women made reference to the food which was available and consumed in Fiji and, compared this to the food they ate in New Zealand. Generation one women framed themselves as "all being very skinny" (Mrs S) back in Fiji due to traditional cooking methods. However, straying away from their original diet led women to believe that they are bringing themselves to ill-health because of coming

across unfamiliar types of food. In particular, shifting to New Zealand meant encountering variety of foods, such as "burgers and chips, cakes and other junk food" (Mrs S) which they were limited to access in Fiji. These types of food were often described by women as "fatty" (Mrs U), indicating that consuming such food can make them gain weight. Paraham (1999) similarly talks about the development of food as 'junk' or 'fatty', and constructs some food as 'bad' for body weight due to weight gain. The author then discusses that such understandings about weight gain has previously been negotiated and constructed by nutritionists and dieticians as a way in which society deals with weight issues like obesity (Paraham, 1999). In New Zealand, understandings about biomedical and health promotion discourses, namely health websites, for instance Healthy Food Guide (HFG) (2014), Heart Foundation (2014), MOH (2014) often give advice on weight-loss by dedicating a section of information on their page about preventing obesity, in which individuals are encouraged to include more fruits and vegetables to their diet, while minimising food that is high in sugar in order to maximise positive health outcomes. As such, foods that are high in sugar are connected to the notion of weight gain and ill-health (Paraham, 1999).

Further, health and biomedical promoted knowledge about nutrition operates in a way which constructs the understandings about gaining unnecessary body weight due to the idea of a person's diet. Mrs U feared that she could "get slack and fall behind with my diet and routine" so she is contemplating on "contacting a consultant about losing weight" to ensure controllability over illnesses such as diabetes entering her body. Understandings about being slim were often portrayed as being healthy as it signified an active engagement with a healthy diet. Health promotion discourses have previously talked about notions of diet, obesity and body image (Burns & Gavey, 2004; Sobal & Maurer, 1999). Similar to many western cultures, Burns and Gavey (2004) found that the New Zealand context also portrays biomedical constructions of the body. The authors found that women in their research also constructed healthy weight discourses in relation to being a slim figure. Hence, engaging in regularly monitoring of diet, such as excluding the in-take of fatty foods, reduces and prevents against the notion of obesity (Burns & Gavey, 2004). Paraham (1999) also discussed that health and

biomedically promoted discourses associate the idea of slimness with the understanding of conforming to a healthy diet as means of reducing susceptibility to illnesses.

> *Mrs W: "One should be responsible with food. You see, you should only eat just [as] enough as your body needs. Maybe a bowl full should be sufficient, but the problem arises when one takes their second serve. Second serves can ruin your body, so if you eat double that bowl, that's where the problem is, then it's bad for your body, it can ruin your body, and all that food will be stored and you'll feel bloated and get fat"*
>
> *Mrs C: "That's right, when your stomach is full then you shouldn't eat more, otherwise, your stomach will get bigger and bigger"*
>
> *Mrs S: "Yeah. And that's how people get ill these days. We should minimise how much food we eat like before if we ate 4 roti, now we should eat 2 roti, simple as that, if 2 is too much, then just have 1. Either way you're getting food into your body, and you'll feel full, if you have 1-2 rotis you'll feel full. The difference here is that if you eat 4 roti, you're over-feeding yourself, and giving your body more than it needs"*

As a way of dealing with weight, women talked about limiting the amount of food onto their plate. Participants believed that ingesting more food was considered as affecting their body or making women feel "bloated and [to] get fat". Therefore, by setting limits to how much food they consumed, women discussed that they are able to gain control over their diet in order to prevent weight-gain and ill-health. For Mrs C and Mrs W above, the importance of disciplining themselves around food is connected to the idea of managing weight and preventing illness. Mrs W discussed that women should be "responsible for how they look after themselves and eat only as much as your body needs". She talked about healthy eating as consuming one plate per meal, in which the "second serves can ruin your body, and make you fat". Similarly, Mrs C constructed understandings around eating limited portion sizes, otherwise one's stomach will "get bigger and bigger". Thereby, for Mrs S above, negotiating food intake related to the idea of limiting the portion sizes or cutting down on the number of roti she needs to consume. These issues are often related to the idea of weight, and hence considered to affect the body by exacerbating symptoms of HBP, cholesterol and diabetes. Therefore, women constructed controlling food in-take as a necessary precaution of dealing with the management of such symptoms. Facing the risk of illness therefore, becomes an

important part of the way in which decisions are made about managing weight in relation to the amount of food consumed.

Generation two

> *Mrs O: "I think as a society, with our Fiji-Indian women, I've noticed that most of them have become quite conscious of their weight. They're quite conscious of what they eat because of their figure, and like health-wise. It's the society here [in New Zealand], where we've got more knowledge, we see things on TV, like all these diseases, so people are just more conscious"*
>
> *M: Yeah, what we've seen is that, people like, moving to New Zealand or other countries, they have become quite conscious about their health, like what they eat. There're a lot of resources, they get all the information about what they should eat from health providers. So there's more education on weight and health promotion than it used to be years back.*
>
> *L: Yeah*
>
> *F: Yeah, but over here, you see obesity all over the place. We're conscious at the back of our minds that we don't really want to be a big person*
>
> *O: Yeah, so you got to eat healthy aye*
>
> *Ms A: Yep, by reducing the portions of their food and also what they eat. Like, even doctors tell you small meals throughout the day, so you start watching, what you eating, when you're eating it, and how you are eating it*

Discussions about eating practices among generation two led women to also consider their diet and negotiate health in relation to the notion of weight. As illustrate above, discussions about weight revealed that managing diet was constructed as "how much" food and "what" kinds of food a person eats before it begins to affect their weight. The former construction of "how much" food women consumed drew on a similar idea discussed by generation one above. Thus, generation two also constructed their eating habits as "cutting down" or reducing food portions in order to manage their weight. Health promotion and biomedical discourses have supported the link between food intake and weight change (Ohlson, 1976) where eating smaller portions has been considered as a 'treatment' for obesity by health professionals (Paraham, 1999). Therefore, drawing on such discourses, Mrs M, Ms A and Mrs F above negotiated their eating habits and food portions in relation to managing weight because "even the

doctors tell you to eat small meals throughout the day". Health professionals were often talked about as a way of assuring women's understandings about the connection between weight, eating practices and health and elaborating the idea of managing food to construct a healthy weight. Subsequently, women deliberated that they have become "very conscious at the back of their minds" about keeping personal limits to their food habits because they "don't want to be a big person". Hence, women constructed gaining weight as something which they want to avoid because it is often linked to discourses surrounding obesity (as discussed earlier).

Women discussed disciplinary practices around paying attention to "what" they eat in relation to controlling their weight. For example, Mrs M talked about overcoming that "bloated and fat feeling" by including "salads for lunch", and "taking carrots and eating lots of fruits, rather than snacking on those junk foods like chocolates". Therefore, similar to generation one, the distinction is also made by the second generation also negotiated understandings about what constitutes as 'good' (i.e. fruit and vegetables) or 'bad' (i.e. sugary food) eating practices. The ability to include good foods and exclude "junk" foods to their diet in relation to managing weight demonstrates the idea of self-control. Self-control therefore, not only incorporates an understanding of protecting physical health, but also as a way of constructing moral health (Ecks, 2004). As such, women are positioning themselves as moral characters who conform to health promotion and biomedical discourses of healthy practices.

Generation three

Similar to the previous generation, women in the third generation also constructed the notion of weight as a moral responsibility to health. As such, discursive claims drew on legitimising understanding about eating practices in relation to the idea of weight. Particularly, women talked about losing weight by restraining certain kinds of food, such as contesting food which involve eating the "typical Indian stuff" (Ms H) namely, "curries with lots of oil and spices" (Ms Y). Women in this group constructed such diet as "fatty" and therefore, was negotiated among this group as being morally irresponsible. Moral responsibility is often related to the way in which the notion of food is consumed,

digested and therefore, affected the body (Ecks, 2004). Ms H and Ms Z constructed understandings about moral responsibility and talked about the way they are "moulded into an understanding of what is good for you, so if we're out of shape, it means we got to do something about our health". As such, Ms H talked about avoiding eating "masala and stuff because it gives digestion problems" and "makes [her] feel bloated". In this sense, the idea of feeling bloated related to the notion of weight gain and hence increasing health risks, such as obesity (as discussed by the previous generations). Therefore, in order to become more responsible about her diet, Ms H negotiated having traditional meals with salads in order to incorporate more vegetables into the diet, while minimising rice and curry onto the plate. In this way, generation three recount the discourse of managing health through their weight by derogating fatty food and instead, eating the right food and achieving a morally desirable balance.

Weight: Summary

A healthy body is often achieved by constructing understandings about weight practices across each generation. The endeavour to manage weight across all three generations surrounded health and biomedically promoted ideas. Therefore, all participants held shared meanings for the way in which weight gain is connected to ill-health. Within this view, being overweight was connected to the possibilities of health consequences, such as obesity and thereby, exacerbating symptoms for illnesses. Hence, weight management was negotiated as a way to construct a healthy body.

To manage their weight, Indo-Fijian women across all three generations talked about renegotiating eating practices. All participants learnt that the idea of weight is often shaped by 'good' and 'bad' eating practices. The former were constructed in terms of consuming more fruits and vegetables, while 'bad' eating practices surrounded ideas of eating oily or junk foods. Hence, women framed good eating practices as ways of being morally responsible for their health. Balancing meals in a morally responsible manner conforms to health and biomedically promoted ideas of healthy practices, and therefore reducing health risks.

Among generations one and two, women discussed the idea of eating smaller portions of food as a way of controlling how much they ate. Limiting the amount of food women

ate drew on the idea of self-control over their diet, and therefore controlling weight gain and ill-health in their lives. Nevertheless, when negotiating weight, the second generation considered the importance of what kinds of food they ate. To these women, eating more fruits and vegetables was a way of managing weight and constructing the body as healthy.

Eating practices: Summary

Overall, as illustrated throughout each section, the notions of diet, illness and weight are shape eating practices among Indo-Fijian women across three generations. Each idea, (i.e. diet, illness and weight) affect what and how much food women consume in order to construct idealised notions of the body as healthy. In addition, women's susceptibility to illnesses, their weight and including traditional and/or modern foods shaped the way health is negotiated across each generation. Therefore, for all participants, eating practices are embedded within their lifestyles and play a significant role in shaping idealised notions of the body.

Physical activity

Discussions of health and achievement of a healthy body also requires a person to account for, and participate in physical activity as part of their lifestyle (Haskell et al., 2007). The meaning of physical activity is conveyed through the notion of an 'active' and functional body among Indo-Fijian women. Intergenerational discussions revealed that physical activity is constructed as going to the gym, going for walks or runs, engaging in house chores or farming. Women across all three generations negotiated popular notions that engaging in physical activity can help attain a healthy lifestyle by preventing and managing illnesses.

Generation one

Physical activity was often addressed as a way of an attempt to prevent and manage illness among generation one. These women spoke about the way in which their lifestyles accommodated physical activity as means of preventing and/or managing illnesses. Within this view, women drew a link between physical activity, lifestyle, illness and the notion of control. In other words, through embedding the notion of physical activity to the individual's lifestyle, one is able to monitor and control the notion of illnesses.

> *Mrs B: "We start cutting and rooting the grass from one section and keep moving – we seriously did not know what exercise was in those days"*
>
> *Mrs S: "We use to also cook and clean without all the fancy appliances such as stoves and washing machines. So I guess that's how we were running here and there all the time [laughs]"*
>
> *Mrs B: "Yeah, we couldn't wash clothes at home, we walked long distances to the river to wash clothes, or even get water"*
>
> *Mrs G: "So yeah, we had lots of chores. We didn't worry much about falling sick, not worried about getting high cholesterol because we were always active. We did all these things you see"*
>
> *Mrs S: "Yeah, we used to sweat it all out in Fiji, and that's how we were free from diseases and did not bother visiting [the] doctors"*

Prior to shifting to New Zealand, generation one claimed that they "did not worry about sickness and all" (Mrs G) because women were "always active" when living in the rural areas of Fiji. Women discussed that certain areas of Fiji lacked provision for a "luxury lifestyle", such as access to transportation or equipment (e.g. washing machine or fridge) and required "running here and there all the time". In this sense, the notion of physical activity was embedded to women's lifestyle where they often, "walked long distances to the river to get water or wash clothes", walked to and from, school, farms and, completed "lots of house chores". Hence, by integrating a traditional lifestyle such as in agricultural work into their daily routine, women were able to "sweat it all out" and therefore "did not bother visiting [the] doctors", in which an active lifestyle was constructed as a way of preventing illnesses. Women talked about how their lifestyle

constructed the body as healthy through engaging in routines and practices which shaped their bodies to be "free from diseases" by living an active lifestyle. Central to health and biomedically promoted ideas, the notion of incorporating physical activity into individuals' lives is often prescribed as a way to prevent the risk of illnesses, as well as manage the symptoms of the illnesses one already has (Haskell et al., 2007).

Moving to an urban context not only made women aware about the various kinds of illnesses (as discussed earlier in *eating practices*), and hence raised concerns about ways to prevent illnesses, but also altered women's understandings of living an active lifestyle. Subsequently, all participants in generation one discussed that migrating to New Zealand had made them aware about issues such as high cholesterol, HBP and heart diseases, where women felt that they were required to "think about going for walks and all" (Mrs W) in order to prevent the risk of diseases. Women claimed that their urban lifestyle in New Zealand provided them with less opportunity to engage in traditional (i.e. agricultural) activities because one could use "cars to drive to stores if you needed anything" and "buy vegetables from the supermarkets" (Mrs B). As such, women discussed that because "everything was done for you here" (Mrs U), women would "sweat less" and thereby more likely to become susceptible to morbidity. Ewing, Schmid, Killingsworth, Zlot and Raudenbush (2003) made similar claims about the connection between urbanisation, physical inactivity and ill-health in modern societies. The authors position individuals living within urban contexts as tending to become dependent upon transportation, and therefore reinforce their physical inactivity which could increase the susceptibility to illnesses such as cardiovascular diseases. Hence, in the present study, the endeavour to control diseases by constructing physical activity as part of women's lifestyle was a way to minimise the risk of diseases, therefore reinforcing the link between the notion of illness, physical activity lifestyle and control. As such, Mrs S and Mrs B spoke about the notion of not only going for walks but ensuring that the walks were "very long distances too" so the "exercise prevents high cholesterol levels". Seeking ways to be active therefore, illustrates a process of ways in which physical activity can reduce risks of ill-health, and therefore promote a healthy lifestyle. In this sense, women construct physical activity as an approach of managing cholesterol levels, and preventing further risks of chronic illnesses, such as cardiovascular diseases.

Hence, while women's discourses surround concerns about illnesses and constructing a healthy body, their concerns are accounted for by engaging in physical activity.

Generation two

> *Mrs M: "The moment you come to know someone's really sick then that alerts you and gives you some sort of trigger that, 'oh no you must exercise', otherwise you don't want to be sick or get into that situation of heart attacks"*
>
> *Mrs F: "I think exercising is more healthy too"*
>
> *Mrs L: "Yeah, more healthy, going to the gym, and walks and run a few times during the week. Exercise is important"*
>
> *Mrs M: That's right, I go for those walks and all at least a few times weekly, if I don't exercise, I always feel guilty about it"*
>
> *Mrs L: "Healthy is being about doing a lot of exercise. I mean, all you have to [do is] push yourself to go for it, like walks and stuff, that you normally do"*

Similar to generation one, the second generation constructed the notion of physical activity as an important aspect of preventing and controlling illnesses in their lives. All participants in this group spoke about constructing a healthy body by including "routine walks and runs" as part of their lifestyle. For example, Mrs L and M above, discussed their exercise routines as either "going to the gym or for walks at least a few times" a week because it helps them to create a sense of a healthy body. Similar to the way eating practices were constructed, the idea about physical activity drew on biomedical discourses, where participants claim about the prescribed amounts of physical activity as reducing the risk of chronic illnesses, and hence producing a healthy body. Within this view, women discussed that the susceptibility to illnesses, such as heart disease increases if one does not exercise. This contingency suggests that physical inactivity illustrates a lack of control over the body and explains the failure to control health concerns or symptoms among these women.

In addition to biomedical discourses, generation two often drew on health promotion discourses to explain the connection between physical activity and health. The information and advice are gained from sources such as doctors, health television (e.g. see *Health TV: Lifestyle Television, New Zealand)*, health websites (MOH, New Zealand)

and other media sources in promoting gym memberships and other forms of exercise. Hence, women viewed physical activity as 'treatment' for symptoms related to HPB, cholesterol and other illnesses, which are often linked to heart diseases. For example, Mrs L talked about receiving information and advice from "newspapers, internet, and GP visits" about cardiovascular health, and therefore, to Mrs L "exercise is important" in relation to preventing such illnesses. By conforming to this health advice, the notion of exercise as part of a woman's lifestyle becomes a way of gaining control in the process of achieving a healthy body.

Generation three

As well as constructing similar ideas as the previous two generations surrounding physical activity in relation to preventing illnesses, women in generation three discussed similar concerns around physical activity and healthy but also, talked around the idea that heart diseases, cholesterol, HBP and diabetes are common illnesses among Indo-Fijian people. Political institutions such as Ministry of Health, Fiji (2010) have also pointed out cholesterol, diabetes and cardiovascular illnesses as high risk among individuals from Fiji. Generation three women discussed the connection between the risk of illness as being, young Indo-Fijian women and physical activity. Drawing on experiential *and* biomedical discourses, exercise is normalised as a way of preventing certain illnesses which generation three could be susceptible to (e.g. cholesterol, HPB, diabetes, heart disease). Ms Z, for example, believed that the history of heart diseases in her family is linked to the lack of physical activity. Drawing on experiential discourses, she discussed that she has come across young people in her family who have died from heart attacks due to the failure of engaging in healthy practices such as exercise. She alluded to the idea that "heart attacks and cholesterol run in our family, because our family don't run", in which claims were made around physical activity as means of preventing the risk of certain illnesses which is negotiated as being hereditary in her family. Therefore, in order to avoid complications of such diseases later in life, women talked about "going on the treadmills for run" (Ms T) as part of their daily routine to maintain their health and wellbeing throughout their lives.

Ganntt (2002) discussed that notions about ill-health is built on experiential experiences of normalising individuals' understandings to their susceptibility to illnesses, such as the lack of exercise in relation to morbidity or mortality. Although claims about physical activity and hereditary of illnesses drew from biomedically promoted discourses, the basis of women's discussions was that, being an Indo-Fijian woman requires one to take charge of her health. This suggests that the ideas about physical activity and health consequences are constructed as normalised understandings of being an Indo-Fijian woman.

Physical activity: Summary

For Indo-Fijian women across the three generations, physical activity was discussed as a way of constructing the body as healthy. Specifically, all participants negotiated that there is a connection between the notions of physical activity, illness and lifestyle in order to achieve a healthy body. Similar to popular health and biomedically promoted ideas, discussions among all participants revealed that the prevention and management of illnesses and to the susceptibility of it, is often controlled by leading an active lifestyle such as walking, running or going to the gym. This section portrays that the idea of physical activity was negotiated, defined and conversed to construct idealised notions of the body as healthy.

However, unlike generations two and three, women in the first generation spoke about the idea of physical activity as being embedded to their lifestyle. Generation one participants negotiated physical activity as being physically functional and therefore engaging in daily routines and practices of housework or chores. The basis of living an active lifestyle, nevertheless framed similar notions of all participants in this research that being physically active is connected to the idea of controlling illnesses or diseases, and therefore important in constructing a healthy body.

The body as healthy: Summary

Overall, the body as healthy among Indo-Fijian women was constructed in two ways; eating practices and physical activity. The first half of this section looked at group discussions about eating practices as a way in which the body as healthy is constructed among Indo-Fijian women. Eating practices were thereby negotiated among women across three generations using notions of diet, illness and weight.

The idea of diet across each generation was conversed in terms of traditional and modern diets. Women in generations one and two spoke about the traditional diet as playing an important role in their lives. Participants in these groups talked about using traditional ingredients to prepare Indo-Fijian meals. Therefore, traditional meals in this way played significance to the way healthy eating practices were achieved. Nevertheless, across all three generations, women drew on health and biomedically promoted ideas, in which they reported shifting to the idea of modern diets to achieve health benefits. That is, women talked about minimising the use of traditional ingredients, such as oil and spices and instead increasing their in-take of fresh fruits and vegetables. All these were constructed within the idea of achieving a healthy body.

To achieve a healthy body, Indo-Fijian women also talked about diet in relation to the notion of illness. That is, all women negotiated the idea of consuming certain kinds of food as a way to prevent and manage illnesses and diseases. Therefore, the notion of diet was negotiated as means of reducing susceptibility to illnesses, such as cardiovascular disease, cholesterol, HBP and diabetes. In this way, managing the idea of food shaped women's eating practices and therefore, was viewed as essential in treating and preventing such illnesses. From a cultural point of view, women in generation one drew on the idea of Ayurvedic practices, where the idea of food can be ingested or applied as ointments to treat or prevent diseases. Women in generations two and three talked about heritability of diseases, and therefore talked about healthy eating practices to reduce health risks.

The idea of weight was intertwined within notions of diet and illness. Within this view, all participants discussed that the notion of weight gain can exacerbate symptoms for illnesses, therefore what and how much food women consume can affect attainment of

a healthy body. Generations one and two specifically discussed that reducing the portion sizes of food can prevent weight gain. Women in generations two and three talked about being morally responsible by paying attention to health-related information and hence, shaping healthy eating practices like eating salads. Therefore, Indo-Fijian women across all three generations discussed that a healthy body is achieved by derogating fatty foods, such as oily foods and takeaways and instead conforming to notions of a healthy diet in order to reduce health risks, and manage weight.

The second part of 'the body as healthy' looked at discussions about physical activity. In addition to eating practices, all participants talked about physical activity when negotiating the construction of a healthy body. Particularly, across all three generations, women negotiated a connection between the notions of physical activity, illness and lifestyle. Generation one discussed that living an active lifestyle by doing house chores and agricultural work, promoted a healthy lifestyle and thereby reduced health risks. However, shifting to urban regions minimises the opportunity of an active lifestyle as such, due to the provision of stores for food and transportations. Therefore, across all three generations, women talked about attempts of going for walks, runs or to the gym in order to manage as well as, reduce susceptibility to illnesses.

Constructing a healthy body for Indo-Fijian women was negotiated through ideas in relation to eating practices and physical activity. Drawing on experiential or cultural, health and biomedical discourses, all participants discussed the importance of negotiating health, weight and bodily appearances. Therefore, the body as healthy was at the heart of the way in which an ideal body was talked about among Indo-Fijian women.

The body as feminine

Idealised notions of body shape and size often draw upon ideas of femininity. The body as feminine was constructed within notions of 'physical appearance' primarily 'slenderness' among Indo-Fijian women across all three generations. Femininity was understood as embodied through presentation of a slender and therefore attractive

appearance. Notions of femininity through a slender embodiment drew upon negotiated understandings about the media (e.g. television, movies and magazines and other social discourses (e.g. fashion trends and clothing retail shops). Hence, the notion of slenderness is discussed as a way of managing physical appearance and constructing social practices in order to illustrate the notion of women's bodily appearance as a form of exercising femininity.

Generation one

Discussions about the body among generation one led the participants to talk about how women represent themselves in a feminine manner. Within this group, women highlighted the constraints and possibilities of what could be worn in order in embodied practices of femininity. Clothing was discussed in terms of portraying the desired feminine ideal of a slender body.

> *Mrs C: "When one is fat, then some areas become wobbly"*
>
> *Mrs U: "Yeah, when you're fat, you get wobbles all around your body, and [that] doesn't look good. When I wear the clingy stuff, you can really see it, so I'm just concerned about [these] areas"*
>
> *Mrs W: "And that's it... that's what would happen [with clingy clothes], that's the result"*

Within this talk, clothing was seen to frame body shape and wearing clothes which reveal excess body fat was problematic for women because "wobbles" are constructed as unattractive. In this way, physical appearance plays an important role in exercising femininity. Claims about clothes that reveal "flabs" or fat can be associated with portraying the body in an 'unfeminine' manner among women as excess body fat deviates from idealised notions of the slender body. Brownmiller (1984) talks about the way in which the notion of clothing styles shape femininity by either, hiding or emphasising women's body shape. Therefore, discourses surrounding clothing styles are indicative of the manner in which femininity is defined as a way of presenting a woman and hence, shaping feminine embodiment of bodily appearances

Clothing practices are also shaped by culture (Brownmiller, 1984). Participants in generation one compared young Indo-Fijian girls living in New Zealand today to when they were young and living in Fiji. As young women living in Fiji, participants discussed that often, they "covered themselves with veils and long skirts" because "short clothes were a big no no" (Mrs G). Hence, wearing traditional clothes, namely saris[5] meant women were able to cover their bodies from head to toe. Dressing in such ways represented a woman in appropriate ways, and therefore constructs femininity through what type of clothes a woman should wear.

Generation one claimed that unlike the way in which they dressed when they were young and living in Fiji, wearing "deep blouses and short skirts" (Mrs W) are normative among young Indo-Fijian girls living in New Zealand today. Women also talked about the way in which an Indo-Fijian woman represents her femininity in traditional outfits today as very different to when were young and living in Fiji.

> *Mrs C: "These days, the clothes are so tiny!"*
>
> *Mrs S: "Yeah, [the young girls] hardly have anything on"*
>
> *Mrs W: "I said to my granddaughter [that] what kind of sari is this? When she turns around her blouse disappears!" [Laughs]*
>
> *Mrs U: "Yeah, these days girls walk with open clothing to show as much [body] as possible"*
>
> *Mrs W: "That's right. [Today] the Indian image for women [wearing a sari] is to show the entire stomach"*

Women among generation one claimed that young girls within the Indo-Fijian culture have begun to adapt to western trends in relation to representing femininity. In making sense of the change in fashion trends, the way traditional outfits have been altered today places emphasis on the body, rather than the outfit itself. In the discussion above, women discussed that when wearing traditional clothing such as saris today, young girls are inadequately dressed with backless sari blouses, similar to westernised notions of clothing such as the "low cut singlet" (Mrs U). Hence, these women suggest, fashion

[5] Sari is a tradition Indian garment which comes in a form of drapes and typically wrapped around a woman from the waist to her shoulder. A sari is often worn over a blouse.

trends have been cultivated and reshaped to place importance on showing women's body shape. Constructions of feminine embodiment was shown to be been shaped by dominant discourses, which appear in places such as media sources within the context in which women live.

> *Mrs B: "[The] film industry showed that this is how women dress up, in such and such clothing and fashion trends"*
>
> *Mrs W: "Yeah, and these women learn [about dressing] from watching television and movies"*

Women in this group claimed that media, have played a part in constructing the notion of femininity, such as the way in which female actors and models portray their bodies through fashion styles. Generation one believed that clothing which are "short and revealing", are worn by young women to emulate media ideals of idealised notions of the feminine body shape within western contexts. Within this view, constructions of femininity are made sense through the dominant ideas of fashion trends as a way of illustrating the importance of idealised notions of the body. Thapan (2004) claims that the 'traditional' sari look is adapting to a westernised style in India which often places emphasis on the body as slender and thus acts to frame women's bodily appearance. Thapan (2004) found that in magazines such as *Vogue India*, women are often featured wearing off-the-shoulder and short blouses with their saris, giving a more contemporary look to the traditional Indian costume. The findings of the present study suggests that for an Indo-Fijian woman, wearing outfits as such is a way of constructing idealised notions of bodily appearances in order to present in a feminine manner within both, the Indo-Fijian and western contexts.

Generation two

Like generation one, the second generation also negotiated constructions of femininity through idealised notions of the feminine figure. By alluding to ideal representations of the female body as seen in the television advertisements, movies, and magazines, women in this group accounted for femininity through notions of slenderness and physical appearance. Although this idea is similar to the way generation one constructed

femininity, women in the second generation negotiated understandings about femininity within their westernised context.

> *Ms A: "There's that perfect image of having that perfect body so everyone strives to get that"*
>
> *Ms K: "There is also a lot of focus on television about thin women"*
>
> *Mrs L: "Yeah, here and there we see it"*
>
> *Ms A: "The perfect body [is] everywhere, like when you switch on the news, you switch anything on, and you look at those girls with their perfect figure and wish I could look like that"*

As illustrated in the above extract, participants in this group made frequent claims concerning the consistent use of thinness and appearance of women in television commercials, movies and magazines. In this way, the appearance of a woman as attractive is made sense in terms of the body as slender which often accounts for physical attractiveness in a woman. In the above discussion, Ms A believes that the "perfect image" within media sources is seen to illustrate the ideal standards for women's bodily appearance and what women should strive for in relation to representing femininity. Becker (2004) highlighted similar claims made about television characters as being slender and physically attractive in her study with women from Fiji. The author found that discussions about managing feminine embodiment were in terms of discourses surrounding idealised notions of the slender physique as physically attractive. Similar to the claims made in the current research, her participants admired television characters for their thinner physiques and appearances, and drew on notions of bodily appearances as a way of managing successful accounts for femininity (Becker, 2004).

Further, the context in which women live is viewed as a way of constructing understandings about exercising femininity appropriately. Generation two spoke about the way in which social practices, such as the availability of particular fashion trends are involved in constructing ideas about slenderness and physical appearance as representations of femininity.

Ms K: [Within] the fashion industry, there is always a lot available for smaller women"

Mrs M: "Yes, people who are bigger start thinking that [they] should be losing weight to fit into those styles"

Mrs L: "Yeah, you see girls picking up sizes 6, 8, 10 and you start realising that, oh I wish I was that size as well"

Ms A: [Laughs] "Certain shops cater for bigger sizes, like Carpenter's Daughter and City Chic. But you automatically get that image [of a] 'big girl' and you don't want that"

Similar to generation one, notions of fashion were used as a way of constructing idealised notions of bodily appearances among generation two. Women claimed that fashion retailers in New Zealand often reinforce the notion of preferences for a thinner physique. Women negotiated that the idea of a slender body can be accounted through the availability of clothing sizes in retail stores, in which, sizes "6, 8" and "10" (Mrs M) are framed as idealised notions of women's figure. Whereas, the notion of "bigger sizes" (Ms K) is believed to create a picture of a "big woman" (Ms A). Within this view, the idea of larger body figures are often separated from other retailers, restricting these women from their choices around clothes. Hence, when compared to options offered in bigger clothing sizes, the slender woman is believed to have more options within the retail context. Therefore, access to particular clothing ranges associates ways in which femininity is connected to the notion of a slender body. Bordo (1993) similarly argued that successful display of femininity through the idea of slenderness, is often valued, admired and rewarded within public spaces. Thus having greater options around fashion choices reiterates Bordo's idea about being rewarded and valued for being slimmer within the western context.

In contrast to generation one, the notion of slenderness was discussed within the view of weight and managing weight as means of attaining notions of idealised feminine practices among women in the second generation. Participants described that the notion of aesthetic ideals is often portrayed in terms of achieving a slender physique. The idea of losing weight, then becomes an important aspect of managing femininity for women in this group.

Mrs M: "We want to lose weight so that we can be nice and slim".

Ms A: "Yeah, like the perfect woman"

Mrs L: "[Nods] Skinny, low weight and having a flat tummy" [Laughs]

Mrs M: "It takes a lot more to be happy the way you are when you're not at that perfect image so you exercise and stuff to get there"

Generation two women discussed the notion of managing physical appearances as women in order to achieve femininity. The discussion above illustrates the way in which constructions about attaining the "perfect" appearance is made in terms of managing weight to achieve slenderness and a fat-free image of the body, for instance "having a flat" stomach. In particular, most of the participants in this group discussed that issues with the notion of weight often arise in relation to their view about striving for idealised notions of the feminine figure. Mrs M and Ms A deliberated that women who are portrayed as having "bigger bodies" often have to think about body management practices such as exercise. Participant's illustrated the notion that cultural constructions of femininity associates bodies which do not portray a slender physique as subject to improvement. This is the notion of 'docile bodies' (Foucault, 1979), in which weight management practices are a way of requiring women to attend to the constant regulation of their bodies. Therefore, engaging in weight management practices, for instance exercise, is a way of regulating feminine embodiment of slenderness and physical appearance.

Further, attaining a slender physique was not only a way of defining physical appearance, but also achieving successful social interactions. Women constructed the idea of social interactions as being able to attain intimate or romantic relationships. When discussing about interpersonal relationships in relation to seeking romantic partners, participants talked about notions of slenderness and physical appearance as important features of arranged marriages within the Indo-Fijian culture. For example, Ms K believed that within the Indo-Fijian community, "if a young Indo-Fijian girl is fat, to some extent it becomes hard for her to get married". Hence, deviating from the slender physique was seen as constraining women's ability to attain romantic relationships "as easily as it would be for the slimmer ones" (Ms A). Similarly, Puhl and Peterson (2012)

also talked about the notion of slenderness and interpersonal relationship, in which the researchers believed that women who are overweight have difficulty in achieving romantic relationships. The authors noted that, overweight women have been ranked less desirable as romantic partners (Puhl & Peterson, 2012). The idea of slenderness moves beyond constructing the notion of a "perfect image" (as discussed above) to romanticising a slim physique as an important feature when seeking partners for marriage for Indo-Fijian women. Therefore, while the idea of slenderness was illustrated as a way of managing physical appearance across both, generations one and two, the latter group of women connected the notion of slenderness and attaining romantic partners as successfully practicing femininity.

Generation three

> *Ms Z: "Those women with slim figures are always in the media, [such as] advertisements like 'Food-in-a Minute' where the mum with all those kids running around is supposed to be curvy but she isn't. Instead, she is dressed in a pencil skirt to show-off her skinny figure after having all those kids" [Laughs]*
>
> *Ms T: "Exactly, and now days, [the] actors are all skinny and this has become normal way to look good"*
>
> *Ms Y: "Yup, if you see a curvier actor today, you will say that she does not look as good"*
>
> *Ms T: "We're so used to seeing the skinny type of figures. I realised that a lot of these are influenced by what we see in the media"*

Women in the third generation also made claims around slenderness and physical appearance when negotiating femininity. Discussions among this group began by accounting for feminine embodiment of slenderness and physical appearance within media sources. Participants offered the view of femininity as often being exemplified through idealised notions of a slim body shape within contemporary media sources. Women believed that there is a sense of normalcy between the way in which slimness and physical attractiveness are connected within the media. Women revealed that

media sources often relate a slim physique as an idealised quality of a woman, and therefore, the way in which a woman should present herself. Subsequently, women within this group constructed bodily appearance and thinness as important in managing femininity. Drawing on media sources, women in generation three were able to form a picture of the way in which femininity is accounted for through bodily appearances.

> *Ms T: "With my family, they definitely put physical attractiveness on the slimmer side, so if [a woman] is chubby, she is not attractive"*
>
> *Ms H: "Yeah, our society always tends to favour women on a slimmer end than the bigger"*
>
> *Ms Y: "Slimmer is definitely considered more attractive in societies. It's the first thing a person notices about a woman"*
>
> *Ms H: It seems that everything is black and white in our community, you're either skinny and attractive, or fat and ugly"*

Generation three described that not only is slimness an important feature for women's physical appearance within the media, but also the slim figure is "the first thing noticed about women" (Ms H) among the societies in which a person lives in. For women in this group, their Indo-Fijian community often makes them aware about their physical appearance by evaluating their body shape. These women feel that often, their family members promote slimness as a way of regulating embodiment for women's physical appearance. Hence, feminine embodiment is shaped by the collective understandings of the community in which women live. Wetherell (1996) similarly suggested that constructing femininity is a form of social practice which is constantly negotiated within the context one lives in, such as through shared discourses about femininity. Therefore, in the present study, Indo-Fijian women negotiated understandings about constructing femininity through physical appearance in relation to slenderness within women's everyday encounters with their family.

Further, as negotiated by generation two, the idea of slenderness was discussed within the notion of weight among the third generation. In particular, participants talked great lengths about having an impression that idealised notions of the feminine figure is related to the idea of weight. Hence, physical attractiveness is often conveyed through the notion of weight. As such, women deliberated that as young women, the "Indo-Fijian

community will be more than happy to let you know that you have put on weight or getting out of shape" (Ms H). In addition, Ms Y believed that each time she watched Bollywood movies with her family, they would often draw their attention towards the female actors' appearance, where "they would pick on the actress' weight and say she looks chubby". Therefore constructing femininity involves negotiated understandings around the notion of weight as a way of conveying physical appearance. Women related to the notion that there is much emphasis placed on physical appearance and that physical appearance is connected to achieving success in particular aspects of life such as marriage (discussed shortly). As such, in parallel to the discussions of the second generation, generation three also explained physical appearance as an important aspect in attaining successful relationships especially intimate relationships.

> *Ms T: "I think the biggest thing about weight is that they are just grooming us to get married" [Laughs]*
>
> *Ms H: "Yeah and arranged marriages are a big thing for us"*
>
> *Ms Y: "It's like a goal that someone decided [that] all Indian women are supposed to be working towards that"*
>
> *Ms T: "Yeah, you have to look a certain way otherwise no one's going to marry you"*
>
> *Ms H: "Well yeah, I think in our culture if you see an engaged couple, and the girl is slightly overweight, people would comment on that. But if the guy is chubby, no one would comment on him, they would just pick on the girl"*

Similar to the women in generation two, the current group also claimed that weight is an important feature of physical appearance in relation to seeking a romantic relationship. However, unlike the second generation, women in the third generation expanded their discussions to account for bodily appearances as an important feature within the Indo-Fijian context. For women in the above discussion, the notion of managing bodily appearances became embedded part of their culture. These women believed that within the Indo-Fijian cultural framework, the idea of successful arranged marriages began by managing bodily appearances for women. Discursive claims suggested that the notion of weight was often a way to describe ideas surrounding physical appearances in relation to women, more than men. The conversation above

illustrates that being "overweight" can affect whether a woman is successful in attaining romantic relationships or seeking a partner for marriage therefore, women are required to "look a certain way". In addition, participants described that because the wider Indo-Fijian community is involved in arranging marriages for young women, their bodily appearances becomes a concern not only to the women themselves, but also within the wider Indo-Fijian context. Within this view, generation three spoke about the idea that arranged marriages are culturally embedded to being an Indo-Fijian woman. Therefore, femininity was made sense in terms of managing bodily appearances in order to attain successful accounts of arranged marriages within their community. Accordingly, Bordo (1993) proposed that in relation to feminine embodiment, cultural practices shape the way in which the body is understood. In this way, femininity is constructed within the Indo-Fijian culture by drawing on shared discourses in relation to the notions of physical appearance and attaining interpersonal relationships.

> *Ms P: "I think one of the things that my family sees is that, if [a] girl's too skinny, how is she going to bear children?"*
>
> *Ms H: "My cousin's on the bigger side and mum's always says that she will bear healthy kids"*
>
> *Ms T: "Yeah like even if you've put on weight after you're married, people will tell you that you are happy in your marriage and [that] your husband's looking after you!"*

Interestingly, women in generation three negotiated understandings about gaining weight in relation to exercising femininity. Unlike previous literatures which account for weight gain as a way of deviating from idealised notions of femininity (see for example, Bordo 1993; 2009; Puhl & Peterson 2012), women in this group discussed that weight gain may indicate successful practices of feminine embodiment of portraying successful interpersonal relationships. Hence, contrary to their previous account about femininity and intimate relationships, some women talked about appearing "chubbier" as "being happily married" or being able to "bear children". Particularly, participants talked about weight gain as a way of exercising femininity, despite previous views on idealised notions of the feminine figure. As illustrated in the discussion above, participants in this group conversed that older Indo-Fijian women are more likely to comment about a

woman's weight gain in relation to successfully managing interpersonal relationship. Particularly, "putting on weight" is drawn on cultural discourses of living a happily married life. Ms T above, discussed that a woman's weight gain is often related to favourable comments such as "you seem to be happy in your marriage" or that "your husband's looking after you". Therefore, the idea of being happily married indicates successful accounts of a woman's interpersonal relationship. Such claims move beyond the notion of not only attaining a romantic relationship (discussed earlier), to rather, cultivating and reshaping the notion of weight as a way of maintaining relationships in order to construct femininity successfully. Additionally, the notion of weight gain is a socially constructed meaning of women's ability to bear children, or as discussed by generation three, bearing "healthy kids". Women discussed that being told "she has gained weight", is negotiated as often, a good indicator of women's fertility. As such, gaining weight in relation to fertility draws on the idea of womanhood, and therefore representing femininity.

Further, although discourses about slim women were discussed among generation three, these women sometimes rejected the notion of 'thinness' as constructions of femininity. For example, Ms T talked about going to the gym in order to not only lose weight, but also "tone up". Women deploy idealised notions of the feminine figure as toned, rather than just being slim. As such, women talked about the way that "toning up means looking good and feeling good about yourself" (Ms T; Ms Y). Ms D for instance, believed that a toned woman is about "being a bit muscly and tightening wobbly bits". When asked to elaborate on this, she talked about celebrity bodies "like Kim Kardashian who has a slim waist but toned body". In this way, Ms D was able to construct an understanding of idealised notions of the feminine figure within the contemporary society. In addition, by describing a toned physique, women negotiated understandings about physical appearance as an important aspect of exercising femininity. That is, investing into a toned body requires a person to "work out and do weights" (Ms Y). As such, women redefine understandings about a slender body from a slim physique to a slim and toned figure. Guendouzi (2004) found similar findings of women's construction of femininity through understandings of a toned physique. The author found that discourses surrounding the thin woman as idealised notions of the feminine figure, is

becoming replaced by notions of a toned woman. Therefore, these results suggest that the notion of ideal body shape is not a rigid idea, but rather contingent upon societal change.

The body as feminine: Summary

Negotiating bodily appearance among Indo-Fijian women alluded to the ways in which femininity is represented across all three generations. Ideas surrounding slenderness and physical appearance are often constructed as important qualities of being a woman or exercising feminine embodiment. While the notions of slenderness and physical appearance were talked about across each generation, women often related the idea in various ways. Firstly, both generations one and two, drew on discourses surrounding bodily appearances and therefore, through the way in which the fashion trends and clothes led to expression of woman's appearance. The idea of fashion exemplified the way in which clothes frame women's body shape, and women are rewarded and admired for dressing in ways they are supposed to. These conversations made women aware of the way in which fashion trends are negotiated to define the idealised feminine figure and therefore, emphasises physical appearance as a way of representing femininity.

Femininity was also viewed within ideas of weight and interpersonal relationships. Unlike generation one, the second and third generations spoke about the notion that weight is often intertwined with slenderness in understanding bodily appearances. In doing so, the body as slender becomes a way to manage physical appearance among women by striving to be slimmer. Additionally, drawing on media discourses, both generations two and three revealed that media discourses often illustrate the ideal bodily appearance for a woman, and display successful accounts of femininity. Being slimmer was not only portrayed as a way to manage bodily appearance within media sources, but also a way of attaining success in interpersonal relationships, such as seeking romantic partners within the Indo-Fijian community.

However, in contrast to generations one and two, the third generation spoke about the way in which gaining weight represented femininity. Particularly, gaining weight as

married women within the Indo-Fijian women was negotiated as attaining a happy marriage or an indicator of bearing children. Hence, the woman is situated within their community as abiding to traditional practices of being a good wife and mother.

Unlike generations one and two, idealised notions of the slim physique is not always valued among the third generation. That is, another idea which emerged within the third generation was that the slender body is not necessarily defined as a slim body, but a toned one too. Therefore, women accounted for the body as subject to improvement by not only losing weight, but constantly toning up in managing feminine embodiment of bodily appearances.

CHAPTER 4: CONCLUDING COMMENTS

The research aim was to explore constructions of health, weight and bodily appearance among Indo-Fijian women across three generations. This was achieved by gaining insight to these ideas in order to accomplish the way in which idealised notions of the body among Indo-Fijian women were understood, and therefore constructed. In addition, the study looked at the meanings of health, weight and bodily appearance within the wider social and cultural context of being of Indo-Fijian origin living in New Zealand. To explore such meanings, the study examined previous literature underpinning the feminine ideal body shape among both western societies and non-western cultures.

Societal notions of idealised bodily appearance was explored over time through the last century and today. Within westernised societies, a successful portrayal of the feminine figure is constructed as the slender body today. For women, the slender body is connected to the idea of femininity and, intertwined with ideas surrounding physical beauty and health. The idea of controlling weight is normative in contemporary societies where disciplinary acts of managing weight by dieting for instance, is often linked to taking charge in constructions of a slender body. Hence, within the modern context, eating practices are shaped by the idea of control, in which weight-related discourses have encouraged women to engage in such dietary practices. However, much research about idealised notions of bodily appearances has been done within westernised groups. Whether there are preferences for the slender body among non-western cultures is not clear. Particularly, studies have portrayed that some non-western cultural groups construct idealised notions of the feminine figure as large and robust, while others are affected by interactions of western cultural discourses of the thin ideal.

In addition, cultural constructions have previously explored food choices and nutrition within traditional eating practices (see for example, Devine et al., 1999; Kuhnlein & Receveur, 1996), however relatively little attention has been paid to the way these are understood in relation to constructing ideal bodily appearance within non-western cultural groups. Thus overall, the background of this thesis suggests that, contemporary

weight-related discourses have affected eating practices and construction of societal idealised notions of a slim figure among non-western cultures living in a western milieu. Nevertheless, research in the area of the way in which weight, health and bodily discourses for other cultures are negotiated, redefined, and therefore are constructed, is still limited.

To explore the aim of the present study, focus group discussions were facilitated with Indo-Fijian women living in Auckland across three generations. These discussions portrayed understandings about idealised notions of the body, particularly, the meanings surrounding health, weight and bodily appearance as understood and constructed in culturally salient ways. Throughout group discussions across the three generations, women drew on ideas about health, weight and bodily appearances within the community in which they live in (i.e. New Zealand) as well as the context in which they are originally from (i.e. Fiji).

This research has illustrated that idealised notions of health, weight and bodily appearances among Indo-Fijian women across three generations is negotiated within constructions of the body as both, healthy and feminine. The body represented in the form of health was understood in terms of 'eating practices' and 'physical activity' in which, eating practices were shaped by notions of diet, weight and illness. The overall understandings about the idea of diet drew on traditional and modern foods and in turn shaped women's eating practices. Cultural ties were important to Indo-Fijian women, particularly for generations one and two and these ties were maintained by consuming traditional meals in New Zealand. The results showed, that a healthy body is often constructed in terms of a woman's diet including modern meals with special emphasis on fresh food. In this way, healthy eating practices were negotiated as a way of achieving a balanced meal, preventing health consequences, and managing weight. In other words, ideas about diet, illness and weight were intertwined with each other and shaped women's eating practices as a way of attaining a healthy body. As other studies point out that healthy eating practices are negotiated in relation to the idea of managing weight, preventing and/or managing illnesses and, diet, and in turn shaping individuals' understandings about a healthy body (Burns & Gavey, 2004; Davies & Furnham, 1986; Frassetto et al., 2009; Wiggins, Potter & Wildsmith, 2001).

Healthy eating practices were achieved by contesting traditional ingredients such as oil, and paying attention to what and how much women ate across the three generations. In this way, the notion of diet was constructed as a way of preventing and managing illnesses like diabetes, cardiovascular disease, cholesterol, HBP, and obesity. The notion of food therefore, was prescribed as a way to treat symptoms for illnesses as such. For example, generation one discussed the way in which traditional Ayurvedic practices utilised specific ingredients to reduce risks as well as manage symptoms of diseases in order to construct idealised notions of a healthy body in Fiji. Whereas, in New Zealand, managing symptoms were constructed through altering diet through the prescribed amounts and types of modern and traditional foods consumed. While food and eating practices were a way of increasing health benefits, unhealthy eating practices were negotiated as prompting health risks or weight gain. Within this view, each generation made connections between the consumption of food and weight gain. Subsequently, the idea of weight gain was made sense of in terms of also exacerbating the symptoms of illnesses. Therefore, regulating and managing weight and health is achieved by including healthy eating practices. Negotiating eating practices is important in constructing a healthy body and therefore, an ideal body among Indo-Fijian women across all three generations.

Constructing the body as healthy is not only attained by eating practices, but also physical activity. Across the three generations, women talked about the importance of physical activity in preventing and managing illnesses as well as weight gain. Women talked about the idea of physical activity as being embedded to their lifestyle. Particularly, generation one talked about preventing and managing illnesses in their lives by engaging in agricultural work when they were young in order to keep their bodies active and physically functional. Whereas in New Zealand, the idea of staying active for these women was seen in more recreational terms such as going for walks and this activity was important for constructing the body as healthy. Haskell et al., (2007) recommend that preventing and managing symptoms for illnesses like heart diseases, diabetes and obesity requires a person to be involved in some form of physical activity. In doing so, a person engages in the idea of health improvement of their body. Therefore, from generation to generation, women have also understood meanings of a

healthy body as engaging in daily walks, runs or to the gym in order to manage and reduce susceptibility to illnesses and weight gain.

To an extent, like previous studies (see for example, Burns & Gavey, 2004), the present research reinforces the idea of preventing weight gain as part of constructing an ideal body for Indo-Fijian women across the three generations. The idea of attaining a healthy body is intertwined within wider health promotion and biomedical discourses. These discourses have connected the idea of weight gain to notions surrounding ill-health, overweight, poor dietary practices and increasing health risks within contemporary societies. Hence, the constructive nature of discourses have affected the way in which Indo-Fijian women shape their eating practices and engage in physical activity within the New Zealand context. Interactions with such westernised discourses is therefore, embedded to women's daily practices of eating and physical activity, as well as collaborating the idea of preventing weight gain in order to construct the body as healthy. Gergen (1985) feels that the social context in which a person lives in, often elucidates the process of the way meanings are actively constructed.

Idealised notions of the body was also negotiated and constructed as the body as feminine. This representation drew on ideas about femininity and was discussed within understandings of physical appearance and slenderness. Like previous literature about idealised notions of the feminine figure, Indo-Fijian women in the present research also constructed successful accounts of femininity within the presentation of slender embodiment, and therefore attractive appearance. From generation to generation, women discussed that within New Zealand, the desire to achieve a slender body is reinforced by the entertainment and fashion industries. For instance, while media sources consistently portray successful accounts of femininity through the slender body, fashion retailers continue to promote smaller dress sizes as desirable by providing more fashion options. In addition, the slender bodily appearance accounted for success in attaining romantic relationships. Particularly, generations two and three discussed that femininity was made sense in terms of managing bodily appearances in order to attain successful accounts of arranged marriages within their community. Therefore, much emphasis is often placed on women's slenderness and in turn, valued, admired and rewarded within the contemporary context.

Nevertheless, some of the Indo-Fijian women negotiated the notion of weight gain as a way of constructing the body as feminine. Women from generation three discussed that cultural constructions of femininity often draw on marriage and women's fertility to illustrate the idea of weight gain as embedded to being an Indo-Fijian woman. The notion of weight gain, then becomes a good indicator of exercising femininity through constructing descriptions of a curvaceous body shape as accomplishing a happily married life and bearing healthy children. This impression is contrary to westernised notions of the slender body, and rather the notion of a curvaceous body is constructed within social interactions of being an Indo-Fijian woman. The idea of contesting the slender body in such circumstances portrays that idealised notion of the body shape, is not rigid but rather, culturally embedded.

Similarly to the way in which notions of the ideal feminine figure have changed over the years, generation three described that the thin ideal body shape is becoming replaced by the toned physique. Idealised notions of bodily appearance shifted from the idea of engaging in weight-loss strategies, to the way in which women engage in 'toning up' and thereby, constructing the body as something which is constantly subject to improvement. This reinforces the notion that societal notions of the optimum body shape is often considered within the cultural milieu in to which such bodies are reshaped and constructed.

In summary, the analysis of the present research has attempted to illustrate that idealised notions of the feminine figure are not static, but rather contingent upon the context in which women live. This means that the construction of societal idealised notions of body is negotiated and constructed in culturally salient ways. Idealised notions of the body shape have been understood in terms of health *and* femininity within the modern context. Lupton (1996) argues that engaging in healthy eating practices effectively constructs societal notions of the idealised body form. In other words, women who engage in healthy eating practices are not only able to attain notions of a slender body, but also a healthy body (Madden & Chamberlain, 2004). The slender body, therefore construes the idea of a 'beauty ideal' and, relates to the construction of a healthy woman within the modern context. For Indo-Fijian women living in a westernised context such as New Zealand, ideas of health, weight and bodily

appearance are represented as constructions of the body as healthy and feminine. These discursive constructions have been reshaped in interaction with dominant discourses of health promotion, biomedical and cultural discourses in order to promote particular societal notions of the ideal body form. Cultural and social practices of achieving the body as healthy and feminine, were often interwoven within the interactions of wider discourses surrounding diet, illness, weight, physical activity and physical appearance within women's context to construct societal notions of the feminine ideal body shape.

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APPENDICES

Appendix A

INFORMATION SHEET

Health, weight and body: Understandings of Indo-Fijian women

About the researcher

My name is Namrata Nath. I am currently completing my Masters of Science in Health Psychology at Massey University. I am conducting this research as my thesis which is being supervised by Professor Kerry Chamberlain and Veronica Hopner.

What is the research about?

The research is about understandings of weight, health and bodily appearance among Fijian-Indian women. I would like to hear about your experiences and understandings of dietary practices, body preference and maintaining a healthy weight, and whether these have changed over the years within your community.

Volunteering for the research

This information sheet has been provided to you by either myself, or another participant. Once you have carefully read through the information provided, you can email or call me on the given contact details below to volunteer, or ask any questions you have about the research. It is important to note that your participation to the study is entirely voluntary.

To participate for this research, you must be 18 years and older, born in Fiji, and now, living in Auckland/New Zealand. You will be part of a focus group, where discussions will take place with approximately 4-5 other individuals with similar experiences. Once a date and location for discussions has been finalised, you will be contacted by me to see whether the time and location will suit you. On arrival for the research, you will be given a consent form to sign that will confirm your voluntary attendance and contribution for this research. All contributions will be anonymous, which means no one will be able to identify you and your participation to the study.

For your participation, you will be given a [redacted] each. There will also be snacks available during the discussions.

The nature of the study

Before and after you decide to participate, you can feel free to contact me if you have further questions about the study. The study will be in the form of group discussions; meaning that you will be accompanied by 3-4 more individuals to share your experiences about the research topic. The groups will be set according to age groups; i.e., Group 1: 18-30 years old, group 2: 35-50 years old, group 3: 60+. These groups are only estimates. The purpose for dividing these groups is so that discussions can take place in terms of generational influences, where individuals in each group may share similar experiences. Prior to these discussions, I will answer any questions you may have about the research. However, I will be present throughout these discussions, where you are welcome to ask any questions you have.

On the day of the study, I will give you a consent form to fill-in and sign (as noted above). Once this is signed and collected, I will then introduce myself, followed by the introduction of everyone in the group. At this point, I will answer any questions about the research, and/or the process of the research. This will then be followed by discussions about weight, health, and the body among Fijian-Indian women. The discussions will be guided by me at all times, and I will be there to clarify or elaborate if needed. Each discussion will be approximately 90-120 minutes, and tape-recorded. As I am aware that this is a group discussion, I will not ask you to share information that you are not comfortable sharing.

Handling your information

Participant welfare and confidentiality is taken very seriously at Massey University. The study will not use your name or any information that can identify you. All discussions will be tape-recorded for the purpose of the study. However, transcripts will be anonymised and pseudonyms will be assigned to each participant during the recorded discussions in order to prevent using your names in the project. This is to ensure that no one outside your focus group will be able to identify you. All recordings will be kept securely at all times, and used for the purpose of this research only. This means that only I, my supervisors, Kerry and Veronica, will have access to the information you provide. When the project has been completed, you are entitled to the summary of the research findings. This can be done by filling-in and signing the "request for research findings" section on the consent form.

Note: As I will be tape-recording the discussions, you can request me to turn off the recording at any point of time.

Finding out more

If you have any questions about the study, please feel free to contact me. I am more than happy to discuss about what the research involves, and answer any questions that you have. Your participation to the study will be very much appreciated, however, there is no obligation at all for you to participate.

You can contact me on my cellphone – [redacted] or email at [redacted].

Or, if you wish to, you can contact one of my supervisors; Kerry Chamberlain (09 414 0800 ext 41226 or email K.Chamberlain@massey.ac.nz) or Veronica Hopner (09 414 0800 ext 41217 or email V.Hopner@massey.ac.nz)

Other contact details

Due to the sensitive nature of discussions, issues such as eating disorders may be raised. The study remains sensitive to such issues, respects and will provide support for any individual with eating disorders. However, if you are concerned about a loved one please feel free to contact one of the following referrals:

Eating Disorder Association of New Zealand (EDANZ)

Phone: 0800233269 or (09) 5222679

Email: info@ed.org.nz.

Website: http://www.ed.org.nz/

Regional Eating Disorders Service (Auckland District Health Board)

Phone: (09) 6234650

Address:

Level 2, Building 14,

Greenland Clinical Centre

Greenlane Road

Auckland

Website: http://www.healthpoint.co.nz/specialists/mental-health/regional-eating-disorders-service/

COMMITTEE APPROVAL STATEMENT

This project has been reviewed and approved by the Massey University Human Ethics Committee: Northern, Application 13/038. If you have any concerns about the conduct of this research, please contact Associate Professor Mark Henrickson, Chair, Massey University Human Ethics Committee: Northern, telephone 09 414 0800 x 43350, email humanethicsnorth@massey.ac.nz.

Appendix B

FOCUS GROUP PARTICIPANT CONSENT FORM

Please note that some people might discuss some information personal and/or sensitive. Please use your discretion and keep such information confidential.

I have read the Information Sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I agree not to disclose anything discussed in the Focus Group.

I agree to participate in this study under the conditions set out in the Information Sheet.

Signature: ..... **Date:** .....

Full Name - printed .....

REQUEST FOR RESEARCH FINDINGS

Please indicate whether you would like a copy of the research findings for your information either posted to you by mail or emailed.

☐ I would like a copy of the research findings posted to me via:

Email:

Postal Address:

Signature: .....

Appendix C

Focus group topic list and prompts

Health

Weight

Femininity

Food

Stigma

Obesity

Dieting practices

Ideal representations

Body preferences

Ideal weight

Actual weight

Healthy

Self-care

Weight-consciousness

Lifestyle

Young generation

Social influences

Slender

Beautiful