

BEAUTY STANDARDS OF DUTCH MUSLIMS AND CATHOLICS AND ITS EFFECT ON THEIR ATTITUDE TOWARDS OBESITY AND ITS TREATMENTS.

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Beauty standards of Dutch Muslims and Catholics and its effect on their attitude towards obesity and its treatments.

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Supervisor: Franshelis Garcia

Second Assessor: Lenneke Vaandrager

Chair group: Health and Society (HSO)

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Abstract

Obesity is a rising problem all over the world, the Netherlands included. Besides the medical issues people with obesity suffer from, they can also experience psychiatric disorders. The stigmatization of people with obesity causes mental health issues. Besides the obesity itself, undergoing a medical obesity treatment (e.g. gastric bypass surgery) is stigmatized. According to previous studies, beauty standards can cause this type of stigmatization. While half of the Dutch population is religious, it is not clear what their specific beauty standard and attitude towards obesity and its treatments is. Therefore, the research question is: *What is the beauty standard for Dutch Muslims and Catholics, and to what extent does this affect their attitude towards obesity and its treatments?* For this exploratory, qualitative research 3 Muslims and 4 Catholics were interviewed and analysed in ATLAS.ti. The main findings are that both religions do have a beauty standard. However, in contrast to the general beauty standard, they do not have a specific body preference. They rather focus on inner beauty, health and wearing covering clothes. However, as there is a difference between what is ought to be, and what actually is, the personal beauty standard of Catholics and Muslims does not necessarily match the religious beauty standard. The same is true for the values that would withhold Catholics and Muslims from stigmatizing people with obesity and the treatments. Therefore, while religious values and beauty standards would in theory cause Muslims and Catholics to be accepting and non-stigmatizing about obesity and its treatments, based on this research, it cannot be concluded that they are.

Key words: *Obesity – obesity treatments – beauty standard – Islam – Catholicism*

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Introduction

Obesity

Obesity is a growing problem not only in the Netherlands, but all over the world. According to the World Health Organization (2021) more than 1.9 billion adults of 18 years and older were overweight in 2016, of whom 650 million had obesity. In the Netherlands 50% of the adults were overweight (BMI ≥ 25), of whom 13.9% had obesity (BMI ≥ 30) in 2020 (Volksgezondheid en zorg, 2021). When a person has obesity, it means they have a BMI (kg/m^2) greater than or equal to 30. So, for example, a 1.70m tall woman, who weighs 87kg has a BMI of 30.1 and is therefore considered obese. Even though BMI is not a perfect measure as it does not correspond to the same level of fatness in different people, due to muscle mass or bone density, it does give a good indication of obesity rates on population level (WHO, 2021; Nordqvist, 2013). Obesity has multiple negative effects on health. Due to stigmatization, people with obesity can experience psychiatric disorders such as depression, anxiety and eating disorders (Dixon, 2010; Collins, Meng & Eng, 2016). Obesity can also cause physical health issues, such as cardiovascular disease, type 2 diabetes, obesity related cancers and osteoarthritis (Dixon, 2010; Collins, Meng & Eng, 2016). Therefore, it is important for people with obesity to lose weight. However, due to the molecule called 'leptin', which regulates the feeling of hunger, losing weight is more difficult for people with obesity (Mazor et al., 2018). This molecule basically tells the brain that we are full. However, as it is produced by fat cells, people become less sensitive to leptin when they gain weight, which in turn makes it harder to lose weight. Thus, contrary to what many people think, obesity is not only caused by personal choices (Pierce and Wardle, 1997; Quinn and Crocker, 1999; Hofstede Insights, 2017).

Obesity treatments

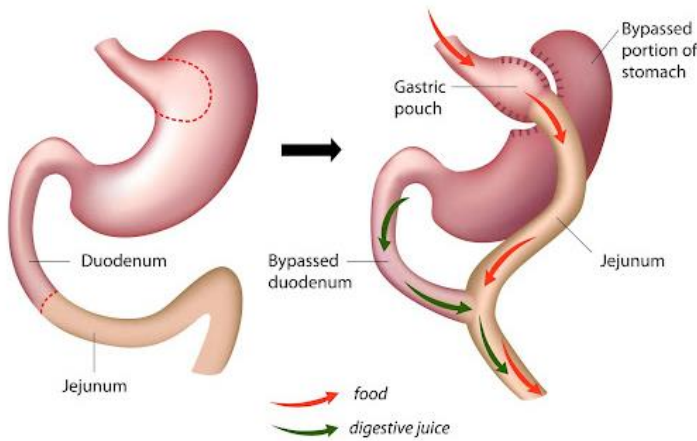


Figure 1. Gastric bypass (Chirurgie Waregum, n.d.)

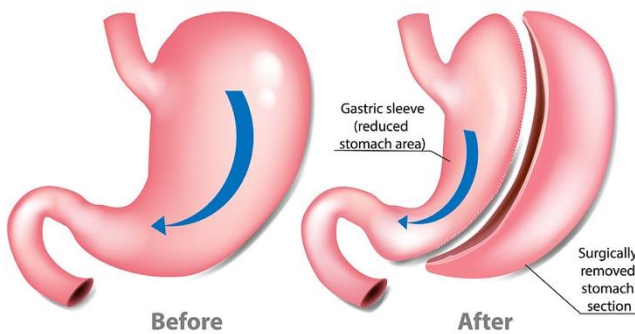


Figure 2. Sleeve gastrectomy (Apera Health Group, n.d.)

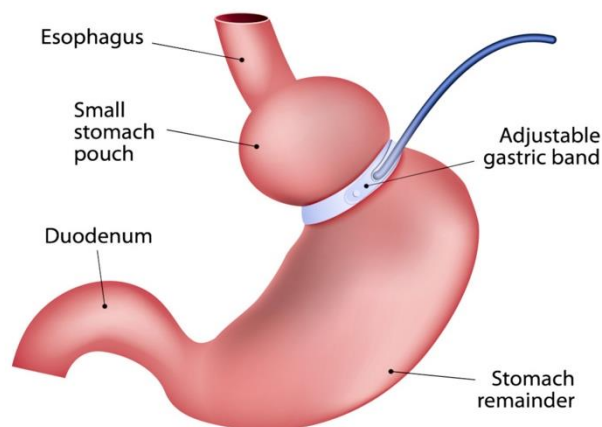


Figure 3. Gastric band (MTRG Editor, 2020)

There are several obesity treatments people can undergo. Besides trying to lose weight through exercise and dieting, people can choose to have weight loss surgeries such as gastric bypass, sleeve gastrectomy, or a gastric band (NHS, 2020). Gastric bypass (figure 1) is the most common weight loss surgery in the Netherlands (Máxima MC, 2019). The surgery consists of two parts: 1) make the stomach smaller by dividing it into 2 parts (Wechter, 2020). The top section (the pouch) is where the food will go and is about the size of a walnut. Because it is smaller, the patient will feel full quicker and thus eat less. And 2) the bypass part: a part of the small intestine is connected to a small hole in the pouch which causes the body to absorb fewer calories (Wechter, 2020). Consequently, the patient will lose weight.

During a gastric sleeve surgery (figure 2), part of the stomach is removed (Catharina Ziekenhuis, 2021). The stomach is a lot smaller afterwards, which results in the patient feeling full quicker. Also, the part of the stomach that makes the hormone that boosts the appetite is removed. Consequently, the patient will have a decreased appetite.

With a gastric band surgery (figure 3), a band is placed around the upper part of the stomach, which results in the patient to feel full quicker as the stomach is smaller (Medical Tourism Resource Guide, 2020). A benefit of the gastric band is that the doctor is able to adjust the band to match the amount of restriction that is necessary.

There are several side effects people have to deal with post-surgery (or even for the rest of their lives). It is for example common to feel a mild degree of depression and loss of appetite or nausea when smelling or tasting food (UPMC, n.d.). In addition, it is discommended to consume alcohol for people who have undergone a bariatric surgery (UPMC, n.d.). Besides, people have to change their behaviours in order to lose weight. Their life will change tremendously, due to dietary rules they have to adhere to, which may not be in line with their pre-surgery lifestyles. In addition, when they eat too much or too fast, or when they eat products that contain too much sugar or fat, they can experience dumping syndrome (Nederlandse Obesitas Kliniek, 2021). Symptoms of dumping syndrome can be nausea, vomiting, diarrhoea, dizziness, bloating and cold sweats.

Attitudes towards obesity

Early research suggested that the individualistic culture of the western societies (including the Netherlands) leads to people seeing others' weight and their own weight as a consequence of their personal efforts in achieving the ideal body (being the 'thin ideal') (Pierce and Wardle, 1997; Quinn and Crocker, 1999; Hofstede Insights, 2017). The more a person deviates from the ideal body, the more likely it is that they are perceived as weak-willed and unmotivated, but also as unsuccessful in other domains in life and generally have undesirable characteristics. This is also called the 'Horn and Halo Effect' (Hewstone & Stroebe, 2021). When someone finds another person ugly, they automatically ascribe negative characteristics such as dumb and unmotivated to that person (Horn Effect), while an attractive person is immediately ascribed positive characteristics such as smart, funny and competent (Halo Effect).

Attitude towards obesity treatments

Weight loss surgeries are often seen as 'the easy way out' or a 'quick fix' (Trainer, Brewis & Wutich, 2017). Consequently, after losing weight through surgery, people can still experience stigma.

According to Vartanian and Fardouly (2013) people still ascribe the same negative characteristics to lean people as to people with obesity, when they know they used to have obesity but had weight loss surgery. These negative characteristics include being lazy, sloppy, less competent, less attractive and having less healthy eating habits. People have a much milder attitude when the person in question lost weight through diet and exercise. However, according to Mattingly, Stambush and Hill (2010), people who were obese but lost weight through diet and exercise are still seen as less healthy than people who were not overweight. Their overweight-past is still seen as a result of poor self-control and/or laziness, even though they showed discipline and hard work by losing the weight.

Beauty standards

What a society sees as beautiful, is called the 'beauty standard'. This beauty standard varies per culture and changes over time (Frith, Shaw, & Cheng, 2005). So, there are specific ideal body and beauty standards throughout every culture, which people are constantly confronted with by the media. This can drastically affect the way people think and feel about their own bodies (body image) and their quality of life (Fardouly & Vartanian, 2016). For example, in western countries the ideal female body is shifting from the 'thin-ideal' to a 'fit-ideal' (a more muscular body), while a fuller body is the ideal in countries like Nigeria and Mauritania (Wagner, Bennett, Stefano, & Latner, 2021). All these ideals have negative connotations to it: The thin-ideal, which is also present in the Netherlands, is a risk factor for eating disorders such as anorexia nervosa (Schaefer, Burke & Thompson, 2019). Exposure to fit-ideal images is associated with body dissatisfaction, increased negative mood and decreased self-esteem (Tiggemann & Zaccardo, 2015). In addition, to attain the fuller ideal body, women are encouraged to gain weight, put into a 'fattening room' weeks before their marriage to gain weight and sometimes, in extreme cases, they are even force-fed (Ouldzeidoune, Keating, Bertrand, & Rice, 2013, Yewande, 2021).

Problem statement

Even though obesity is officially a chronic disease, the general public and policy makers often still have a different view (Royal College of Physicians, 2021). They might see it as an individual responsibility and the result of poor lifestyle choices (Waarheid Over Gewicht, 2019; Obesity Action Coalition, 2020). The solution would be to 'eat less and move more' (Royal College of Physicians, 2021). However, due to the psychological, physiological, genetic and social factors, this approach is too simplistic (Royal College of Physicians, 2021). These type of thoughts have resulted in the stigmatization of obesity and its treatments all over the world. Even countries that are fat-positive (American Samoa, Puerto Rico, Tanzania) are starting to believe overweight and obese people are weak-willed, unmotivated, sexless and lazy (Hewstone & Stroebe, 2021; Brewis, Wutich, Falletta-Cowden & Rodriguez-Soto, 2011). Likewise, there is a stigma on obesity surgeries that help people lose weight (e.g. gastric bypass surgery, gastric band, sleeve gastrectomy) as they are believed to be the 'easy way out' or a 'quick fix' (Trainer, Brewis & Wutich, 2017). According to Lin and Reid (2009), such stigmas positively correlate with the time spend reading fashion magazines which show the thin-ideal, as they promote the dysfunctional belief that one's appearance determines their personal worth or self-evaluation. Smirles and Lin (2018) found a correlation between internalization of the thin-ideal and its effect on people's attitude towards obesity. The results of their study showed that exposure to overweight models significantly reduces anti-fat attitudes. In addition, multiple studies found that a more diverse representation of bodies, opposed to over representation of the thin-ideal, on social media could reduce weight bias in women (Stewart & Ogden, 2020; Cha, Mayers & Stutts, 2022).

However, as not all cultures have a thin-ideal, not all women are equally affected by the thin-ideal and not everyone stigmatizes obesity based on this ideal. This can for example be seen among black women in the United States, as they are found to be less prone to the thin ideal they are confronted with on (social) media, than white women are (Hebl, King & Perkins, 2009). Reasons for this might be that black women are not represented as much in the media and that black-cultures have a more curvy beauty ideal (Hebl, King & Perkins, 2009; West, 2012). Consequently, they experience less weight stigma and discrimination based on their weight (Reece, 2018).

Besides culture, religion also affect what people perceive as beautiful (Frith, Shaw, & Cheng, 2005). While some religions do not focus on physical beauty, but lay their focus on the inside, other religions have clear beauty standards (Rout, 2018; Evans, 2021). So, not only what is perceived as beautiful, but also the level that physical beauty is valued differentiates across religions. Catholicism purely focusses on inner beauty (Bible Study Tools, 2019). This may affect Catholics' beauty standard, which in turn might have an influence on their attitude towards obesity. However, within Islam outer beauty has a bigger role. The Prophet supposedly combed his hair and beard and spent more money on perfume than he spent of food (Maktabdar & Shomali, 2019). In addition, Imam Ali, who was the Commander of the Faithful and raised by the Prophet, said beautiful appearance is part of a believer's etiquette and Muslims should do their best to look neat and adorned (Imam Mahdi Association of Marjaeya, 2017; Maktabdar & Shomali, 2019). It can be expected these religious views on beauty have an effect on people's beauty standard and consequently on their attitude towards obesity. However, the influence of religion and its perception of beauty on people's attitude has -to my knowledge- not been researched yet.

As the stigmatization of obesity and its treatments negatively affects the mental health of people with obesity, it is important to decrease the stigma (Myers & Rosen, 1999; Truong, Olson & Emery, 2016). In order to do so, a better understanding of the stigmas is needed. This includes knowing how the stigmas are formed and where they come from. While it has been studied relatively often what the attitude of a general population is, the attitudes of more specific groups have gotten less attention. However, understanding why some people do not stigmatize or stigmatize less, is also valuable as it allows to compare both groups which may help future researchers to steer into the right direction regarding the intervention that is needed to decrease the stigma.

As both the Islam and Catholic religion do not focus on outer beauty and have a different view towards beauty standards than the general population, this may cause Catholics and Muslims to have a different attitude towards obesity and its treatments as well. If the results show Muslim's and Catholic's attitude is different compared to the general population, this could help future researchers to determine what factor(s) may potentially decrease stigmatization. These factors can be the building blocks of future interventions that tackle the stigmas. Even if people are not

religious, religious aspects that decrease stigmatization may still be useful while creating interventions against the stigmatization of obesity and its treatments. Also, if the results show Muslims and Catholics do not have a different attitude, this might indicate the importance of beauty does not correlate with the stigmatization of obesity and its treatments. This also helps future researchers in their quest to decreasing the stigma, as it suggests the solution should be found somewhere else.

In order to have a complete and thorough understanding of the attitudes and stigmas, a qualitative study is needed, as it allows to elaborate on thought processes, reasoning and argumentation. In addition, to make sure the intervention is suited for the Netherlands, it is important to base it on studies that have been done in the Netherlands. The scientific relevance of this study is high, as the attitudes of Dutch Catholics and Muslims towards obesity and its treatments has, to my knowledge, not been (qualitatively) studied yet.

Research Question

Based on the literature, the following research question was formulated:

What is the beauty standard for Dutch Muslims and Catholics, and to what extent does this affect their attitude towards obesity and its treatments?

To answer this research question, the following sub questions will be researched:

1. What is the beauty standard for Muslims and Catholics?
2. How do Muslims and Catholics view obesity?
3. What are Muslims and Catholics' attitude on obesity treatments?

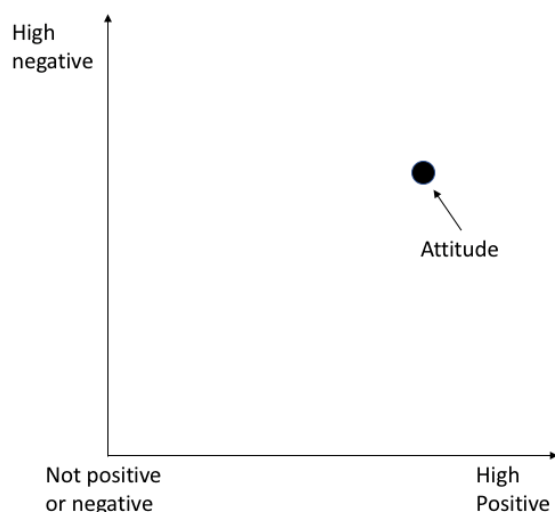
Theoretical Framework

The research question (What is the beauty standard for Dutch Muslims and Catholics, and how does this affect their attitude towards obesity and its treatments?) and sub questions contain a couple of concepts that need a little more explanation. Therefore, this chapter will first elaborate on what is exactly meant with ‘attitude’ and ‘beauty standards’.

Attitude

‘Attitude’ refers to the emotions (affective component), beliefs (cognitive component) and behaviours (behavioural component) people have (Hewstone & Stroebe, 2020; Cherry, 2021). To demonstrate, the affective component of a person’s attitude towards obesity could be ‘blame’ because they feel it is their own fault they have obesity, the cognitive component could be ‘I believe people with obesity are lazy’ and the behavioural component could be ‘I would not hire someone if they have obesity’.

People can be consciously aware of the attitudes they have (explicit attitudes), but it can also be unconscious (implicit attitudes) (Cherry, 2021). However, both types of attitudes have an effect on people’s beliefs and behaviours. In addition, people can have a two-dimensional



perspective: having both a negative and a positive attitude towards something (e.g. liking the taste of chocolate but disliking the effect it has on your waistline) (figure 4) (Hewstone & Stroebe, 2020). An example of a religious, two dimensional perspective on obesity is: seeing it as a sin, as someone is not taking good care of ‘God’s temple’ and because it is unhealthy (negative), but perhaps it also means the person with obesity is not focusing on physical beauty, but on the beauty from the inside (positive).

Figure 4. Two dimensional perspective on attitude (Hewstone & Stroebe, 2020)

Religion and culture

There are many definitions of what religion is. The Cambridge Dictionary (n.d.) explains religion as ‘The belief in the existence of a God or Gods, and the activities that are connected with the worship of them, or in the teachings of a spiritual leader.’ Religions often have a set of cultural beliefs, worldviews, texts and morals (Stibich, 2020). These religious practices and behaviours can affect cultural traditions, such as the way people dress, their dietary choices and the norms and values they have (Čirjak, 2020). So, while religion can affect a culture, they are not the same.

In addition, multiple researches have shown that religion strongly affects people’s attitude towards specific topics such as HIV, abortion, death penalty and euthanasia (Sabriseilabi & Williams, 2020; McDaniel, Nooruddin & Shortle, 2010; Zou, Yamanaka, John, Watt, Ostermann & Thielman, 2009). For instance, the HIV stigma is strongly associated with religion, as it is for example believed to be a punishment of God, and the ‘sacredness of life’ because God created it, is an argument used against euthanasia and abortion (Zou et al., 2009; Anthony & Sterkens, 2018). Therefore, it could be that religion also influences people’s attitude towards obesity and its treatments.

Since two of the main religions in the Netherlands are Catholicism (20%) and Islam (5%), this research focusses on those religions (CBS, 2021).

Collectivistic and individualistic cultures

Correlations were also found between certain cultural belief systems and attitudes towards obesity (Klaczynski, Goold & Mudry, 2004). Hofstede (nd) uses the terms ‘collectivistic cultures’ and ‘individualistic cultures’. The Netherlands is an individualistic culture, which means people see accomplishments and failures are outcomes of personal motivations. Therefore, they also tend to have a negative attitude towards obesity, as they see this as a personal failure as well (Klaczynski, Goold & Mudry, 2004). One of the characteristics of a collectivistic culture is interdependence. Madan, Basu, Ng & Lim (2018) researched the effect of the level of interdependence in the pursuit of beauty and the influence strength of the social norms on the self-discrepancy (difference between the actual self and the ought/ideal self). They found that the higher the interdependence in a collectivistic culture, the more likely they are to use beauty

enhancing products than cultures with lower interdependence (individualistic cultures). The tendency to adhere to societies norms is bigger for collectivistic cultures, as they compare themselves more to other people. Consequently, the tighter these norms are, the more likely they are to use beauty enhancing measures. According to Dunaetz (2019), Muslim countries generally have the tightest cultural norms and values. Therefore, it could be argued that Muslims are more likely to use beauty enhancing products and are more concerned with the opinion of others than other religions. This might also cause them to be more critical towards obesity.

Culture of shame and guilt

Lipowska, Truong Thi Khanh, Lipowski, Rózycka-Tran, Bidzan and Ha (2019) researched the difference in attitude towards the body between cultures of shame and cultures of guilt. In a culture of shame, the body is seen as a part of human nature and a reflection of a person's soul (Lipowska et al., 2019). Someone's appearance indicates the person's hierarchical status. Having obesity would be considered unkempt, and consequently brings shame. Islam is a culture of shame, as a Muslim's behaviour is judged by whether it brings shame or honour (Dumitrescu, 2005). In contrast, the Christian culture is a culture of guilt, as the body is associated with many sins (Lipowska et al., 2019).

The main conclusion of the research of Lipowska et al. (2019) was that young adults in cultures of shame are more fragile to criticism concerning their bodies than cultures of guilt and do not perceive their own bodies as sexual objects. This could hypothetically mean Muslims are more prone to a beauty standard than Catholics, as they do not want to be criticised based on their appearance. In addition, as Catholics do not perceive their own bodies as sexual objects, while the general public does, this may hypothetically result in a different perspective on bodily preferences.

Beauty standards

Physical attractiveness is considered one of the most important factors (Fugère, 2013). All though this is subjective (one person can find someone or a feature attractive, while someone else finds

it unattractive), generally people do agree about what is attractive and what is not (Hewstone & Stroebe, 2020).

There are several aspects that influence what is perceived as beautiful. Multiple studies found that Socio Economic Status (SES) and the availability of resources in a country affect people's beauty standard (Furnham & Baguma, 1994; Smith & Cogswell, 1994; Swami, Henderson, Cusance & Toveé, 2011). For example, where resources are scarce, heavier bodies are idealized as it would indicate adequate access to resources. Also, there is the 'mere exposure effect' which means that the more a person is exposed to a certain stimulus, the more they like it (Reis, Maniaci, Capriello, Eastwick & Finkel, 2011). This is in line with the findings of the research of Bould et al. (2018), who found that when people are exposed to pictures of models who have a healthy BMI, they are more satisfied with their own bodies and perceive others' bodies as smaller than when they are exposed to pictures of underweight models. However, as advertising campaigns are often created in one country, but run in many other countries with only a few alterations, people all over the world are confronted with the same type of 'beauty' (Frith, Shaw & Cheng, 2005). Consequently, the beauty standards are becoming more and more similar across cultures.

Religious beauty standards

While in the old testament there are many verses that praise beauty (especially in women), the new testament is focusing more on beauty from within (Bible Study Tools, n.d.; Bible Study Tools, 2019). The following quote from the new testament accurately conveys this: *'Your beauty should not come from outward adornment, such as elaborate hairstyles and the wearing of gold jewellery or fine clothes. Rather, it should be that of your inner self, the unfading beauty of a gentle and quiet spirit, which is of great worth in God's sight.'* (1 Peter 3:3-4) In contrary to Christianity, beauty is an important characteristic in Islam. The Quran says *'Allah is beautiful and loves beauty.'* (Al-Mu'jam al-Awsat 6,906). In this specific verse they are referring to clothing, but it can be generalized to the beauty of everything (Vernis Perméables, 2017 Awais, 2020). Moreover, there are 3 types of beauty within Islam: 1) praiseworthy beauty, 2) blameworthy beauty and 3) beauty that is neither praiseworthy nor blameworthy (Al-Jawzeyya, 2014; Vernis Perméables, 2017). Praiseworthy beauty refers to beauty that is done for the sake of Allah. Examples are wearing shiny armour to intimidate the enemy or wearing hijabs to support the religion. If the beauty is

purely for the life on this world, it is seen as blameworthy. So, when someone beautifies themselves in order to gain power, false pride, showing off or to fulfil certain selfish desires, it is not approved by Allah. If the beauty does not fall within either of the 2 categories, it is neither blameworthy nor praiseworthy.

Catholics and Muslims both have rules regarding their clothing. Catholics have to wear modest clothing: non showy or provocative (Bijbelwoord, 2019). How strictly the guidelines are followed, varies heavily: some Catholics only wear long skirts or suits to church, while others wear flipflops and shorts. For Muslims the rules are similar: they also have to wear modest clothing. What this looks like varies across different Muslim cultures. In some Muslim societies it is common for women to wear a burqa, while in other societies a Hijab suffices (Cornell University, 2015). Figure 5 illustrates four types of veils that are worn by Muslims women. Muslim women do not have to dress this way in front of their father, brother, grandfathers, uncles, young children and other (Muslim) women.



Figure 5. Islamic veils (EU Data News Hub, 2021)

Religious perspective on obesity

According to the bible, there are 7 deadly sins: Lust, greed, sloth, wrath, envy, pride and gluttony (Encyclopaedia Britannica, 2021). The last sin relates to excessive and ongoing consumption of food and beverages (Bible Info, n.d.; Verrett, 2020). So, even though obesity is not considered a sin by itself, it can be linked to being glutton (Chery, 2021). Similarly, the verses below show Allah disapproves of being wasteful (i.e. overeating).

'O children of Adam! Dress properly whenever you are at worship. Eat and drink, but do not waste. Surely He does not like the wasteful.'

(Surah Al-A'raf 31)

'Eat of the good things we have provided for your sustenance, but commit no excess therein, lest my wrath should be justly descend on you, and those on whom descends my wrath do perish indeed'

(Surah Ta-Ha 81)

Even though, overeating is disapproved by Allah, Islamic countries are experiencing a rise in obesity and its associated diseases (Cline& Ferraro, 2006; Kahan, 2015). According to research done in 46 Muslim countries, an average of 37.4% of the Muslims are overweight (Iftikhar, Albar, & Qadi, 2016). What the percentage is in the Netherlands, is unknown. However, it does not necessarily mean that a person is glutton or wasteful when they are overweight, as there can be other causes for people to be overweight or obese such as genetics, hormone imbalances and medication (National Institute of Child Health and Human Development, 2021).

The Quran defines several aspects of health, including both mental health, focusing on *'zakat'* meaning purification and growth, and *'sawm'* referring to the Ramadhan when Muslims fast to train their mind and body in self-restraint, and physical health (Athar, 2003). To achieve good physical health, Muslims are forbidden to eat pork and drink alcohol. Christians do not have any specific food or beverage restrictions. However, the bible does say that *"If anyone destroys God's temple, god will destroy that person; for God's temple is sacred, and you together are that temple."* (Corinthians, 3:17) . 'God's temple' refers to the body, so Christians are supposed to take good care of themselves. Concluding, as both religions disapprove of being glutton or wasteful and health is encouraged, it can be expected that both Muslims and Catholics have a negative attitude towards obesity.

Religious perspective on obesity treatments

The Bible and Quran say something similar when it comes to getting surgery or using medicine. The Bible says: *'Persons in health do not need a physician, but the ailing do.'* (Mark 2:17) And the Prophet Mohammed said: *'Allah has sent down both the disease and the cure, and He has appointed a cure for every disease, so treat yourselves medically, but use nothing unlawful.'* So, according to these verses, Catholics and Muslims are allowed to seek medical help when they are in poor health.

The attitude of Muslims towards obesity treatments seem to be quite mild, according to an Islamic blog (IslamWeb, 2002) and website (Al-Haj,2020). There is no harm in undertaking a weight loss procedure when someone has obesity, as long as it does not cause any harm, as it is forbidden to remove one harm with another harm (IslamWeb, 2002; Al-Haj, 2020). In addition, a trustworthy physician should judge if the procedure is needed or not. Also, non-invasive treatments (e.g. diet and exercise) should be tried before deciding to undergo the procedure.

However, bariatric surgery is not seen as a medical procedure by everyone. Atlaf and Abbas (2019) researched how the citizens of Saudi Arabia, which is a country where over 90% of the citizens is Muslim, perceive bariatric surgery. They found that 18.9% perceived bariatric surgery as cosmetic and 21.8% were unsure whether it is a cosmetic or medical procedure. While this has not been researched in the Netherlands, there are articles that discuss whether or not people who had bariatric surgery should get a paid sick-leave from work, as it is unclear if the procedure is medical or cosmetic (Christianen, 2018; Cleantotaal, 2018; Netiv, 2018). This may influence the attitude towards obesity treatments of both Muslims and Catholics. Muslims are divided about whether cosmetic surgery is prohibited or not. Some Muslims believe that, even though they should be satisfied with the way Allah created them, it is okay to have cosmetic surgery as long as it is in the benefit of the patient (Atiyeh, Kadry, Hayek & Musharafieh, 2007). On the contrary, some Muslims believe it is not allowed by Allah, as mutilation of the body is prohibited (Atiyeh, Kadry, Hayek & Musharafieh, 2007; The Modern Religion, n.d.). If someone does undergo cosmetic surgery, they are 'changing the nature created by Allah', which is prohibited (The Modern Religion, n.d.).

According to O'Leary (1962), Catholics can find an answer to the question whether or not it is allowed to have surgery, by answering the following questions: 1) Do I have the right intentions? 2) What are the risks? 3) Are the motives reasonable and proportionate to the means being adopted? As the Bible says Christians should not be vain or conceited and they should not be overly concerned with the way they look, having cosmetic surgery purely for aesthetic reasons is not allowed (Bresler & Paskhover, 2018; GotQuestions, 2021). However, when they are experiencing psychologic distress because of the body part they want to change, this is something

that can be consulted with the priest who in turn will assess the specific case (Bresler & Paskhover, 2018).

Expectations based on the theory

Multiple expectations are made based on the theory. to give a clear overview of these expectations, they are mentioned here again.

First, it is expected that the beauty standard of Catholics is more focussed on inner-beauty than the beauty standard of Muslims. In addition, it is expected that both religions' beauty standard do not have a specific bodily ideal, but do value health in general. Furthermore, it is expected that within both religions modest, non-revealing clothing is included in the beauty standard. Furthermore, as Islam has a culture of shame, it is expected that Muslims are more prone to a beauty standard. In addition, as many Muslim countries are collectivistic, it is expected that they use more beauty enhancing products. Also, having a collectivistic culture and a culture of shame may cause Muslims to be more concerned with the appearance of others and thus criticize obesity more.

Regarding the attitude towards obesity, it is expected that both religions have a negative attitude, as having obesity suggests that someone is unhealthy and is overeating or being glutton, which is not appreciated in both religions. On the contrary, the attitude towards obesity treatments is expected to be positive as it is allowed by the religion. However, in case people consider bariatric surgery to be cosmetic, this may affect their attitude. For Catholics it is expected that this would result in a more negative attitude, as they are supposed to not be vain or overly concerned with the way they look. For Muslims it depends on if they believe it is not allowed to have cosmetic surgery as they should not mutilate the body god gave them or if they believe it would be allowed, as it benefits the patient.

How the theory guided the research

The theoretical framework has guided this research, especially while creating the interview guide and during the analyzing process. The theory helped to formulate the questions and decide which way to go with the questions. For example, knowing not everyone categorizes obesity as a disease and its treatments as medical, resulted in the inclusion of the question 'Do you consider obesity a

disease?' and 'Do you categorize obesity treatments as medical or cosmetic?'. Furthermore, during the analyzing process the theory helped to understand the layers of the attitudes of the participants. Affective and cognitive components could be recognized, as well as two-dimensional perspectives. Lastly, the knowledge that was gathered by the researcher while writing the theory, helped to both understand the answers of the participants better. As a result, the researcher was able to have a more flowing conversation and ask more in depth, informed follow-up question.

Methodology

The goal of this qualitative research was to analyse the differences in attitude towards obesity and its treatments between Catholics and Muslims. To get a thorough understanding of their attitudes, in-depth interviews with 3 Muslims and 4 Catholics were held. The aim of these interviews was to gather knowledge about their personal attitude towards obesity and its treatments, but also about what they believe to be the attitude towards obesity and its treatments from other Catholics and Muslims, as well as the religious thought about the subject. All though, there can be found a lot of information about obesity, its treatments, beauty standards and religions, a combination of these topics has, to my knowledge, not been researched yet. Therefore, the research design is exploratory.

Sample

In total 7 people were interviewed: 3 Muslims and 4 Catholics. As generations have different sub cultures and older generations will still be influenced by previous beauty standards, beauty standards differ per generation. In addition, the rise in the use of beautifying products (e.g. make-up) among the Muslim community, but also the rise of Islamic fashion, indicates that the new generation is focusing more and more on beauty standards (Karabulut, Aytac & Akin, 2020; Abdullah, 2021; Ifash News, 2016). Since 62% of all Instagram users is between the age of 18 and 34 and Instagram is one of the main contributors to setting new beauty standards, the generation that is using it the most, is also the most prone to these beauty standards (Statista Research Department, 2021; Yamout, Issa & Ghaddar, 2019). Therefore, the participants all had to be between 20 and 30 years old. Furthermore, they had to identify themselves as either Muslim or Catholic and be familiar with the Bible or the Quran. In table 1 and 2 the demographic characteristics of the sample can be found.

MUSLIM #	ISLAMIC MOVEMENT	BORN IN THE NETHERLANDS	ROOTS	GENDER
MUSLIM 1	Sunni	Yes	Morocco	Female
MUSLIM 2	Sunni	Yes	Morocco	Female
MUSLIM3	Sunni	yes	The Netherlands / Algeria	Female

Table 1. Demographics Muslim participants

CATHOLIC #	CATHOLIC MOVEMENT	GENDER
CATHOLIC 1	Old-Catholic	Female
CATHOLIC 2	Roman-Catholic	Male
CATHOLIC 3	Roman-Catholic	Female
CATHOLIC 4	Roman-Catholic	Female

Table 2. Demographics Catholic participants

Selection process

Participants were recruited through different means. First, 4 participants were recruited via the researcher's personal network, by asking friends and colleagues and sharing an Instagram 'story' asking the Instagram followers if someone would be willing to participate. The other 3 participants were recruited through a newsletter of the religious student/youth associations 'Katholieke Studentenvereniging Nijmegen' and 'Jong Katholiek Amersfoort'. These associations were given information about what the aim of the research is, what the relevance is and what type of participants are needed, as well as the information document and consent form. Then they shared this information and the researcher's contact information with their members. The people who were interested in participating could contact the researcher via email.

Informed consent

Prior to the start of the interview, the participants were given information about the research through an information document (Appendix A). In order to get unbiased answers during the

interviews, the information provided in this document was minimal. In addition, all the information the participants needed in order to make an informed decision about whether they want to participate or not was provided in the information document. This entails a statement that says participation is voluntary, and thus not mandatory, as well as a reminder they can quit or change their minds about participating at any time. Furthermore, a summary of the research, including the purpose, duration and procedures was included. They were asked if there are any questions or concerns prior to signing the informed consent form, as well as right before and after the interview. When the participants read and understood everything, they signed the informed consent form (Appendix B). Only after signing the form, the interview were scheduled.

Data collection

To measure the attitudes of the participants, an explicit measure was used. The explicit measure assesses the participant's attitude by directly asking their opinion. This was done through open interview questions. The questions were formulated in a way that does not steer the participant in a certain direction.

The aim was to interview 6 Muslims and 6 Catholics, to increase chances of data saturation. However, only 7 interviews were conducted. The interviews lasted between 30 to 60 minutes and were, with consent of the participant, recorded. The interviews were transcribed through an automatic program on Microsoft Word, after which the audio recordings were deleted.

A semi-structured interview guide (appendix C) with self-formulated questions was developed. Most of the questions are open, general questions that relate to the research question. However, question 9 (Do you consider obesity a disease) and 11c (Do you think obesity treatments are medical or cosmetic?) are based on the theory of Royal College of Physicians (2021) and Atlaf & Abbas (2019), as they found not everyone classifies obesity as a disease and bariatric surgery as a medical treatment. As the researcher asked follow-up questions when needed, the interview was semi-structured.

The participants were directly asked what their personal beauty standard is, what they think is the general beauty standard in the Netherlands and if there is a beauty standard in their

religion and if yes, what is it? The aim of these questions was to get a general idea of what the beauty standard is within their religion and the religious community.

Furthermore, questions were asked about their and their religion's attitude towards obesity and its treatments. They were also asked if/how their attitude is influenced by their religion. Lastly, some information was shared with the participant about obesity treatments and the stigma that lays on obesity and its treatments. The participants were asked if they recognize those stigmas, if they think those stigma's are also present in the Islamic/Catholic community and if/how their religion affects the stigmas.

Data analysis

To analyse the gathered data, all the interviews were transcribed and put into the coding program ATLAS.ti. The coding approach was a combination of both top-down and bottom-up coding. Based on the information in the theoretical framework and the problem statement, a coding list was made with relevant topics. The coding list was constructed with a broad term (e.g. beauty standard), followed by more specific terms (e.g. praiseworthy beauty, outer-beauty, thin-ideal). During the analysing process new codes were added (e.g. chubby beauty standard, married beauty standard, glorified body). The aim was to use the same codes for all the interviews as much as possible. When the first round of coding was finished, the codes were categorized and similar codes were grouped together. Based on this new code-book, the researcher roughly analysed the interviews again, to verify the similarities and differences between the answers of the participants.

Ethical considerations

While working with participants there are a few ethical considerations that had to be taken into account. First of all, the participants needed to be informed thoroughly before agreeing to do the interview. Therefore, they received an information document (Appendix A) which contains a small introduction of the research and emphasizes the fact that participation is voluntarily, that they can stop at any moment and that they do not have to answer the questions that will be asked if they

feel uncomfortable doing so. After reading and agreeing to this document, they signed the informed consent form (Appendix B).

There were no real risks associated with participating in this research. However, as it is a sensitive topic, there may have been feelings of distress when certain questions were asked. This was also communicated to the participant prior to the interview through the information document.

To honour the participants' privacy and anonymity, all information that could lead to the identification of the participant will be removed from the transcribed interview. Except for the researcher, no one knows who participated in the research. In addition, the audio recordings of the interviews were stored in a secure folder in One-Drive. The recordings were transcribed as soon as possible, and deleted immediately after. Lastly, the researcher has been and promises to continue to handle the data as carefully as possible, be unbiased while presenting the findings and be transparent throughout the whole research.

Before starting the data collection process, the study (including all ethical considerations, methodology, the information document and the informed consent form) has been checked and approved by the Social Sciences Ethics Committee on the 13th of December 2021.

Results

In this chapter the results of the interviews¹ are discussed. The first part of the analysis focusses on the beauty standards within both religions as well as the personal beauty standards of the participants. Then the attitude towards obesity and its treatments of the participants themselves is discussed, as well as what they think the attitude is of their fellow Catholics/Muslims and the general population.

Beauty standards

Cultural beauty standards

Muslim 3 eagerly explained that often the cultural practices of an Islamic country are seen as Muslim practices, while this is actually not the case. An example that she gave are forced marriages: this is often seen as an Islamic practice, while in fact in the Islamic religion men and women have equal say when it comes to marriage. In addition, as religion and culture can be intertwined, especially in middle-eastern, Arabic countries as the Quran originates there, Muslim 1 said she finds it difficult to distinguish what relates to a culture (in her case the Moroccan culture) and what relates to the Islamic religion.

Both the Muslim as well as the Catholic participants said there is no religious beauty standard. It was said that the beauty standard of Muslims and Catholics would be a result of their culture, not their religion. Muslim 3 said the following about religious beauty standards: *'I'm quite certain, a beauty standard within the [Muslim] religion does not exist. No. There do exist beauty standards within cultures, and those cultures might be Islamic, but they do not have those beauty standards because they are Islamic².*' Muslim 1 mentioned there is for example a beauty standard which encourages women to be a little chubby, however this has a stronger relation with the Moroccan culture than the Muslim religion. Muslim 2, who also has Moroccan roots, said she experiences a culture where people are judging each other heavily based on how someone looks. Whether this is a Dutch-Moroccan or Muslim culture, is unclear to her. However, she did note the

¹ The demographics of the participants can be found in the methodology chapter.

² All quotes from the interviews are translated from Dutch to English by the researcher.

judgemental culture is more evident among women than men and is also not as present in Morocco as in the Netherlands.

Being white, high educated, and -for women- not speaking too much and not dressing too revealing are, according to Catholic 1, characteristics of the western beauty standard. She mentioned she thinks these are linked to certain Christian thoughts, such as being pure and virginal. However, then she said these Christian thought are embedded in the western culture and therefore this beauty standard is a result of the western/Dutch culture rather than the religion. In addition, Catholic 3 said the secularity in the Netherlands causes many of the Catholic thoughts to be embedded in the Dutch culture, while on the other hand Catholics are influence by the Dutch culture. Consequently, it is hard to distinguish culture and religion.

Religious beauty standards

Muslim beauty standards

As mentioned before, the Muslim participants agreed that there is no beauty standard within their religion. However, their answers to the other interview questions contradict this. Muslim 3 mentioned that within Islam they believe that because God created them, they are beautiful. Therefore, they do not have to change anything about themselves. Muslim 1 contradicts this by illustrating the difference between Muslim beauty standards for women who are married verses the women who are not. A woman is expected to do her best to look good for her husband by, for example, showing her hair. When they are outside or with other people, they should wear a veil and covering clothes. This is also how women who are not married are supposed to dress as well. In addition, they should not change anything about themselves (this includes shaving and epilating), as they should not make themselves prettier for men. Here the idea of Muslim 3 does overlap with the statement of Muslim 1. Muslim 1 gave the following explanation about the beauty standards: *'The idea is that you are not allowed to have sex before marriage. You cannot even date before marriage actually. So, when you would make yourself prettier while you are single, you are provoking this [sex] to happen, and that is just not how it is supposed to be. Officially, you are only allowed to date with someone with a male family member there, until you are married. And if you*

have had sex with a lot of different man, you are less attractive to marry.' However, she also noted that this type of dating is quite outdated.

Muslim 2 defined a beauty standard as the most perfect image of how someone should look. However, when describing a religious beauty standard, she describes it as someone's personality. It's about the aspects that can be seen from the outside, which reflect aspects from the inside. So, who someone is from the inside, can be seen on the outside. From this standpoint it can be said there are beauty standards within the religion, but these focus more on the reason behind the beauty standard than how it physically looks. An example is wearing a hijab. This can be seen as a beauty standard, but not because it is seen as the most beautiful, but because of the reasoning behind wearing a hijab. This is an example of 'praiseworthy beauty', which is a form of beauty that reflects the support towards the Islamic religion.

However, while the Quran says women should wear covering clothing, this does not mean Muslim women necessarily dress this way. Muslim 1 notes that she is shocked at what she sees many Muslim women wear. Their clothing can be very revealing and there is a lot of flirting between Muslims. The non-adherence to the religious beauty standard can also be seen in the participants themselves. Only one of the participants (Muslim 3) wears a veil, for example. In addition, Muslim 1 explained that when she is with her family she does wear covering clothes, but when she is on holiday without her family, going to a party or is with friends, she might wear something more revealing (e.g. shorts, crop tops). Muslim 2 also says she doesn't adhere to the religious beauty standard, as she does not wear a veil, wears make up, shaves and wears the clothing that she likes.

The importance of health within Islam was mentioned by all participants. The Quran urges people to be healthy and take good care of their body. Muslim 3 said that while this does not mean people should have a specific body type, being heavily overweight is not considered healthy and is therefore discouraged. On the other hand, Muslim 1 said Muslims are not focussing on weight or body shape. She gave the example of her uncle who had been overweight for more than 40 years and one day decided to lose weight. Her family thought this was weird, because he was 'just enjoying his life, so why would he want to change anything?' She said that according to the Quran they are not supposed to focus on appearance and therefore it is not the norm to care about your weight.

Thus, while it is believed everyone is beautiful, because God created them that way, there also seem to be certain religious beauty standard which entails wearing a veil, covering clothes and not changing anything about themselves (epilating, shaving, make-up). Moreover, married women should do their best to look good for their partner. However, there is a difference between what is ought to be the beauty standard for Muslims and what it actually is. Lastly, as being healthy and taking care of your body is important within Islam, it can be said that being heavily overweight doesn't fit within the Muslim beauty standard.

Catholic beauty standard

The main characteristics of a Catholic beauty standard that were named by the participants, are being healthy and happy. All participants mentioned that since God created people, everyone is good as they are. They also named inner beauty as one of the most important aspects of beauty within their religion. Traditional Catholic inner beauty traits that are important within Catholicism, mentioned by Catholic 1 and 2 are purity, virginity, chastity and forgiveness. Catholic 1 said the following about this subject: *'Appearance is just that: appearance. The Bible says beauty is transient and wisdom stays. So, it is always highlighted that it [appearance] does not matter.'* Catholic 1 named baptism as an example where Catholics stop thinking about outer beauty-traits and other types of pigeonholing, to only focus on their belonging to Jesus. During this baptism a wide, white christening gown is worn. The pastor is wearing an alb, which is also wide and white. According to Catholic 1, this is symbol for natural beauty and purity, but also the formlessness of the alb highlights the insignificance of outer beauty. While in daily life, Catholics do not wear an alb, Catholic 1 does wear covering clothes, without very expressive decorations or logos when she is meeting someone church-related. However, she also says her beauty standard is not influenced by her religion, but she does take into consideration what is expected from a pastor, as she is currently studying to become one. She describes her own beauty standard as being yourself; everyone should dress the way they like. Which, according to her, does not fit with the Catholic beauty standard.

Catholic 1 named the importance of spirituality and physicality and Catholic 2 mentioned the soul and the body, which are similar. According to Catholic 1 and 2, the church mainly focusses on spirituality/soul through praying for example. Consequently, the importance of physicality/the body is underestimated. Catholic 1 said people are realizing slowly how the two are connected to

each other. When someone is feeling sick physically, it is also felt mentally and when someone is feeling down, this can translate into feeling nauseous or having a headache. However, she said that people tend to think about appearance when they are talking about physicality, while it is actually about taking care of your body and listening to it. Catholic 2 explained taking care of the body relates to being physically independent. To be independent, one needs to be able to move and live freely, without physical limitations. Also, the importance to be able to help others with their physical burdens when they need it, was mentioned by the participant. While this does not mean someone is extremely fit and muscular, it does mean someone is not heavily overweight. He also made the connection to the glorified body, which people are given when they go to heaven. This glorified body can also be seen as the Catholic beauty standard, as it is the most ideal body. However, it still does not focus on outer beauty in the way the general beauty standard does. The glorified body has no handicaps and does not suffer from decay. Catholic 2 said that if we would see this as the Catholic beauty standard, it would mean that being overweight or obese would not fit within the beauty standard, as it does limit someone in their daily lives. Therefore, it can be argued that being fit and healthy is a Catholic beauty standard, according to Catholic 2.

It differentiates per person whether the religious thoughts of not being vain and focusing on inner beauty weighs heavier than the general beauty standard in the Netherlands. Catholic 3 and 4 both think that while there is a religious beauty standard, the beauty standard of the Catholic society in the Netherlands does not differentiate from the general population due to the secularity.

Thus, as beauty is transient, Catholics must lay their focus on inner beauty instead of outer beauty. Also, physicality/the body is important, which means Catholics should take care of their body and listen to it. Lastly, the glorified body, which does not have any handicaps, can be seen as a Catholic beauty standard. However, secularity might cause the actual beauty standard for Catholics to not differ from the general population.

Personal beauty standards

While the general beauty standard was described as thin, muscular and curvy, the Muslims participants had a different answer to the question what their personal beauty standard is. Muslim

1 relates to the general beauty standard in the Netherlands, however she would rather think everyone is beautiful -like the Muslim beauty standard- but finds this difficult. While she said the beauty standards she described is unrealistic, she does support the part that encourages people to be healthy, which does not necessarily mean someone is skinny or muscular.

Muslim 2 focused on the inner beauty while describing her own beauty standard. While this is similar to the Islamic beauty standard she described earlier, she also says her beauty standard is not formed by her religion, but rather by her upbringings and surrounding as she is not wearing a hijab. She thinks that she can be a good Muslim, while wearing make-up, clothing that she likes and without wearing a veil. Muslim 3's beauty standard also does not focus on outer beauty, but rather on being healthy and feeling happy.

So, while all Muslims describe the general beauty standard with outer beauty-traits such as being skinny, curvy and muscular, all of them say that their personal beauty standard focuses on health. However, Muslim 1 is the only one that recognizes that although she wants to focus on health, she still relates to the general beauty standards in the Netherlands.

The Catholic participants all described the Dutch beauty standard as being thin, muscular and fit and are all against the idea of a beauty standard in general. Catholic 3 argued it can make people insecure, as they want to conform to the beauty standard but are physically unable to. Catholic 1 mentioned the subjectivity of it and thinks it is often linked to misogynistic aspects. She related this to a few Catholic values such as being pure and virginal. She also disapproves of ascribing certain characteristics to someone, especially to women, based on their appearance, which she said happens often. However, some of the Catholics also said that if there must be a beauty standard, they do agree with the physical fitness of the Dutch beauty standard. As a Catholic they do recognize that people should take good care of their body, as this is also stated in the Bible. However, all Catholics agreed that people should not judge others because they do not fit into a specific, perfect image. As catholic 4 said: *'I think it is more important that someone feels good about themselves and is healthy and that it is less important how someone looks. I don't think we can demand how people should look, because they think there should be some sort of perfection.'*

Attitude towards obesity

Religious vs. non-religious attitudes towards obesity

All participants agree that the general view towards obesity is negative. These negative attitudes include thinking it is people's own fault they as they ate too much and exercised too little, they do not take good care of themselves and are unhealthy. Catholic 4 mentioned that while she knows obesity is a disease, she thinks both the Catholic and the general population think it is something people have influence on and therefore do not categorize it as a disease. Catholic 1 said she thinks obesity is underestimated and the medical consequences are overlooked. She said the 'Body Positivity Movement' glorifies being overweight, while it is unhealthy and therefore not something that should be encouraged. However, as it is a very sensitive topic, she acknowledges that it is hard to tell people they should lose weight or be healthier.

All of the participants agreed that these negative views can not only be found among the general public³, but also within the religious communities. As Catholic 3 said: *'I don't think it [the attitude towards obesity] differs. I hope Catholics show more insight, but I'm afraid that's not the case. Since we are living in a secular society, we are getting much of the same norms and values.'* Both the Muslim and Catholic participants made the note that the Catholic and Muslim view towards obesity is not a result of their religion, but rather from the Dutch culture. However, Catholic 2 and 4 both point out this Christian verse as a reason why Catholics might be less judgmental than the non-religious Dutch population:

"Do not judge, or you too will be judged. For in the same way you judge others, you will be judged, and with the measure you use, it will be measured to you."

Matthews 7.1-2

Also, the saying of Hamdun al-Qassar, a great early Muslim, was mentioned as an argument by Muslim 3 why Muslims would possibly have a less negative attitude towards obesity (Huda, 2020). In this saying, al-Qassar argues that people should first think of 70 excuses for someone's behaviour. In case they are unable to do so, they should not judge their behaviour. However, even though the Bible and the Quran encourage Catholics and Muslims to not judge others, they are

³ General public or population refers to all people in the Netherlands, including both religious and non-religious people.

still human and therefore might judge others unintentionally. Catholic 2 therefore said: *'Maybe it's a more human, emotional reaction that people have when they think in stigmas. So, we [Catholics] form that just as often as non-religious people would. But I do think we bring more nuance to the situation, as in that we don't judge as fast and wish the other person the best, to be better soon or to be able to handle the situation. So, in first instance I think our reaction is the same, but on a second thought I think we do bring more nuance when it comes to judging.'*

Catholic 1 said the church is a community of people who are Christian, who can all have different attitudes and opinions. Therefore, while the church does have a specific attitude about some issues, she thinks the church should not have an opinion about everything, including obesity. She also mentioned gluttony, but not in the sense of overeating. She related it to people being rich while other people are living in hunger. In contrast to people who are poor, people who are rich have all the resources to be healthy and thin (e.g. hiring personal trainers and dietitians). In this sense the rich are being glutton with the resources, according to catholic 1.

Muslim 1 said that due to the chubby beauty standard for women in the Moroccan/Islam community, some of the stigmas might be less prevalent. As it is the beauty standard for women to be chubby, there is no negative connotation to it. This is in line with the study of West (2012), who found that black women experience less weight stigma due to the curvy beauty standard.

So, the participants mention both reasons for them to be less harsh, as well as reasons why it might be the same. Therefore, it seems the participants are unsure about whether or not Catholics and Muslims have a similar view towards obesity as the general population, or not.

Personal attitude towards obesity

All of the participants think the general public has a negative opinion about obesity. This includes stigmas like thinking they are lazy, should exercise more, eat less and are thus themselves to blame for their disease. While the participants all feel compassion for people with obesity, they also have more critical attitudes. Muslim 3 did note that she, in first instance, can have some negative thoughts when seeing someone with obesity. However, when she notices this, she immediately recognizes that she does not know what is going on in their lives, how they got to the condition they are in now and that therefore she is not in a position to have any opinion about it.

Muslim 1 believes most of the people with obesity in the Netherlands live under the poverty line and therefore have no money to buy the healthier foods, as unhealthy food is often cheaper. She also said she thinks they are lower educated and they therefore might not know how to eat healthy and why it is important. Besides feeling compassion, she also feels incomprehension. She thinks they can do something about it themselves and have let themselves go up until the point where they became obese. Muslim 2 mentioned she believes that being obese can be a result of being very lazy, not being able to do any sports or having a mental illness. The last one can result in emotional eating, which causes them to gain a lot of weight.

Catholic 2 described his thought process as first feeling sorry for someone that they have obesity, but then as a second thought also being a little more correcting; suggesting they should do something about it, if they are able to. However, earlier he mentioned he thinks the attitude of Catholics is in first instance the same as the general population (i.e. negative), but on second thought they would be more nuanced. While describing his own thought process when seeing someone who has obesity, he contradicts this. Catholic 3, like Catholic 2, also feels compassion and has corrective thoughts when seeing someone who has obesity.

Catholic 1 assumes that somethings have gone wrong in the lives of people who have obesity or that there is some sort of underlying problem. This makes her emotional when she sees people who are severely overweight or obese. According to her, the people close to this person should try to do something about it, by talking to them about going to the general practitioner for example. However, she has never done this herself, as she does not know anyone who is severely overweight. She also notes that she finds it appalling that people who are overweight are ascribed negative qualities. However, assuming someone has had some sort of trauma that caused their obesity can also be categorized as a prejudice. Lastly, Catholic 4's opinion is more in line with what the Bible teaches them. She said: *'You should look further than what you see. You only know someone, when you know their story. Until you know that story, you must not judge.'* There are many reasons why someone might be obese and therefore she cannot judge.

Factors influencing people's attitude towards obesity

All participants agreed that a beauty standard in general affects how people look at obesity. They also all mentioned being thin as one of the first characteristics of the Dutch beauty standard. Being overweight thus deviates from the beauty standard and can therefore cause a negative attitude. Muslim 2 mentioned Muslims can judge each other quickly. Some aspects of their religion can be seen from the outside (e.g. a hijab). While she thinks this does not affect how good of a Muslim one is, women can be thought of as a lesser Muslim when they do not wear one. As taking care of the body God created is also very important within Islam, this might be criticized the same way. When a Muslim does not do this, by for example being obese, they might be criticized about this and thought of as a lesser Muslim.

Catholic 3 thinks that laying the focus on inner-beauty instead of outer-beauty might help with reducing the stigmas around obesity, as it helps people to look at the person behind the obesity. It might help them to recognize the feelings and story of the other person, which can result in feeling more compassion, understanding and respect for the person and their situation. However, while this might help with the stigmas, she does think that the main tool to reduce them is education. If people know how complex obesity and its causes are, they might be kinder while judging others.

Attitude towards obesity treatments

Religious attitude towards obesity treatments

All participants categorize bariatric surgery (e.g. gastric bypass, gastric band, gastric sleeve) as a medical procedure, either because they know it is officially a medical procedure, or because they recognize the medical issues related to obesity. Therefore, they mentioned they think it is permitted by the religion to undergo such a procedure. However, there are a few aspects that might change Catholics' and Muslims' attitude.

All participants agreed that when the procedure would be strictly cosmetic, their religion would be more hesitant to approve it. Catholic 2 marked the religious thought that one should not be vain as the reason why it would not be allowed to have surgery if it is for cosmetic reasons. So, while deciding if the surgery would be allowed by the religion, also the personal reasoning behind

it should be assessed. However, according to Catholic 2, this does not mean that if someone is considering a medical obesity treatment because of both medical and cosmetic reasons, they are not allowed to undergo the surgery. If there is a medical urgency, the religion will allow it.

While a medical obesity treatment would be allowed by their religion, the attitude of the Catholics themselves can be more negative, due to knowledge. Catholic 2 and 4 think both the general as well as the Catholic population do not classify obesity as a disease. Consequently, they think they also do not categorize bariatric surgery as medical, but as cosmetic, which causes them to have a negative attitude towards these obesity treatments. However, as someone's health improves when they undergo the treatment, Catholics' attitude could also be positive. Catholic 2 mentions the attitude can be affected by whether or not someone knows the story behind why the procedure was done.

All the Muslim participants think that while cosmetic surgery is prohibited within Islam, it is permitted to have bariatric surgery. However, Muslim 1 does expect the attitude of the younger generation to be more positive than the attitude of the older generation, as the older generation is less familiar with surgeries. She also thinks the younger generation would be more accepting of cosmetic surgeries, as beauty standards are more present in their generation. According to Muslim 2, bariatric surgery is seen as a quick fix within the Muslim community, however it is common for Muslims who have obesity to have the surgery. She says that as Muslim's attitude towards obesity is negative, having surgery to overcome this is perceived positively.

Muslim 3 explained the importance of protecting life within Islam. This means Muslims should do as much as possible to protect their lives and make it as good as possible. Therefore, in contrast to some Christian movements, they are allowed to get a vaccine if it protects their life. Moreover, Catholic 1 mentioned there are indeed some Christian movements that prohibit any medical procedures, however these are the reformed movements which is not the church she -or any of the other participants- associates with.

Personal attitude towards obesity treatments

All participants personally had a positive attitude towards bariatric surgery. While the surgery is heavy, they all think it is good that there is such an option for people with obesity. However, there are some concerns as well.

Catholic 1 noted she hopes there is mental support for the patients, as she thinks there are probably some underlying, mental issues that brought the patient to the point where they became obese. In addition, she thinks bariatric surgery is intense and people should therefore have a good reason and be desperate to choose to undergo the procedure. However, she does recognize people who undergo such a procedure try to be healthier, which she supports.

Muslim 2 is positive about the procedure as it helps people to feel happy about themselves quicker. However, she acknowledges that there are many side effects the patients must cope with. She said the following about it: *"It takes a lifelong lifestyle change, but that is something you choose when taking the procedure. You can also choose to stay obese, but then you shouldn't be surprised if you get certain diseases, die early or are unable to do many things in life because your body is in the way. It is indeed not what some people think 'I'll go under the knife and then I'm there.'"* Muslim 3 finds the procedure invasive and therefore thinks it depends on the specific situation of the person if it is worth it or not. She also says that she would recommend people to first try to lose weight through diet and exercise. When someone has tried many things and it does not work, she understands they would choose to have bariatric surgery. In addition, Muslim 1 has heard many stories where people had difficulties changing their behaviours around food and therefore gained the weight they lost back quickly. In addition, the excess skin that remains after they lose weight can be a burden as well. Over all she thinks it is better for them to lose the weight through diet and exercise.

Discussion

Islam

While the Muslim participants at first did not think there is an Islamic beauty standard, the results of the interviews contradict this. Concrete, based on their answers, the Islamic beauty standard looks as follows: when women are unmarried or with people other than their partner, they should wear covering clothing, a veil, no make-up or other beauty enhancing products and they should not shave nor epilate. When married women are alone with their partner, they should do their best to 'look good'. This can be done through showing their hair, clothing and make-up. For men there does not seem to be a beauty standard other than taking care of their body, which also applies to women.

Madan, Basu, Ng and Lim (2018) found that people who live in collectivistic cultures use more beauty enhancing products, as they compare themselves more to other people. This can be linked to the findings of this research, as it was said by the participants that Muslims are judging each other heavily. This often results in them adhering to the religious beauty standard. While the Netherlands is not a collectivistic country, the countries of the participants' roots (Morocco and Algeria) are (Hofstede Insights, 2020). The results show that Muslims are not using more beauty enhancing products such as make-up, however they are using the 'beauty enhancing products' that belong to the religious beauty standard (veils, covering clothes, no make-up). A reason for this, is that Muslims believe someone is a lesser Muslim when they are not adhering to the religion's guidelines (including the religious beauty standard). This cognitive component results in Muslims adhering more to the religious beauty standard.

However, Madan, Basu, Ng & Lim (2018) also found that the tighter the social norms, the more likely people are to use beauty enhancing products. As the younger generation Muslims in the Netherlands is becoming looser with the religious norms, compared to the older generation, this may result in the younger generation being less critical towards each other and be more approving of aspects that fall outside of the Muslim beauty standard (e.g. shaving, make up, epilating, cosmetic surgery)(NOS, 2016; van Beek, 2016; Vreeken, 2021). Consequently, they might also be more approving of bariatric surgery, even if it is seen as a cosmetic surgery. This is in line with the results of this research, as it was found the younger generation is more tolerant towards

aspects that are not approved by the religion such as beauty enhancing products and cosmetic surgery. In addition, it was found the younger generation is adhering more to the general beauty standard and disobeying the Islamic norms regarding dating. How this affects the attitude towards obesity is not clear, as the attitude of both the younger as well as the older generation is negative.

Besides being collectivistic, the Islamic religion is also related to the culture of shame (Dumitrescu, 2005). In a culture of shame people are judged and hierarchical status is determined based off appearance. This is in line with what the participants said about Muslims judging other's (especially women's) religious quality based on their appearance. When a Muslim woman is not wearing a veil or is wearing revealing clothes, she is thought of as a lesser Muslim. It was hypothesized that, since Muslims are concerned with others' (religious) appearance, and the Quran mentions several aspects of health, including physical health and not being wasteful (i.e. do not overeat), this could cause Muslims to believe people with obesity are not following the religious guidelines (cognitive component) and thus have a negative attitude towards obesity. However, the results show that while health is an important aspect in the Quran, Muslims focus more on the practical guidelines of their religion. So, while judging health, they would consider the practical guidelines of not eating pork, not drinking alcohol and participating in the Ramadhan for example. When these guidelines are followed, they would be considered healthy enough. Therefore, they do not judge obesity the same way they judge practical aspects like the example of not wearing a hijab which was mentioned earlier. In addition, it was said that in the Moroccan culture there is a more 'chubby' beauty standard. This could cause Muslims with Moroccan roots to be less critical towards people who are overweight or obese. In addition, one of the participants mentioned the religious norm which tells Muslims to think of 70 excuses before judging someone.

As people with obesity are not thought of as a lesser Muslim and they are supposed to think of 70 excuses before judging, it would be expected Muslims are less critical towards obesity. However, even though the participants mentioned they do not know what caused someone's obesity and they should therefore not judge, they do have a negative attitude. They mentioned attitudes and stigmas similar to the general public's, consisting of affective and cognitive components. There are feelings of compassion, as they have sympathy for the person with obesity and see the difficulties that the disease causes, as well as cognitive component, which more

stigmatizing. These consist of believing they are poor, lazy, do not know how to eat healthy, not doing any sports and having a mental illness. In addition, the feeling of incomprehension was mentioned, as they did not understand why someone would let themselves go up until the point where they became obese. Categorizing someone's weight as a result of their own personal efforts, is a trait of individualistic cultures. While Morocco and Algeria are, according to Hofstede Insights (2020; 2021), collectivistic countries, the participants seem to be more influenced by the individualistic culture of the Netherlands. Therefore, based on the conducted interviews, it cannot be concluded Muslims are more or less critical towards obesity than the general public.

So, based on the findings discussed above, a two-dimensional perspective can be sketched: negative components of this perspective derive from the individualistic culture in the Netherlands which causes Muslims to think it is peoples' own fault they are obese. In addition, the general beauty standard many of the younger generation Muslims is adhering to, may cause them to be more critical towards obesity as it deviates from the general beauty standard. However, while Muslims judge each other heavily, weight is seemingly not judged the same way as other religious aspects. If someone who is obese, is adhering to the religious health guidelines (e.g. not eating pork and not drinking alcohol), this may have a positive effect on Muslims attitude towards obesity. All in all, based on the personal attitudes of the participants and their expectations of the attitude of Muslims in general, it cannot be concluded Muslims' attitude towards obesity differs from the general population.

It was expected that having bariatric surgery would be allowed within the Islamic religion, as long as it does not cause any harm and a trustworthy physician has deemed the procedure necessary (IslamWeb, 2002; Al-Haj, 2020). While the findings of this research show Islam is indeed allowing bariatric surgery, a different argument was mentioned: the importance of protecting life. This means that when someone would improve their lives by being less limited by their weight and possibly also decrease mental and physical health issues they had due to obesity, having bariatric surgery would be allowed by the religion. In addition, it was said by one of the participants that having bariatric surgery is relatively common and, while it is seen as a 'quick fix', she does not think Muslims' attitude towards the treatment is negative. Their attitude towards

obesity itself is negative, therefore they are positive towards losing weight, even if it is done via surgery.

Even though the surgery would be allowed by the religion and the arguments above suggest Muslims have a positive attitude towards bariatric surgery, the attitude of the participants themselves is more critical. While they do not think the surgery is an easy way out and they are optimistic about there being the option of bariatric surgery, as they believe it can improve someone's life, the cognitive component of their attitude is more critical. They -just like the general public- believe people with obesity should first try to lose the excess weight themselves through exercise and dieting, before considering bariatric surgery. This again is a trait of the individualistic culture in the Netherlands. Therefore, it seems like the negative attitudes and stigmas are a result of the Dutch culture, rather than the Islamic religion.

Catholics

The secularity in the Netherlands made it difficult for the Catholic participants to distinguish the differences between the Dutch and the Catholic culture. However, a Catholic beauty standard did derive from the interviews. One of the main aspects is the thought that everyone is beautiful the way they are, because God created them. Therefore, they should not lay too much focus on outer-beauty. This is in line with the culture they belong to according to Lipowska et al. (2019), which is the culture of guilt. Within a culture of guilt, people do not perceive bodies as sexual objects, which may cause the focus on inner beauty. This is also represented in the rest of the beauty standard through covering, sober clothing. However, wearing covering, sober clothing is comparable to what the Muslims wear and can therefore also be perceived as characteristics of a culture of shame. In that case, the reasoning behind wearing covering, sober clothing, could be that they do not want to be judged as sexual objects.

Instead of outer-beauty, inner beauty is prioritized. The main religious values that belong to inner beauty are the traditional Catholic traits of being virgin, pure, forgiving and chaste. In addition, there is a focus on the soul/spirituality (e.g. praying) and the body/physicality, which entails listening to the body and taking care of it. Lastly, being healthy is important. This does not

translate into a specific body shape, but rather into being independent and not limited in everyday life (like the glorified body people are given in heaven).

The Catholic participants mentioned, just like the Muslim participants, that there is a difference between what is ought to be and what actually is. However, all of the participants centre their personal beauty standard around health and happiness, and not to outer-beauty traits, just like the Catholic beauty standard. So, even though the personal beauty standard of Catholics does not necessarily match the Catholic beauty standard, the beauty standard of the participants does seem to be influenced by the Catholic beauty standard.

While describing their personal attitude towards obesity, the participants clearly have a two-dimensional perspective. They first mentioned an affective component, namely compassion. They feel bad for people with obesity and wish them the best. However, then they also admit to be more critical and have stigmatizing thoughts. These include another affective component: incomprehension. This is paired with the cognitive component, as they think they should eat less, are lazy and should exercise more. Moreover, while the Catholic value of not judging others was not mentioned in the theory, it was mentioned by the participants. However, even though the participants mentioned this value and said they should not judge as they do not know the other's story, based on their personal attitudes it cannot be concluded they adhere to this value. Therefore, while some of the participants did think -or hope- Catholics would be less judgmental, based on the findings of this research it cannot be concluded that Catholics are indeed less judgemental. It seems like their attitude is comparable to the general public's attitude towards obesity.

As mentioned in the theory, according to O'Leary (1962), Catholics should answer 3 questions to know if undergoing a surgery would be allowed by the religion: 1) Do I have the right intentions? 2) What are the risks? 3) Are the motives reasonable and proportionate to the means being adopted? This research has similar results, as it was found that Catholics should not undergo the procedure when it is for cosmetic reasons only (i.e. do I have the right intentions?). In addition, the participants initially said their personal attitudes towards bariatric surgery are positive, as they believe it would improve someone's health and life. However, they later mentioned more critical attitudes, as they think the surgery is very invasive and the side effects are severe. This suggests

they did not think the motives are proportionate for the means being adopted, as the risks are high. However, if people vainly tried to lose weight through other means such as diet and exercise, they acknowledge that there may not be any other choice. They also mentioned that because there are risks associated with obesity, the risks of having bariatric surgery are proportionate. This relates to both question 2 and 3.

The participants mentioned a few concerns for the attitude of Catholics in general. The first concern is the knowledge Catholics have about the surgery. While it would be allowed by the religion, as it is a medical procedure, the participants think the lack of knowledge might result in Catholics thinking it is a cosmetic procedure. As cosmetic surgery is not allowed by the religion, this would cause Catholics to be disapproving of the surgery, as people should be happy with the body God gave them and they should not be vain. A second concern for the attitude of Catholics is the lack of knowledge about the person with obesity. The participants think this may cause Catholics to be more stigmatizing, as they do not know what they have already done in order to try and lose weight, or how they came to the point where they are obese. This is also in line with the personal attitudes of the participants, as they mentioned feelings of incomprehension. Therefore, Catholic's attitude towards bariatric surgery does not seem to be formed by their religion, but rather by knowledge, similar to the general public's attitude.

So, all in all someone's personal beauty standard is affected by both the religious and general beauty standard. This beauty standard has an effect on the attitude towards obesity and its treatments, however this attitude is also affected other aspects. These includes their religion, the Dutch culture, and, if applicable, the culture of the country of their roots (figure 6).

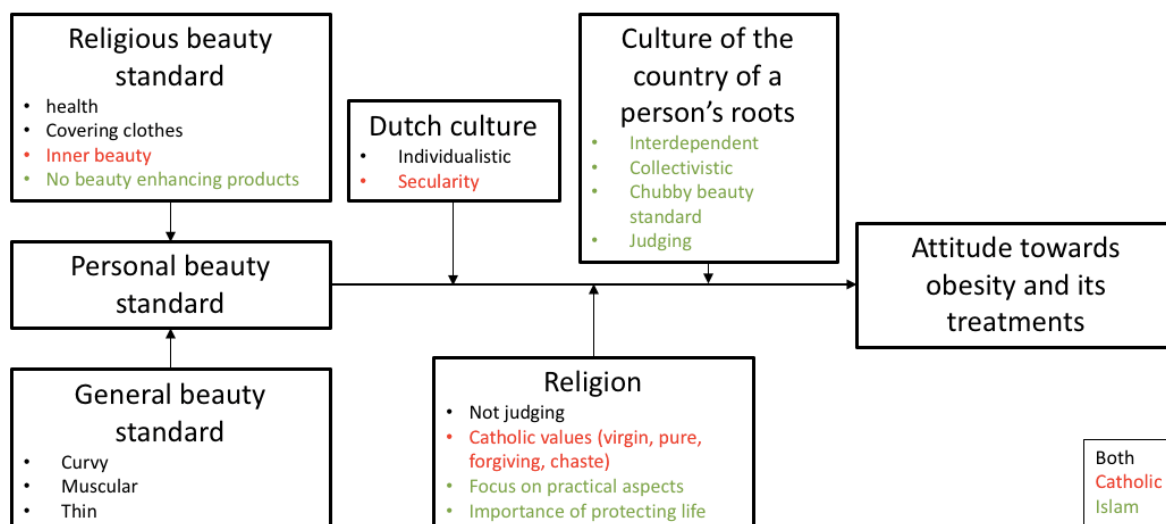


Figure 6. Conceptual model

Comparison of Catholics and Muslims

The religions seem to be very similar. They both have a specific vision of how their adherents should think, behave and look, which are quite similar. They both entail not judging, dressing non-provocatively and have a focus on the spiritual aspect. In addition, both the Catholic and Muslim participants mentioned they should not judge and do not want to judge. They also mention similar arguments for this, being that they do not know the person's story to why they have obesity. However, they all acknowledge the difficulty of not judging.

However, there are also differences. The main difference can be seen into what extent people are criticizing each other. Within the Islamic religion people are judging each other more harshly. This may lead to them adhering more to the religious norms, not because they necessarily believe it is the best choice, but because they do not want to be judged by their fellow Muslims. An example of this is Muslim 1 who explained how she dresses differently when she is with her Muslim family than when she is with her (non-Muslim) friends. The new generation Muslims is adhering less to the Islamic beauty standards, as they are wearing more revealing clothes and make up. In contrast, it seems like the Catholic participants are adhering to the Catholic beauty standard by wearing modest clothing and not being too focussed on outer-beauty traits. It cannot be concluded based on the interviews where this difference comes from. However, Friberg and Sterri (2021) researched the causes of religious decline in Norway. They found that it is linked to their integration in other fields, especially inter-ethnic friendships. However, even though Catholics are less focused on outer-beauty than Muslims, their attitudes seem to be similar: they both feel the same type of compassion towards people with obesity, yet stigmatize them equally as much as the general population. However, it is expected that the similarity in their attitude is a result of the Dutch (individualistic) culture and not their religion.

Strengths and limitations

There are both strengths and limitations to this research. First, the strengths are that a qualitative method was used for this research. This allowed the researcher to interview the participants and get a thorough understanding of their attitudes. As obesity is a sensitive topic, people may have the tendency to give socially desirable answers, which in turn can lead to a social desirability bias

(Sand, Emaus & Lian, 2015; Grimm, 2010). Ong and Weiss (2000) found that anonymity decreases the tendency to give socially desirable answers. Therefore, the participants remain anonymous. In addition, by using semi-structured interviews, the researcher was able to ask more in-depth questions when needed. This enabled the researcher to get more honest, realistic answers of the participants. Consequently, discrepancies were found. For example, the participants in first instance said there is no religious beauty standard and they disapprove stigmatizing obesity and its treatments, however later they mentioned multiple characteristics of the religious beauty standard and had stigmatizing thoughts about obesity and its treatments.

To reduce the risk of bias, an interview guide was used. This ensures the process was structured as the same steps were followed during all interviews and the questions were asked in the same order for all the participants (Verlinden, 2021). Consequently, the experience of the participants was similar and while analysing the interviews, the answers could be compared.

Lastly, Muslims' and Catholics' attitude towards obesity and its treatments, as well as the religious and personal beauty standards of Catholics and Muslims in the Netherlands was, to my knowledge, not researched yet. Therefore, this study was exploratory. The advantages of exploratory research is that it helps lay the foundation for future research (Bhat, 2021). So, this study helps future researchers to steer into the right direction regarding what the roots are of obesity stigmatization and what the possible solution would be. Also, this study showed the attitude of Catholics and Muslim is not different than the attitude of the general population, which is valuable information, as it indicates no further research on this specific group is needed.

Unfortunately, there are also limitations to this study. First, the aim was to interview 6 people per religion, to increase the chances of data saturation. However, due to the limited time and the difficulty of finding participants, only a total of 7 interviews were conducted. In addition, while the interviews do give a more thorough view of what the participants' attitude is towards obesity and its treatments, this could have been even better. As it was the researcher's first time conducting interviews, a few mistakes were made which may have affected the quality of the data: sometimes follow-up questions were not asked, while they would have been interesting to ask. 6 out of 7 interviews were conducted online, which made it harder to have a flowing conversation and read the body language of the participants. Body language is important as it helps to

understand and interpret what the participants are saying and what their emotions are (Harappa, 2020).

The second limitation is that both the Catholic as well as the Islamic religion exist of multiple movements. This was not taken into account while recruiting the participants. The main movements within Catholicism are the Roman Catholic church and the Old Catholic church. One of the differences between them, is that within the Old Catholic religion there is no guideline regarding sexuality, euthanasia and other ethical matters (Oud-Katholieke Kerk van Nederland, nd). This may influence their beauty standard and attitude towards obesity, obesity treatments and cosmetic surgery. In this research three Roman-Catholics and one Old-Catholic participated, without making a distinction while analysing the interviews. It may have been better to choose to only interview Roman Catholics, as they are the main Catholic movement, or to make a clear distinction between the different movements.

Within Islam, Sunni and Shia are the main movements. One of the differences is that the imam of the Shia is not allowed to re-interpret the Quran, it should be interpreted literally (Historiek, 2021). The Sunnis are allowed to (re)interpret the Quran themselves, and are generally more accepting of people who think differently (e.g. other Muslims or people with different or no religion). Being allowed to interpret the Quran themselves and being more tolerable towards other ways of thinking, may cause the Sunnis to have a looser religious beauty standard. This in turn may result in their attitude towards obesity and its treatments to be different than the attitude of the Shias. The Muslim participants were also not asked what specific movement they adhere to in advance of the interview, they all are Sunni. This is advantageous for the research as 85% of all Muslims is Sunni and this is also the main Islamic movement in the Netherlands (NOS, 2016). Consequently, it is more valuable to know the attitude of Sunni Muslims, than Shia Muslims, as it more accurately represents the attitude of the Dutch Muslims.

Lastly, this research aimed to distinguish the effect of the religious beauty standard on the attitude towards obesity and its treatments. However, it was not taken into consideration to what extent this religious beauty standard affects people's beauty standard. Someone's beauty standard can be formed by multiple aspects, including their religion, culture and social media. This can also be seen in the personal beauty standards of the participants. There are both aspects of

beauty standards that are formed by their religion, as well as clues of beauty standards that were formed outside of their religion and is therefore comparable to the overall beauty standard in the Netherlands. Consequently, it is difficult to determine to what extent the religious beauty standard affects people's attitude. In addition, a religious beauty standard consists of multiple aspects. It cannot be concluded which of these aspects would be the main influence to people's attitude.

Future research

To elaborate more thoroughly on this research subject, it would be interesting to include a survey in order to get an indication of the general attitudes of both groups. In addition, an atheistic sample may be added to be able to signal the differences. Besides a survey, interviews would still be interesting to better understand the thought process, attitudes and values of the groups. By researching their attitude with a larger sample and a quantitative aspect, the validity of the results will be higher.

Based on this research, a beauty standard for both religions was distinguished. However, it is not clear yet to what extent exactly these beauty standards are adhered to. It would therefore be interesting to, instead of -or in addition to- researching what the religious beauty standard is, research what the personal beauty standard is for Catholics and Muslims themselves. This will most likely be a combination of both the religious beauty standard and the Dutch beauty standard. In addition, it would be beneficial to know if there is a relationship between the attitude towards obesity and its treatments and to what extent the religious beauty standard is adhered to. As the religious beauty standards do not have a specific ideal body figure, but rather focus on health or more practical aspects around clothing, a causal relationship could mean that a beauty standard significantly affects the attitude towards obesity and its treatments. However, while researching this, it is important to take into consideration that the more someone adheres to the religious beauty standard, they probably also adhere more to the other religious values. This would likely also have an effect on the attitude towards obesity and its treatments.

Conclusion

So, to answer the research question ‘What is the beauty standard for Dutch Muslims and Catholics, and to what extent does this affect their attitude towards obesity and its treatments?’, there is a difference between what Muslims and Catholics are ought to be thinking and doing according to their religion and what in reality is being done and thought. While there are clear messages in the holy books that say people should take good care of their bodies, wear covering clothes, not change anything about themselves, be forgiving and not judge, in reality this is often not adhered to. Consequently, while both religions have a beauty standard, this does not necessarily mean Muslims and Catholics have these beauty standards as well. Their beauty standard is formed by more than just their religion. In addition, the attitude towards obesity and obesity treatments did not seem to differ from the general population, as it is affected by the Dutch culture and (for the Muslims) also by the country of their roots. Concluding, it cannot be said that the religious beauty standard significantly affects Catholic’s and Muslim’s attitude towards obesity and its treatments.

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Appendix A. Information document

Beste participant,

Informatie over het onderzoek

Ik ben Floortje Wijland, MSc Communication, Health and Life Sciences student aan Wageningen University and Research. Op het moment ben ik mijn afstudeer thesis aan het schrijven over ***de schoonheidsidealen binnen de Katholieke en Islamitische gemeenschap in Nederland en hoe deze schoonheidsidealen de attitude tegenover obesitas en de obesitas behandelingen beïnvloeden.*** Obesitas is namelijk een groeiend, wereldwijd probleem. Ook in Nederland heeft de helft van alle volwassenen overgewicht, waarvan 13.9% obesitas heeft. Mensen met obesitas hebben een vergrote kans op hart- en vaatziekten, suikerziekte, hoge bloeddruk, galstenen, versnelde slijtage van gewrichten, slaapademhalingsproblemen en verschillende kwaadaardige tumoren. Naast diëten en sporten om gewicht te verliezen zijn er verschillende obesitas behandelingen, zoals een maagverkleining (bariatric surgery). De attitude tegenover obesitas kan worden beïnvloed door verschillende aspecten. Bijvoorbeeld, door wat een samenleving aantrekkelijk vindt. Dit wordt het schoonheidsideaal genoemd. Een schoonheidsideaal verschilt per cultuur en verandert in de loop van de tijd. Onder het schoonheidsideaal kunnen lichamelijke voorkeuren vallen, maar ook meer specifieke uiterlijke kenmerken.

Relevantie

Aangezien de helft van de Nederlandse bevolking zichzelf als religieus beschouwd, is het belangrijk om te weten hoe zij naar obesitas en de obesitas behandelingen kijken. Door dit te weten kunnen er namelijk specifiekere interventies worden geïmplementeerd die er voor zorgen dat er meer bekendheid is over obesitas en de obesitas behandelingen. Het doel daarvan is dat er uiteindelijk meer begrip komt vanuit de samenleving. Dit leidt hopelijk tot een verbeterde mentale gesteldheid van mensen met obesitas. Door mee te doen aan dit onderzoek helpt u dus met het in kaart brengen van de attitude tegenover obesitas en de obesitas behandelingen, wat uiteindelijk tot de verbetering van de mentale gesteldheid van mensen met obesitas leidt.

Risico's en rechten

Er zijn geen voorziene risico's verbonden aan het participeren in het onderzoek. Echter is het wel een gevoelig onderwerp en zou u zich mogelijk ongemakkelijk kunnen voelen bij bepaalde vragen. Het interview is volkomen vrijwillig. **U heeft dus het recht om op ieder moment te stoppen, ook nadat u heeft toegezegd mee te doen met het onderzoek, of om op bepaalde vragen geen antwoord te geven als u zich daar ongemakkelijk bij voelt.**

Anonimiteit

Het interview zal anoniem zijn: uw naam zal niet worden gebruikt in het onderzoek. Op de onderzoeker zelf na, zal niemand weten wie er heeft geparticipeerd in het onderzoek.

Interview procedure

Voor dit onderzoek wil ik zowel Nederlandse katholieken als moslims interviewen die tussen de 20 en 30 jaar oud zijn. In dit interview zal ik vragen stellen over schoonheidsidealen, obesitas en de behandelingen tegen obesitas. Het interview zal ongeveer 30 minuten duren en moet worden opgenomen om het te kunnen transcriberen en daarna te kunnen coderen. Deze opnames zullen veilig worden bewaard en verwijderd wanneer ze zijn getranscribeerd. Met de verzamelde data van de interviews word een beeld geschetst van het schoonheidsideaal binnen de desbetreffende religie en de invloed daarvan op de attitude tegenover obesitas en de obesitas behandelingen.

Neem gerust contact op met mij via e-mail indien u vragen of opmerkingen heeft (floortje.wijland@wur.nl).

Met vriendelijke groet,

Floortje Wijland

Appendix B. Informed consent form

Screeningvragen

Omcirkel het antwoord wat van toepassing is, alstublieft.

- | | | |
|---|----|-----|
| - Ik ben tussen de 20 en 30 jaar oud | Ja | Nee |
| - Ik identificeer mijzelf als Katholiek of Moslim | Ja | Nee |

Als u dit formulier ondertekend, gaat u akkoord met/bevestigt u dat:

- het participeren in het onderzoek door middel van het meedoen aan het interview
- het opnemen van het interview
- het transcriberen van het interview
- het gebruiken van de interviewdata in het onderzoek
- u de mogelijkheid heeft gehad vragen te stellen
- u zich bewust bent van de vrijwilligheid van de participatie
- u zich bewust bent van het ten alle tijden kunnen stoppen met de participatie
- u zich bewust bent van het niet verplicht zijn te antwoorden op de interview vragen

Handtekening participant:.....Datum:.....

Handtekening onderzoeker:.....Datum:.....

Contactgegevens Onderzoekers: floortje.wijland@wur.nl

Functionaris Gegevensbescherming van Wageningen Universiteit:
functionarisgegevensbescherming@wur.nl

Kijk op <https://www.wur.nl/nl/Over-Wageningen/Integriteit-en-privacy.htm> voor meer informatie over uw rechten die te maken hebben met uw gegevens.

Appendix C. Interview guide

Introductie

Allereerst, enorm bedankt dat u bereid bent een interview te doen.

Ik ben Floortje Wijland, studente aan Wageningen University and Research, waar ik de master Communication, Health and Life sciences doe. Momenteel ben ik bezig met mijn afstudeer thesis. Hiervoor onderzoek ik de schoonheidsidealen binnen de Katholieke en Islamitische gemeenschap in Nederland en hoe deze schoonheidsidealen de attitude tegenover obesitas en de behandelingen tegen obesitas beïnvloeden.

Is alles wat er in het informatie document en het consent formulier stond duidelijk? Heeft u vragen over het interview, onderzoek en/of onderwerp?

Algemene vragen

1. Kunt u mij een klein beetje over uzelf vertellen?
 - a. Leeftijd
 - b. Op welke manier en sinds wanneer speelt religie een rol in uw leven?
 - c. Andere hobby's/interesses?
2. Hoe heeft u over dit onderzoek gehoord?
3. Waarom wilt u mee doen aan dit onderzoek?

Interview vragen

1. Hoe zou u 'schoonheidsideaal' definiëren?
 - a. Is dit voor vrouwen en mannen anders? Leg uit.
2. Wat denkt u dat het algemene schoonheidsideaal is in Nederland? (mogen personen genoemd worden)
3. In hoeverre bent u het eens of oneens met het Nederlandse schoonheidsideaal?
4. Hoe wordt er volgens u vanuit de Koran/Bijbel naar schoonheid gekeken?
5. Wat is volgens u het schoonheidsideaal binnen de Katholieke/Islamitische gemeenschap in Nederland?

- a. In welke opzichten verschilt dat met het algemene schoonheidsideaal in Nederland?
- 6. Op welke manier is uw schoonheidsideaal beïnvloed door uw religie?
 - a. Waardoor is uw schoonheidsideaal (nog meer) beïnvloed?
- 7. Hoe denkt u dat de gemiddelde Nederlander naar obesitas kijkt?
- 8. Wordt er in de Bijbel/Koran (of de overleveringen van de profeet) iets over overgewicht of obesitas gezegd? (zo ja: wat?)
 - a. Wat vindt u daarvan?
- 9. Beschouwt u obesitas als een ziekte? Waarom?
- 10. Wat vindt u zelf van mensen met obesitas?
 - a. In welk opzicht is uw mening beïnvloed door uw religie?
 - b. Waardoor is uw mening (nog meer) beïnvloed?
- 11. Bent u bekend met de verschillende behandelingen tegen obesitas?
 - a. Kunt u mij wat meer vertellen over deze behandelingen?
 - b. Wat vindt u van die behandelingen? Waarom?
 - c. Vindt u dat deze behandelingen onder cosmetische of medische chirurgie vallen of niet? Waarom?

Korte uitleg over de behandelingen, inclusief afbeeldingen van figure 1 t/m 3.

Bij een maagverkleining wordt de maag dus kleiner gemaakt. Dat kan op verschillende manieren, zoals afgebeeld op deze afbeeldingen. Door de hevige ingreep en de vele bij effecten waarmee mensen te maken hebben na de operatie of zelfs voor de rest van hun leven is het eigenlijk niet een 'quick fix' of 'makkelijke uitweg' te noemen. Mensen kunnen namelijk een milde depressie krijgen, verlies van eetlust of misselijkheid tijdens het eten of het ruiken van voedsel en het wordt afgeraden alcohol te drinken. Ze kunnen last krijgen van 'dumping syndroom' wanneer ze te veel of te snel eten, of producten eten die te veel vet of suiker bevatten. Dumping syndroom kan misselijkheid, overgeven, diarree, duizeligheid, een opgeblazen buik en koud zweet veroorzaken. Door al deze bijeffecten en veranderd eetpatroon moeten ze dus hun hele leven omgooien.

12. Wat vindt u van de (hiervoor uitgelegde) behandelingen?

13. Hoe wordt er volgens u vanuit de Katholieke/Islamitische gemeenschap gekeken naar operaties tegen obesitas zoals een gastric bypass?

- a. Mag je zo'n operatie ondergaan volgens de Katholieke/Islamitische gemeenschap? Waarom wel/niet?

14. Wat heeft uw mening over maagverkleiningsoperaties gevormd?

Uitleg over obesitas stigma

Over het algemeen is de attitude tegenover obesitas helaas erg negatief. Er worden negatieve karakter eigenschappen toegeschreven aan mensen met obesitas (bijv. dom, ongemotiveerd). Ook wanneer mensen met obesitas een behandeling ondergaan, rust daar een stigma op. De behandelingen worden namelijk gezien als een makkelijke uitweg of een 'quick fix'.

15. Wat vindt u van de stigma's over mensen met obesitas?

- a. Herkent u de stigma's in uw eigen attitude of in de attitude van de mensen om u heen?
- b. Ja: Waarin herkent u het? Nee: waarin verschilt uw attitude en/of de attitude van de mensen om u heen?

16. Wat vindt u van de stigma's over de obesitas behandelingen?

- a. Herkent u de stigma's in uw eigen attitude of in de attitude van de mensen om u heen?
- b. Ja: Waarin herkent u het? Nee: waarin verschilt uw attitude en/of de attitude van de mensen om u heen?

17. Is dit stigma ook aanwezig binnen de Katholieke/Islamitische maatschappij?

- a. Ja: Op wat voor manier is het aanwezig?
- b. Nee: Waar ligt het aan dat het niet aanwezig is?

18. Denkt u dat het schoonheidsideaal invloed heeft op hoe er naar obesitas wordt gekeken?

- a. Waarom wel/niet?
- b. Ja: op wat voor manier denkt u dat het Katholieke/Islamitische schoonheidsideaal de attitude tegenover obesitas heeft beïnvloed?

19. Heeft u nog vragen, opmerkingen of aanvullingen?

Afsluiting

Wederom enorm bedankt voor uw participatie.

(Na de eerste paar interviews: Hoe heeft u het ervaren? Zijn er bepaalde aspecten die missen volgens u? Zijn er vragen die onduidelijk geformuleerd waren?)

Indien u terug wilt komen op bepaalde vragen of antwoorden kunt u mij bereiken via email (floortje.wijland@wur.nl). De opname zal worden verwijderd zodra het is getranscribeerd.

Heeft u interesse in het verkrijgen van het eindproduct van mijn scriptie? Zoja, wat is het email adres waar ik het naartoe kan sturen?

Email adres participant:

