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The shame of fat shaming in public health: moving past racism to embrace indigenous solutions

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ABSTRACT

Objectives: The aim of this article is to explore perceptions of weight and racism towards Māori, as an indigenous group, and the association between the two. We then propose indigenous solutions as pathways out of fat shaming.
Study design: This is a conceptual article supported by a review of literature in the fields of weight stigma, racism and indigenous (Māori) health.
Methods: This article is taken from the perspective of three researchers involved in Māori health research, studies on institutional and societal racism and critical research on weight stigma and the weight loss industry. Indigenous peoples in developed nations are more likely to be overweight, obese and disproportionately affected by the comorbidities and physical disorders associated with weight when compared with their counterparts. Beyond the physical ailments are a variety of psychological, emotional and social issues, which are associated with being 'fat' and/or overweight and/or from subsequent stigmatisation.
Results: Long before this world's populations reached the current alarming level of obesity, indigenous peoples in colonised countries were stigmatised because of the colour of their skin, their beliefs and their culture. Stigma is nothing new to indigenous peoples, and so when Māori, or any other indigenous groups are told they are fat and less productive (or moral) because of 'fatness', there is no surprise because they have been told the same thing (albeit for a different reason) for generations. Considering the relatively high proportion of indigenous people in New Zealand, North America and beyond who do not fit the 'recommended weight range', the justification for racist sentiment is seemingly strengthened.
Conclusions: A weight loss–centred approach to health has not improved the health of indigenous people. Initiatives that draw on, or are underpinned by local, traditional knowledge are more relevant for indigenous peoples and could lead to better health outcomes for these groups.

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Introduction

Disney's animated production *Moana*[1] created controversy by depicting Maui, a Polynesian demigod, as obese. Roy[2] reported in the Guardian that social media was a flutter with outrage at the stereotyping. Disney's representation is clearly a non-indigenous megacorporation's depiction of a Polynesian hero[3] which is a significant issue and just another example of indigenous peoples being romanticised and misappropriated by the coloniser.[4,5] Nevertheless, our interest resides in the outrage expressed at the body size of Maui who we contend is depicted, despite the corporatised representation, as large, strong and resourceful; a demigod that we can be assured has not eaten 'fast food' for a thousand years—having been trapped on a deserted island. Ultimately, this social media episode amplified indigenous fatigue at racial stereotyping and fat shaming.

Fat shaming frequently has a racist edge and is most openly expressed as weight stigma.[6] Rand and Macgregor[7] in their survey of patients, who had lost significant weight as a result of gastric bypass surgery, showed that all those surveyed would rather be a normal weight than a multimillionaire, and most would rather lose a leg, have heart disease and be deaf than gain back weight. Almost four decades on and weight anxiety is more entrenched in society than ever and much of it is expressed, particularly by those on 'higher (thinner) ground' in the form of shaming.[8] Australian academic, Deborah Lupton, refers to this antiobesity sentiment, which pervades public health campaigns, as the 'pedagogy of disgust'.

We, an indigenous and two white academics, note that sticks and stones will break bones, bruise muscles and break skin, but critically, names and stereotypes are also harmful. Through the obesity epidemic, body size has become a focus for public health interventions, and we argue that fat shaming, in the context of New Zealand Māori in particular, seems to be a manifestation of entrenched societal racism. In this conceptual article, we explore (i) Māori, indigenous and white perceptions of weight; (ii) racism towards Māori specifically; and then (iii) propose indigenous solutions and measures as pathways out of fat shaming.

Perceptions of weight

The notion of weight loss for health was almost non-existent among any population[9] before the 20th century, including indigenous communities. With the advent of scales to measure body weight, the body mass index (BMI) within public and clinical health began its meteoric rise.[10]

The BMI classifies populations as underweight, 'normal', overweight and obese; overweight being defined as having a BMI equal to or more than 25 kg/m^2, and obesity as a BMI equal to or more than 30 kg/m^2.[11] In New Zealand, Duncan et al.[12] have developed ethnic specific measures of overweight. Unfortunately, these do not account for interindividual variations in muscle mass, bone density and other variations in body type. Because of inter (and intra) ethnic variation, issues can arise when BMI, which correlates to population data on health status, is used at an individual level (i.e. a routine check-up with your doctor) as an indicator of health. For example, a healthy Māori male with a relatively high muscle mass and low percentage of body fat, could be incorrectly 'labelled' as high risk for heart disease and diabetes. What is more, individuals (or ethnic groups) who do not fall within the 'normal' or 'healthy' BMI range as a result carry the label of abnormal and unhealthy, labels which indigenous peoples have had to endure throughout the colonising process.

In response to health statistics, many governments have waged a long-standing 'war on obesity',[13] and this could easily be perceived and internalised by some as a 'war on the obese'— a war on obese indigenous peoples. This war[14] has fuelled fears of being or becoming overweight at all levels of society and the market has benefited from this, fuelling multibillion dollar 'big food' and 'big pharma' industries.[15] Gyms, dietary supplements and 'health' food companies are maintained and expanded by this 'weight anxiety'.[16]

Blaming individuals, or one or more ethnic groups, diverts attention from policies which favour commercial interest over health, with weak restrictions on the sale and marketing of certain types of food, and is an easy sell when indigenous groups are perceived as 'offenders'. One wonders if food restrictions would be stronger if it were the coloniser rather than the colonised who had the high prevalence of obesity? Either way, individual or indigenous blaming for 'the weight issue' has not led to large-scale improvements in health nor investment in indigenous solutions.[17]

Within a weight-focussed framing of health, indigenous peoples are set up to fail. Popular before-and-after photos on social media send the unrealistic message: *If they can do it … why aren't the rest of you?* While some may see these individual success stories as motivation, beneath the before-and-after pictures is the perpetuation of a higher moral ground. Indigenous people (minus the 'successful' exceptions) continue to languish in their overweight state, waiting for the heroic, usually 'non-indigenous' health professional (the personal trainer, the nutritionist, the general practitioner, and so on) to save them because 'they' are perceived as being incapable to save themselves.

Racism towards Māori and indigenous peoples globally

Racism stepped ashore in New Zealand with the arrival of European peoples and the subsequent waves of colonisation. Colonisation is an example of institutional racism in that it is a pattern of differential access to goods services and opportunities by race, whereby one group is disadvantaged, while another is advantaged. Jones[18] argues that institutional racism is codified in social institutions, and research has identified racism in the administration of the public sector.[19–21] Societal racism is the process of ascribing negative attributes to a culture and then having the power to enact those prejudices. For example, McCreanor et al.[22] have argued that routine negative media coverage fuels negative stereotypes and discourses about Māori. This is amplified in the work of Wilson and Stewart,[23] which illustrates global patterns of cultural racism against indigenous people in the

media. In New Zealand, McCreanor and Nairn[24] have also 'mapped' how Tauiwi (non-Māori) general practitioners talk about Māori health and found constructions that blame Māori for their plight and/or justified the existing service provision. Penney et al.[25] also found that clinicians described Māori patients as non-compliant, which clinicians explained was a result of Māori ignorance, poverty and self-destructiveness.

Central to understandings of institutional and societal racism is the notion that while one group is disadvantaged, another is advantaged or privileged. Privilege often takes the form of greater influence and expedited access to power and resources. For example, both Addy[26] and McIntosh[27] have argued that white people get to be 'normal,' and other groups are defined against this monocultural centre. It is important to note that privilege and/or racism is often intermeshed with other systems of oppression such as class, sexism, heterosexism or in this case 'weightism', which compound one's advantage or disadvantage.[28]

Fat shaming indigenous people serve to ideologically maintain the hegemonic (monocultural) discourses of indigenous failure. Indigenous people are often presented as hapless and unable to engage in either individual or collective self-care without the support of a 'noble' health system. From a public health perspective, this ideology directly conflicts with indigenous health promotion philosophies as articulated by Ratima,[29] and Durie[30] in New Zealand, McPhail-Bell et al. in Australia,[31] and Donatuto et al.[32] in North America. These authors emphasise culturally tailored approaches, the pursuit of tino rangatiratanga (sovereignty) and addressing the wider determinants of health. Came's[33] work shows that within health policy in New Zealand, indigenous evidence about what works for Māori communities is often overlooked in favour of data from the global north which rarely have indigenous analysis. Similarly, Harris and Harper[34] criticise the failure to include indigenous-specific factors when calculating health risks within Native American populations.

Indigenous solutions

Over the past three decades in New Zealand, a renaissance of Māori knowledge, which draws on traditional knowledge, values and beliefs, has emerged to address contemporary issues. Māori have developed Māori-centred outcome measures, indicators and evaluation tools.[35,36] Likewise, kaupapa Māori evaluation is an unfolding speciality within public health and health research.[37,38] These outcome measures are based on cultural principles such as manaakitanga (the capacity to care and reciprocate care) and whakamana (empowerment of individuals and families). Yet, when it comes to the promotion of physical components of Māori health, such as physical activity and nutrition, weight loss remains the primary outcome measure. While universal outcome measures, such as mortality, and markers of chronic illness have bearing on the health of all peoples, unique characteristics of indigenous peoples require more specific measurement—measures attuned to indigenous realities and to indigenous worldviews.[39]

The Atua Matua framework,[40] for example, draws on traditional knowledge, emphasising whakapapa, one's link to others, the environment, their ancestors and to the metaphysical, as the driver for lifestyle change. The 'Korikori a Iwi' initiative, a physical activity initiative conducted among iwi (tribes) in New Zealand's far north, used traditional knowledge by repackaging traditional games, and weaponry as exercise, in addition to their entertainment or educational value. Commenting on this initiative, Henwood[41] highlighted some of the holistic benefits of approaching physical activity from an indigenous perspective

> *regular hikoi (walks) to historic places of local significance not only provided exercise, but also encouraged a deeper understanding of the natural environment and led to the identification of native plants and the sharing of knowledge about rongoā (medicines) and Māori healing practices.*

These initiatives provide an alternative to weight-focused health promotion and highlight the value of indigenous knowledge and values in contemporary settings. To date, there appears to be limited formal assessment of their effectiveness or examination of the outcome measures used in these initiatives. An exception being Henwood's kaupapa Māori evaluation of 'Korikori a Iwi'.

While the evidence is scarce, one might ask what would 'decolonised' indigenous outcome measures look like for an exercise or dietary intervention? Henwood[41] suggests that 'the validation of Māori processes and knowledge, setting appropriate measures of success and an acknowledgement of diverse Māori perspectives and realities' are key themes for health and well-being programmes in New Zealand. We would argue that this applies to all indigenous peoples. Given the connection indigenous groups express to ancestral lands and the value placed on genealogical links to ancestors, perhaps outcome measures could be based on contemporary expressions of connection to land and ancestry—this would require 'measures' that make sense of these connections. For instance, a participant might be asked to reflect on how they compare with a particular ancestor. Or how their connection with culture/lands etc. has changed as a result of an intervention. While these ideas are preliminary and need more consideration, we can see similar thought processes at work in the scholarship of McCubbin et al.[42] working with indigenous Hawaiians, where they developed relational well-being measures tracking connections among people. Ultimately, outcome measures commonly used in interventions targeting chronic illness rarely reflect anything other than biophysical aspects of health and are not designed to grasp culturally specific health aspirations. In fact, we would argue that measures are designed to avoid culturally specific health aspirations. Considering the holistic nature of indigenous health views expressed in contemporary models, any tool used to measure outcomes should reflect all aspects of health and well-being in a balanced way. Thus, further work is required to develop outcome measures for public health initiatives targeting indigenous peoples, which shift the focus from fat shaming to cultural reconnection.

We believe that indigenous knowledge needs to be embraced more fully within public health work. Prioritising indigenous-valued outcomes over (politically driven) neoliberally valued outcomes is vital. This requires public health

practitioners to consider health holistically rather than focussing on narrowly (funder) defined health behaviours, which Came[43] argued remains the default basis for the purchasing of most health promotion in New Zealand at least. Weight loss should be a secondary incidental outcome, if an outcome measure at all, to the activities of reconnection and decolonisation of Māori people and of the systems which continue to oppress them. It does not make sense to keep focussing on an outcome, weight loss, which research confirms is extremely difficult or nearly impossible to achieve.[44,45]

Second, a shift is needed from fat shaming individuals and specific groups who are predominantly larger (individual responsibility) to understand the systemic impacts of colonisation (structural discrimination and violence) on the colonised. Thus, decolonisation and engagement with what Māori term 'whakapapa', a principle that acknowledges one's place within the environment including one's own experiences and the experiences of ancestors, could be the key to improve the health (and reducing the 'weight-related' illnesses) of indigenous peoples. Such a reorientation would also require reallocation of public health resources in terms of investment in indigenous-led solutions.

Tomiyama and Mann[46] point out in the title of their article, 'If shaming reduced obesity, there would be no fat people.' Similarly, trying to solve the 'obesity issue' with an approach shaped by the same frame of reference which has led to the issue in the first place is not the way forward. Instead, it requires looking back critically at those systems and practices in place when these groups had near perfect health and find innovative ways to bring those things into a contemporary setting.

Conclusion

Although we have provided examples of indigenous health applications from mostly Māori cases, the near universal use of Western-orientated outcome measures globally highlights societal racism, a favouring of one knowledge system over another and an unwillingness of health systems to accept indigenous knowledge at all levels and stages of health service provision. Although indigenous outcome measures have been addressed in some fields such as mental health, when it comes to initiatives targeting 'physical' aspects of health, government agencies currently require the assessment criteria which conform to maintain the weight-focussed norm—'*we'll let you design the solution, but we won't let you measure the outcomes which are most meaningful to you.*' Societal and institutional racism needs to be challenged within the nutrition, physical activity and weight loss space, and indigenous-led solutions informed by indigenous knowledge are welcomed.

We began with Maui and the stir caused by his body as depicted in Disney's *Moana*. However, reading beneath the fair analysis that sees this depiction as an expression of stereotype and racism by a multinational corporation with a history of cultural misappropriation, we feel that this depiction of a 'brown' hero is exactly what is needed for public health messages, a celebration of an active, resilient, powerful figure whose body does not align with a Euro-Western ideal body shape. In the movie, Maui's health and mana (prestige) are suffering because of a lost connection to his environment, which is restored once he reconnects with his whakapapa (i.e. realigns himself within his surrounding ecosystem and environment) in service of Moana's quest to restore the balance between environment and people. Here, fiction provides a vision for a future where indigenous ways provide solutions to the issues that have arisen through colonisation of indigenous peoples.

Author statements

Ethical approval

Ethical committee approval was not sought for the research outlined in this manuscript as it is a conceptual article.

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Competing interests

The authors have no competing interests to declare.

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