

Girls' Experiences Regarding Obesity: A Qualitative Study in Iraq

Abstract

Background: Obesity among girls can cause physical, psychological, or social problems. Different cultures have different lifestyle and dietary habits which affect people's experience about obesity. This study aimed to assess girls' experience toward obesity. **Materials and Methods:** In 2023, a qualitative conventional content analysis method was used in this study to meet the study's objective in Baghdad and Babylon, Iraq. A probability purposive sampling method was used to gather the sample from three high schools in two cities across Iraq. The main question of the interview was follows: how do girls think about their body weight? A total of 29 girls participated in the study. Four girls withdrew, so 25 girls were included in data analysis using Saldana's coding method. **Results:** The data revealed three themes: perceptions about body weight, community insight toward features of the body, and attitudes about body weight. **Conclusions:** Iraqi teenage girls have different perceptions regarding obesity. Even their satisfactions about their body weight varies. Increasing teenage girls' awareness about obesity can play a crucial role in changing their perceptions toward obesity. Conducting further studies is recommended to find out the relationships between Iraqi girls' experience and factors that lead to obesity.

Keywords: Obesity, perception, women

Introduction

Obesity is a significant risk factor for many diseases, and its effects can be emotional, psychological, or social.^[1] Although individuals may be aware of the negative effects of obesity, some individuals particularly adolescents may desire to gain weight.^[1] Adolescence is a period of transition from childhood to adulthood, marked by psychological and social changes that influence social behavior.^[2] It is crucial for developing attitudes toward body image, with a growing interest in how body image perception affects self-acceptance, well-being, and mental health.^[3,4] During this stage of life, there is a fascination with the changing body and its proportions, shaping how individuals perceive, accept, and evaluate their bodies. These decisions are frequently influenced by societal norms.^[5,6] However, weight perception is influenced by the major changes that occur in the body during growth spurts. The assessment of one's body image along with the attitudes, emotions, and beliefs associated with it regarding appearance, size, shape, and weight is known as body

weight perception. Therefore, understanding body weight perception is important for weight management.^[7] About one-third of adolescents struggle to appropriately perceive their weight, with girls more likely than boys to have misperceptions.^[8] Recent globalization and the adoption of Western lifestyles and eating habits by many developing nations may have led to a shift in attitudes regarding body weight and weight perception toward a preference for a slim body size.^[9,10] Recognizing the various cultural elements that contribute to body satisfaction can be a valuable tool in preventing eating disorders, body dissatisfaction, and promoting healthy lifestyle practices and obesity prevention initiatives.^[11] Therefore, adolescents in developing countries may adopt their lifestyle and eating habits from Western countries, but their perception toward obesity may vary. Al-Jubouri *et al.*^[1] stated that Iraqi girls have different levels of self-esteem and stigma toward obesity. They suggested conducting a qualitative study to explore the perception of Arab adolescent girls regarding obesity. Therefore, the current study aimed to assess Iraqi girls'

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experiences toward obesity in order to fill this gap in the literature.

Materials and Methods

In 2023, a qualitative method was employed to explore girls' experiences toward obesity. A conventional content analysis method was used as it is well suited to describe the phenomenon of girls' obesity. Twenty-nine girls were recruited from 475 students in three high schools. Four participants did not wish to continue and withdrew from the study. The data collection was stopped after collecting 25 samples to achieve the saturation with 22 samples plus three additional samples ensure the data saturation. The settings were schools located in two cities in Iraq (Baghdad and Babylon) which are the biggest and most populated ones in Iraq. High schools in Iraq are segregated by sex (male or female), which male students are not allowed to enroll in girls' high schools and vice versa. All the researchers who collected the data in this study were female. Participants were purposively selected based on the following inclusion criteria: girls of Iraqi nationality, more than 14 years old, and being high school students. The data were collected through face-to-face interviews by asking the participants 11 open-ended questions. Some questions were "How do you believe that obesity or over-weight affect your health status?" "How do you think about your body weight?" "Are you satisfied with your body weight? Why?", "Do you think community insight has its impact on your body weight? How?" The data collection was conducted from January 10, 2023 to February 4, 2023. The interviews were audio recorded and then transcribed. Each interview last from 25–30 minutes. All audio-recorded qualitative data were listened to by the researcher, field notes were taken immediately following the interview, and then, transcripts were coded to discover potential themes. The transcripts were then analyzed thematically using an inductive approach. To ensure the rigor in this study, the transcripts were checked by listening to the audio recordings to ensure no errors were introduced during transcription and coding. The conventional content analysis method was used to code the transcripts. During the coding process, data were constantly compared with codes to ensure no changes occurred to the meaning of the codes. The coding for the same text was cross-checked and agreed by two co-authors (M.A. and S.B.).

Ethical considerations

The study protocol was approved by the Institutional Review Board (IRB) in College of Nursing at University of Baghdad. Additionally, approvals to collect the data were obtained from three girls' high schools (Al-Jawadain, Al-Hariri in Baghdad and Al-Khansa in Babylon). Oral informed consent was obtained from each participant, and participants' permissions to record their voices were obtained, too. Furthermore, parental assents were obtained by signing the assent form. Moreover, participants had the

right to withdraw from the study at any time without any consequences, and the anonymity and confidentiality were assured. The transcripts were analyzed using an inductive process aligned with interpretative analysis. The data analysis included listening to the recorded audios, reading each transcripts, and extracting phrases. The transcripts were read twice to ensure comprehensive analysis and a better understanding of the themes. After that, common phrases were highlighted. The researcher M.A. checked the original transcripts to ensure participants' actual answers. The data saturation was achieved with 25 participants. To ensure the rigor, the COREQ guidelines for qualitative research were followed.

Results

The samples' demographics are shown in Table 1. The results presented that the mean and standard deviation (SD) of participants' age were 17.60 (1.60). The mean (SD) of participants' weight was 62.80 kilograms (kg) (11.10), and 161.90 centimeters (cm) (5.90) for height. The mean (SD) of participants' Body Mass Index (BMI) was 23.90 (3.69). All of the study sample were single, and the highest percentage (52%) of the participants had an education level of 12th grade in secondary school. The majority of the study sample (80%) stated that they had enough economic status. The socio-demographics of each participants are presented in Table 2 in details.

Using qualitative content analysis, similarities among words, phrases, sentences, and concepts were identified based on achieving saturation of all concepts, including participants' experiences about obesity. Themes emerged from the analysis of 11 questions and were grouped

Table 1: Distribution of the study sample according to their demographic characteristics

Variable	Mean (SD)
Age (years)	17.60 (1.60)
Weight (kg)	62.80 (11.10)
Height (cm)	161.90 (5.90)
Body Mass Index (BMI)	23.90 (3.69)
Variable	n (%)
Marital Status (single)	25 (100%)
Education level (secondary school)	
9 th	1 (4%)
10 th	3 (12%)
11 th	8 (32%)
12 th	13 (52%)
Total	25 (100%)
Economic status	
Enough	20 (80%)
Somehow enough	4 (16%)
Not enough	1 (4%)
Total	25 (100%)

SD=Standard deviation, Kg=Kilogram, Cm=Centimeter, BMI=Body Mass Index, n=Number

Table 2: Distribution demographic characteristics of each participant

Demographic Mean (SD)	Age (years)	Weight (kg)	Height (cm)	Body Mass Index (BMI)	Education level	Economic status
Participant #1	16	65	172	21.97	10 th	enough
Participant #2	18	80	167	28.69	12 th	enough
Participant #3	17	82	170	28.37	11 th	enough
Participant #4	17	78	169	27.31	11 th	enough
Participant #5	15	80	170	27.68	11 th	Somehow enough
Participant #6	20	50	169	17.51	10 th	Somehow enough
Participant #7	23	63	158	25.24	12 th	Somehow enough
Participant #8	18	69	166	25.04	12 th	enough
Participant #9	19	59	153	25.2	12 th	enough
Participant #10	18	65	160	25.39	12 th	enough
Participant #11	18	51	150	22.67	12 th	enough
Participant #12	16	70	160	27.34	12 th	Somehow enough
Participant #13	17	70	156	28.76	10 th	enough
Participant #14	17	55	160	21.48	11 th	enough
Participant #15	19	45	158	18.03	11 th	enough
Participant #16	15	78	159	30.85	12 th	enough
Participant #17	15	58	157	23.53	9 th	enough
Participant #18	18	64	166	23.23	12 th	enough
Participant #19	18	60	160	23.44	12 th	enough
Participant #20	18	55	157	22.31	12 th	enough
Participant #21	17	45	157	18.26	11 th	enough
Participant #22	17	68	168	24.09	11 th	Not enough
Participant #23	17	56	157	22.72	11 th	enough
Participant #24	18	50	165	18.37	12 th	Enough
Participant #25	18	55	165	20.2	12 th	enough

into three primary thematic categories with associated subthemes. The first category presented perceptions about body weight. The second category presented perceptions about community insight toward the features of the body. The third category presented attitudes about body weight.

Perceptions about body weight: Several associated subthemes belong to perceptions about body weight, including the following topics.

Perception about increased body weight: In response to the question “Are you satisfied with your body weight, or no? Why?” Participants stated that they are satisfied with their body weight. Participant 1 stated that “Yes, I am satisfied with my body weight, because I have organized and fitness body and I am healthy, thanks to God”. Participant 2 said that “I am somehow satisfied with my body weight because now I have tired due to studying and anxiety which make me eat more, and I will return to my normal body weight whenever I finish my exams”.

The participant 3 stated “Sometimes I am satisfied with my body weight and sometimes no, because most my relatives were married with each other and believe me they have approximately the same shape”. The participant 4 said that “No, I am not. I eat sweets and do not do exercise, so I have increased my body weight”. The participant 5 stated that “I have a desire to increase my body weight because I was

sick and not thin. I just need to increase my body weight to some accepted level.” Participant 13 said “I am not satisfied with my body weight because I am very thin.” Participant 14 stated that “if I need to increase my body weight I will go to the specialized physician and follow orders.”

Perceptions about decreased body weight: In response to the question “Do you believe that being over-weight or underweight is considered as a part of woman’s beauty?” Participant 1 stated that “No for sure. The organized and fitness body is the core of woman beauty, neither thin nor obese”. Participant 2 said “Following healthy diet to decrease body weight can insist me to follow strict rules until I get normal weight. This is hard and take time.” Participant 3 stated that “I would decrease my body weight in the future before attending the university. I will stop eating heavy meals and attend gym. When I was in the 10th grade, I stopped eating and just drinking more water with eating vegetables. I became thin, pale, and lost a lot of my hair. It was a bad behavior.”

Participant 6 said that “I would like to decrease my body weight; fitness body is more beautiful, but sometimes it is preferred to have more body weight as a sign of beauty.” Participant 7 stated that “I would like to decrease my body weight to be more beautiful and my clothes become more beautiful on me.”

Perception about a healthy body: In response to the questions "In general, what does it mean to you that your body is healthy?" All study participants mentioned that healthy body means free from illnesses and diseases. Participant 1 stated that *"I have a healthy body which means I am free from diseases and illnesses. I can do my daily activities, run, and perform other normal life duties."* Participant 2 said that *"Healthy body means that I eat healthy diet firstly, and I am free from diseases."* Participant 3 stated that *"Healthy body means I live without bullying."* The participant 4 stated that *"Healthy body means exercising, following a healthy diet, and avoiding sweets and foods that cause obesity."* Participant 5 said that *"It means I think that if someone eat healthy diet without fatty food, it is not necessary to go to gym and do exercises. Eating a healthy diet is enough to maintain a healthy body."* Participant 8 said that *"Fitness body is more preferred, and I see that obese individuals get tired quickly and cannot walk normally. For that, I prefer to be thin or healthy."*

Another question was "Upon your opinion, is there a difference between obesity and overweight? How?" Participant 1 stated that *"Sure, I can decrease overweight, but obesity is a disease that does not have a solution or cure."* The participant 3 said that *"Yes, obesity is cute, but overweight could be a disease status that one cannot control body weight and not beauty."* The participant 5 stated that *"I suggest that obesity is hereditary from family, but overweight is a disease."* Participant 8 said that *"I do not know the difference between obesity and overweight."* In addition, there was another question "How do you know your body weight is normal? Does the body mass index measure?" Participant 1 stated that *"I see myself. I have a fitness body and I am satisfied with it. I do not need to measure my body weight."* Participant 5 said that *"I do not know what body mass index is. How does it measure?"* Participant 6 stated that *"I see myself in mirror and check if I have increased weight or no."* Another question belonged to perception about healthy weight was "How do you believe that obesity or over-weight affect your health status?" Participant 1 stated that *"Obese person cannot decrease his/her weight and live in an abnormal way and could have diseases like diabetes mellitus or other health problems"*. The participant 3 said that *"Obesity or overweight could affect my joints and cause joints' pain, heart problems, and other issues."* Participant 14 said that *"Obesity or overweight will effect on the psychological status especially when someone cannot do activities normally."*

Perception about community insight toward feature of the body: In response to question "Do you think that community insight has its impact on your body weight? How?" Participant 1 stated that *"Yes, sure, I swear it is a big problem that the community make a judgment based on a body is obese. They do not know that one could have health problems and could eat in an abnormal way."*

The participant 4 said that *"No, there is no effect of the community on my body weight. I can control it."* The participant 11 stated that *"No the community insight will not affect my opinion about my body weight. It is my own issue."* Another question related to community insight about obesity was "Do you think that Iraqi community insight on your feature effects on wish to increase or decrease your body weight? How?" Participant 1 stated that *"It is my own convincement about my body weight, and I do not care about the community insight."* Participant 6 said that *"Yes, Iraqi community insight could affect especially on psychological status, meant if they said to someone 'you are obese' he/she will decrease eating until become thin or fitness and more beautiful."* Participant 13 stated that *"Yes, they said I am very skinny and thin. I get mad."*

Attitudes about body weight: In response to the question "Do you wish to increase or loss weight? What is the reason." Participant 1 stated that *"I am satisfied with my body weight, and I do not need to increase or decrease it."* Two different themes emerged from this major concept, including the following. Participant 15 said that *"I do not wish to increase or decrease my body weight. I am satisfied with it."*

Attitudes about increasing body weight: In response to the question "If you wish to increase body weight, what methods do you use or will use to increase the weight?" Participant 2 said that *"If I wish to decrease my body weight, I will follow health diet regimen and do exercise."* Participant 5 stated that *"I used to eat more food to increase my body weight, and I feel like I am out of control doing that. It is not correct."*

Attitudes about decreasing body weight: In response to the question "If you wish to decrease body weight, what methods do you use or will use to increase the weight?" The participant 4 said that *"I would like to decrease my body weight through following healthy diet. I will eat healthy foods and do exercise. This method has positive impact, it makes me healthy and energized. It does not have negative consequences."* Participant 15 stated that *"I will follow physician directions if I need to decrease my body weight."*

Discussion

The study presents a logically organized explanation and discussion of the findings, supported by existing literature and relevant research. This study explored the perceptions of girls about obesity. Through thematic analysis of the qualitative findings, the study questions were examined and estimated. The qualitative findings drawn from interviews revealed three primary thematic categories with associated subthemes, which showed the girls perceptions about body weight, perceptions about community insight toward features of the body, and attitudes about body weight. The researchers accessed young girls perceptions

of their own and others' body weight. The study shows that girls are satisfied with their own bodies. On the other hand, research conducted by Sonnevile^[12] shows that overweight and obese teenagers have complicated and frequently conflicting sentiments regarding their own and other people's bodies. The study also found that young girls do not view being overweight or thin as part of a woman's attractiveness; they believe that an organized and fit body based on the fit of their clothing is the basis of a woman's beauty, which is neither slim nor fat. The research conducted by Aparicio-Martinez *et al.*^[13] found that social pressure resulting from the media spreads the idea that it is necessary to achieve the "ideal of beauty," with an emphasis on thinness for women. The majority of participants described a healthy body as being free from illnesses and diseases. In addition, the study participants linked obesity with diet, lifestyle, inactivity, culture, and personal values. This is consistent with findings from a South African study, which found that attitudes, personal values, perceived built environment, access to health information, and the influence of strong cultural norms all influence willingness to maintain optimal body weight.^[14]

Importantly, the adolescent girls had a related increase in body weight leading to chronic health problems such as hypertension, diabetes, shortness of breath, joint problems, etc. Furthermore, while most of them knew the causes of obesity and believed that a healthy body is neither thin nor fat, the majority of them were unable to distinguish between being overweight and obese, and they were unaware of the BMI scoring system. Based on the data, it is possible to conclude that inaccurate body size assessment might lead to incorrect weight-control practices among adolescents. The findings indicate that the extent to which girls are unable to discriminate between overweight and obesity influences the strength of the link between body mass and body image which highlighted the practical implications for achieving a healthy weight status and a positive body image among adolescents.^[4]

The results of this qualitative investigation suggest that communal perceptions of adolescent girls' bodies can have a variety of effects, some of which are more favorable than others, and the adolescent girls might or might not be affected by community insights regarding the features of their bodies. Conversely, the teenage females articulated their views on how society promotes obesity and the idealized feminine form rather well. It is possible, though, that most girls do not yet exhibit enough self-reliant and sophisticated cognition to challenge the societally dominant yet unattainable ideal image. Research has also shown that the development of obesity or overweight girls' motivations and hurdles toward engaging in physical exercise is influenced by their ideal body image as teens in Taiwan.^[15] According to the study's participants, who expressed satisfaction with their current weight and no urge to gain or lose weight, adolescents' proper weight-control

behaviors were a direct result of the accurate measurement of body size. The majority of participants thought that exercising on a daily basis promotes health, which suggests that the community needs more sports and fitness facilities. This suggests that, although social response shapes people's attitudes toward certain health behaviors, direct observation of others who are impacted by a disease and one's assessment of the severity of that condition may strengthen one's intention to engage in such behaviors through reasoned thinking.^[14,16] One limitation in this study is that the results cannot be generalized based on the limited number of sample and settings. The main question of the interview was follows: how do girls think about their body weight? Indeed, participants had different thoughts about their weight.

Conclusion

Based on the results of this study, Iraqi teenage girls have different perceptions regarding obesity. Some consider obesity as a criterion for beauty, while others consider it as a social dilemma. Satisfaction levels also varied among participants. Increasing awareness among teenage girls about obesity and its complications can play a crucial role in changing this age group's perceptions toward obesity. It is also important to educate teenage girls on how to gain or lose weight based on healthy and standard criteria. Conducting more studies is recommended to explore the relationships between Iraqi girls' experiences and the factors that lead to obesity.

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Conflicts of interest

Nothing to declare.

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