

VIETNAMESE WOMEN'S EXPERIENCE OF WEIGHT COMMENTS: A
QUALITATIVE STUDY

by

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ABSTRACT

TRAN TRAN. Vietnamese Women's Experiences of Weight Comments: A Qualitative Study. (Under the direction of DR. VIRGINIA GIL-RIVAS and DR. JENNIFER WEBB)

Body image research across Asia has underscored the negative impacts of the thin ideal, primarily focusing on Japan, China, and South Korea. However, it's essential to acknowledge Asia's diversity and unique socio-political, cultural, and economic contexts. Higher-income East Asian countries' findings may not necessarily apply to Southeast Asian nations like Vietnam, which have distinct backgrounds. Vietnam's history of war and colonialism led to prolonged famine and food insecurity, but subsequent economic growth since 1986 has transformed food accessibility, altering people's attitudes towards food and their bodies. Emerging research indicates rising body image dissatisfaction, drive for thinness, and bulimic behaviors among Vietnamese women. Health concerns often fuel the desire for thinness amidst the global medicalization of "obesity." This study explored how the thin ideal influences Vietnamese women through weight comments, analyzed via online interviews with eleven participants aged 18-25, utilizing IPA approach. Findings revealed themes encompassing weight comments' characteristics, responses to weight comments, and weight stigma. Participants reported weight talks from various sources, including parents, distant family, medical providers, and social media, driven by health concerns, thin ideals, and a sense of responsibility and entitlement. Participants reported body dissatisfaction, unhealthy weight control behaviors, and negative well-being. It is essential to highlight that the thin ideal encompasses both the aesthetic and the standard of health. Regardless, the reinforcement of thinness underscores the pervasive influence of weight stigma across levels. These results emphasize the necessity for culturally

appropriate models within a larger stigma framework to study body image and disordered eating behaviors effectively.

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DEDICATION

I dedicate my thesis work to my family, friends, and my beloved Vietnamese women. A special gratitude to my loving parents, Trần Đức Minh and Nguyễn Thanh Trang, for your love and encouragement. For my partner, Harry Swanson, thank you for your constant love and support.

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Figure 1: Applying the Health Stigma and Discrimination Framework to Understand

Weight Stigma

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LIST OF ABBREVIATIONS

B.C.	An acronym for Before Christ.
BMI	An acronym for Body Mass Index.
CDC	An acronym for Centers for Disease Control and Prevention.
COVID-19	An acronym for Corona Virus Disease.
IPA	An acronym for Interpretative Phenomenological Analysis.
U.S.	An acronym for United States.
UNICEF	An acronym for United Nations International Children's Emergency Fund.
VND	An acronym for Vietnamese Dong
WHO	An acronym for World Health Organization.

CHAPTER 1: INTRODUCTION

1.1 Body Image Research

In Western culture, the narrow definition of the thin-ideal has influenced how women regulate themselves, from how they perceive their own body to behavioral changes to control their weight (Mills et al., 2017). As the globalization of Western media and ideologies becomes more prevalent and prominent, body size preferences start to change across cultures (Nasser, 1988). Non-Western societies, particularly those with high income, show a shift toward the thin-ideal similarly to Western societies (Galfano & Swami, 2015; Swami et al., 2010). Existing research shows that the preference for thinness is one of the best predictors of body dissatisfaction (Paterna et al., 2021).

Emerging research in Asian countries also suggests similar consequences of the thin-ideal (Pike & Dunne, 2015). However, a majority of body image related research focuses on Japan and China, followed by research in Singapore, South Korea, Taiwan, and Iran (Kim et al., 2021; Tsai, 2000). It is essential to bear in mind that ‘Asia’ constitutes the largest continent, encompassing considerably diverse and heterogeneous cultures. Under the ‘Asia’ umbrella term are countries with different socio-political, cultural, and economic contexts (Lee, 2004). For instance, residing in Southeast Asia, Vietnam is a developing country that has a long history of resistance to foreign invaders. From the 111 B.C. when China Han’s Dynasty invaded Vietnam, which started a thousand years of Chinese domination, to 100-year of French colonization in the mid-19th century, to the 20-year U.S. occupation (Dommen, 2001). As a result of this history of colonization, Vietnam is heavily influenced by foreign forces. However, the country still forms its own fascinating and unique sociocultural characteristics. Thus, it is important to understand the unique history

and societal transformation to better investigate the thin-ideal and its impact within each Asian country, specifically Vietnam.

Recent research has shown that there is a shift in body size preference, particularly for thinness, among societies with exponential economic expansion and societal developments such as Vietnam (Galfano & Swami, 2015). In addition, while body image research has only focused on physical attraction as the primary predictor for desire for thinness, health concerns recently emerged as a potential motivation for people to lose weight (Lanoye et al., 2019; LaRose et al., 2013; Silva et al., 2018). To comprehend the complex ways in which the thin ideal, whether thinness represents the standard of health or beauty or both, can influence Vietnamese women, this study will explore Vietnamese women's experiences of receiving social pressure to be thin manifested via weight talk. The study is informed by the Tripartite Influence Model (Thompson et al., 1999) to identify potential sociocultural sources of weight talk. Vietnam's social and historical contexts are discussed below to better understand how the concepts of being "overweight" and "thinness" are perceived in this developing country.

1.2 Health Equates Thinness

In 1997, the WHO declared "obesity," which is characterized as an excessive accumulation of body adiposity (Caballero, 2007), as a global epidemic (Ulijaszek, 2003) and a leading cause to multiple noncommunicable diseases, such as heart disease, type 2 diabetes, stroke, cancer, and osteoarthritis (CDC, 2021). However, such causality cannot be determined in most circumstances since almost all the evidence suggesting that "obesity" or high BMI causes diseases is correlational in nature (Bombak, 2014). Further, studies that shaped the biomedical lens of the disease risks attributed to high BMI often did

not control for important variables such as diet, physical activity, social support, income, etc. (Silva et al., 2006). Moreover, although BMI was adopted as a tool to assess “obesity”, this ratio of body weight to body height does not take into consideration one’s body composition or regional body fat distribution (Calogero et al., 2019). BMI also does not account for other health factors, such as physical activity or metabolic fitness. Thus, it is not a meaningful proxy for one’s health. In other words, the widely accepted perception that higher weight is related to and can lead to higher risks for disease is not empirically supported (Bombak, 2014).

Epidemiological data has shown that the highest mortality risk falls at the two extreme ends of the weight spectrum, specifically, people with BMIs below 18.5 and BMIs above 35 (Hotchkiss & Leyland, 2011; Winter et al., 2014). People with BMIs ≥ 30 (categorized as “obesity” according to the BMI) have comparable mortality risks to those with BMIs 18.5 to <25 , despite the latter group being typically considered as having “healthy” weight. “Overweight” people with BMIs between 25 and <30 had a significantly lower risk of mortality compared to “low,” “normal”, and “obese” BMI categories, contradicting the ubiquitous health warnings regarding their weight status (Hotchkiss & Leyland, 2011).

Despite the conflicting evidence about the validity of BMI in predicting disease risks, public health officials regularly send warning messages about the consequences of being “overweight.” With the often-unchallenged lens of biomedical research and the proliferation of news outlets on the danger of “obesity,” the medicalization of “obesity” marks a cultural shift in how excess weight is perceived (Boero, 2007; Jutel, 2006). Weight is no longer a number on a scale but has been elevated to serve as an unsophisticated visible

health indicator, despite the nonlinear relationship between weight and risks for disease (Calogero et al., 2019). Moreover, the “disease model of weight” does not only medicalize but also pathologizes excess weight. “Overweight” and “obesity” are deemed as the diseases themselves, although there is little empirical evidence to support this notion (Bombak, 2014). This “disease model of weight” inadvertently intensifies the already pervasive and heavy pressure to be thin, resulting in people now striving to have a lower weight to protect their health (Boero, 2007) and exacerbating their body dissatisfaction.

1.3 Weight Talk and the Tripartite Influence Model

The Tripartite Influence Model is one of the dominant models examining factors that contribute to body dissatisfaction. The model posits that the pressure to achieve a thin figure, primarily exerted by sociocultural factors such as family members, peers, and media, contribute to body dissatisfaction among women (Thompson et al., 1999). The Tripartite Influence Model has been utilized to guide eating disorders research in Asian countries, such as China, South Korea, Japan, Singapore, and more.

One of the pathways exerting sociocultural pressures to be thin is weight talk. Weight talk is conceptualized as weight-oriented conversation such as weight teasing, weight criticism, diet encouragements, or comments about one’s body size (Berge et al., 2013). Studies examining the sources of weight talk and their associations with unhealthy weight control behavior among young adult men and women in the U.S. found that nearly all the participants reported being exposed to at least one form of weight talk (Greenhalgh, 2015; Simone et al., 2021). In addition, more than 50% of the participants reported being exposed to at least one source of weight talk from peers, mothers, or fathers (Simone et al., 2021). Similarly, in a recent study, female college students in China reported that they

frequently received bodyweight- and shape-related comments from family members, peers, and romantic partners (Yan et al., 2020). The study also found that the more body-related comments the participants received, the more likely they were to engage in unhealthy weight control behaviors, such as “eating very little” or “dieting” (Yan et al., 2020).

In the U.S., negative weight talk has been consistently found to be positively associated with poorer psychosocial wellbeing, unhealthy weight control attempts, and disordered eating behaviors (Barbeau et al., 2022; Berge et al., 2019; Berge et al., 2013; Gillison et al., 2016; Neumark-Sztainer et al., 2010; Puhl & Himmelstein., 2018; Simone et al., 2021; Yourell et al., 2021). Outside of the U.S., while research about weight talk’s impacts in Asian countries has been scarce, the findings are similar. Research suggests that the perception of weight-teasing, such as how often individuals received negative comments about their weight and how upset they felt, is a robust predictor of body image concerns among both Chinese men and women attending college (Chen et al., 2007). Besides negative weight talks like weight-teasing, the high frequency of general comments about body shape and weight from peers, family, and body-size-focused conversations on social media, can have similar adverse effects on the receivers’ well-being (Chen et al., 2007).

While existing studies have consistently shown the negative effects of weight-focused comments (Gillison et al., 2016; Yourell et al., 2021), research suggests that the motivations behind conveying weight-related commentary are complex (Bauer et al., 2021). For instance, in the context of public health stakeholders perpetuating the threat of the “rising obesity epidemic” globally, weight-related talk within the family environment may serve as a means to prevent the “spread” of “obesity” mobilized by a health-driven

rather than purely aesthetically-driven motive (Greenhalgh, 2015). Yet, experts in weight stigma and fat studies research have argued that thinness or low body weight are often used as an inaccurate metric of health (Hotchkiss & Leyland, 2011; Winter et al., 2014). Regardless of weight talk's purpose of regulating health or “improving” appearances, this type of conversation is still regularly employed to influence, control, and restrict the body to society's acceptable size.

Considering the nuances in culture, sociopolitical context, and socioeconomic status among Asian countries, the results of body image research in Asia reflect those differences. However, in general, the studies support the basic assumptions of the Tripartite Influence Model. To better understand the impact of weight talk on Asian women's body image, the current study will investigate the three primary sociocultural influences as posited in the Tripartite Influence Model: peers, family, and media.

1.3.1 Peers Influence

The existing literature examining the effects of peer pressures on Asian women's body image dissatisfaction shows conflicting results. For example, in the qualitative section of a multi-method study investigating factors associated with being underweight among female college students in China, the authors interviewed 160 participants about who influenced their weight-loss decision. Some of the questions were “Whose advice made you think you were not thin enough?” and “Whose advice did you take to make you decide to lose weight?” Participants reported peer's weight-related advice, such as “My roommates do not think [I am too thin]. They suggest that I would be more beautiful if I can lose 2.5 kg.”, was the primary factor influencing the participant's decision to lose weight and internalization of problematic thin ideals (Zhang et al., 2018, p.9).

Another qualitative study exploring the experience of Chinese college women who had an eating disorder showed similar results (Xiaojing, 2017). Appearance conversations, such as “My friends and I talk about the size and shape of our bodies,” and body-shape criticism, such as “Girls tease me or make fun of the size or shape of my body,” among peers were significantly associated with body image dissatisfaction (Xiaojing, 2017).

In contrast, the effect of peer’s feedback about body shape and size was not as salient among college women in South Korea. Peers’ feedback was not found to directly influence body dissatisfaction (Shin et al., 2017), but had an indirect influence on body dissatisfaction via thin ideal internalization. It is interesting how peer pressure's salience is different among different Asian countries. Similarly, findings related to the influence of parental pressure to be thin on young Asian women’s psychosocial well-being have been conflicting.

1.3.2 Family Influence

Findings of the effects of familial pressure to be thin on women's body image dissatisfaction are different across different Asian countries. In Singapore, parental comments were found to have a significant positive association with body dissatisfaction and disordered eating among both young men and women aged 18 to 25 years (Chng & Fassnacht, 2016). Especially for young women, perceived positive paternal (“You don’t need to lose weight,” “You always look wonderful,” etc.) and negative maternal comments about weight (“You need to lose weight,” “You look great, but you could look even better if you lose some weight,” etc.) were significantly associated with greater desire to be thin and unhealthy eating habits. Young Singaporean women also received significantly more

weight-related comments from family members than their male counterparts (Chng & Fassnacht, 2016).

Parental pressures to be thin were also found to have both direct and indirect relationships with body image dissatisfaction via thin internalization in South Korean female college students (Shin et al., 2017). That is, when exposed to feedback from their mother and father about their body shape and size, such as encouragement to lose weight, young South Korean women tend to develop negative judgments about their body and accept their parents' beauty ideals as their own. Thus, these results may suggest that parents' judgments about their children's body and weight have a greater influence than those of peers on South Korean female college students.

In contrast, qualitative studies suggested that while young Chinese women wanted to lose weight and maintain a slim body, their parents did not understand their desire for thinness nor supported the thin ideal (Vu-Augier de Montgremier et al., 2020; Zhang et al., 2018). Their parents believed that their daughter's desire to be thin was heavily influenced by the media and peers' comments (Vu-Augier de Montgremier et al., 2020). Indeed, young Chinese women were more likely to listen to their peers' advice to lose weight and engage in unhealthy weight control behaviors, but they ignored family input (Zhang et al., 2018).

Overall, current findings suggest differences in the role of parental influences on young Asian women's desires to be thin across different Asian countries. Given the complex dynamics in Asian families, taking into account the impacts of familial members outside of the nuclear family such as father and mother is also warranted.

1.3.3 Social Media Influence

Existing research has consistently found that mass media, a key component of the social context, significantly influences women's body image and the desire to lose weight (Thompson et al., 1999). The impact of mass media on women's body dissatisfaction has been well observed in non-Western societies (Chen & Jackson, 2008). However, as technologies have grown and changed immensely over the past decades, mass media, including social media, have also inevitably affected our lives.

In the current social media context, rather than being passive consumers of information, users can choose what they want to see, interact with each other online, and create their own content. The increasing usage of social media has slowly blurred the line between distal mass media and more proximal interpersonal influences (Lee et al., 2014). Given all the recent changes, reconsidering the relationship between media's influence and women's body image attitudes is warranted.

On social media, users can create and post content on their personal profiles, such as photos and videos and communicate with others through commenting, private messaging, or reacting to posts. Thus, social media now can serve as a platform for weight-talk. Research shows that social media users are mainly motivated by building their self-image and online relationships (Pempek et al., 2009). Sharing one's photos online and engaging in appearance-related interactions with friends, such as commenting on their bodies, may motivate users to focus on the importance of physical appearance. Thus, having expectations from online friends may enhance users' attention to how they look, ultimately influencing their body image dissatisfaction. For instance, seeking negative evaluations and engaging in social comparison on Facebook significantly predicted

increases in body dissatisfaction and eating pathology symptoms among adolescents from Western countries (Smith et al., 2013).

The impacts of online appearance-related interactions on body image concerns have also been recorded outside the U.S.. In China, a study exploring how social media influence young adults' body image found that online appearance conversation and appearance criticism ("On social network platform such as Weibo, WeChat, QQ Zone, or Renren, my friends and I talk about how our bodies look in our clothes") significantly predicted women's body image dissatisfaction (Xiaojing, 2017).

The majority of the weight talk and body image research in Asia has focused on developed Asian countries such as China, Japan, Singapore, and South Korea (Kim et al., 2021; Tsai, 2000). However, findings from research conducted in higher income countries may not apply to other Asian countries, such as Vietnam, that are in a different economic condition and societal context. Vietnam, a developing country in Southeast Asia, is undergoing a rapid growth in its economy (Thang & Popkin, 2003; The World Bank, 2022), which indicates that people in Vietnam are likely to also adopt a preference for slimmer body size and consequently, develop body image concerns. Thus, it is essential to investigate what sociocultural factors, particularly what sources of weight talk, are related to body dissatisfaction among Vietnamese women. Further, as the medicalization of weight gains traction globally, Vietnam is expected to also adopt this medical model of "obesity".

1.4 Vietnam - Timeline and historical shift

Vietnam is a lower-middle-income country (The World Bank, 2022) that is undergoing a nutrition transition to improve the quality, quantity, and hygiene of Vietnamese people's diet, reduce child malnutrition, and manage "overweight" and

“obesity” (Vietnam’s Ministry of Health, 2012). After the dramatic economic reform (Doi Moi) in 1986, the Vietnamese economy transformed into an open and globally integrated model, which led to rapid changes in the economy. In 2016, GDP per capita in Vietnam had increased from \$239 in 1985 to \$2,185 (Thang & Popkin, 2003). According to the World Bank (2022), Vietnam's average GDP per capita increased 3.6 times between 2002 and 2021.

With economic growth comes dietary and nutrition transitions. A study examining the nutrition transition in Vietnam through different sources, such as food supply, diets, and nutrition outcomes, found that changes are happening rapidly. At a food system drivers level, agricultural production systems have shifted from smallholders models in the 1980s to primarily collective and more commercialized contemporary systems (Harris et al., 2020). While the traditional wet markets (a marketplace selling fresh fish, meat, live animals, and other perishable foods that are common in Southeast Asia) still dominate most of Vietnam's food retail landscape, supermarkets are a fast-growing sector predominantly in more urban areas. The food processing industry in Vietnam has also proliferated. Such a transformation has implications for food sourcing-- supermarkets and convenience stores will prefer food with a longer shelf-life, exposing consumers to more highly processed foods, which are associated with increased risks for health problems (Moreira et al., 2014). At a national level, Vietnam has increased the availability of nutritious foods such as meat and milk and increased the supply of foods high in sugars and fats. From 1961 to 2013, a sharp increase in the consumption of oils and fats (400%), sugar (176%), milk and milk products (~750%) was recorded (Harris et al., 2020). Due to the increase in urbanization

and income, people are spending more time at work. Thus, they now have less time for food preparation and rely more on convenience and street food (Harris et al., 2020).

With such transitions in food supply, changes in nutrition outcomes have been observed. Before 1995, childhood “overweight” and “obesity” were not reported as a problem in Vietnam (Khan & Khoi; 2008). However, rates of “overweight” emerged in the late 1990s and doubled between 1992 and 2002 (2% - 5.7%) (Tuan et al., 2008). “Overweight” is prevalent particularly among adults, white-collar workers, females, and urban communities (Cuong et al., 2007, Nguyen et al., 2007, Nguyen & Hoang, 2018). From 2000 to 2014, adult “overweight” and “obesity” increased from 3.5% to 15% (Nguyen & Hoang, 2018). “Overweight” has been increasing, while undernutrition also continues to exist in school-aged children and adolescents. A cross-sectional survey of 10,494 Vietnamese children in 2014-2015 reported that in primary students, 20%-30% were “overweight”, 20%-30% were “obese”, and 50% had abdominal “obesity” (Mai et al., 2020). However, high-school children were more likely to experience undernutrition-- 8% were stunted, and 6-18% were underweight (Mai et al., 2020).

1.5 Perceptions about “Overweight” and “Obesity” in Vietnam

In Vietnam, traditionally mothers are socialized and encouraged to raise their children to look "chubby," which positively reflects their family's wealth and social status (Ehlert, 2018). A recent qualitative study in Hanoi City, Vietnam investigating mothers' conceptions of childhood “overweight” suggested that mothers wanted their children to be plump since they thought the child would look cuter (Do et al., 2016). The mothers also noticed that when the child was somewhat “overweight”, they recovered from sickness faster. When their child was chubby, the mothers also received more praise. However,

mothers also expressed a negative view about being “overweight”, thinking it is shameful for their child to be “obese” (Do et al., 2016). The mothers' dominant concerns over their child being “obese” were the adverse health effects related to the excess weight, such as cardiovascular diseases, diabetes, high cholesterol levels, and fatty liver diseases. However, per previous critique regarding the relationship between excess weight and health, this overly simplistic relationship does not take into consideration other important and intersecting health-related factors and ignores the harmful impact of weight stigma.

Researchers and public health officials in Vietnam have been perpetuating the negative perceptions regarding being “overweight” and “obese”. A literature review about chronic disease risk factors indicated that “obesity” and “overweight” were the most common factors studied in Vietnam (Hoy et al., 2013). In addition, the government and public health officials have declared a national goal of reducing “obesity” rates in children to under 10% by 2030 (Lao Dong, 2021). In Vietnam, national news and media have also contributed to the war on “obesity” by calling “obesity” a virus and constantly warning people about how being “overweight” can intensify the severe effects of COVID-19 (Quan, D., 2021; Tran, 2021). Messages about the negative health correlates of “obesity”, especially during the pandemic, were frequently blasted on newspaper headlines, national television, doctors' offices, YouTube advertisements, and at schools. Public national kindergartens, primary and secondary schools have included health curriculums to spread awareness about the negative impacts related to “obesity” and “overweight” (UNICEF Vietnam, 2021). In Vietnam, similarly to the rest of the world, being thin is not only just a “beauty standard,” but also an oversimplified indicator of optimal health.

1.6 Thinness in Vietnam: Beauty Ideal or Health Ideal or Both?

Vietnam's long history of war and colonialism resulted in famine and food insecurity for many years. However, with the recent global economic integration and growth, Vietnam's food abundance has changed people's relationship to food and their bodies (Ehlert et al., 2021). The increase in body surveillance and control is evident in the rise in demand for diet pills, slimming products, healthy and organic food, and the rapid emergence of the urban fitness sector and yoga studios (Ehlert et al., 2021; Nguyen-Marshall et al., 2011). An ethnographic research study interviewing fitness trainer, yoga instructors, and experts working for the food supplement in Ho Chi Minh City, Vietnam, reported that a majority of their female clients want to lose weight. Some are even so ashamed of their body fat that they engage in extreme bulimic behaviors and feel ashamed whenever they eat (Ehlert et al., 2021). While there have not been many studies examining eating disorders in Vietnam, existing literature has also suggested a rising trend of body image dissatisfaction, bulimic eating behaviors, and the pursuit of thinness among Vietnamese girls and women (Ko et al., 2015; Sano et al., 2008). One study also showed a significant association between female college students who were underweight and body image dissatisfaction (Ko et al., 2015).

While research has shown an increase in Vietnamese girls' and women's desire for thinner body types and problematic eating behaviors, none of these studies, to the author's knowledge, provided the rationale behind these phenomena. The assumption might be that Vietnamese women have adopted the Western thin ideal or continued to perpetuate the traditional value of female thinness that predates the Eurocentric standards, which influences their eating behaviors and perceptions of their body. Thus, the rigid idea of what beauty should be can be used to control and regulate women's bodies (Mills et al., 2017).

However, considering the war on “obesity” and the increased health consciousness of Vietnamese people, another reason behind the desire for thinness might be derived from health concerns. The emerging cultural shift in weight-related conversation now centers around health, or rather another rigid understanding of what “healthiness” should look like. The current study thus wants to investigate the primary reason why Vietnamese women are pressured to pursue a slimmer body: for beauty, for health, or both.

1.7 Research Aims

The current study used qualitative methods to explore the experiences of young Vietnamese women from 18-25 years old with receiving weight-focused comments. Consistent with the Tripartite Influence Model (Thompson et al., 1999), this study explored the sources of these weight-oriented conversations, specifically from family members, peers, and the media. Given the emergence of thinness as the new indicator of health, it is also crucial to explore whether Vietnamese young women are pressured to be thin, which is reflected in comments about their body weight, from health professionals and other sources (e.g., family, peers, etc.). Thus, with the rising concerns from public health officials regarding health risks associated with “overweight” and “obesity,” the current study explored whether the participants’ perceptions of the motivations behind weight-talk are appearance- or health-concern-related, or a mixture of both. Lastly, the present study focused on how young Vietnamese women react to these weight-related comments, such as but not limited to any weight-control behavior changes, how the participants perceive themselves, and what the emotional reactions are in response to weight talk.

CHAPTER 2: METHODS

Since the present study focused on a new topic with an underrepresented population, an exploratory approach was warranted. Thus, the researcher utilized a qualitative method, specifically the Interpretative Phenomenological Analysis (IPA; Smith, 1996; Smith et al., 2022) to explore the responses of young Vietnamese women to receiving weight comments. IPA is a qualitative approach with an idiographic focus, distinctively designed to understand the participants' personal stories and how they make sense of the experience, usually through one-on-one interviews. Thus, this approach is particularly helpful in comprehending the novel responses of Vietnamese women regarding their experience with weight talk.

2.1 Recruitment

IPA advocates using a small and relatively homogeneous sample (e.g., from 3 to 11 participants) so the responses can be analyzed closely (Smith & Osborn, 2004). The current study aimed to collect data from at least 8 and maximum 14 participants. Existing research suggested the peak risk period for developing eating disorders for Western women is during adolescence and early adulthood (Hudson et al., 2007). However, studies suggested that the average peak age for eating disorder occurrence among Asian countries occurs later in life than in European countries (Smink et al., 2016). For instance, the highest risk for the onset of eating disorders in Taiwan was among 20- to 24-year-old women (Tsai et al., 2018). A 20-year longitudinal study of predominantly White American women suggested that disordered eating in women decreased with the attainment of specific life roles. Specifically, with marriage and motherhood, these new social roles replace the overvaluation of weight and shape and how women evaluate themselves during the

transition from adolescence to adulthood (Keel et al., 2007). Thus, in Western societies, entering marriage or motherhood seems to serve as a protective factor against the development of eating disorders. Since few studies have examined the effects of motherhood on women from different sociocultural contexts, it is possible that Asian women can also benefit from this developmental transition. Considering the difference in the age of eating disorders in Asia and specific protective social roles, the current study aimed to recruit Vietnamese women from the age of 18 to 25 years, excluding those who are married or entering motherhood. In urban areas in Vietnam, women's average marriage age was 24.1 in 2022 (Statista Research Department, 2023) which will allow us to recruit women who have not transitioned into marriage and motherhood.

The recruitment strategies included posting on mental health and Vietnamese universities' social media pages. Participants were eligible to participate in this study if they identified ethnically and nationally as Vietnamese, were living in Vietnam, and were able to read, speak, and understand Vietnamese. Exclusion criteria include if the participants grow up in a non-Vietnamese family. The participation incentive was a \$5 (equivalent to 117,000 VND) e-gift card. The interview was conducted virtually via Zoom and in Vietnamese.

2.2 Procedures

The researcher conducted semi-structured interviews, which lasted approximately 90 minutes. After learning about the study, participants gave their informed consent. Then, they provided their demographic information, including age, education level, gender identity, sexual orientation, marital status, and motherhood status. If the participants were not eligible, they were guided to the debriefing page with other mental health services in

Vietnam. If the participants were eligible, they would be guided to the scheduling page for the virtual Interview via Zoom. Open-ended questions were asked about their experience with weight talk in Vietnam and how those comments affect their well-being. The guiding interview questions are included in the Appendix.

The primary researcher (T.T.) conducted and video recorded all the Interviews. The interviews were in Vietnamese. The researchers are fluent in Vietnamese and English. The researcher (A.T.), a 19-year-old Vietnamese woman who is fluent in both English and Vietnamese, transcribed the interviews, including the questions, to form the verbatim transcripts. The researcher and the research assistants routinely discussed each interview after it was completed. The research assistant was about the same age and ethnic background of the participants, so they can provide cultural insight into the interview. Two external researchers (J.W. and V.G.R), the primary researcher's academic advisors, provided feedback on the translated codebook and interpretation of the data. Both J.W. and V.G.R. are American researchers, and they do not speak Vietnamese.

2.3 Reflexivity Statement

2.3.1 Personal Reflexivity

I am a Vietnamese doctoral student currently residing in the U.S., holding multiple intersecting identities that shape my experiences and perspectives. In the context of Vietnamese society, my body size, socio-economic background, higher educational attainment, and non-disabled status afford me certain privileges, while my gender identity is a source of marginalization. Growing up in Vietnam within a family where everyone possesses a slimmer physique, weight comments were not directed at me until I encountered the phenomenon of the "freshman fifteen" during my first year in a U.S.

college. Nonetheless, I have observed how often my female friends and family members navigate weight-related comments throughout their lives. My interest in exploring Vietnamese women's experiences with weight comments and their impact on well-being emerged as I became more informed about eating disorders, body image concerns, and weight stigma within the U.S. context.

2.3.2 Interpersonal reflexivity

Interpersonal reflexivity plays a crucial role in my engagement with participants, given my shared identity as a young adult Vietnamese woman with the participants. This shared background facilitates rapport-building and a nuanced understanding of the participants' experiences within the context of Vietnamese culture, language, and interpersonal dynamics related to gender expectations and body image. However, it is essential to acknowledge the potential power imbalance arising from my identity as a doctoral student pursuing education in the U.S..

2.3.3 Methodological reflexivity

As a health psychologist in training, my interest lies in comprehending the socio-cultural factors and systemic processes influencing holistic health. The choice of the IPA methodology aligns with the exploratory nature of body image, weight stigma, and eating disorder research in Vietnam. Recognizing the potential biases stemming from my lived experiences and Western education, it is vital to maintain the integrity and dignity of participants' lived experiences. One limitation of this methodology is its focus on the recipient's perspective, potentially overlooking the dyadic nature of weight comments. Additionally, the small sample size inherent in IPA raises concerns about the generalizability of findings to other Vietnamese women whose characteristics and

experiences may not be adequately represented by the participants. Lastly, since the external researchers who provided feedback on the codebook are not Vietnamese, their Western perspectives and experience could have influenced the final interpretations and conclusions. Despite these limitations, this research seeks to contribute valuable insights into the nuanced experiences of Vietnamese women with weight comments and identify potential intervention approaches.

CHAPTER 3: DATA ANALYSIS

The research assistant transcribed the interviews verbatim. The verbatim transcription was used as the raw data for the analysis. Guided by Smith et al.'s (2022) heuristic framework for IPA studies, the primary researcher analyzed the transcripts using five steps. Firstly, the primary researcher read the first transcript multiple times to obtain the overall sense of the woman's story. During the readings, the primary researcher made notes of any discrepancies and highlighted informative sections. Secondly, the primary researcher created a set of detailed notes regarding potentially compelling passages, insightful similarities or contradictions, and any related conceptual thoughts to the research purposes. Thirdly, the primary researcher created clusters of related initial notes reflecting the women's stories and the researcher's interpretations. These clusters were used to develop emergent themes that can summarize the fundamental characteristics of the interview. Fourthly, connected emergent themes were sorted together to create superordinate themes. Fifthly, the primary researcher documented the final structure of themes from the first transcript by creating a master table detailing the superordinate themes and their respective emergent themes. At each step, the primary researcher verified the consistency of the grouping with a researcher assistant to ensure the accuracy of the primary researcher's interpretation.

The primary researcher then repeated these 5 steps with the remaining transcripts to maintain the idiographic stance of the IPA approach (Smith et al., 2022). Lastly, the primary researcher identified the patterns across the transcripts by examining all the master tables, creating a final table of the principal superordinate themes that comprehensively reflects the narratives across the whole sample. Using the final table of superordinate

themes, the first author revisited each interview to verify that all the relevant data can be coded and sorted into the appropriate emergent themes. The primary researcher consulted with two external researchers (academic advisors) on how to categorize and finalize the themes. It is important to note that the external researchers only reviewed the translated quotes and asked for clarification since they do not speak Vietnamese. When there were discrepancies between the first author and the external researchers, all parties discussed the coding until a consensus was reached.

Throughout the process, the primary researcher constantly reflected and documented about how her identity as a Vietnamese woman, experiences, values, and preconceptions could influence the data collection, analysis, and interpretation processes (Finlay & Gough, 2003). She journaled her knowledge regarding the area of body image, her personal experiences receiving weight-related comments growing up in Vietnam, and her observations throughout the study to be mindful of not influencing her beliefs on the data, ensuring that the women's voices are heard and preserved (Smith et al., 2022).

To ensure data's authenticity, the researcher conducted member check processes. The primary researcher contacted all the research participants to present their interview transcripts, the final table of superordinate themes, clustered themes, emerging themes and explain how the data was analyzed via Zoom. The researcher explained the data analysis process and provided the space for the participants to comment on the interpretations of their own quotes to either confirm or deny the accuracy of the researcher's understandings (Goldblatt et al., 2010). Seven participants responded and participated in the member check processes, and they provided their approval of the coding process.

CHAPTER 4: RESULTS

There were 11 participants, and their age ranged from 20 to 25 years old (Table 1). Most participants have at least a bachelor's degree, with one having a master's degree and two having a high school degree. Bachelor's degree was the highest educational level, while two had a high school degree, and one had a master's degree. All the participants were born in Vietnam and identified as Vietnamese. Five of the participants are currently studying or working abroad, including Singapore, Japan, Finland, and the U.S..

Table 1. Participant Characteristics

Participants	Pseudonym	Age	Highest Education Level
1	Dương	25	Bachelor's
2	Ngọc	21	Bachelor's
3	Nhiên	20	High School
4	Tú	23	Bachelor's
5	Trang 1	25	Bachelor's
6	Nghi	20	High School
7	Vy	25	Bachelor's
8	Trang 2	24	Bachelor's
9	Khánh	25	Bachelor's
10	Quỳnh	25	Master's
11	Linh	23	Bachelor's

Three superordinate themes emerged from the analysis. The first one describes the characteristics of weight comments in Vietnamese society, which covers three clustered

themes: the different sources of weight comments, the types of weight comments, and the perceived reasons behind weight comments. The second superordinate theme entails the responses to weight comments, including the impacts of weight comments, and the coping strategies to manage those comments. Lastly, the third superordinate theme concerning the cultural values about gender, health, and beauty is subdivided into five clustered subthemes: sexism, weight normativity, weight bias, diet culture, and beauty standards in Vietnamese culture. The themes are interconnected, and their perceived influences on the participants' overall well-being, particularly body image concerns and disordered eating behaviors reflect the underlying beliefs and values in Vietnamese culture regarding gender, health (i.e., body size and body weight), and beauty standards.

4.1 Weight Comment Characteristics

4.1.1 Sources of Weight Comments

All participants reported that they have received weight comments from multiple sources, including parents (particularly mother, i.e., 10 out of 11 participants stated that their mother is a source of weight comments), relatives (i.e., aunts, uncles, grandparents, and cousins), peers, teachers, romantic partners, medical providers, acquaintances (i.e., colleagues, family's friends, neighbors, etc.), and social media. For instance, Trang 2 said that her mother told her that there is a specific weight she should be, and her mother would encourage her to lose weight to achieve the "ideal" number. Linh noted that she would receive weight comments from not just her parents, but from her distant relatives as well. Linh shared "My parents and my relatives would joke that I should eat less, or else I would be fat." Congruent with the Tripartite Influence Model, the results suggest that participants receive pressure to maintain a certain weight from the three social sources: family, peers,

and media. However, another source of weight comments was medical providers. Four participants reported that they have received weight loss encouragement from either doctors or nurses. Tú remarked: “Yes, I have received weight comments from my doctor, because my BMI is above the standard. They would say my weight is not okay and I need to lose weight. But even before knowing my BMI numbers, they would already call me fat.” One participant said that her pediatrician encouraged her to gain weight because she had level three malnutrition. This finding is consistent with Vietnamese medical professionals’ utilization of the BMI to determine an “ideal” weight based on the individual’s height.

4.1.2 When First Received Weight Comments

Most of the participants (eight out of eleven) reported that they first received comments about their weights around puberty or middle school. The earliest participants said they received weight comments was in elementary school.

4.1.3 Types of Weight Comments

Weight compliment. These comments refer to positive compliments about one’s weight. Most of the participants (eight out of eleven) reported that when they have achieved an “ideal” weight, more often than not when they experienced some weight loss, they would receive a lot of compliments on their weight. Nhiên said “When I successfully lost weight, I would share my accomplishments on social media. Everybody would congratulate me and compliment me on my weight loss.” Dương had similar experiences: “People say ‘Did you lose weight? You look so pretty now’ or ‘You are not as chubby anymore, so your features are so prominent and beautiful now.’” Besides most of the compliments for weight loss, two participants reported that they have received positive

comments regarding their excess fat. Tú shared: “My ex-partner would lovingly say my chubbiness is endearing, and that my excess fat gives better hugs.”

Weight criticism. All participants reported having received criticisms about their weight, which include direct comments about one’s weight, weight change encouragements, or remarks about one’s eating habits. More often, people would criticize participants for being “overweight,” more specifically for not having the “ideal” body weight according to Vietnamese ultra-thin standards rather than being “overweight” according to the BMI. Nhiên recalled: “People would say ‘I have not seen you in a while. Now you look fatter than before’ or when I wear an outfit that is only slightly tight, my grandmother and mother would comment ‘I did not notice how fatter she is until she wears this outfit.’” Most participants had received comments recommending and encouraging weight loss. These weight loss encouragements were usually from family members and medical providers. For instance, Nghi shared about an incident when she was judged by a medical provider solely based on her subjective perception: “When I got my physical exam, the nurse even before taking my blood would have already said ‘You are obese, so you need to lose weight, or else you will have fat in your blood.’” Dương shared that her mother would provide weight loss advice that encourages restrictions: “My mom would ask why I am gaining so much weight, and she would tell me to skip dinner or not drink water and soda to lose weight.”

Besides criticism for excess weight, two participants also received disparaging comments for being too slim. Trang 1 shared her experience of being “skinny shamed”: “People have given me pet names related to my weight. For instance, when I was 40 kg or lower, people often called me ‘Trang mosquito,’ implying that I am too thin. The most

common remark I received was that I am too skinny.” Another participant reported that they also have received weight gain encouragement. Vy stated that since she was malnourished, either family members or medical providers have recommended her to gain some weight. It is important to note that any deviations from the rigid expected weights, whether higher or lower weights, were directly criticized.

Comments on body shape. Besides comments about weight, participants reported that they also received comments that specifically target their body shape and body parts. Similarly, Khánh also received comments about her body shape by her mother as early as puberty: “My mother would repeatedly tell me when she hit puberty and before she gave birth, her waist circumference was only 59 cm. At that time, my waist was 65 cm or 68 cm, so my mom would constantly compare and state how small her waist was back then.”

Fat talk. Fat talk refers to daily conversations that are characterized by disparaging remarks about food consumption (e.g., “I ate too much”), weight (e.g., “I gained so much weight lately”), and body shape (e.g., “I hate my stomach”), as an attempt to relieve body image dissatisfaction (Nichter, 2000). For instance, people may talk about how “fat” they are as an invitation for the listeners to engage in the same weight-focused conversations. Seven participants have reported that one type of weight-focused conversation they frequently encounter is fat talk. Khánh shared:

“My relatives, especially the aunties, whenever we see each other, they will often ask me if I think whether they gained or lost weight. They also frequently make disparaging comments about themselves to receive compliments and validations from others that they are not that fat. Like, they would say ‘Oh aunty gained weight

recently’ or ‘Aunty has been eating too much so I am fat now’ and they would ask me if I also thought so.”

Comments challenging diet culture and thin ideals. Some participants reported that they also engage in fat talk themselves. However, not everyone participated in fat talk. On the contrary, some of their support systems would challenge the diet culture and the participant’s thin ideal. Nghi recalled: “When I was fat, some of my close friends encouraged me to stop dieting, because when I was on a diet, I was exhausted and did not have the energy to study. They would say ‘Just eat like normal and enjoy your own body. Your weight is not that important. Don’t torture yourself and think too much.’” Similarly, Quỳnh shared how a couple of her best girlfriends would support her, such as reassuring that her body is fine, encouraging her to eat so she has the energy to work and study, or reminding her how the number on the scale is not important, whenever she shared her body concerns and weight obsessions.

4.1.4 Perceived Reasons for Weight Comments

Health-related concerns. One of the main reasons that nine out of eleven participants believed that the reason others would comment on their weight is because of health-related concerns. Duong shared: “My mom usually says if I don’t manage my weight, I will have cardiovascular issues or high cholesterol. But my mom is extreme. Even if I gain a few grams, she will act as if we are on red alert.” In this example, the participant’s mother expressed an “alarming” concern regarding her, albeit minute, weight gain, as if it was a matter of life and death. Any amount of weight gain was considered as an indication of disease risk, such as cardiovascular disease or high cholesterol. At the same time, participants who have experienced being “underweight” or even “malnourished” reported

that they received weight gain encouraging comments, such as “Specifically with older people, especially my relatives, they often tell me to eat more so I can be fatter” (Ngọc). The belief that excesses weight reflects one’s health status is guided by the weight normative approach.

Beauty standards and gender roles. All participants believed that weight criticism comments, or comparing their weight status to others, was a signal that others perceived them as violating societal beauty standards. For instance, when her relatives compared Khánh to her cousin, who is “taller, thinner, and fairer,” she understood that her cousin’s physical appearance, including her weight, is more aligned with Vietnamese standards of beauty. By pointing out how the participant is different from her cousin, she believes that her relatives are implying that she does not meet the ideal standards. Tú noted that these weight comments do not only function as a reminder of beauty standards, but also as a reminder of gendered roles and expectations. She recalled her father’s comment: “My father told me if I lose weight, it will be easier for me to find a boyfriend. To him, women must be feminine, modest, gentle, and soft. He wants me to lose weight so I can have a happy marriage and a husband who cares about me and notices me.” Tú perceived her father’s comment as a reminder that it is a woman’s responsibility to remain thin and beautiful to maintain a happy marriage. The comment also reinforces the gendered role of a woman in a patriarchal and heterosexual relationship.

Culturally sanctioned conversations about people’s appearance. Another reason for weight comments that nine out of eleven mentioned is that talking about other people’s appearance is culturally and socially acceptable. Ngọc compared weight-focused conversations to how British people talk about the weather, and that weight comments are

just small talk that bear little significance or meaning. She commented: “Whether we decide to answer people’s questions about our weight or not is not important, because to the commenters, weight is not a big deal. Sometimes they don’t even pay attention to those questions because it is part of our culture to ask about people’s weight, just like how British people ask about the weather. It is very normal!” Trang 2 remarked that weight-related conversations served as small talk. She gave an example: “I think people don’t even remember their weight comments. It’s almost a reflex to comment on other people’s weight, and they would immediately forget what they just said.” Weight comments can be considered to conform to social norms in Vietnamese culture.

The entitlement, right, and responsibility to comment on someone else’ weight.

Another reason why people feel comfortable talking about one’s weight is because of the hierarchy in social standing. Four participants noted that older adults can feel entitled and responsible for providing feedback and comments on younger people’s weight. Duong shared a similar sentiment, saying: “Older people think it is both a right and a responsibility to comment on my weight.” One participant described that older people believe it is their responsibility and their right to point out any violations of social norms, which in this case is excess weight, to bring others’ awareness and attention to such flaws and encourage the younger person to “fix” the issues. Ngọc commented: “Older people simply have the need to teach the younger people as a way to exert their social power.”

Personal attacks. Finally, five participants believed that people may comment on their weight to belittle or “bully” them. Weight criticisms serve as personal attacks and to stigmatize and make the receivers feel negative about themselves. Tú explained: “The last reason for weight comments that are not for beauty or health is simply from people who

do not like you, and they just want to point out your flaws to gossip and belittle. Like they want to talk negatively about you, but they don't have enough "material" so they will talk about your weight."

4.2 Responses to Weight Comments

4.2.1 Impacts of Weight Comments

Eating disorders symptoms. Nine out of eleven participants reported a range of eating disorders symptoms as the results of receiving weight comments and the pressure to be thin, such as an intense fear of gaining weight, intrusive and preoccupying thoughts regarding weight, caloric restriction, over-exercise as a form of compensation, guilt and shame associated with food transgression, distorted body image, body image dissatisfaction, weight loss supplement usage, and more. For instance, Nghi shared that: "I remember torturing myself just to lose weight. I did not eat anything. I would have one bowl of soup for the entire day. For instance, after going to the gym, I would weigh myself. And even if I only gained two grams, I would feel very guilty." Nghi's experience is unfortunately not a deviation from the norm. Seven participants also engaged in similar extreme weight-control behaviors like skipping meals, fasting, or dieting, over-exercising, and using diet pills to control their weight, which they attributed to the incessant weight comments they receive. More importantly, participants noted the detrimental and long-lasting impacts of these comments. Vy described how weight comments have become a trigger that can elicit a deeply rooted fear of gaining weight:

"Back then when I was slim and had achieved my weight goal, I was still afraid [of gaining weight]. Every morning I would weigh myself, because I needed to know how many grams I had gained, so I could adjust my diet on that day accordingly.

To be honest, currently, I have the feeling that I am very satisfied with my current weight, and I care more about my mental and physical health. However, if someone comments ‘Oh you look rounder in this dress’ or ‘Oh you look like this, but I did not know you weigh that much,’ I would immediately go home and weigh myself to see if I actually gained weight. So, although I tell myself that I do not care, somehow weight is still something I think about.”

Physical health. Seven participants reported experiencing several physical health issues as the result of maladaptive health practices to cope with weight comments. When participants resorted to fasting or calorie restriction as a coping mechanism, some of the participants said that they develop gastrointestinal issues. Linh, who has received weight criticisms since she was in elementary school, would frequently skip meals and starve herself on purpose to lose weight. As a result of prolonged self-starvation, her growth was stunted, which was one of the most regretful outcomes of dieting. Linh shared: “One thing I regret the most is that I was so young, so those weight comments significantly affected me to the point that I went on an extreme diet. I over exercised and restricted myself, which led to nutritional deficiencies and stunted my growth/height since 7th grade.”

Emotional & Psychological distresses. All participants expressed that receiving weight comments can be emotionally distressing. Some emotions participants identified as a reaction to weight comments include insecurity, anger, frustration, shame, guilt, discomfort, and increased distress. Participant Trang 1 recalled:

“At the point when I was skinny, hearing those weight comments made me feel very stressed. I knew that I needed to eat more to gain weight. But eating too much in a short amount of time caused gastrointestinal issues. And those comments

significantly deteriorated my mental health. For instance, since I was too thin, I could not find clothes that fit me, and I would have a mental breakdown in the fitting room. I would blame myself for not being able to gain weight, or why my weight does not meet the standard. Then I would stress myself out looking for different ways to gain weight and reach the weight goal that everybody wants me to achieve.”

Overall, participants shared that weight comments have negatively affected their mental health, regardless of the content, intention, or the nature of the comments.

Social relationships. Six participants noted that receiving weight comments can also negatively affect the relationship they have with the commenters. Nghi said “I would avoid my relatives, because I don’t want to be criticized by them about my weight.” Linh has received criticism from her mother and other female relatives in the family. Those comments lead to a negative relationship with her own body and with her mother as well. Linh shared “Back then, I was frustrated and hated myself for being born with this body. I would sometimes get angry at my mom and her genes, like “why can’t you give me the gene that makes me taller and thinner?””.

No impact. One participant (Ngọc) was the only one stating that these weight comments do not have any impact on her. She stated, “I don’t really care about those comments, so they do not impact me.”

4.2.2 Coping Mechanisms

Receiving weight comments can be a source of stress for people, regardless of the perceived reasons. Thus, participants developed different strategies to cope with weight-focused conversations. Coping has been defined as “cognitive and behavioral efforts to

master, reduce, or tolerate the internal and/or external demands that are created by the stressful transaction” (Folkman, 1984, p. 843). Lazarus and Folkman (1984) proposed two main categories of coping strategies, each serving an important function. The first function is emotional, or distress regulation associated with the stressful situation, referred to as emotion-focused coping. The second function is managing the problem that is directly eliciting the stress by directly altering the components of the stress-inducing situation, referred to as problem-focused coping. All participants have mentioned multiple emotion-focused and problem-focused coping strategies to respond to weight-related comments directed at them.

Emotion-focused coping strategies. To regulate distress from receiving weight comments, all participants have engaged in different strategies, including “clapping back” with frustration, recognizing the intentions behind the weight comments (especially if the perceived reason is health-related concerns), responding with self-love (such as engaging in self-care regimens and treating their bodies with kindness), reminding themselves of their self-worth, and ignoring the comments and accepting that they cannot change the prevalence of weight comments. Dương shared that when someone commented on her weight, she would instantly curse back with anger and frustration: “Why are you so tactless? Are you crazy?” When weight concerns have become too overwhelming, some participants would remind themselves of their values in life. Quỳnh remarked: “When I was working within the Vietnamese community, I noticed that people cared a lot about weight and appearance. However, when I had the opportunity to live in different places, I can see that my appearance is not that important. It matters whether I can do my job well or forming supportive relationships with people I get along with is more important.” Lastly,

some participants reported that when they reacted strongly and negatively to weight comments, they would be criticized as “over-reacting.” Thus, many participants decided to simply ignore those weight comments.

Problem-focused coping strategies. Besides regulating their distress, participants also attempted to directly change the stressful situation. For instance, six participants reported that they have either cut-off relationships with those who constantly made weight comments or drew firm boundaries regarding weight-focused conversations. Another way participants protected themselves from receiving weight comments was to alter their appearances (hair, make-up, and clothes) and even personalities to appear more socially attractive or become “invisible.” Tú recalled: “Working at this company has turned me into a person who always worries about what to wear to work, how to do my make-up, how to express myself in a way that can hide my weight in others’ eyes. For instance, I know people look at me and see a fat person, so to combat that, I would try to do things that make people like me more, such as be more sociable or take more initiative at work.” Lastly, five participants have resorted to learning more about underlying issues with weight comments, such as learning more about feminism and body positivity. Nhiên shared: “After every time my parents commented on my weight, I would look into the mirror and think that I am really fat. In those moments, I tried to practice body positivity by acknowledging my body, embracing my weight, and loving my body. I think body positivity and feminism relate to each other, because this movement teaches me to love, care for, and accept my body instead of forcing my body to be a certain way.” Nghi also shared about how advocating for feminism has helped her cope with weight comments and reframe her understanding of body ideals: “Feminism in weight-related issues to me is that women get to decide and

control her body. Not everyone has to be skinny. They can be fat, chubby, or round, that is their own business. No one has the right to judge their bodies.” Making the connection between weight comments and feminist issues have helped many participants advocate for other women in their life and become an aspiration for them to unlearn the thin ideals, preventing themselves from being susceptible to the impacts of weight comments.

4.3 Weight Stigma

As the study delved into women’s experiences with weight stigma and how they cope with this distressing phenomenon, it became evident that weight comments are a manifestation of weight stigma, which exists across levels. Most participants have described multiple incidents in which they experienced weight stigma at different levels, from structural, interpersonal, to intrapersonal.

4.3.1 Structural Stigma

Occupational opportunities. Two participants recalled times when they were differentially treated and denied access to vocational opportunities due to their weight status. Tú shared: “During the hiring process, the headhunter would not directly say my weight exceeded what they would require for their employees, but they only said they could not hire me because they are looking for people whose physical appearance is more suitable for the job.” Similarly, Duong recalled weight-based discriminatory treatment in her theater club in high school. To get a lead role, the actor or actress needs to have a certain body type and weight. Duong said:

“People would tell me that I am very talented, but I need to lose weight to get a better role. Or if I need to look more beautiful on camera, I need to be thinner. All to reinforce that thinness is beauty, and that if you are thin, you will get more

opportunities or better roles. It came to the point where the theater teacher would directly monitor what I eat on the days closer to the performance or the competition. On top of studying, working, and performing, I was so hungry. But if they saw me eating something that might be considered too much, they would for sure tell me to eat less or not to drink too much so I won't be bloated."

Weight normativity. Nine participants reported how they themselves or medical providers have used the BMI as the guideline to determine whether their current weight is "healthy." For instance, Tú said: "Doctors have told me that my BMI is above the "standard," that my weight is not "right", and I need to lose weight. I have to explain to people that while my BMI is a little high, I still live well and do not have any weight-related diseases." It is important to highlight how medical providers are a novel yet prominent source of thin pressure. Health professionals inadvertently perpetuate a weight-normative approach, which exemplifies the structural weight stigma by establishing and reinforcing norms around body weight and health.

Rigid and unattainable beauty standards in Vietnamese culture. Ten of the participants agree that the beauty standard for women in Vietnam is extremely rigid. Quynh shared: "People prefer women who are tall, light-skin, and slim. For instance, with my height (160 cm), people would want me to be below 52 kg." Participants have quoted multiple traditional Vietnamese proverbs to describe Vietnamese beauty standards, such as "Mình hạc xương mai" (a body as thin as a crane, and bone as slim as a flower branch), "Thắt đáy lưng ong" (a body looks like a bee's back – the "hourglass" figure with small waist and wide hip). Trang 1 also noted that society would still be expecting women in menopause to maintain such beauty standards. Participants also compared how similar the

rigid thin ideal espoused by Vietnamese culture is to Korean and Japanese cultures. To emphasize how unrealistic and strict Vietnamese beauty standards are, three participants mentioned how other countries and cultures, such as India, Bangladesh, Spain, and the U.S., are more accepting of body diversity or even prefer bigger bodies.

Generational definition of beauty in Vietnam. While most of the participants (ten out of eleven) agreed that Vietnamese people prefer a slimmer body figure, there might be some generational differences in beauty standards. Nhiên explained: “Because our country was facing hunger and famine before, now, (the older generations) believe that one needs to eat enough, and being chubby and having rosy skin is a sign of health and beauty.” In contrast, Linh believes that since the older generations have only been exposed to one body type, they are less likely to be accepting of a bigger body type. Linh said:

“The weight comments from doctors, family members, and even neighbors, who were born before 1985 or 1986, demonstrates a mindset that espouses traditional beauty standards. Because back then, when the economy was not developed and people did not have enough to eat, everybody looked the same – skinny. Thus, they are accustomed to a specific body type, thinking that is the norm. Now, our generation has the opportunity to eat more, and our bodies have developed more significantly, so the older generations are not used to seeing bigger bodies.”

At the same time, Nghi shared that Gen Z are more influenced by Eurocentric beauty standards, which value certain features such as plump lips, long and thick eyelashes, and ultra-thin body. She also noted that her peers are more “Westernized” because of the influence from Tik Tok’s videos. These responses highlight the need to view thin ideals within the socio-historical-economic context in Vietnam and through the life course lens,

since the thin ideal is not only the product of Westernization but a combination of globalization and Vietnamese-specific contexts. Regardless, the thin ideal contributes to the structural weight stigma by promoting a specific body size that is perceived as culturally acceptable and beautiful, opening the doors for stigmatizing, and discriminating practices against those whose body size do not conform to this standard.

4.3.2 Interpersonal Stigma

On an interpersonal level, many participants have experienced weight stigma, which can be manifested as weight labeling and weight teasing. Nghi recalled: “When I was in 6th grade, my friend would say to me ‘You are so fat’ or ‘You are one of the fattest people in the class.’” Weight teasing is unfortunately common and begins at a very young age. Vy shared:

“When I was in elementary school, I felt very self-conscious, because our school uniform is a skirt. My friends would tease me ‘You are too fat to wear a skirt,’ so I never felt comfortable wearing skirts. Even when I lost weight in middle and high school, I still had an intense fear of being fat, because my teachers would still tell me ‘Oh you are pretty, but unfortunately you are fat.’”

Not every stigmatizing interaction was as direct. For instance, Duong described her experience with weight microaggression in a medical setting: “When I visited a doctor to get my blood drawn, the nurse could not find my vein, so she had to look at both of my arms. In a joking manner, she said that maybe because I am too fat or that I have too much fat in my arm that it conceals my vein.” The nurse might have perceived her comment as an innocent joke, but it was distressing to Duong. Such comments can be defined as microinsults, an often-unconscious comment that demeans and communicates insensitivity

to a person's weight (Sue et al., 2007). Four other participants had received other types of microaggressions. For instance, Nhiên shared: "When I wear áo dài (Vietnamese traditional dress that usually is more form-fitting), people say I look like 'bánh tét,' so I know what they imply." Bánh tét is a traditional Vietnamese cake that is rolled into a thick and log-like shape, and it is secured inside banana leaves using twine or strings. Comparing a body like bánh tét is implying that the body is fat and does not have a clearly defined waist. Similarly, Linh frustratedly shared: "Every now and then, I have distant relatives that I have not seen for a long-time comment on my mother's and my body, such as our pear-shaped body and my hips. They would comment how my thighs are as big as cột đình (refers to the largest column, an architecture feature, that supports the weight of a temple in Vietnam)."

4.3.3 Internalized Stigma

Nine out of eleven participants reported internalized weight stigma. For instance, Vy shared that she also commented on her friend's weight with the goal to encourage her to exercise more. Vy shared: "I would tell my best friend 'You look like you gained weight,' but my intention was telling her 'I think you should exercise more, or I think you should wake up early and go on a run.' I want my friend to exercise more so she can stay healthy, but my comment was directed at her weight." While Vy's intention was to communicate her health-related concerns, she endorsed the belief that excess weight signals poorer health conditions, or the stereotype that fat people do not take care of their health. Another example is from Quỳnh. Having been stigmatized for her weight, Quỳnh internalized weight stigma, which developed into weight concerns and fat phobia. Quỳnh recalled: "I am still haunted by weight concerns. Whenever I feel my body changes in

undesirable ways, I will think that is a bad thing. So, I would instantly think about how to lose weight. My mind is always preoccupied with the thoughts of weight loss. It is truly haunting.”

The belief that weight can be controlled via personal effort. Accompanying the intense fat phobia, some participants endorsed the belief that they can control their weight via personal effort, such as calorie restriction or increased exercise to avoid weight gain. Vy said that: “I exercised, ate healthy, only ate boiled food instead of fried food, but it was still very difficult for my body to lose weight. Whenever someone asked me about my weight, I instantly blamed myself that I had not exercised enough or that I still ate too much, so I still could not lose weight.”

The belief that being “overweight” is morally wrong. Moreover, since most participants believe that weight loss can be achieved through lifestyle changes and determination, to three of the participants, adhering to the “healthy” ways of living was considered “morally good.” Thus, having a larger body can be perceived as “morally wrong.” Quỳnh shared:

“In Vietnam, people really focus and prioritize one’s appearance, so people usually use weight or appearance as a measurement and standard to judge others. When I live abroad, I feel like nobody cares about my weight or appearance. But when I am in Vietnam, the amount of weight comments I receive from parents and family members within a week are tenfold compared to when I live abroad. I received weight comments all the time. So, whenever someone knows about my weight, I feel like my shortcomings are exposed. I always feel like people think I am wrong, or I am not good enough because of my weight.”

4.3.4 Intersecting Stigma - Sexism

When discussing weight comments, most participants (nine out of eleven) noted that weight commentary is a gendered issue, i.e., women are more frequently facing unsolicited remarks regarding their weight and appearance. One participant noted that women are the primary target for weight-focused conversation because the strict beauty standard in Vietnamese culture is also associated with other gendered expectations heavily imposed on Vietnamese women, such as being modest, gentle, thin, and beautiful. Nghi shared: “In Vietnam, everybody knows that a woman’s standards are knowing how to cook or wearing modest and neat clothes. Influenced by the long history of feudalism and patriarchy, women are only considered as second-class citizens. Thus, all those gendered expectations are passed down from generation to generation.” Thus, weight comments can be perceived as a tool to reinforce sexist beliefs about what a woman should do and should look like, a tool to control women. Particularly, being thin is perceived as the woman’s responsibility to maintain a happy relationship with her romantic partner. Duong frustratedly said:

“I have heard people telling me to lose weight to be more beautiful. That I need to be thin to be able to get a husband. That if I don’t have the discipline now to exercise and lose weight, later when I get married and give birth, I will become fat and ugly. And then my husband will leave me. People think that if I am not thin, my marriage will not be fulfilling or happy, regardless of my personality, values, intelligence, insights, and my contribution to the relationship. It only matters whether I am thin or not. If I am not thin and beautiful, that is a legitimate reason for my partner to leave me. The responsibilities fall upon the women: we have to give birth, raise our

children, have an income, and still need to be beautiful and thin. Like the husband can do whatever, but if the marriage falls apart, it is the woman's fault.”

As women must spend endless time, effort, and resources to maintain a socially accepted body, being preoccupied with body image and weight related concerns, their values are being reduced to the number on the scale.

CHAPTER 5: DISCUSSION

5.1 Main Findings

The current study explored the experiences of young Vietnamese women from the age of 18 to 25 years regarding weight-related comments. The study investigated the sources of these remarks, particularly family, peers, and media, while also inquiring into whether health professionals were an additional source of thin pressure. Moreover, the study examined whether the participants perceived that the reasons for weight comments were appearance- or health-focused or both. Finally, participants' reactions to weight comments, including lifestyle changes, weight-control behaviors, self-perception, and emotional responses were assessed. Interviews with 11 participants allows us to better understand the experience of Vietnamese women with weight comments. The study found that Vietnamese women endorse the thin ideal, preferring a slimmer body figure as thinness equates to beauty and optimal health. However, it is imperative to recognize that the beauty standard in Vietnam should be viewed within the country's changing social, historical, and economic contexts.

Converging with the Tripartite Influence Model, the results indicated that young Vietnamese women find the media, peer, and family pressure (particularly mother) influence their body image dissatisfaction and disordered eating behaviors. Similarly, in other Asian countries such as China and South Korea, young women also reported receiving weight comments from family members, peers, and social media (Shin et al., 2017; Xiaojing, 2017; Zhang et al., 2018). Supporting the Tripartite Influence Model, the results indicated that weight commentary is an expression of sociocultural pressure to be thin. However, participants also identified other sources of thin pressure, such as other

family members (i.e., aunts, uncles, grandparents), teachers, and acquaintances. Notably, nearly half of the participants recognized medical professionals as a distinct source of weight-related comments. Thus, Vietnamese medical professionals can inadvertently perpetuate weight stigma, which is unfortunately not a unique phenomenon among health professionals (Alberga et al., 2016; Tomiyama et al., 2018). The medical endorsement of normative weights gives credibility for the dominant cultural messages that prioritizes thinness, leanness, and weight loss. These cultural messages that ascribe morality and righteousness to weight, dichotomizing “good weights” and “bad weights” opens the door for weight stigma and weight discrimination. Unfortunately, the study’s results suggest that the weight-normative approach not only dominates Western healthcare system (Tylka et al., 2014), but also the health system in Vietnam. The presence of weight normativity highlights a notable shift in the prevailing thin ideal, which was postulated as a driving force for societal pressure to be thin in the Tripartite Influence Model, suggesting that the pressure to maintain a slim physique is no longer solely driven by beauty standards but is increasingly attributed to health considerations.

Regardless, the reinforcement of thinness, whether for beauty or health reasons, underscores the pervasive influence of weight stigma, indicating “thinness” as the socially sanctioned body type. Thus, the efforts to impose these ideals align with a larger framework of stigma processes. The Tripartite model depicts a specific mechanism, highlighting how beauty standards are driven by social agents, particularly family, peers, and media. Weight stigma is then reinforced through comments about body weight and size. Such stigma practices, as outlined by the Tripartite Influence Model, contribute to adverse outcomes, including body image dissatisfaction and disordered eating behaviors. However, as

observed in the experiences of Vietnamese women with weight comments, it becomes apparent that weight commentary for beauty purposes is just one facet of weight stigma. While the Tripartite Influence Model effectively describes the weight stigma process at an individual level, it is essential to recognize that weight stigma operates on multiple levels and pathways and is driven by multiple factors, including beauty, health, and cultural norms, within Vietnamese society.

Therefore, utilizing a comprehensive stigma framework capable of addressing these multifaceted processes from broader perspectives is vital. The Health Stigma and Discrimination Framework (Stangl et al., 2019) posits that, within the realm of health, the process of stigmatization transpires across the socio-ecological spectrum. The stigma process consists of multiple domains, which are Drivers and Facilitators, Stigma “Marking,” and Stigma Manifestation. The consequences of this process shape the outcomes of the impacted populations, institutions, and ultimately societal health. More importantly, the framework highlights that the health-related stigmas detailed within the model often co-occur with other intersecting stigmas, including those associated with race, gender, sexual orientation, and socioeconomic status (Stangl et al., 2019). Stangl and colleagues argued that the Health Stigma and Discrimination Framework applies to a range of health conditions, which includes “obesity” and “overweight” (2019). The study’s results align and exemplify the domains within the model, supporting the framework’s applicability to weight stigma in Vietnam, a stigma that is particularly salient, pervasive, and socially sanctioned (see Figure 1).

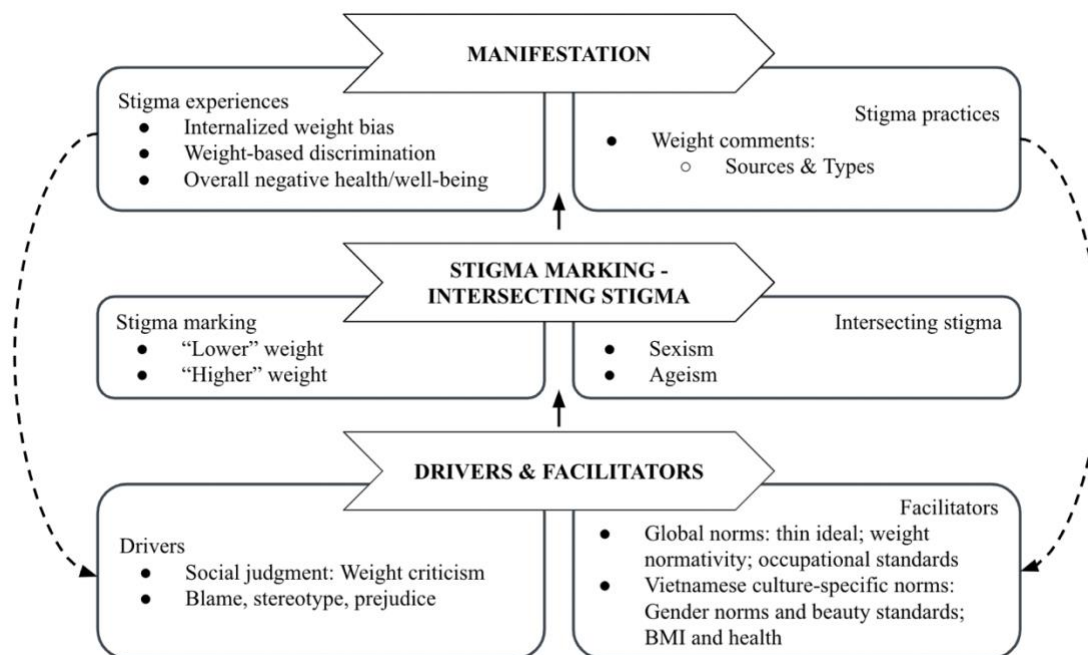


Figure 1. Applying the Health Stigma and Discrimination Framework to Understand Weight Stigma

5.2 Health Stigma and Discrimination Framework

5.2.1 Drivers and Facilitators

Drivers and facilitators are defined as factors that can drive or facilitate stigma. Being “overweight” can be perceived as culturally abnormal and is frequently negatively stereotyped and discriminated against. The participants identified multiple drivers for weight comments, including beauty standards, health-related concerns, and cultural norms, which all contribute to structural weight stigma.

All participants reported that Vietnamese people endorse the thin-ideal, believing that a slim figure is the beauty standard. This result is consistent with the trend of non-Western countries with developing economies, such as China, Japan, Singapore, and South Korea, that are shifting towards the thin-ideal (Galfano & Swami, 2015; Pike & Dunne, 2015; Swami et al., 2010). While there might be some generational differences regarding

beauty standards in Vietnam, participants stated that the majority of Vietnamese society is holding a very rigid definition of attractiveness, even more extreme than other Western countries. It is also important to recognize that any deviations from these strict societally expected weights, whether higher or lower, are met with remarks, reminders, criticisms, and weight change encouragement.

Besides beauty as a motivator for weight comments, participants also identified health-related concerns as a particular salient driver for weight comments and weight discrimination. The study results suggest that weight normativity is present and guides many health practices and the understanding of diseases in Vietnam. Participants reported being frequently subjected to weight loss advice guided by the BMI from medical professionals and parental concerns regarding their children's health based on their weight. Specifically, participants noted that even the slightest weight gain can be perceived and viewed as an "alarming" sign of cardiovascular diseases or other chronic conditions. Thus, the weight-centric paradigm is ubiquitous and influential in Vietnamese society, supporting existing research about Vietnamese people's negative perception regarding excess weight and "obesity" (Do et al., 2016). Moreover, informed by the weight-normative approach, people generally endorsed the belief that weight is personally controllable, which makes being overweight an indicator of negative personal characteristics. Such belief is reflected in three participants' stories, detailing how they view their weight as a shortcoming, and others' comments regarding their weight or eating habits act as a reprimand about their moral character. Finally, since weight-related conversations are considered "cultural norms" in Vietnam as the participants reported, these types of comments are uniquely sanctioned by Vietnamese culture, making it another facilitator for weight stigma.

5.2.2 Stigma “Marking” - Intersecting Stigma

The drivers and facilitators determine when the stigma marking applies to the affected population. Stigma marking is a process in which the individuals are labeled or “marked” by the stigmatized characteristic (Stangl et al., 2019). In this context, being labeled “fat” or “overweight,” either by BMI standards or by modern Vietnamese culture standards, i.e., a body as thin as a crane, and bone as slim as a flower branch or a body that looks like a bee’s back – the “hourglass” figure, is an example of stigma marking. Being “underweight” can also be a stigma marking. Any deviations from these norms are “marked” and subjected to stigma processes. Stigma markings also apply to intersecting stigma, such as gender and age.

Sexism - “Tam Tòng, Tứ Đức” - The Perfect Woman According to Confucianism. Sexism is a prominent theme that the majority of the participants reported. The patriarchal Confucian virtues for women of “công” (diligent work, particularly in house chores), “dung” (beauty), “ngôn” (soft-spoken speech and reserved mannerism), and “hạnh” (morality) are associated with being a perfect woman in Vietnam. These virtues are not only associated with a “traditional” woman, but they have been increasingly valued in modern women under the context of a market socialist Vietnam (Ngo, 2004). Given how beauty is ranked as the second most important virtue of being a woman, coupled with the “mình hạc xương mai” thin ideal, it is not surprising that participants have shared ample examples of when they perceived weight comments as not only an attack on their body weight, but also as a reinforcement to the gendered and sexist notions. Being reminded that a woman’s value is based entirely on her appearance, or it is a woman’s responsibility to “keep” her husband from adultery by maintaining her beauty and slim figure, participants

felt that not being able to achieve a slim figure can be perceived as not performing gender role expectations in the Vietnamese culture. The belief that thinness is a part of a woman's social role is also reflected in a qualitative study examining the impacts of social roles among young Chinese girls and women with eating disorders (Vu-Augier de Montgremier et al., 2020). Chinese girls and women reported that thinness cannot be separated from their social obligation, stating that being thin is crucial for finding and keeping prospective romantic partners and job opportunities. These beliefs are also unfortunately reflected in the current study's results.

Ageism against Young People - The Emphasis on Hierarchical Order. Another aspect of intersecting stigma is age. One of the perceived reasons for weight comments reported was the hierarchy in social standing that allows older people to feel entitled and responsible to make remarks about younger people's body size. Hierarchical order which is heavily valued in Confucian culture to build a stable and orderly society (Berthrong & Berthrong, 2000). Hierarchical relationships are manifested via age, social class, and family background. Accordingly, in interpersonal dynamics and social communications, there are two distinct roles: the superiors and the inferiors. Thus, to promote and maintain the hierarchical order in Confucianism, sacrilege is discouraged while patriarchal behaviors are endorsed (Dam, 1994). Given the value of upholding the hierarchical structure in Vietnamese society, participants said that they mainly received weight comments from older people, such as parents, distant relatives, medical professionals, and teachers. Since older people are more respected in Vietnamese society, participants believed that they may feel more comfortable or even entitled to criticize younger people's weight, policing one's body size whether one's weight is adhering to the prevailing social norms and cultural

expectations or not. Thus, one of the perceived motivations for the weight comments participants reported was a sense of entitlement and responsibility from older people. This practice implies that cultural norms influence stigma at multiple levels, with the objective to ensure people are adhering to these expectations and ostracizing those who deviate from these established norms.

4.2.3 Manifestations

When the stigma is imposed, it manifests in different stigma experiences and practices. While stigma experiences encompass lived realities, such as experienced discrimination, and weight-stigma internalization, stigma practices include beliefs, attitudes, and actions.

Stigma Experiences. The study's results clearly emphasize Vietnamese women's experience of internalized weight-bias, persistent weight-based criticism and teasing, and discrimination. Aligning with existing literature about the impacts of weight stigma (Brown et al., 2022; Emmer et al., 2020; Pearl & Puhl, 2018; Wu & Berry, 2018), participants reported being adversely affected by experiencing and anticipating weight-based stigma, specifically weight comments. Vietnamese women attributed heightened body weight and body image concerns, emotional distress, and unhealthy weight control behaviors to receiving weight comments. Similarly, a systematic review of relationships of weight-talk between parents and adolescents in the U.S. and overall well-being found that regardless of the intentions and approaches, talking about weight is a sensitive subject to adolescents and putting them at risk of negative health-related and psychosocial outcomes (Yourell et al., 2021). Most participants identified that they first received weight comments in middle school, and existing research indicated that weight loss encouragement from

parents can have a long-lasting effect on higher risk for disordered eating behaviors (e.g., bingeing, and unhealthy weight control) and lower psychosocial well-being (e.g., body image dissatisfaction, depressive symptoms, and lower self-esteem) into adulthood among American women (Berge et al., 2019). In her book “Fat-talk Nation: The Human Costs of America’s War on Fat,” Greenhalgh detailed her college students’ stories about hearing fat talks growing up and their detrimental impacts on their physical and mental health (2015), supporting the narratives of the current study’s participants regarding the damages of weight stigma, particularly via weight-centered conversations.

In addition, weight-bias internalization is evident and well documented in the participants’ responses. Internalized weight stigma refers to the awareness of negative societal perceptions about obese people, agreeing and applying such beliefs to oneself (fear of enacted stigma) and personal experience of weight-related social prejudice (enacted stigma) (Lillis et al., 2010). Almost all the participants reported endorsing internalized weight bias, such as thinking a higher weight equates to poorer health, having an intense fear of weight gain, blaming oneself for not “trying hard enough” as the result of unsuccessful weight loss attempts, and believing that they are not “morally good” because of their weight. An important aspect of the Health Stigma and Discrimination Model is that it posits an individual can both experience and perpetrate stigma (Stangl et al., 2019). Supporting this, the participants also reported incidents where they engaged in fat talk and commented on others’ weight. The results suggested that weight stigma experiences are not a phenomenon exclusive to Western society.

Stigma Practices. Stigma practices are best evident via interpersonal interactions that perpetuates and stigmatizes individuals’ weight. A mechanism that can exert

sociocultural pressures to be thin is weight talk. Weight commentary can be considered an act of stigma since it functions as a verbal expression of societal pressure and bias based on people's body weight. This type of conversation involves making negative judgements or remarks about an individual because of their body size, perpetuating the stereotypes and biases associated with excess weight. Thus, weight comments, which include weight criticism, comments on body shape, fat talk, microaggressions, and weight compliments the participants identified, can further stigmatize an individual whose weight does not conform to societal thin standards.

For instance, microaggressions have been described as subtle verbal remarks or behavioral indignities, regardless of intentionality, towards a minority group that engenders hostility or insults (Sue et al., 2007). Weight microaggressions, like other forms of microaggressions, are pervasive in daily interactions, and they are frequently dismissed as innocuous. Participants have reported being called “mosquito” due to her low weight, “legs look like cột đình” (hinting that her legs are big), “arms too fat to find the vein” by medical providers, or “body looks like bánh tét” (insinuating her body does not have distinct curves). Thus, that comment can be defined as micro assault, since the perpetrator explicitly delivered a verbal assault through name calling (Sue et al., 2007).

Another distinctive type of weight comment is fat talk. Fat talk is pervasive and socially sanctioned since it serves multiple functions, such as alleviating guilt, indicating group membership, giving, and receiving social validation, and facilitating social influence (Guertin et al., 2017). Participants recalled witnessing family members or friends engaged in fat talk, and some of them also participated in those conversations. While women have expressed that partaking in fat talk can momentarily improve their body image (Salk &

Engeln-Maddox, 2011), fat talk is linked to various negative consequences. An experimental study investigating the impacts of observing fat talk from peers with different weight statuses on Facebook among South Korean and American women found that South Korean women reported lower body satisfaction after being exposed to fat talk from peers (Lee et al., 2013). Importantly, fat talk can be a contiguous and reciprocal phenomenon, which women who overhear fat talk have more inclination to engage in those conversations, resulting in heightened body image concerns and guilt (Corning et al., 2014; Engeln-Maddox & Salk, 2014).

Lastly, a distinct type of weight comment that can unexpectedly reinforce weight stigma is complimentary weightism. Besides weight criticisms, participants also shared that they have also received compliments regarding their weight, particularly when they have successfully lost weight. While some said that they felt encouraged and validated, others expressed their dissatisfaction towards those weight-focused praises. They pointed out such recognition often centered solely on a woman's success in weight loss, neglecting other aspects of their personalities, values, or achievements. Research has indicated that both criticisms and compliments can increase body image concerns, since these comments still serve as a reminder that one's value is centered around their appearance and others are judging them for how they look (Herbozo et al., 2017; Herbozo & Thompson, 2006). Guided by the Objectification Theory (Fredrickson & Roberts, 1997), Calogero and colleagues (2009) found that both positive and negative appearance-related comments equally contribute to the objectification of a woman's body. These comments shift women's focus towards how their bodies look to others, inadvertently creating a perspective where they view themselves as objects (Calogero et al., 2009). Thus,

complimentary weightism, counterintuitively, can still contribute to body image dissatisfaction, although the compliments are positive. More importantly, compliments towards weight loss exclusively reinforce the thin ideal and weight stigma against larger body sizes. Complimentary weightism, ultimately, serves as a reminder that societal norms dictate which body sizes are accepted and celebrated, while others are subjected to criticism and discrimination.

In summary, the Tripartite Influence Model, alongside weight-related comments, including weight criticism, fat talk, microaggression, and complimentary weightism, collectively describe diverse stigma practices that align with the broader conceptual model of the Health Stigma and Discrimination Framework.

5.3 Strengths and Limitations

Utilizing a multicultural lens, the author explored the historical, economic, and cultural context of Vietnam to better understand the phenomenon of weight comments, offering a unique contribution to the existing body image literature. While initially guided by the Tripartite Influence Model, a well validated model used in body image and eating disorder research, the current study explored new avenues to extend this model. For instance, the results identified other salient social pressures for thinness, such as medical providers and extended family members. The study also extended beyond the thin beauty standard as the driver for the pressure to attain a slim figure, noting health implication was also a prominent motivation behind weight-related comments. Finally, the study indicated that weight stigma is not confined to Western countries, but it has permeated through different levels of Vietnamese society, signaling the urgent need for targeted intervention, which is congruent with the Health Stigma and Discrimination framework.

There were a number of limitations in the current study. As is appropriate to IPA, the sample size was small and homogeneous. Since this is a qualitative study, we cannot infer a causal relationship between weight comments and body image dissatisfaction among young Vietnamese women or examine how these comments affect them over time. In addition, the study utilized self-report data, so we do not know whether the actual intentions of weight-based comments from family members a pressure are to be thin or are health-related. Considering the participants' demographic information, all participants had at least a high school education. Half of the participants were living abroad (Singapore, Japan, Finland, and the U.S.) While all participants were born and raised and living in Vietnam for at least 18 years, five of them were either studying or working abroad. At the time of the interview, the participants were spending the summer in Vietnam. Given their exposure to different cultures for an extended period, participants living abroad might have more opportunities to see a variety of body shapes and sizes, learn about different beauty standards, and generally receive fewer weight comments compared to when they were living in Vietnam. Moreover, all of the participants identified that they have gone through a transformative period of life where now they have learned to better cope with weight comments and be more accepting of their body. Some participants attributed the changes in their attitudes and world views to being exposed to different ideas, supportive social support, and diverse cultural contexts. For instance, participants reported learning about various social movements, such as feminism and body positivity, that challenged the traditional Confucian ideas that women must be thin and beautiful to be "perfect." In addition, having social support that actively advised them against dieting, avoided weight-related conversations, and highlighted qualities beyond physical appearances helped

participants detach their self-worth from the number on the scale. Finally, others reported that the exposure to more inclusive representations of body shapes and sizes while living abroad expanded their perception of what constitutes “acceptable” standards for body sizes. Thus, considering the participants’ educational level, psychological insights, and diverse cultural knowledge, their experience might not be generalizable to all young Vietnamese women between the age of 18 and 25.

5.4 Future Directions and Implications

To the author’s knowledge, this is the first in-depth study investigating how young Vietnamese women perceive their body shape and weight, the drivers of thin ideals, and how weight comments are a stigma act that perpetuates biases associated with body weight. The study suggests that certain phenomena that have been studied exclusively in Western countries, such as thin ideal, weight normativity, and weight stigma, are present, pervasive, and influential in Vietnamese society. Moreover, in Vietnamese culture, specific values, such as family and social hierarchy, can amplify preexisting standards. For example, Vietnamese elders may perceive it as their responsibility and entitlement to comment on younger generations’ weight out of concern. Moreover, weight is regarded as a socially acceptable topic of conversation in Vietnam, especially among family members, akin to talking about the weather. These cultural nuances underscore the importance of explicitly considering and integrating cultural practices and beliefs in refining the Tripartite Influence Model. The results offer preliminary evidence for future research to further develop appropriate models regarding studying body image and disordered eating behaviors among the Vietnamese population, incorporating the Tripartite Influence Model and the Health Stigma and Discrimination Framework in a culturally appropriate manner.

Moreover, considering the rise of “the war on obesity” and how weight normativity is the primary approach in health across multiple countries, including medical providers as one of the main sociocultural factors for thin pressure is warranted. Based on the study’s results, expanding the sociocultural factors beyond family, peer, and media to potentially include teachers and extended family members, especially when applying the model to societies that highly value family and hierarchical order.

Regarding clinical and public health implication, the study indicated that Vietnamese women first received weight comments as early as elementary school, with middle school, a period coinciding with puberty, as the most pronounced prevalence for weight-related comments. Such a pattern suggests that the potential onset of eating disorders is during adolescence. While this contrasts with existing literature indicating a later onset in the early twenties for other Asian countries, such as Taiwan (Tsai et al., 2018), this result is similar to the typical onset age of eating disorders in Western societies (Hudson et al., 2007). Consequently, eating disorders prevention efforts commencing as early as middle school are warranted.

Guided by the Health Stigma and Discrimination Framework (Stangl et al., 2019), a multi-leveled approach is warranted. Given the emphasis on health is considered to be a prominent driver for weight comments, and overall, the pursuit of thinness, challenging the oversimplified and reductive understanding of the association between health and weight is crucial. Public health policies and medical schools can raise awareness regarding the limitations of a weight-normative health approach and the detrimental effects of weight stigma on health. Public campaigns can also address the harms of the thin ideal and promote diverse body shapes and sizes to challenge the rigid beauty standards prevalent in

Vietnamese society. To address the intersectional stigma, feminist advocacy is especially crucial in the patriarchal society like Vietnam to prevent and combat sexism. Lastly, at the public policy level, there is no law against weight-specific discrimination. However, based on Clause 3, Article 7 of Decree 144/2021/NĐ-CP, the provocation, teasing, offense, defamation, or tarnishing the honor, dignity of others can be financially penalized by a fine ranging from 2 to 3 million VND (Pham & Nguyen, 2023). The Clause is applied to body/appearance shaming. Public policy advocates can extend this Clause to specifically address any weight-based discrimination.

Regarding stigma practices and stigma experiences, prevention and intervention efforts can encompass comprehensive strategies, such as psychoeducation regarding symptoms of eating disorders and addressing weight stigma, particularly weight criticism and weight teasing. In addition, a holistic approach to eating disorder prevention should involve the family, ideally beyond immediate family members like father and mother and include extended members due to the substantial influence of familial pressures in the perpetuating of weight stigma. At the same time, employing at-school programs to target teachers and peers can also be helpful. A multifaceted and multi-leveled approach emphasizes the complexity of weight stigma, emphasizing the importance of addressing and intervening at different levels for better prevention and treatment strategies.

5.5 Conclusion

Young Vietnamese women report experiencing comments directed at their body weight and shape frequently, mirroring patterns recorded in other societies in the existing literature. These comments are from a variety of sources, and they have been intensified alongside Vietnam's economic growth, which health and "obesity"-related concerns have

also assumed a prominent role in reinforcing and amplifying the prevailing thin beauty standards. Vietnamese women identify these comments as stressful, and their impacts are perceived to be closely linked to disordered eating behaviors, body image dissatisfaction, and overall negative well-being. It is important to highlight that the thin ideal encompasses both the aesthetic and a standard of health that is often associated with BMI, which is guided by the weight normative paradigm. The process of categorizing weight establishes a form of “marking,” which perpetuates and exacerbates weight stigma. The implications of the study are twofold. Theoretically, the incorporation of medical providers as one of the main sociocultural factors in the Tripartite Influence Model is warranted. In addition, the results support the relevance of the Health Stigma and Discrimination Framework, particularly regarding weight stigma, to the Vietnamese population. From a clinical standpoint, the study suggests the possible age of onset for eating disorders in Vietnam may be younger, particularly adolescents, necessitating multifaceted prevention and intervention efforts to effectively address weight stigma and its associated challenges.

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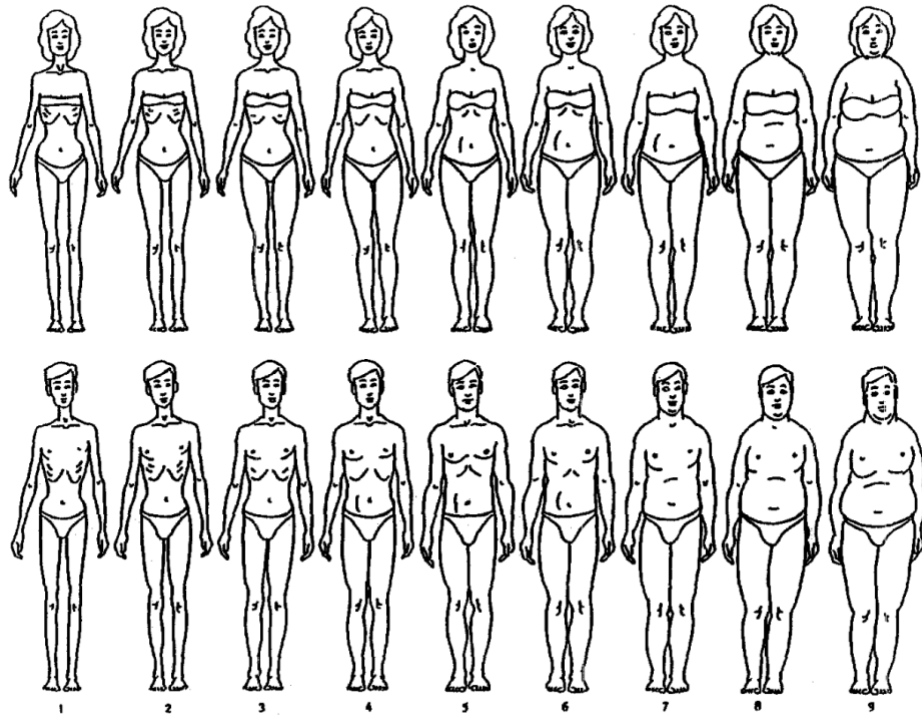
Zhang, L., Qian, H., & Fu, H. (2018). To be thin but not healthy—The body-image dilemma may affect health among female university students in China. *PLOS ONE*, 13(10), e0205282. <https://doi.org/10.1371/journal.pone.0205282>

APPENDIX A: ELGIBILITY QUESTIONS

1. Do you identify as a Vietnamese?*
- a. Yes
- b. No
2. What is your current age in year?*
3. What best describes your current gender identity?*
- a. Cis-gender man
- b. Cis-gender woman
- c. Transgender man
- d. Transgender woman
- e. Nonbinary
- f. Other
4. Are you currently married?*
- a. Yes
- b. No
5. Have you had children?*
- a. Yes
- b. No

APENDIX B: INTERVIEWING QUESTIONS

1. Contour Drawing Rating Scale (Thompson & gray, 1995): Where are you on this scale and where do you want to be?



2. How satisfied are you with your current weight? Why do you feel that way?
3. Have you ever received comments about your weight?
4. Who comments about your weight?
 - a Prompt: What about your family/friends/significant other?
 - b Prompt: What about your doctors or other healthcare providers?
 - c Prompt: How often do you receive comments about your weight on social media?
5. What are those comments like? Give me some examples?

6. What do you think are the reasons behind those weight comments? Or why do you think people comment about your weight?
 - a Prompt: Why do you think/What makes you believe that was the reason(s)? Tell me more.
7. How do you respond to those comments? What have you done to deal with those comments?
8. How do those comments affect you?
 - a How do these comments make you feel about yourself?
 - b How do those comments make you feel about your body?
 - c How do those comments affect your lifestyle?
 - i. Examples: You have tried different diets to control your weight. You have skipped meals to lose weight. You have joined a gym to improve your physiques.
 - ii. Sub-question: Please elaborate on any lifestyle changes you have engaged due to the weight comments. When thinking about lifestyle changes, what does healthy eating look like to you?
 - d How do these comments affect your relationship with others?
 - i. Sub-question: What comments affect you the most? Or the least? Why?
9. How much do you believe that health is determined by body weight? Why?