



ORIGINAL RESEARCH – QUALITATIVE

A qualitative exploration of body image experiences of women progressing through pregnancy



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ABSTRACT

Background: Pregnancy provides an interesting challenge to body image theories in that the natural physiological changes push women further from the socioculturally prescribed thin ideal which these theories hinge upon. The impact that these significant physiological changes have on the woman's body image during pregnancy may depend on the extent to which they retain or revise the ideal. However, little is known about body image experiences during pregnancy.

Aim: To provide a comprehensive exploration of the body image experiences of pregnant women.

Methods: Individual structured interviews were conducted with 19 currently pregnant women. Transcriptions were analysed using a thematic content analysis approach.

Findings: Themes extracted from the qualitative data included: (1) women's body image experiences during pregnancy were complex and changing, and shaped by the salience of specific body parts, the women's expectations for future changes to their body within the perinatal period, the functionality of the body, and their experience of maternity clothing, (2) women were able to negotiate the changes to their bodies as they recognised the functionality of the pregnant body, (3) women were surprised by the public nature of the pregnant body, (4) partner support and positive feedback about the pregnant body was highly valued, and (5) the importance of open communication around weight and body image in antenatal healthcare.

Discussion: Our findings highlight the need for the adaptation and expansion of existing body image theories to be used as a framework for women's experiences of pregnancy.

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Summary of relevance:

- Problem or issue: Little is known about whether common sociocultural theories of body image apply to the unique period of pregnancy.
- What is already known: Common models of body image disturbance emphasise the role of sociocultural influences in promoting the importance of women's appearance and an unrealistic, thin ideal to aspire to. The natural physiological changes of pregnancy push women further from the thin ideal. Qualitative literature has enhanced our understanding of

women's body image experiences during pregnancy, however is incomplete.

- What this paper adds: Existing sociocultural theories of body image need to expand to capture unique body image experiences of pregnancy such as the prioritisation of functioning over aesthetics of the pregnant body.

1. Background

Common models of body image disturbance, such as the Tripartite Influence Model¹ and Objectification Theory², emphasise the role of sociocultural influences in promoting to women: (1) the importance of appearance rather than functionality of their bodies, (2) an unrealistic, thin ideal for women to aspire to, that is reinforced through media, peers, friends and family, to create a

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pressure for females to conform to these body ideals, and (3) how women will be perceived in a social context on the basis of their body's alignment with this ideal.^{1,3} Despite the idealised body weight and shape being unrealistic for most women to attain, many women strive towards this almost impossible shape and weight.³ For those individuals who do not meet the ideal, they may be encouraged to monitor how they look, change their appearance (e.g. through exercise, restricted eating or cosmetic surgery), and avoid situations in which their body may be scrutinised or judged.⁴

Pregnancy is an interesting exception to body image theories in that there are rapid, significant physiological changes across a relatively short 40 week period,^{5–7} and these natural physiological changes push women further from the thin ideal.^{4,8,9} The impact that these significant physiological changes have on the woman's body image during pregnancy may depend on the extent to which they engage in the ideal.³ Little is known about how sociocultural theories of body image apply to the unique period of pregnancy. For example, it is unclear how women are viewed by others while they transition through pregnancy, whether the ideal is still emphasised for them by those close to them and others in society, and whether this comparison to the ideal affects pregnant women's engagement in social situations where their pregnant bodies will be viewed and judged.

While qualitative findings enhance our understanding of body image during pregnancy,¹⁰ the current literature is incomplete. First, the extent to which women retain the thin ideal of pre-pregnancy, the importance they place on this ideal, and whether they still attempt to attain this idealised body is yet to be explored. Second, the broader context of women's body image experiences during pregnancy is yet to be tested systematically, with content regarding context emerging organically. For example, for pregnant women, there appears to be focus on both aesthetics and the function and health of the pregnant body, and in many instances, the aesthetic concerns arise from concerns about function rather than from the thin ideal.^{11,12} Third, few studies have explored the impact of women's interactions with healthcare professionals during the antenatal period with women, even though the body is a key focus in these consultations. If handled effectively, the interaction may reassure the pregnant woman about normative body changes. If handled poorly, it may exacerbate body image concerns with women having inaccurate expectations for their body changes. In a Westernised culture, little is known about the relevance of women's interactions with healthcare professionals for experiences of body image in pregnancy, with Mills, Schmied, and Dahlen¹³ the only known study. Mills, Schmied¹³ sampled pregnant Australian women who were classified as overweight or obese, finding that women were surprised how health providers related to them throughout pregnancy, with some experiencing a reluctance from health providers to talk about weight issues with patients who were obese.²⁴

Given the lack of research systematically investigating women's body image experiences and the absence of established questionnaires developed for women's body image during pregnancy,¹⁴ several researchers (e.g., [10, 12, 15]) have advocated greater emphasis on qualitative methods to better understand the range and nuances of women's body image experiences during pregnancy. The primary aim of the present study was to conduct a more comprehensive qualitative evaluation of body image experiences during pregnancy, with questions designed to explore the following body image constructs: body image importance and the value placed on body image during pregnancy, how women adapt their body image ideals during pregnancy, body image dissatisfaction, appearance management, and body change. A secondary aim of the current study was to explore women's experiences of antenatal healthcare, in particular whether women had engaged in open communication about weight status,

expectations for weight changes, and body image in their antenatal appointments, and how important women felt this was as a focus of their care.

2. Method

The reporting of this qualitative research was informed by the consolidated criteria for reporting qualitative research (COREQ) guidelines.¹⁶

A qualitative descriptive approach underpinned the methodology for the study.^{17,18} A qualitative descriptive approach enables the exploration of complex situations to reach a deeper understanding of the lived experiences of participants.

2.1. Design

A qualitative approach using structured, in-depth interviews was used to gain insight into women's body image experiences during pregnancy. Deakin University Human Research Ethics Committee approved the research. Pregnant women, of all gestational periods, were invited to participate in individual qualitative interviews to provide details about their body image experiences during their pregnancies. Recruitment flyers were distributed on social media websites and advertised on pregnancy forums and pregnancy websites. Interested pregnant women made contact with the first author via phone or email to express interest before Plain Language Statements (PLS) and once-off demographic questionnaires were mailed to their personal addresses. A total of 25 women expressed interest in participation in the study, with six women dropping out prior to their participation. The women who dropped out of the research did so for a number of reasons including having experienced a miscarriage, having just given birth, and inconvenience of participation. Audio-recorded phone interviews were conducted at Deakin University by the first author, a post-graduate student conducting her Doctoral of Psychology (Clinical) thesis in body image during pregnancy. Participants were informed by the PLS, recruitment flyers, and verbally during the phone interviews that the research would form part of the first author's Doctorate of Psychology (Clinical) research.

To explore the body image experiences of the pregnant women, interview questions targeted key constructs of body image such as body dissatisfaction, body changes, the importance or value attached to body image, and body image ideals. Participants were also asked about their antenatal healthcare experiences, and the focus on body image and weight in such appointments. Interview length ranged from 24 to 60 min ($M = 36$ min, $SD = 9.81$).

2.2. Participants

Nineteen Australian women (M age = 31.44 years, $SD = 2.89$ years, range = 27–39 years, $n = 18^*$ as one participant did not provide demographic details) who were currently pregnant completed the phone interviews. At the time of interviewing, mean gestation was 23.47 weeks ($SD = 7.01$ weeks). Half of the sample were primiparous (55.6%), 33.3% were pregnant with their second child, and 11.1% with their third. Eighty-nine percent ($n = 16$) of the sample had not required assistance to become pregnant, and the remaining 11.1% ($n = 2$) required assistance (i.e., IVF). All women were in heterosexual relationships (married 83.3%, de facto 16.7%), all were tertiary educated (50.0% post-graduate, 33.3% bachelor, 16.7% graduate diploma), and 88.9% were currently employed (44.4% full-time, 44.4% part-time). The majority of the sample had an annual income exceeding \$85,000 (88.9%, $n = 16$), and 11.1% ($n = 2$) had an income ranging from \$45,000 to \$65,000. The mean pre-pregnancy BMI was 23.34 ($SD = 4.01$), with 72.2% categorised as being in the healthy BMI range. Three of the

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