



Growing as a Human Being—Obese Adolescents' Experiences of the Changing Body

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The aim of the presented study was to describe how obese adolescents experience themselves and their bodies and how their views changed as a result of participation in a weight loss program. A total of five adolescents were interviewed in this qualitative study. Data were analyzed by means of content analysis. One main theme emerged, “Growing as a human being”, which comprised four themes based on 13 sub-themes. Being part of a weight loss program was a time of transition that led not only to weight reduction but also to a higher level of well-being and a feeling of dignity.

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THROUGHOUT THE WORLD, a high prevalence rate of obesity among children and adolescents has contributed to concerns for future health problems. These problems include increased risk of coronary heart disease, hypertension, diabetes, gall bladder disease, and some forms of cancer (Rhoades, Al-Oballi Kridli, & Penprase, 2011). Also, these health problems have been highlighted by the World Health Organization (WHO, 2012), who state that the increasing numbers of overweight and obese individuals constitute one of today's fastest growing public health problems, affecting both society and individuals. It has been demonstrated that obesity in childhood often persists into adulthood, thus increasing the risk of physical and psychological problems (Guo, Wu, Chumlea, & Roche, 2002; Whitaker, Wright, Pepe, Seidel, & Dietz, 1997). Several factors play a role in the development of obesity, including social aspects, genetic conditions and lifestyle. The increasingly sedentary lifestyle and changed eating habits are likely the main reason for the increase of obesity in adolescents in Sweden (Swedish National Board of Health, 2009).

In Sweden, from the year of 1986 to 2001, the number of children between 6 and 13 years classified as being obese increased fivefold, while in the same age group the number of overweight children doubled (National Institute of Public Health [NIPH], 2009). However, recent reports have shown stabilized rates, for example, that obesity decreased among 10 year olds from 5% in 2003/2004 to 4% in 2007/2008 (NIPH, 2009). However, overweightness remained stable at around 22% during these years. According to Lissner, Sohlström, Sundblom, and Sjöberg (2010), the stabilized rates probably are a result of regional and local actions that have taken place in many sectors of society, rather than one specific measure or national political action.

The WHO's (2012) description of overweightness and obesity includes excessive or abnormal fat accumulation that can be harmful to health. In order to determine the degree of being overweight or obese, the body mass index (BMI) is used for adults, while for children and adolescents aged 2 to 18 years the Iso-BMI is employed, which takes the child's age and sex into account. To calculate a person's BMI, her/his weight is divided by the square of her/his height. An Iso-BMI of > 25 is considered overweight, > 30 obese and > 35 severely obese (Cole, Bellizzi, Flegal, & Dietz, 2000).

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Several studies have demonstrated the link between depression and obesity (Allen, Byrne, Blair, & Davis, 2006; Swallen, Reither, Haas, & Meier, 2005). In a study conducted in the US, the relationship between diet, weight, body image and symptoms of depression was investigated in 1490 young people aged from seven to 12 years (Goldfield et al., 2010), where clear correlations were found between body image, weight and depressive symptoms. Schwimmer, Burwinkle, and Varni (2003) also found that anxiety and depression were associated with increased school absenteeism, which was higher in obese adolescents compared to normal-weight adolescents. Rasmussen, Eriksson, Bokedal, and Schäfer Elinder (2004) as well as Mathieson and Koller (2006) reported that social skills and emotional development may be neglected and stunted because of the relationship between bodyweight and low perceived well-being.

Puhl and Latner (2007) asked normal-weight adolescents to look at different body silhouettes and describe in words what they saw. The silhouettes indicating obesity were labelled lazy, unattractive, stupid, less popular, nasty, dirty and a liar as well as a coward and someone deserving of pity. In a study by Willis, Backett-Milburn, Gregory, and Lawton (2006), half of the obese adolescents had been subjected to bullying or been called names related to their weight. Several feared that the bullying would continue even if they lost weight due to being stigmatized as obese. Young people who are bullied are at increased risk of depression and mental illness (Eisenberg, Neumark-Sztainer, & Story, 2003). Swallen et al. (2005) stated that low self-esteem is a problem among overweight adolescents, especially pronounced among teenage girls.

Jacobson and Melnyk (2011) found that children's weight correlates negatively with self-image, social skills and healthy lifestyle choices. Regber, Berg-Kelly, and Mårild (2007) argued that young people need a supportive environment to achieve weight loss and must work for a change towards a healthier lifestyle together with significant others. According to Borra, Kelly, Schierreffs, Neville, and Geiger (2003) as well as Fennig and Fennig (2006), children and parents need to learn how to work together to promote weight loss with parents providing encouragement for each small step towards weight loss in order to maintain the child's motivation. Dixey, Rudolf, and Murtagh (2006) reported that children on a weight loss program called "Watch it" felt better than before, had increased self-esteem and improved school results. Holt, Bewick, and Gately (2005) also found that adolescents who participated in a weight loss camp experienced support from others and made new friends, leading to increased self-esteem.

Participating in any program that involves structure and togetherness is fruitful for change and could also be deemed to apply to a weight loss program. In her theory of transition, Meleis (2011) describes this shift as a change in relationships, roles, health status, expectations and abilities. This implies that for a change to take place, a person has to adopt a different behavior and assimilate new knowledge, resulting

in a new view of her/himself in a social context. The transition process requires time but brings about profound change (Meleis, Sawyer, Im, Messias, & Schumacher, 2000). The theory of transition was employed in this study as a lens for interpreting data. It consists of three distinct phases: separation, transition and integration. These phases are influenced by meaning, expectations, knowledge level, environment, planning as well as emotional and physical well-being (Schumacher & Meleis, 1994). It is essential that during the transition process the obese adolescents and the people around her/him have the same expectations about participating in a weight loss program. Ambient support, support from significant others and participation in planning are important elements for a change (Schumacher & Meleis, 1994).

Although a number of studies have been conducted on obese adolescents, there are few qualitative studies of obese adolescents describing their experiences of their bodies while participating in a weight loss program. It is vital to obtain their narratives directly to enable understanding of how they experience their bodies, and to learn how to best support them during the transition process.

Aim

The aim of this study was to describe how obese adolescents experience themselves and their body, and how their views changed as a result of participation in a weight loss program.

Method

An inductive and qualitative design was chosen as the overall methodological structure (Polit & Beck, 2012). Semi-structured interviews were performed in accordance with Kvale's (1996) interview technique recommendations, in order to highlight and understand how obese adolescents experienced themselves and their body, as well as to understand how their views changed as a result of participation in a weight loss program. The interview texts were then transcribed and examined by means of qualitative content analysis, which is a process of systematically analyzing the features of the text and grouping them into categories and/or themes (Graneheim & Lundman, 2004). Graneheim and Lundman suggest that an appropriate unit of analysis is the interview that is large enough to be considered self-contained and also small enough to be possible to keep in mind, during the analysis process. In this study, the analysis focused on both the manifest, as identified by the visible components and the latent content, i.e., interpretation of the underlying meaning of the text.

Participants

All of the participating adolescents attended the weight loss program used in western Sweden. The program encompassed motivating conversations concerning information and guidance in order to achieve change in the adolescents' lifestyle, for example food, caloric intake, and exercise. The weight loss program extends over a 3 year

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