



# Explanatory Models of Obesity of Inner-City African-American Adolescent Males

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## Key words:

Adolescent obesity;  
Explanatory model;  
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The purpose of this phenomenological inquiry was to construct an explanatory model of illness in inner-city African-American adolescent males using Kleinman's Explanatory Model of Illness as a framework. Thirteen males were enrolled in this study. In-depth, semi-structured interviews were used to explore adolescents' perspectives regarding the nature, cause, prevention and responses to obesity; their perception of self; and meanings they attach to obesity with particular emphasis on existing attitudes, expectations, and values. Data analysis was achieved through a process of inductive content analysis. Findings, future research and clinical implications are discussed.

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OBESITY RATES AMONG adolescents have more than tripled in the last 20 years (Hood, 2005; Swallen, Reither, Haas, & Meier, 2005). The latest available statistics of youth in the United States report an increase of adolescent obesity rates from 5% in 1980 to 18.1% in 2008 (Ogden & Carroll, 2010). While obesity rates continue to increase for all children in the United States, minority children are at a greater risk for overweight and obesity, with black and Hispanic children having the highest prevalence of obesity as compared with other minority and non-minority counterparts (Lutfiyya, Garcia, Dankwa, Young, & Lipsky, 2008; Opalinski, 2010).

## Theoretical Framework

Kleinman's Explanatory Model of Illness served as the theoretical framework for this study. According to Kleinman (1980) an explanatory model is useful in eliciting an individual's perspective of illness and, as such, allows for a better understanding of how an individual receives, interprets, and responds to a given situation. An explanatory model increases understanding by blending expert knowledge with the individual's own personal understanding and perspective (Baumann

& Dang, 2012); however, conflict can arise when a given social interaction presses upon the individual a view of social reality as the one that must be accepted. Healthcare practitioners must understand the variations of health and wellness behaviors among individuals within this culture in order to promote educational and supportive interventions that are deemed useful in this population (Biering, 2007). A view of the adolescent's perspective constructed from individual personal experiences is critical in order to aid the practitioner in developing individualized treatment approaches to weight management based on how each adolescent views his or her own unique illness experience.

The purposes of this study were to (1) examine how inner-city African-American adolescent males experience and manage their obesity, and (2) investigate the core components of inner-city African-American adolescent males' explanatory models of obesity.

## Methods

### Setting and Sample

A total of 13 ( $N=13$ ) African-American adolescent males participated in the study. The researcher collected

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sociodemographic data including age, grade level in school, and zip code. Of the 13 adolescents who enrolled in the study, 3 were 13 years of age, 2 were 14 years of age, 2 were 15 years of age, 4 were 16 years of age, and 2 were 17 years of age. The adolescents ranged from 7th grade to 11th grade with three participants in 7th grade, two in 8th grade, three in 9th grade, four in 10th grade, and one participant in 11th grade.

Participants for this study were recruited from an inner city obesity clinic located in Memphis, Tennessee, which is located geographically within the southeastern United States. The clinic provides care to approximately 400 obese adolescents each year, and all individuals receiving care at the medical obesity clinic were referred by primary care providers. In order to participate in this study the adolescent had to meet the following inclusion criteria: (a) of male gender, (b) of African-American descent, (c) between the ages of 13 and 17 years, (d) diagnosed with obesity as indicated by a BMI >95th percentile based on BMI-for-age guidelines published by CDC, and (e) English speaking. Twelve of the 13 study participants enrolled were established patients at the medical obesity clinic. All study participants and their accompanying parent/guardian signed informed assent and consent documents, respectively. The researcher used phenomenological in-depth, semi-structured interviews to obtain descriptions of the lived experiences of the adolescents within the themes of self, home, school, and society.

The researcher collected zip code data as a means of determining socioeconomic status. According to U.S. Census data (2010), the inflation adjusted estimated household income for residents of Memphis, Tennessee, was \$32,285. Twelve of the 13 participants who enrolled in this study lived in areas with a reported household median income of less than \$30,000 (U.S. Census Bureau, 2010).

## Data Collection

The researcher used qualitative inquiry utilizing Van Manen's (1990) conceptualization of hermeneutic phenomenology to guide this study. Van Manen's (1990) conceptualization does not focus on statistical relationships, but rather it attempts to identify meanings from an individual's everyday lived experience, thereby allowing the researcher to uncover resulting meanings and behaviors derived from individual experiences, and to more completely understand the lives of the individuals within their own unique contexts. The researcher used purposive sampling based on predetermined inclusion criteria. One researcher conducted all interviews and all interviews were conducted on the same day as the participant's regularly scheduled medical appointment.

The researcher used an interview guide to structure the interviews (Table 1). The interview guide included a broad

opening question: "What was it like for you when you were first told you were overweight?" The researcher used follow-up and probe questions to explore experiences and clarify descriptions. The researcher conducted participant interviews between February 2009 and February 2010. All interviews were audiotaped and transcribed verbatim. On average, initial interviews lasted 1 hour. In order to ensure authentic interpretation of the data, the researcher conducted follow-up telephone interviews with each adolescent within 1 month of the initial interview. Follow-up interviews lasted between 15 and 30 minutes.

## Data Analysis

The researcher transcribed interviews verbatim and imported the transcripts as text documents into the Atlas.ti qualitative analysis program (Muh, 2000). The researcher used inductive content analysis to identify commonalities of words, phrases, or experiences, and to identify important themes or ideas indicative of the adolescents' individual experiences. Through the process of reading, rereading, and reflecting on each interview as a whole, the researcher was able to expand upon the coding and reconceptualize *like* or *significant* data into fewer, denser categories. In order to assure rigor, the researcher maintained an audit trail of analytical decisions, provided thick description of the data, conducted multiple interviews, and confirmed themes with

**Table 1** Interview Guide.

|                    |  |
|--------------------|--|
| Main question:     | What was it like for you when you were first told you were overweight?   |
| Question 1:        | How did you feel when the doctor/nurse first referred you to an obesity clinic?  |
| Probe question(s): | What does being overweight mean to you?  |
| Question 2:        | How do you feel about your weight?   |
| Probe question(s): | How do you manage the "hard" things?   |
| Question 3:        | How do you think others view you?  |
| Probe question(s): | How does being overweight affect you at school?<br>How does being overweight affect you at home?   |
| Question 4:        | What do you think others can do to help you make lifestyle choices?  |
| Probe question(s): | What things stop you from making healthy choices?<br>What would help you with making better choices?   |
| Conclusion:        | Is there anything else you can think of that you would like to share with me or anything that maybe I haven't asked you about that you would like to talk about? |

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