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# The Lived Experience Of Weight Retention Among Postpartum African American Adolescents

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**THE LIVED EXPERIENCE OF WEIGHT RETENTION  
AMONG POSTPARTUM AFRICAN AMERICAN ADOLESCENTS**

by

**THELMA MAE PHILLIPS**

**DISSERTATION**

Submitted to the Graduate School

of Wayne State University,

Detroit, Michigan

in partial fulfillment of the requirements

for the degree of

**DOCTOR OF PHILOSOPHY**

2013

MAJOR: NURSING

Approved by:

\_\_\_\_\_  
Advisor

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Date

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## DEDICATION

To the memory of my deceased son Melvin and brother Jesse

## ACKNOWLEDGMENTS

I would like to thank God for giving me the strength, energy, and courage to complete this task. I also am grateful for all the angels he placed in my path. There were so many around to assist and encourage me. My committee, Dr. Wilson, Dr. Klymko, Dr. George, and Dr. Hankin, who assisted me through their guidance, support, and time. Thanks for believing in me.

I would also like to thank two angels who stepped out of the woodwork and would not let me stop or lie down. They had my back. They gave me strength when I lost my son. They held me up through my hard times. They saw the best in me which I could not see. Thank you, keeper, for keeping me on track and ST for keeping it real (you know who you are). My acknowledgements would be incomplete without mentioning a very special angel, H. H., thank you for being there.

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This has been a long process for me. Finally, I want to acknowledge my family that started on this path with me but could only finish it in spirit. To those that passed on while I was in the doctoral program: my mother, a niece, two nephews, two brothers-in-law, a cousin, my brother, and my son Melvin. Thank you for surrounding me with your spirits.

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## CHAPTER 1

### INTRODUCTION: AIMS OF THE STUDY

*When a person acts without knowledge of what he thinks, feels, needs or wants, he does not yet have the option of choosing to act differently.*

—Clark Moustakas

The purpose of this study was to explore the meaning and understanding of the experience of weight retention among postpartum African American adolescents from a phenomenological perspective. The findings from this study will help fill the knowledge gap regarding why African American adolescents fail to lose weight gained during pregnancy.

The first chapter of this dissertation will discuss the phenomenon of interest and justification for the study as well as the primary investigator's (PI) assumptions, biases, and personal experience. The phenomenological method will briefly be discussed to justify its selection for use in the study.

Obesity has reached epidemic proportions globally and constitutes one of the leading current health problems in the United States as well as in developed and developing countries (Melzer & Schultz, 2010). According to the World Health Organization (WHO, 2008), obesity is the fifth leading risk for deaths globally. Currently, more than 50% of the U.S. population is at least overweight, and approximately 20% are extremely obese (Centers for Disease Control, 2008a). In 2010, all of the states within the U.S. had a prevalence of obesity of more than 20%. Thirty-six states had a prevalence equal to or greater than 25%. Twelve states (i.e., Michigan, Alabama, Arkansas, Kentucky,

Louisiana, Mississippi, Missouri, Oklahoma, South Carolina, Tennessee, Texas, and West Virginia) had a prevalence equal to or greater than 30% (CDC, 2010).

The prevalence of obesity is cause for concern because of its costs to the economic base of the country and its toll on human suffering due to related morbidity and mortality. Obesity is expected to cost the U.S. healthcare system over 237 million dollars within the next decade (National Institutes of Health, 2011). Furthermore, research has shown that as weight increases and individuals become overweight or obese, the risks for the following conditions also increase: coronary heart disease, type 2 diabetes, cancers (endometrial, breast, and colon), hypertension (high blood pressure), dyslipidemia (e.g., high total cholesterol, high levels of triglycerides), stroke, liver and gallbladder disease, sleep apnea and respiratory problems, osteoarthritis, and gynecological problems (CDC, 2010). Over 300,000 deaths in the U.S. each year are associated with obesity (Blixen, Singh, & Thacker, 2006; CDC, 2008b).

Obesity and its implications as a major health problem makes it a priority to researchers to better understand the contributing factors. Childbearing is a causative factor in obesity, as women may gain weight, become overweight, or even become obese by failing to lose weight gained during pregnancy (Davis, Stange, & Horwitz, 2010; Groth & David, 2008; Kinnunen, et al., 2007; Sarwer, Allison, Gibbons, Markowitz, & Nelson, 2006; Siega-Riz, et al., 2009).

Studies have shown that pregnant women whose weight remained 14% to 20% above their pre-pregnancy weight during their postpartum period are at an elevated risk of developing health problems (Davis & Olson, 2009; Walker, 2007). Moreover, subsequent pregnancies (multiparous) place these young women at greater risk for retaining weight

after pregnancy, thereby increasing their overall risk for morbidity and mortality related to hypertension, diabetes, and other illnesses (Davis, Zyzanski, Olson, Stange, & Horwitz, 2009; Mottola, 2009; Setse, et al., 2007).

Of particular interest is postpartum weight retention among postpartum African American women, who have been acknowledged among other ethnic groups as having the highest risk for postpartum weight retention (Carter-Edwards, et al., 2008; Davis, et al., 2009; Vaughan, Sacco, & Beckstead, 2008). Within this group, African American adolescents who become pregnant are at the greatest risk for postpartum weight retention. Obesity has increased from 5.0% to 18.1% in recent years among this population (CDC, 2008b), indicating that it is in need of serious attention in healthcare research and treatment.

Research is needed now to obtain a better understanding of the underlying mechanisms contributing to the problem of weight retention after the postpartum period among African American adolescents. Therefore, the PI took a two-pronged, innovative approach to a study of this critical problem by targeting an understudied population that has a high prevalence of obesity (African American adolescents who retained weight after childbirth) and by using a qualitative methodology that is informed by nursing theory to better understand this phenomenon.

### **Phenomenon of Interest**

While other studies have examined and supported the need for weight loss interventions among postpartum African American women, little is known about the experience of weight retention in postpartum African Americans who are adolescents. This is critical information to acquire because there is substantial evidence that healthcare interventions are more successful when individualized to a specific population (e.g., by

considering their underlying development, and social and cultural perspectives), and such interventions could be provided to overweight postpartum African American adolescents.

However, this population's beliefs about being overweight relate to their use of weight-control behaviors. For example, Vaughan, et al.'s (2008) quantitative study evaluated the cause and effect of race and cultural beliefs on young female adults' perceptions of their body weight and use of weight control behaviors. In their study, a sample of 141 African American and 676 Caucasian undergraduates ages 18 to 30 were recruited from a University of South Florida psychology class and met the study's inclusion criteria of being heterosexual and unmarried. Data were obtained from their self-reported measures of dietary restrictions, weight, and height. The Caucasian women perceived thinness as beautiful and practiced weight control behavior by using dietary restrictions. The African American women did not perceive themselves as being overweight and therefore did not practice weight control behaviors. The participants' body mass index (BMI) results were used to determine the effectiveness of their weight control behaviors. The African American women's BMI was higher than the Caucasian women's.

Until we recognize the meaning and understanding of the experience of weight retention among postpartum African American adolescents, we will not have the crucial knowledge needed to develop individualized weight loss interventions that will more likely succeed in this population. Therefore, this study explored the meaning and personal perspectives of the experience of postpartum weight retention among 10 African American adolescents in order to inform nursing's development of individualized weight-loss interventions for this population.



Prior interventions used with this population may have been unsuccessful because they may not have been informed by pertinent developmental, social, and cultural meanings of their experience (Kinnunen, et al., 2007). To further understand postpartum weight retention among African American adolescents, the PI focused this qualitative inquiry by selecting relevant concepts informed by nursing theory.

### **Justification for Studying This Phenomenon**

The justification for the study of this phenomenon derived from the PI's exploration of related literature and her personal observations of this population. Although the studies reviewed agree that postpartum weight retention leads to adult obesity, especially in African American adolescents, apparently none have explored the essence or lifeworld of this population as related to perceptions and behaviors that lead to obesity. According to van Manen (2009), the lifeworld is the lived, immediate experience of the world that is "already there," that of a person's "original natural life." Phenomenology attempts to explicate the meanings as we live them in our everyday existence, our lifeworld (p. 11).

A critical review of the literature has also confirmed the PI's belief that African American adolescents are more likely than those in other groups to become obese adults. Furthermore, there appears to be potential difficulty in performing the crucial preventive care needed to maintain this population's health and well-being. With better understanding of this issue, nursing professionals and the discipline can develop and provide supportive education on weight control to this population in general. However, without an understanding grounded in the perceptions of African American adolescents who have experienced postpartum weight retention and are willing to describe their meaning and

understanding of it, we do not have the means to inform the development and provision of individualized weight-management interventions in nursing practice for this population.

Multiple factors contribute to postpartum African American adolescents' risk for adult obesity (Blixen, et al., 2006; Groth & David, 2008), including gestational weight gained, nutrition and diet, physical activity, living situation, peer control, breastfeeding, sociocultural perceptions about weight, the role of motherhood, being an African American, and one's marital status. African American females also face cultural issues when it comes to large body frames and the acceptance by their communities of being overweight. However, the primary cause of these adolescents becoming obese adults, as cited in the literature, is their failure to lose weight gained during pregnancy (Black, 2006).

During the postpartum period, research shows that there are three factors that cause obesity: excessive weight gain, postpartum weight retention, and additional weight gain during the postpartum period. Although causal factors have been identified, no studies were found that attempted to explore African American adolescents' perceptions and meanings of their postpartum weight retention experience (Krummel, 2007). Therefore, this study collected data from a sample of this population which was stratified by age level in order to better understand their experience of postpartum weight retention. To achieve this purpose, this study addressed the following research questions:

1. What are the African American adolescents' perceptions (the way they think about or understand weight retention) and associated meanings (the understanding they apply to that meaning) of their postpartum weight retention?

2. To what extent do sociocultural factors (peer, family, significant others, and African American culture) in adolescents affect their perceptions of postpartum weight retention?
3. What are the effects of the perceptions of postpartum African American adolescents of their weight retention on their ability to make decisions about their weight control behaviors?

### **The Relationship of Adolescent Development and Pregnancy**

Austrian (2008) states that chronological age is not always associated with developmental age levels. A direct relationship has not been established between age and the developmental phase, which may be determined by culture as well as biology. While certain tasks and crises are commonly associated with chronological age, they do not always identify the cognitive, emotional, and social changes of a certain stage (p. 3). It is also known that when adolescent girls become pregnant, they have additional stress. These increased stressors could affect the postpartum African American adolescents' ability to make appropriate healthcare decisions (Drake, 1996). However, we do not know how postpartum African American adolescents' developmental levels affect their decision-making ability to lose weight gained during pregnancy.

### **Adolescent Development and Healthcare Decisions**

Adolescents are in the cognitive developmental stage called formal operations when they begin to develop logical thinking and work with abstract ideals. Some begin to establish personal rules and values. Understanding the normative development of adolescence is important in understanding age differences in judgment and decision making (Steinberg, 2005). This understanding is even more critical among pregnant

adolescents. The achievement of developmental tasks becomes more complicated when the adolescent becomes pregnant (Drake 1996), which suggests that at this stage of development they may not be able to make health-promoting decisions regarding weight control behaviors.

### **Stages of Adolescent Development and Pregnancy**

Body image is important to developing adolescents. According to Mercer (1990), girls who become pregnant in the early stage of adolescent development are confronted with bodies that are already growing rapidly. They are awkward and self-conscious about being different, and may conceal their pregnancy. A girl in the middle stage of adolescent development has a body that is reaching maturity and usually reacts negatively to body image changes imposed by her pregnancy. However, according to Mercer (1990), those in the late stage of adolescent development are usually comfortable with the mature appearance of their maternal body.

The development levels in pregnant adolescents and their relationship to their bodies are described as follows: Early stage pregnant adolescents (13 to 14 years of age) are weakly developing a sense of self and have difficulties adapting to the demands of pregnancy. Their body is in rapid growth and they are awkward and self-conscious about being different, so they may conceal their pregnancy (Mercer, 1990). They obey to avoid punishment and conform to obtain rewards, and need concrete incentives to comply with recommendations for healthy prenatal behaviors (Mercer, 1990).

Middle stage pregnant adolescents' (15 to 16 years of age) sense of self is stronger, and they may still be developing ideals of what they want to do. Their bodies are reaching maturity. Usually they react negatively to body image changes caused by pregnancy. They

do what is expected for prenatal care. Late stage pregnant adolescents (17 to 19 years) have a firm sense of self and learn to cope with complexities (Drake, 1996).

The changes that adolescent female bodies undergo in preparation for childbirth further stress their adolescent development. Understanding and exploring their lived experience of weight retention in general will help identify themes that are common to postpartum African American adolescents who retain weight gained during pregnancy. Clarifying the meanings of their experiences at particular age levels, understanding the sociocultural influences embedded in these meanings, and gaining insight into how these meanings influence their weight control behaviors and weight retention (health outcome) were also used to describe these phenomena.

This study included participants from late adolescence as a starting point for exploring the lived experiences of postpartum African American adolescents. Because late-stage adolescents have a more developed sense of self and learned ability to cope with complex situations, this stage was selected to better understand how sociocultural factors influence the ability to make health-promoting decisions regarding weight control and sense of being in the population of interest. For this qualitative study the research questions were designed to draw the meaning of the participants' perceptions from these experiences. Understanding the perceptions of postpartum weight retention among African American adolescents who have actually experienced it would provide a better understanding of the lived experience. Understanding the study participants' experience of this condition would help fill the gap in the literature as to why these adolescents are at greater risk of adult obesity than those in other ethnic groups.

### **The PI's Assumptions, Biases, and Beliefs Related to the Phenomenon**

The primary investigator's interest in the experience of weight retention among postpartum African American adolescents arose from her personal and professional experiences with this population. Nonetheless, the PI tried to be aware of her own assumptions and biases in order to prevent them from intervening in the study. This is a technique van Manen (2009) called bracketing, which is "the act of suspending one's various beliefs about the reality of the natural world in order to study the essential structures of the world" (p. 175).

#### **Assumptions and Biases**

1. African American adolescents are more likely to retain weight gained during pregnancy than their white counterparts.
2. Having experienced postpartum weight retention as an adolescent herself, the PI believes it was culturally motivated.
3. While working as an obstetrical nurse, the PI further discovered through observation of this population that they were predisposed to complications and diseases associated with obesity resulting from postpartum weight retention.
4. Family and friends who became pregnant as adolescents have told the PI that their problem with weight control began after giving birth.
5. It is the PI's belief that the developmental age level, sociocultural perceptions, and perceptions of weight affect weight control behaviors and weight retention among postpartum African Americans adolescents.

### **Philosophical Beliefs**

The PI's philosophical views for this qualitative study, which were associated with moderate realism as delineated by Kikuchi (2003), guided the study. Moderate realism consists of the following beliefs:

- Reality exists independently of the human mind.
- All human beings possess the same powers but to different degrees.
- The object of inquiry is to obtain knowledge of reality consisting of probable truths (claims true beyond a reasonable doubt) but not absolute truth (beyond a shadow of a doubt).
- Knowledge is sought for the sake of action.
- The mind conforms to reality.
- Although we know reality, (the real) exists independent of the human mind, and our circumstances (the actual) influence the way we view their existence in reality (the empirical).

The late-stage adolescents in this study were in the developmental stage of learning to make decisions and struggling to become independent and accepted (Mercer, 1990). The PI also had to bracket her belief that African Americans' cultural acceptance of being overweight or obese, and lack of encouragement to lose weight, prevents these young women from adopting appropriate weight control behaviors.

### **The Inquiry Paradigms and Perspectives of Phenomenology**

Phenomenological paradigms of inquiry are basic sets of beliefs that guide action and are based on the ontological, epistemological, and methodological assumptions of the PI, which represent a worldview that defines the nature of the world (Denzin & Lincoln,

1998). Ontology raises basic questions about the nature of reality. Epistemology asks how one knows the world, while methodology focuses on how we gain knowledge (Denzin & Lincoln, 1998). Although van Manen's (1990) phenomenology is post-positivist, the PI used moderate realism as follows.

### **The Ontology of Moderate Realism**

According to Denzin and Lincoln (1994), ontology asks what is the form and nature of reality. For example, if a real world is assumed, then "we can learn from it how things really are and how things really work" (p. 110). Therefore, questions that relate to real existence and actions are the only type that can address postpartum African American adolescents' perceptions of weight retention. According to Denzin and Lincoln (1994), reality is assumed to exist but is only imperfectly and probabilistically apprehendable (p. 110).

According to moderate realism, reality is assumed to exist but is only partially comprehensible because of humans' intellectual ability and the method used to retrace the phenomena (Denzin & Lincoln, 1994, p. 109). This study has attempted to describe the meaning and perceptions of weight retention among a number of postpartum African American adolescents because little is known about their perceptions of this reality and its real meaning. Research is needed to explore the developmental age levels, sociocultural factors, and perceptions of weight control as related to this population.

### **The Epistemology of Moderate Realism**

According to Denzin and Lincoln (1994), the question is whether the research findings fit with pre-existing knowledge. Replicated findings are probably true but always subjected to falsification as probably true (p. 110).



In nursing, we accept the statistical evidence that African American adolescent women are at greater risk than any other ethnic group of becoming obese adults if they retain their weight gained during pregnancy. However, we do not know if these data fit with the lived experiences and knowledge of the lifeworld of African American adolescents regarding their postpartum weight retention. Since no studies have explored this phenomenon, this qualitative study has done so in order to provide culturally appropriate evidence-based data for developing healthcare interventions for this population.

### **The Methodology of Moderate Realism**

Modified experimental/manipulative research may include qualitative methods (Denzin & Lincoln, 1994). The PI believed that a qualitative study was needed to uncover the essence and meaning of the lived experience of postpartum weight retention among African American adolescents. Although studies have addressed postpartum African American women, only a few have examined postpartum African American *adolescents*; none, however, have explored what the “lived experience” of postpartum weight retention is like among these adolescents.

### **The PI’s Assumptions About the Nursing Metaparadigm**

Because of mounting statistical evidence, a realistic view suggests that obesity is an epidemic in the United States and that postpartum African American adolescents are at greater risk than other ethnic groups of becoming obese adults. With an understanding of these adolescents’ developmental age levels, their sociocultural perceptions, and their perceptions of postpartum weight retention, nursing can optimize their healthcare behaviors. Furthermore, nursing professionals could develop culturally appropriate interventions that could increase the use of weight control behaviors among these

adolescents. For the purpose of this research, these adolescents' experiences of postpartum weight retention were explored through the nursing paradigms of human life, health and well-being, nursing, and environment.

### **The Qualitative Research Method (Philosophical Underpinnings)**

What follows establishes the philosophical underpinnings for employing a qualitative research method for this study, including van Manen's (1990) post positivism, his approach to human science investigation, and his technique for describing a phenomenon.

### **Moderate Realism and van Manen's Methodology**

Van Manen's (1990) methodology of post positivism is consistent with the beliefs of the PI because moderate realism follows the views of post positivism from an ontological perspective. Van Manen (1990) believed that phenomena that present themselves to the human consciousness can be subjective and/or objective in nature. His assertion resonates with the approach of moderate realism in that objects possess an objective existence independent of any awareness in subjective consciousness (Moser, 2000). In addition, van Manen's (1990) epistemological perspective appears to follow the moderate realist view that human senses and intellect are fallible.

The primary investigator used van Manen's (1990) phenomenological approach for this study, which he defined in 1990 as a systematic attempt to uncover and describe the structures of lived experiences using a theoretical lens to explore them and derive the meaning of a phenomenon. The PI concurs with van Manen (1990), i.e., that the environment or surroundings of persons affect their health and well-being, or their lifeworld—thus connecting post positivism and moderate realist views. That is, the belief

that reality exists independently of the human mind, as all human beings possess the same powers but to different degrees; the object of inquiry is to obtain knowledge of reality consisting of probable truths which are claims beyond a reasonable doubt (Kikuchi, 2003).

### **Human Science Research**

Collecting data on a human phenomenon requires interpretation and understanding. According to van Manen (1990), “Human science studies persons or beings that have consciousness who act purposefully in or on the world by creating objects of meaning that are expressions of how beings exist in the world” (p. 4). Hence, this research was designed to explore and interpret the data collected on postpartum African American adolescents’ perceptions regarding their postpartum weight retention and how they function in their lifeworld.

#### **The Starting Point: The Subjects’ Lifeworld**

The starting point for an investigation of a phenomenon is the lifeworld or the world of the subjects’ lived experience. Therefore, the PI collected data for this study to reflect the participating African American adolescents’ understanding and meaning of their lived experience of postpartum weight retention within their environmental and sociocultural surroundings. Van Manen’s (1990) methods and procedures for exploring and describing a phenomenon were applied to this study as follows.

#### **The Methodical Structure of Human Science Research**

Van Manen’s (1990) methodical structure of human science research may be seen as an interaction of six research activities:

1. Turning to a phenomenon which seriously interests us and commits us to the world.

2. Investigating experience as we live it rather than as we conceptualize it.
3. Reflecting on the essential themes which characterize the phenomenon.
4. Describing the phenomenon through the art of writing and rewriting.
5. Maintaining a strong and oriented pedagogical relation to the phenomenon.
6. Balancing the research context by considering parts and the whole. (pp. 30-31)

These six activities are discussed in detail in Chapter 3, Methodology.

### **Van Manen's Procedures for Describing a Lived Experience**

1. Describe the experience as you lived through it.
  2. Describe the experience from inside, as it were.
  3. Focus on a particular example or incident of the object of the experience.
  4. Try to focus on an example of the experience which stands out for its vividness, or as it was the first time.
  5. Attend to how the body feels, how things smell, how they sound.
  6. Avoid trying to beautify the account with fancy phrases or flowery terminology.
- (1990, pp. 64-65)

### **The Type of Phenomenology Used in This Study**

For this study, the primary investigator used a descriptive phenomenology to depict the meaning of being an African American adolescent with postpartum weight retention.

### **Justification for Using Phenomenology in the Study**

According to the PI's worldview, human beings are open systems that are continuously interacting with their environments. She believes that if there is a truth to be known, there is a reality. Van Manen (1990) views the environment or the surroundings of research participants as they affect their health and well-being or lifeworld, which means

that reality exists independently of the human mind, all humans beings possess the same powers but to different degrees, and the object of inquiry is to obtain knowledge of reality consisting of probable truths which are claims beyond a reasonable doubt (Kikuchi, 2003).

### **Relevance of the Study to the Discipline of Nursing**

Without an understanding of those who have experienced postpartum weight retention and descriptions of their meanings regarding it, nursing would not have a basis for culturally appropriate interventions to perform evidence-based practice. Nurses must be assertively involved in identifying African American adolescents who are at risk for postpartum weight retention. In addition, healthcare professionals must understand the factors that have placed these adolescents at risk of becoming overweight or obese after pregnancy in order to develop and administer appropriate health care to them.

Postpartum weight retention places these young women at risk for obesity and the health-related diseases associated with it. Exploration of their lived experience would provide clarification and understanding of the factors influencing their weight control behaviors after childbirth.

### **Orem's Theory of Self-Care**

Orem's (2001) theory of self-care proposes that individuals learn and deliberately perform for themselves, or have someone perform for them, actions that are necessary to protect their human integrity, physical and mental functioning, and development for promoting life, health, and well-being. Self-care has been defined as learned behavior and deliberate action taken for some purpose (Fawcett, 2005; Orem, 2001). For example, postpartum African American adolescents must develop weight control (self-care)

behaviors in order to lose weight gained during pregnancy, but their inability to do so could lead to adult obesity and increase their risk for health-related problems.

An understanding of the theoretical concepts and relationships of self-care deficit nursing theory (Orem, 2001) in combination with empirical knowledge relevant to this phenomenon helped focus this investigation and supplement the current knowledge about this issue and population.

### **Definition of Terms/ Operational Definitions**

For the purposes of this study, the following terminology was used:

#### **Body mass index (BMI):**

A measure of weight in relation to height, specifically the weight in kilograms divided by the square of height in meters (CDC, 2008c).

#### **Gestational weight gain:**

Weight gained during pregnancy.

#### **Postpartum period:**

The 6-week period following delivery of an infant.

#### **Postpartum weight retention:**

Retention of 5kg or more above pre-pregnant weight 6 weeks after delivery (Oken, et al., 2006) or retention of 14 to 20% of weight above pre-pregnant weight 6 weeks after delivery.

#### **Weight control (self-care) behaviors:**

Behaviors used by the adolescent in an attempt to return to pre-pregnancy weight (exercise and dietary intake).

**Obesity in an adolescent:**

A body mass index (BMI) greater than the 95% for this age (13 to 19) or  $\geq 30$  in pregnant adolescents (CDC, 2008c; IOM, 2009).

**Obesity in an adult:**

A body mass index (BMI) of 30 or higher.

**Concepts and Terms Used in the Study**

The following concepts and terms were used in this research methodology.

**Member checking:**

Data, analytic categories, interpretations, and conclusions were tested with members of those groups from whom the data were originally obtained. This was done both formally and informally as opportunities for member checks arose during the normal course of observation and conversation. Typically, member checking is viewed as a technique for establishing the validity of an account. According to the Robert Wood Johnson Foundation (2008), Lincoln and Guba (1985) posited that this is the most crucial technique for establishing credibility. However, they acknowledged that this technique is considered controversial.

**Bracketing:**

Bracketing is the qualitative research technique of suspending or setting aside what is known and believed about an experience being studied (van Manen, 1990).

**Lifeworld:**

In phenomenology, the world is immediately or directly experienced in the subjectivity of everyday life as sharply distinguished from the objective “worlds” of the sciences. The lifeworld of phenomenology includes individual, social,

perceptual, and practical experiences. The objectivism of science obscures both its origin in the subjective perceptions of the lifeworld and the lifeworld itself (*Encyclopedia Britannica*, 2008).

**Worldview:**

1. The overall perspective from which one sees and interprets the world.
2. A collection of beliefs about life and the universe held by an individual or a group.

**Chapter Summary**

To summarize, the purpose of this study was to understand the meaning or essence of the experience of postpartum weight retention among postpartum African American adolescents from their perspective or lifeworld. More focused efforts are needed in nursing practice and research to develop effective interventions for this population's weight control in order to help them avoid adult obesity. Thus, understanding the influence of this population's adolescent developmental age level, sociocultural context, and their perceptions of their postpartum weight on their decisions regarding weight control behaviors (i.e., exercise) would enable the development of population-specific healthcare interventions in nursing.



## CHAPTER 2

### THE EVOLUTION OF THE STUDY

This literature review is presented to frame the phenomenon under study: postpartum African American adolescents' weight retention leading to potential adult obesity. Obesity is a public health challenge and is a serious chronic medical condition, which is associated with multiple co-morbidities and reduced survivability/longevity among African American women (Davis, et al., 2010).

#### **Rationale for the Study**

Studies have found that weight gained during pregnancy, especially among postpartum African American adolescents (13 to 19 years of age), increases their risk for adult obesity (Melzer & Schultz, 2010; Pedersen, et al., 2010). Therefore, in order for healthcare professionals to help these adolescents manage and control their obesity, they must institute culturally sensitive interventions and a comprehensive range of strategies with actions that target those with existing weight problems and those at high risk of developing obesity (Logsdon & Koniak-Griffin, 2005). The primary investigator in the present study believes that the developmental age levels, sociocultural beliefs, perceptions of postpartum weight retention, and weight control behaviors among postpartum African American adolescents challenge their return to their pre-pregnancy weight.

This phenomenological study sought to understand the experience of postpartum weight retention among African American adolescents from their personal experience. The postpartum period is defined as the 6 weeks following delivery of an infant. This period is crucial for losing gestational weight. The risks of becoming overweight or obese adults greatly increases if this weight is retained (Kriebs, 2009). This chapter reviews the literature

on African American adolescents, 13 to 19 years of age, according to the following areas: (a) developmental age level and perceptions, (b) sociocultural beliefs and perceptions, and (c) perceptions of postpartum weight retention and weight control behaviors.

### **Database Research for This Study**

Electronic searches were conducted for a literature review of the research from the previous 10 years using the following databases: CINAHL PLUS, JSTOR (Arts & Sciences I, II, III, IV, V, VI, and VII Collections), Medline, Science Direct, and PubMed. Key words used in the search were ‘postpartum and weight retention,’ ‘sociocultural or neighborhood,’ ‘teenagers or adolescents,’ ‘perception and body weight,’ and ‘African American.’ Additional literature was collected by reviewing the references of selected studies. Among the studies found, only four addressed postpartum African American adolescents (13 to 19 years of age), their perceptions of body weight, and weight control behaviors during this period.

### **Categorization of the Studies Reviewed**

Both the qualitative and quantitative studies reviewed were categorized as follows: (a) influences of developmental age level and perceptions of postpartum African American adolescents, (b) sociocultural beliefs and perceptions, and (c) perceptions of postpartum weight retention and weight control behaviors. Several themes emerged from the studies reviewed. Apparent gaps exist in the literature regarding the developmental age level, sociocultural beliefs, and weight control behaviors supportive of weight reduction in postpartum African American adolescents. None of the studies in the literature explored or attempted to discover the lived experience of this population and its effect on their weight reduction after delivery.

### **Developmental Age Levels and Weight**

The developmental age level of an adolescent plays an important role in their ability to make appropriate healthcare decisions. An adolescent may not be able to make appropriate health-promoting decisions regarding weight control behaviors because of several factors. Their ability to understand the importance of developing good decision making may be hindered by their surroundings, peer pressure, and behaviors they are exposed to. Moreover, although adolescents who become pregnant may understand the importance of not gaining excessive weight while pregnant and the health-related risk of not losing the weight soon after delivery, they may still choose not to use weight control behaviors. Therefore, they may predispose themselves to the health-related risks associated with obesity (CDC, 2008c).

Another concern for healthcare practitioners regarding adolescent developmental age levels is lack of consensus on what is an appropriate BMI for this age group once they become pregnant. In adolescents, a BMI above the 95<sup>th</sup> percentile indicates obesity and at risk for negative health consequences such as heart disease, certain types of cancer, type 2 diabetes, stroke, arthritis, breathing problems, and psychological disorders, such as depression, according to *Tracking Healthy People* (U.S. Department of Health and Human Services, 2010). Among adolescents, 12 to 19 years of age, obesity has increased from 5.0 to 18.1% in recent years (CDC, 2008c). However, there is a lack of statistics regarding BMI for pregnant adolescents. Until research supports the use of different BMI cut-offs for pregnant adolescents, calculations of this age group's BMI will be measured as it is in other pregnant women due to a lack of instruments to measure pregnant adolescents (Davis & Olson, 2009; Institute of Medicine, 2009).

### **Sociocultural Beliefs and Perceptions**

Three qualitative studies explored the relationships of sociocultural beliefs, perceptions of body weight, and weight control behaviors. The first, a pilot study by Blixen, Singh, and Thacker (2006), explored sociocultural beliefs by looking at the connection between cultural beliefs and weight loss in order to establish culturally appropriate weight reduction programs for postpartum women. A purposive sampling was obtained and the participants were organized into four focus groups consisting of 4 to 6 postpartum African American and Caucasian women 18 to 50 years of age. Other inclusion criteria were that the participants have an increase in BMI  $\geq 30$  after delivery. The four main themes generated by their study were: the women's attitudes related to body image, perceptions of weight, knowledge of obesity related to medical problems, and barriers to weight loss.

Both the postpartum African American and Caucasian women in Blixen, et al.'s (2006) study were aware of the medical problems associated with obesity. However, the African Americans felt that their culture, ethnicity, and family lifestyles prevented them from losing weight after delivery. In contrast, the Caucasian women believed that lack of commitment and depression were barriers to their weight loss after delivery, whereas their culture and ethnicity only influenced weight loss to a small extent. The authors considered the study successful in confirming what was already known regarding cultural beliefs, weight reduction, and weight control behaviors among postpartum African American and Caucasian women. However, the study supported the notion that women's knowledge of health issues does not always lead to their making positive healthcare decisions (Blixen, et al., 2006, p. 295). Regardless of their education as to the health risk of being overweight or

obese, the postpartum African American women in Blixen, et al.'s (2006) study still chose not to use weight control behaviors supportive of weight loss after delivery.

Similar to previous studies (Briley, 2006; Davis & Olson, 2009; Groth, 2007; Haire-Joshu, Schwartz, Budd, Yount, & Lapka, 2010; Thame, Jackson, Manswell, Osmond, & Antoine, 2009), Blixen, et al. (2006) did not discuss postpartum African American adolescents in particular. However, they did state that understanding these adolescents' sociocultural beliefs is critical if postpartum weight control interventions are to be effective for them (p. 296).

In the second qualitative study reviewed, Groth and David (2008) described the views of ethnically diverse new mothers' preferences and attitudes related to weight and exercise. These researchers identified the same theme as Blixen et al. (2006) weight was important to the participants, but perceptions of it varied among races. Groth and David's (2008) study included interviews of 49 ethnically diverse mothers, 18 to 42 years of age, who had delivered within the last year, in order to obtain their perceptions and attitudes regarding weight and exercise. Their participants believed that exercise was important, especially walking during the first year following delivery, but that barriers such as lack of child care and fear for safety appeared to be the main concerns that prevented them from using this weight control behavior. Conversely, the African American women in the study were less likely to engage in weight control behaviors such as exercise to lose weight regardless of whether there were barriers or not.

In the third qualitative study reviewed, Setse, et al. (2007) reported perceptions of barriers to postpartum weight loss, attitudes toward weight gain, and intervention strategies among African American women. A focus group of 22 postpartum African

American women—median age 26, median pre-pregnancy BMI 31/kg/m<sup>2</sup>—comprised the participants in this study. The results differed from those of other studies because 57% of the women had a previous pregnancy. The focus group interviews were recorded and transcribed verbatim. Once the investigators had reviewed and coded the data, they identified 16 themes. Of these, 4 were consistent with the findings of other studies: the African American women's inability to lose weight despite their desire to, inability to pay for weight-loss programs, limited childcare and family lifestyles that promoted unhealthy eating. Setse, et al. (2007) concluded that the psychological effects of childbearing, affordability, and perceptions of body weight were the main themes that emerged from their interviews of the postpartum African American women. The results of their study support other findings that postpartum African American women have limited knowledge and use of effective weight loss strategies (Setse, et al., 2007, p. 124).

In the PI's review of these three qualitative studies, four major themes emerged: (a) African American women's postpartum weight losses are influenced by their environment, (b) family lifestyles, (c) lack of culturally appropriate or affordable weight reduction programs, and (d) insufficient childcare to attend weight loss programs. However, none of the studies addressed weight control among postpartum African American adolescents.

Related findings were reported in several quantitative studies of African American women's postpartum weight loss, including the influence of sociocultural belief, family lifestyles, lack of culturally appropriate or affordable weight reduction programs, and insufficient childcare to attend weight loss programs. However, similar to the qualitative

studies reviewed, none of these studies addressed postpartum African American adolescents either.

Vaughan, Sacco, and Beckstead (2008) evaluated the cause and effect of race and cultural beliefs in regard to women's perceptions of body weight. A sample of 141 African American and 676 Caucasian female undergraduate students 18 to 30 years of age enrolled in a psychology class met the inclusion criteria of being heterosexual and unmarried. Data were obtained from self-reported measures of dietary restrictions, weight, and height. The participants' BMI results were used to determine the effectiveness of these weight control behaviors. The BMIs of the African American women were higher than those of the Caucasian women. The Caucasian women perceived thinness as beautiful and practiced weight control behaviors by using dietary restrictions. The African American women did not perceive themselves as being overweight and therefore did not practice weight control behaviors. The cause and effect of the variables in Vaughan, et al.'s studies were consistent with the themes derived from the previous qualitative studies reviewed. The African American women did not use weight control behaviors because they conflicted with their sociocultural beliefs. However, the external validity of their study was limited based on the sample size of the Caucasians, which was much higher than the African Americans, and the lack of the inclusion of an adolescent population.

In contrast to Vaughn, et al.'s (2008) study, Black, et al.'s (2006) quantitative research consisted of a cross-sectional and longitudinal study of a larger adolescent African American sample that analyzed the causative effect of weight control behaviors on weight reduction one year after delivery. They collected data using self-reports from 118 low-income African American adolescent mothers in order to examine their dietary patterns,

self-esteem, depressive symptoms, and intention to lose weight associated with body size. Measurements of weight and height were taken at 1 and 2 years postpartum. Similar to the results of previous studies, relationships emerged between knowledge and weight control behaviors. This study found that one year after delivery, no significant weight reduction was noted among this population, although nearly half of the overweight mothers reported intentions to lose weight and understood the potential health risks (Black, et al., 2006, p. 80). These authors hypothesized that having knowledge does not always result in a change of behavior. The intervention outcomes were not successful in weight reduction among this population, which was consistent with findings from the previous studies reviewed.

Adding new knowledge to the qualitative and quantitative studies just described, Boyington, Johnson, and Carter-Edwards (2006) in an exploratory study of body size perception found that postpartum African American adolescents were dissatisfied with their body sizes. Their exploratory study was the first identified by this review that used a culturally sensitive, validated figure rating scale to assess body size perception. The sample size consisted of 105 low-income African American women ages 16 to 39, who were zero and six months postpartum. The Reese Body Image Scale was used to assess their current, typical, healthy, and preferred body size (Patt, Lane, Finney, Yanek, & Becker, 2002). In addition, anthropometric data on weight and height were taken. Measurements were taken at recruitment and six months later, with 75% of the sample expressing dissatisfaction with their current body weight and over half expressing a desire to lose weight. The researchers hypothesized that this was one of the first, if not the only study, to use a culturally sensitive figure rating scale. Boyington, et al. (2006) concluded that using a scale where the figures actually resembled the sample revealed the African American women's dissatisfaction with



their body weight and the desire to lose weight in the postpartum period. This study was significant because the results differed from those of previous studies. However, the percentage of postpartum African American adolescents who were dissatisfied or wanted to lose weight was not included in the results. This information could have helped close the gap in understanding this population's perceptions of body weight and weight control behaviors.

### **Perceptions of Postpartum Weight Retention/Control**

Because African American adolescents are still developing their identity, becoming pregnant and dealing with health concerns of postpartum weight retention can cause additional stress, which could affect their ability to make appropriate healthcare decisions (Mercer, 1990). Body weight is important for developing adolescents who must also deal with family and peer influences. According to Walker (2007), many African American adolescents may want to lose weight, but there is no motivating support from friends, family, or peers to do so (p. 490). Moreover, some African American adolescents may be comfortable with their weight status when their peers and family members are also overweight. Physically resembling others who are overweight can help adolescents have feelings of acceptance and belonging, which is consistent with the characteristics of the developmental age levels of these adolescents (Perkins, 2006), even though they may be striving to find their own identity.

Postpartum African American adolescents' developmental age levels, sociocultural beliefs, and family and peers influence their ability to lose weight after delivery (Blixen, et al., 2006). In addition, the African Americans' cultural belief in the acceptance of being overweight or obese, and lack of encouragement to lose weight, can prevent these young

women from adopting appropriate and effective weight control behaviors. African Americans also have a saying that “it is good to have meat on your bones, as being heavier is considered sexy and beautiful” (Black, et al., 2006). These findings are consistent with those of recent studies discussed earlier.

### **Studies of Postpartum Women and Weight Control Interventions**

From other literature reviewed, an additional seven studies described current interventions and treatment of weight and obesity among postpartum African American adolescents. Amorim-Adegboye, et al.’s (2009) quantitative study used random control and quasi-randomized trials to conduct and review interventions to evaluate the effect of weight control behaviors as well as diet and exercise on outcomes of weight reduction in women with postpartum weight retention. Six trials involving 245 African American women younger than 18 were reviewed by the authors. Inclusion criteria required the women to be overweight or obese 12 months after childbirth and having gained during pregnancy more than is recommended by the Institute of Medicine (IOM). Amorim-Adegboye, et al. (2009) noted from their review of the literature that diet and exercise together helped the women to lose weight after childbirth. They hypothesized that exercise alone did not cause weight reduction but did improve cardio-respiratory fitness. Therefore, the outcomes of these interventions were considered successful. Weight loss was noted in the women who were given exercise, diet, and counseling. Women whose only intervention was exercise improved their cardiovascular fitness, but lost no weight.

Similarly, Mottola (2009) reviewed the effect of diet and exercise on overweight postpartum women 29 to 39 years old, not identified by race, who had more than one pregnancy that had resulted in postpartum weight retention. Mottola (2009) examined the

relationship between the frequency and duration of exercise and nutrition, and the women's ability to lose weight. The results of her study were consistent with previous findings, i.e., that dieting and exercises together are most successful in weight reduction after pregnancy. Mottola's (2009) study also concluded that education programs increased knowledge about weight loss but did not change the women's weight control behaviors.

The third research reviewed on this topic was Kuhlmann, Dietz, Galavotti, and England's (2008) quantitative study of randomized control trials of weight management interventions for pregnant and postpartum women to examine the effects of weight management on postpartum weight reduction. The ages of these women were not mentioned, although they were of childbearing age. Kuhlmann, et al.'s (2008) study addressed interventions with modifications of diet, exercise, and group counseling. Data were collected from studies that used written and telephone correspondence to report the subjects' content of food and exercise diaries. Kuhlman, et al. (2008) hypothesized that weight reduction outcomes were significantly higher in the intervention group than in the control group. In addition, they found that little work has been done with pregnant or postpartum women to produce effective healthcare outcomes (p. 527).

The fourth quantitative study reviewed was Ostbye, et al.'s (2009) randomized controlled weight loss intervention trial to determine if pregnancy contributes to overweight and obesity in postpartum women 18 years or older. The primary purpose was to reduce their BMIs through 24 months postpartum by promoting the women's lifestyle changes. The intervention consisted of 8 healthy eating classes, 10 physical activity classes, and 6 telephone counseling sessions over a 9-month period. Changes in BMI were the main outcomes noted. Data collection was based on self-reports of physical activity, diet, and

television time. Twenty percent of the women retained 5kg or more weight after childbirth, which was consistent with other study findings (Calfas & Marcus, 2007). Ostbye, et al. hypothesized that there were no significant differences among home-based interventions versus mail, telephone, or internet/email. However, they concluded that email might be the best way to communicate with this population given the mothers' busy schedules (p. 178).

In the fifth quantitative reviewed, Keller, Records, Permana, and Coonrod (2008) studied interventions by examining six previous studies on weight management in postpartum women to identify the best evidence for guiding weight management in this population. The actual ages of the women in the study were not mentioned. However, unlike previous studies, evaluations of body fat and body composition were additional variables along with physical activity and diet. Their study hypothesized that interventions need to target women early in pregnancy in order to have a long-term impact on their weight reduction following childbirth. This hypothesis is consistent with the results of Sarwer, et al.'s (2006) study on pregnancy and obesity.

A quantitative research study by Black, et al. (2006) consisted of a cross-sectional and longitudinal study that analyzed the causative effect of weight control behaviors on weight reduction one year after delivery. They collected data using self-reports from 118 low-income African American adolescent mothers in order to examine the associations among dietary patterns, self-esteem, depressive symptoms, intention to lose weight, and body size. Measurements of weight and height were taken at 1 and 2 years postpartum. Similar to the results of previous studies, relationships emerged between knowledge and weight control behaviors. This study found that one year after delivery, no significant weight reduction was noted among this population, although nearly half of the overweight

mothers reported intentions to lose weight and understood the potential health risks of postpartum weight retention (Black, et al., 2006, p. 80). The authors concluded that having knowledge of weight control methods may not always result in a change of weight control behavior, because the interventions used in the study were not successful in promoting weight reduction among this population.

In contrast to Black, et al.'s (2006) study, Kinnunen, et al.'s (2007) quantitative study involved a controlled trial of 92 postpartum first-time mothers. Recruitment occurred at six child healthcare centers; three were intervention and three were control clinics. Fifty-three Finnish postpartum women were given the intervention and 39 were in the control groups. To meet the inclusion criteria, the postpartum mothers had to be above the age of 18, and overweight or obese. The exclusion criteria were: younger than 18, type II diabetes mellitus, twin pregnancy, physical disability that prevents exercising, complicated pregnancy, substance abuse, and mental disorders. Data collection occurred through self-reports. Individual counseling on dieting and physical activity was provided during five routine visits of the mothers to a public health nurse at the clinics. The aim of the study was to investigate the effects of individual counseling on diet and physical activity after pregnancy. Within 10 months, 50% of the intervention group and 30% of the control group returned to their pre-pregnancy weight. The researchers concluded that integrating dietary and physical counseling during the mothers' routine visits increased their postpartum weight loss. Although this study was conducted in Finland, the ethnicity of the subjects was not mentioned; however, the results support previous studies of weight loss conducted in the U.S. The intervention of this study was successful in addressing the positive effects of individual counseling regarding postpartum weight gain as a worldwide problem. The

findings of Kinnunen, et al.'s (2007) study are consistent with others that examined the effect of counseling on weight reduction during the postpartum period (Amorim-Adegboye, etl al., 2009; Kuhlmann, et al., 2008).

The seven studies just described all dealt with the weight control behaviors of diet and/or physical exercise, and BMI. They all showed that there is a lack of evidence-based research to support culturally appropriate weight control interventions among postpartum African American women. The studies reviewed addressed African American women, with only a few examining African American adolescents, but none had attempted to explore what the lived experience of postpartum weight retention is like among African American adolescents.

According to the outcome of this literature review, there is a lack of research relating specifically to African American adolescents' postpartum weight control. Additionally, in the PI's review of the research, none of the studies addressed developmental age levels, sociocultural perceptions, and perceptions of postpartum weight retention in this population. This gap in research supported the need for a qualitative study of these adolescents' lived experience of weight retention after delivery as a beginning step to understanding the phenomenon of postpartum weight retention in this population.

Although only one of the studies reviewed was relevant specifically to postpartum African American *adolescents*, the following findings from all of the interventions and studies reviewed here were relevant to the present phenomenological study:

1. African American women have the highest risk for obesity, which has also been related to postpartum weight retention.

2. African Americans who become pregnant during adolescence and fail to return to their pre-pregnant weight after delivery are at the greatest risk for obesity (Black, 2006).
3. The failure to lose gestational weight gain likely leads to lifelong obesity, therefore contributing to its growing epidemic in the United States (Schmitt, Nicholson, & Schmitt, 2007).

Moreover, four relevant contributing factors related to the lack of weight control behaviors among the postpartum African American population were identified in the literature: (a) the influence of the sociocultural belief that heavier is beautiful, (b) the influence of family lifestyles, (c) the lack of culturally appropriate or affordable weight reduction programs, and (d) insufficient childcare to attend weight loss programs. However, apparently no qualitative studies have attempted to understand this phenomenon among postpartum African American adolescents from their experience. According to Schmitt, et al. (2007), if successful interventions are to be initiated, a theoretical understanding of postpartum weight retention is needed (p. 1,643).

The analyses of the data collected from postpartum African American adolescents in this study were intended to provide information for evidence-based nursing practice. In addition, understanding their experiences with weight control behaviors could lead to future studies that could provide culturally appropriate weight control interventions during the African American adolescents' postpartum period. Although studies have examined and supported the need for weight loss interventions among postpartum African American women, little is known about postpartum African American adolescents. This study was designed to provide an understanding of how the lived experience of African American

adolescents at late development levels (18 to 19 years old) and their sociocultural beliefs may influence their perceptions of body weight. Common themes discovered in the literature would help further the investigation of this phenomenon.

### **Categorization of the Experiential Context for This Study**

During her late stage of adolescence, at age 18, the PI personally retained weight after an adolescent pregnancy and struggled for years to lose it. No education or treatments were made available by the healthcare system to increase her knowledge and understanding of the negative effects of her postpartum weight retention. It was not until the PI became a nurse that she understood the importance of losing weight after birth and weight-control behaviors (e.g., exercise and diet) that would help her to achieve this outcome. Given the PI's experience as an African American woman, in retrospect her failure to lose weight gained in pregnancy might have been due not only to her lack of knowledge but also to her developmental age level of late adolescence, her sociocultural beliefs (e.g., big is beautiful), and her perceptions of body weight and weight control behaviors as an adolescent. Aside from her personal experience of postpartum weight retention, working for over 30 years as a labor and delivery nurse confirmed the PI's assumptions that African American adolescents tend not to return to their pre-pregnancy weight after delivery.

### **The PI's Credentials**

The primary investigator obtained an R.N. diploma at Harper Hospital School of Nursing in Detroit, a Bachelor of Science degree in Nursing from Wayne State University, and a Master of Science degree in Nursing Administration and Patient Care Services from the University of Michigan. Prior to this study, the PI had been a registered nurse for over 36 years with a strong background in obstetrical nursing, supervision, and instructing and



training diverse student populations. As a clinical instructor, the PI has taught nursing students in a variety of nursing courses for over 20 years.

### **Chapter Summary**

The themes that emerged from the studies reviewed in the literature did not include the lived experiences of postpartum African American adolescents in relation to weight retention. In addition, the review showed that few studies have discussed how the developmental age levels, social influences, and cultural beliefs of African American adolescents might influence their perceptions of weight retention during the postpartum period. However, the failure of these young women to lose this weight puts them at risk for health problems associated with obesity. Therefore, establishing culturally appropriate weight loss interventions based on qualitative research is warranted. Until efforts to individualize interventions are made, weight reduction programs will not likely succeed with this population. Future research can provide an impetus for developing evidence-based practices and policies that incorporate the common themes that emerged from this study.

### CHAPTER 3

#### THE PHENOMENOLOGICAL METHOD: GENERAL

Phenomenology is the study of human science that is used to gain a deeper understanding of the nature and meaning of our everyday life (van Manen, 1990). This method is an exploration of what an experience is like and is a form of qualitative research inquiry in which the researcher identifies a human phenomenon and seeks understanding and meaning from the participants experiencing it (their lifeworld). Phenomenology involves the study of a small number of subjects to discover patterns and relationships of meaning from their experience. This kind of inquiry requires the researcher to bracket or set aside their own experiences in order to understand those of the participants in a study (Creswell, 2009).

Phenomenology does not generate theory to explain or control the world, but rather offers descriptions that bring us more directly into contact with it (van Manen, 1990). In qualitative research, a theory is not known until the data collected from the participants in a study have been analyzed. In other words, phenomenological research does not impose a theory on data, but draws theory from the data, or the direct lived experience of the subjects under study. For this study, I used a qualitative, phenomenological design to elicit an understanding of postpartum African American adolescents' experiences of weight retention, that is, their lifeworld.

Van Manen (1990) stated that phenomenology is the study of the lifeworld, the world of experience as actually lived rather than conceptualized. It is the study of the essences of an experience in an attempt to understand it. Phenomenology is a means to understand the significant world of human beings, and the systematic attempt to uncover

and describe the structures, and the internal meaning of the structures, of lived experience (van Manen, 1990). Thus, the PI attempted to learn about and construct the meaning of weight retention among a number of postpartum African American adolescents by focusing on their experience through intensive dialogue with them individually.

### **Rationale for Choosing the van Manen Method**

The PI chose van Manen's (1990) phenomenological approach for her study based on his belief in the lifeworld as it is experienced, and because her philosophical world view is consistent with his specific methods of phenomenology. The current study sought to reveal and convey deep insight into and understanding of the hidden meanings of the weight retention experience of postpartum African American adolescents based on their lived experience and perceptions.

Individual interviews were initiated with the study participants using phenomenological questions to explore their experience of postpartum weight retention and its meaning to them. The PI believed that the results of an analysis of their answers to these questions would facilitate the establishment of evidence-based nursing practice to help these adolescents address their postpartum weight retention. A theoretical understanding of the lived experience of weight retention among postpartum African American adolescents in relation to their perceptions and meaning of this experience could hopefully be used to develop appropriate interventions to aid their weight reduction.

### **Background on the Phenomenological Method**

Phenomenology is a research methodology that derived from the writings of German philosophers Edmund Husserl and Martin Heidegger, and French phenomenologist Maurice Merleau-Ponty in the first half of the twentieth century (van Manen, 1984).

Phenomenology plays a role in ethics by offering analyses of the structure of the will, valuing, happiness, and care for others in empathy and sympathy (van Manen, 2009). The PI used the following three phenomenological theories of van Manen (1990) in her research study:

1. Phenomenology studies conscious experience as experienced, analyzing the structure of the types, intentional forms and meanings, dynamics, and (certain) enabling conditions of perception, thought, imagination, emotion, and volition and action.
2. Cultural analysis studies the social practices that help to shape or serve as a cultural substrate of the various types of mental activity, including conscious experience. Here we study the import of language and other social practices.
3. The ontology of the mind studies the ontological type of mental activity in general, ranging from perception (which involves causal input from environment to experience) to volitional action (which involves causal output from volition to bodily movement. (Smith, 2011)

Influenced by Merleau-Ponty, van Manen (1990) investigated human experience to construct a possible interpretation of the nature of certain human experiences (p. 38).

### **Potential Outcomes From Using the Phenomenological Method**

Understanding the lived experience of postpartum weight retention among African American adolescents is critical if postpartum weight is to be controlled in this population. African American adolescent mothers are at the greatest risk of any ethnic group for retaining weight gained during pregnancy (Briley, 2006; Davis & Olson, 2009; Groth, 2007; Haire-Joshu, Schwartz, Budd, Yount, & Lapka, 2010; Thame, Jackson, Manswell,

Osmond, & Antoine, 2009). Studies show that multiple factors contribute to postpartum weight retention among African American adolescents (Blixen, et al., 2006; Groth & David, 2008). However, apparently no studies have attempted to understand the lived experience of postpartum weight retention among this population. Therefore, an understanding of the meaning of this experience among African American adolescents, according to their perceptions, is needed.

To provide culturally appropriate health care, it is important that health professionals become more aware of the factors that place postpartum African American adolescents at risk for weight retention. Efforts are needed in practice and research to develop effective weight control behaviors related to their perceptions of body weight and weight control behaviors. In addition, the developmental age level, peer pressure, and perceptions of body weight play roles in the lack of weight control behaviors (i.e., exercise and dietary intake) that would enable these adolescents to lose weight gained during pregnancy.

From a clinical perspective, a multidisciplinary team of clinicians, which includes health educators, clinical psychologists, dieticians, exercise physiologists, and behavioral specialists, is crucial to the development of appropriate weight reduction programs for postpartum African American adolescents. Management of weight during pregnancy and the postpartum period in this population is essential if undesirable health conditions related to gestational weight retention are to be avoided.

As the literature review for this study showed, research is needed to explore the perceptions of this population concerning their beliefs about weight retention. A phenomenological approach would provide insight into the participants' consciousness and

provide a true understanding of the meaning of the lived experience of weight retention among postpartum African American adolescents. In addition, the data obtained would assist healthcare professionals with understanding the factors that place these young adolescents at risk of becoming overweight or obese after pregnancy. Therefore, the purpose of this phenomenological study was to examine themes that emerged from the data collected from personal interviews as to the meaning of weight retention among the participating postpartum African American adolescents.

### **Using Van Manen's Phenomenological Procedures**

A combination of van Manen's method (1990) and the PI's philosophical worldview of moderate realism was used to carry out this research. Van Manen (1984) described phenomenological research as the "attentive practice of thoughtfulness" (p. 23). The ultimate aim of phenomenological research is to fulfill human nature, that is, for people to become more fully who they are. Van Manen (1984) suggested four procedural activities in the phenomenological methodology, although no sequential order is implied and the researcher conducts activities concurrently. The first is turning to a phenomenon that seriously interests us and commits us to the world. Second, investigating experience as we live it rather than as we conceptualize it. Third, the procedural activity reflects on the essential themes which characterize the phenomenon. Finally, describing the phenomenon through the art of writing and rewriting (pp. 39-41).

In the first procedural activity, examining the nature of the lived experience, the PI set out to make sense of the lived experience of weight retention among the postpartum African American adolescents by interviewing volunteers from this population. Her phenomenological inquiry sought to uncover the answer to: What is the nature of the lived

experience of postpartum weight retention of these adolescents? Thus, during her interviews the PI invited the participants to reflect on and think deeply about this phenomenon as they had experienced it themselves. The PI explicated her assumptions and pre-understandings of the phenomenon to the participants to avoid interpreting it before they explored it themselves (van Manen, 1984, p. 26).

The second procedural activity, existential investigation, was used to find ways as a researcher to develop deeper understandings of the phenomenon being investigated in a variety of ways: the PI's own personal experience of postpartum weight retention, the etymology of relevant terms, idiomatic phrases and expressions; other people's experiences, biographies or reconstructed life stories; experiential descriptions contained in artistic and literary sources, and so forth (van Manen, 1984, p. 26).

Phenomenological reflection, the third procedural activity, involves deciding upon the patterns with which the phenomenological description will be shaped. The PI therefore engaged in a process of reviewing and reflecting upon the information gathered in the essential investigation to answer the question: What is particularly essential or revealing about the experience being described (van Manen, 1984, p. 26)?

The final procedural activity in van Manen's (1990) methodology, responsive-reflective writing is the core of phenomenology. He describes phenomenological writing and rewriting as a poetic activity, whereby the researcher uses their self to give voice to the phenomenon under investigation. The researcher engages the reader in wondering about the phenomenon and then allows the phenomenological description to speak for itself (van Manen, 1984, pp. 26-27). After gathering and analyzing the data from the postpartum African American adolescents, the PI reflected on her findings and wrote a phenomenology

that described their experience of weight retention. The following outlines van Manen's (1990) procedures for writing a phenomenology.

### **General Steps or Procedures in van Manen's Method**

For this research, the PI used the following outline of the procedures from van Manen's article "Practicing Phenomenological Writing" (1984):

A. Turning to the nature of lived experience

- Step 1. Orienting to the phenomenon
- Step 2. Formulating the phenomenological questions
- Step 3. Explicating assumptions and pre-understandings

B. Existential investigation

Step 4. Exploring the phenomenon: Generating data

- Using personal experience as a starting point
- Tracing etymological sources
- Obtaining experiential descriptions from subjects
- Locating experiential descriptions in literature, art, etc.

Step 5. Consulting phenomenological literature

C. Phenomenological reflection

Step 6. Conducting thematic analyses

- Uncovering thematic aspects in lifeworld descriptions
- Isolating thematic statements
- Composing linguistic transformations
- Gleaning thematic descriptions from artistic sources

Step 7. Determining essential themes

D. Phenomenological writing

- Step 8. Attending to the speaking of language
- Step 9. Varying the examples
- Step 10. Writing
- Step 11. Rewriting



### **The PI's Philosophical Worldview and the Nursing Paradigm**

Van Manen's (1990) ultimate aim of phenomenological research is to fulfill human nature, that is, to enable people to become more fully who they are (p. 39). His philosophy or phenomenological method of inquiry is based on the premise that reality consists of objects and events as they are perceived or understood in human consciousness and not of anything independent of it. The PI considered the human experience of her subjects to be the topic for this investigation and has described it according to van Manen's (1990) method and her own view of the nursing paradigm as explained in the following.

#### **Beliefs About Human Beings**

Specific to the phenomenon in this study is the notion that adolescents (human beings) function symbolically with others and can be viewed as biological and social units. The PI believes that pregnant adolescents require continuous deliberate inputs to themselves and their environments in order to remain alive and functioning in accordance with natural human endowments. These adolescents have human agency or the power to act deliberately, which is exercised in the form of care of self and others in identifying needs for and in making needed inputs. Pregnant adolescents will become patients who are the receivers of care or under the care of a health professional.

Adolescents are mature or maturing persons who have the powers and have developed or are developing the capabilities to take appropriate, reliable, and valid measures to regulate their own functioning and development in stable or changing environments. When providing and meeting their own human functioning and development, pregnant adolescents can be self-care agents and have self-care agency. Self-care agency is the complex, acquired capability that adolescents need in order to meet their continuing

requirements for care of self that regulates their life processes, maintains or promotes integrity of the human structure, functioning, human development, and promotes well-being (Orem, 2001, p. 254).

### **Health State and Well-being**

Health state and well-being are two different but related human conditions. Postpartum adolescents are in a state of health that is characterized by the soundness or wholeness of their developed human structure, and bodily and mental functioning. Their well-being is their individual perception of their existence based on positive, personal, and spiritual experiences leading to fulfillment of their self-ideals. Health thereby is attained through the postpartum African American adolescents' perceptions of maintaining a healthy state through weight control.

For the purpose of this study, therefore, well-being was considered a condition that is perceived by African American adolescents when they are able to successfully use weight control behaviors to reduce their postpartum weight retention. However, the developmental age level, sociocultural beliefs, and perceptions of postpartum weight retention of these adolescents could affect their ability to engage as self-care agents to produce the desirable weight control behaviors and thus their well-being.

### **Nursing**

Nurses are persons who have specialized education and self-training to master the cognitive and practical operations of nursing practice. The responsibilities of nursing as related to this study include: (a) educating postpartum African American adolescents and assisting them to perform self-care, and (b) attaining knowledge to recognize barriers to self-care and regulation of environmental factors or elements that affect self-care agency

and self-care deficits. Nurses may act in a supportive-educative capacity with postpartum African American adolescents to educate and manage the actual, potential, or perceived health problems this population may face (Orem, 2001).

### **Environment and Self-care**

Environment has two dimensions, biologic which includes physical and chemical features, and socioeconomic and cultural. Postpartum African American adolescents are continuously or periodically interactive with certain environmental features in their time-place localization. Environmental conditions positively or negatively affect the lives, health, and well-being of these adolescents and their body weight, as they become subject to disruption or destruction of their lives by becoming pregnant.

To explicate and set aside her assumptions and pre-understandings regarding the postpartum African American adolescents' environment, the PI used bracketing as previously defined by van Manen (1990). By recognizing her beliefs, biases, assumptions, presuppositions, and theories about the context of this population, the PI could come to terms with them and hold them back during her investigation, according to van Manen (1990).

Socioeconomically and culturally, the developmental age level of adolescence can be characterized by a sense of identity versus role confusion. The adolescent in this stage struggles with identity, social interactions, and moral issues. The task of the adolescent is to discover who they are as individuals, but separation from family can cause role confusion (Perkins, 2006). Therefore, it is important when looking at the capabilities and foundational abilities (Orem, 2001) of these adolescents to comprehend and understand the importance of performing the actions needed to meet their demands for self-care.

Towards this end in the present research study, Orem's (2001) construct of therapeutic self-care demands (TSCD) was used to assist the PI in forming the interview questions for this study. TSCDs consist of universal, developmental, and health deviation requisites to inform the understanding of this phenomenon (Orem, 2001). Therapeutic self-care demands are the totality of care measures that is required to meet self-care requisites (Orem, 2001, p. 223). The first of the three components is the universal self-care requisites, which are common to all human beings during all stages of the life cycle (Orem, 2001, p. 48). Developmental self-care requisites are the second set of TSCDs; these requisites are associated with human growth and development processes and with conditions and events occurring during various stages of the life cycle and events that can adversely affect development. Health-deviation self-care is the third requisite and is associated with genetic and constitutional defects, and medically related treatments, although postpartum weight retention among African American adolescents does not create an immediate health-deviation self-care requisite. Lack of self-care behaviors does place the adolescent at risk for developing health-related problems due to their excess weight gain, and can compromise their well-being.

A self-care deficit exists when the relationship between self-care agency and the therapeutic self-care demands of the person are not equal to meeting the minimum or all of the components of their therapeutic self-care demands (Orem, 2001, p. 282). A deficit also exists if an individual does not have the ability to perform the necessary self-care actions, or if they cannot or are unwilling to perform such actions due to impaired health or other circumstances (Orem, 2001).

### **Self-care Agency**

Self-care agency (SCA) consists of four components: self-care operations, power components, basic capabilities, and foundational disposition. In order for weight control (self-care) behaviors to occur after pregnancy, the self-care agent must acquire the capabilities, the knowledge, and the understanding of the importance of these actions. Once this has been accomplished, the self-care agent must be willing to perform the self-care actions (Orem, 2001).

There are 10 basic conditioning factors internal or external to persons that affect their ability to engage in self-care: age, gender, developmental state, health state, healthcare delivery factors, family systems factors, environmental factors, resources available and adequacy, pattern of living, and sociocultural orientation (Orem, 2001, p. 245). When providing self-care, the self-care agent must be at an appropriate age and maturational level, and have the knowledge to obtain the necessary resources to provide self-care (Orem, 2001).

The 10 basic conditioning factors that may influence the ability (e.g., self-care agency) of African American adolescents with postpartum weight retention to produce self-care include age (13 to 19 years), gender (female), developmental state (identity vs. role confusion), health state (post-delivery), healthcare delivery factors, family systems factors (parents, infants, peers), environmental factors (low-income, unsafe, and urban environment), resources availability and adequacy (lack of health care, transportation, and child care), pattern of living (single parent living alone, single parent living with a significant other, or single parent living with parents), and sociocultural orientation (sociocultural beliefs of the postpartum African American adolescents).

Self-care agency must meet therapeutic self-care demands, and African American postpartum adolescents are at risk for self-care deficits because of limited agency in the presence of therapeutic self-care demands. Their sociocultural orientation (e.g., sociocultural beliefs) and family systems (e.g., peer influences) may limit their self-care operations (e.g., estimation of the need for weight control based on their perceived body weight) and make it difficult for them to produce self-care (e.g., weight control behaviors during the postpartum period).

### **Chapter Summary**

This chapter began with an introduction to Max van Manen's (1990) phenomenological method, which was used in the present study. The rationale for choosing this method was to understand the phenomenon of weight retention among postpartum African American adolescents from their experience, which is the phenomenological approach.

Van Manen's (1990) phenomenological method and procedures as used in the current study were also described and outlined. The interrelationship of the research activities of turning to the phenomenon, investigating the phenomenon as it is lived, reflecting on themes, and describing the phenomenon through the art of writing and rewriting as applied to the study was discussed. The PI's philosophical worldview of moderate realism and the nursing paradigm as it relates to the study population were also included. The PI anticipated discovering the meanings of the experience of postpartum weight retention among African American adolescents by applying van Manen's (1990) phenomenological approach to this study and understanding the underlying nursing theoretical support for the phenomenon of interest.

## CHAPTER 4

### THE PHENOMENOLOGICAL METHOD: APPLIED

Van Manen's (1990) phenomenological method was selected for the study based on the PI's interest in exploring the lived experience of weight retention among postpartum African American adolescents. She explored this phenomenon using qualitative interviews with the participants at the research site or in their homes.

Prior to beginning the study, the PI scheduled an introductory and orientation meeting with the nurse managers at the selected clinics and medical offices where recruiting would take place. During this meeting, the nurse managers were informed by the PI about the study protocol in order to help recruit participants from among their patients. After Human Investigation Committee (HIC) approval was received from her Midwestern university, the investigator coordinated with the managers on the times and days for recruiting the participants, who were required to be at a late developmental age level.

After their recruitment, each participant was interviewed by the PI to verify their pre-pregnant weight and their weight at the time of their 6-week postpartum check-up. As a method of recruitment, the postpartum African American adolescents were informed about the study by the healthcare staff when they visited the clinic or community center. If they were interested, the nurses would direct them to the investigator who would be at the site and available for the interview at that time. If the participant wished to have the interview at another time, it was scheduled as early as possible, in their home if necessary.

#### The Sample

The participants for this study were selected from a purposive sample of African American adolescents who had experienced postpartum weight retention. According to

LoBiondo-Wood and Haber (2010), a purposeful sampling is a non-probability sampling in which the participants are selected because they are typical of the population. In order to be included in this study, the participants had to meet the following criteria:

- Be an African American adolescent 18 or 19 years of age with retention of postpartum weight as self-reported
- Have experienced one or more pregnancies
- Be able to read, write, and speak English
- Have had a minimum of one prenatal visit
- Have had a single vaginal birth of 37 to 42 weeks gestation
- Have had no pregnancy-related medical problems or illnesses

#### **Study Setting and Gaining Access**

The postpartum African American adolescents were recruited from a population that attends Detroit-based community outreach clinics and medical offices. The PI contacted nurse managers and nurse practitioners at the clinic locations and explained the study to them. A letter of support was obtained from them indicating they would assist with identifying potential study participants.

The primary care provider at the community outreach clinic site and medical offices received an orientation on the study along with an elicitation script to read to prospective participants. Once an adolescent patient expressed an interest, the investigator was introduced to her and explained the current study and what participation involved. Flyers describing the current study along with the PI's contact information were also posted around the clinic. Recruitment occurred during the clinic's regular operating hours and at the time of the potential participants' 6-week postpartum exam.



The study included 10 participants, 18 and 19 years of age; 11 volunteered but one was eliminated from the sample because she did not meet the criterion of having a vaginal birth, having had a cesarean section. Prior to their individual interviews, the PI obtained the volunteer's signed informed consent. The participants were interviewed alone, without other family members or significant others present. The onsite interviews lasted approximately 30 to 40 minutes and were conducted immediately following the adolescent's postpartum appointment or at another time in the home of the participant as requested. The interviews were audio tape recorded. The PI established and maintained a rapport with the participants by using a calm non-judgmental approach. Each participant was assured of confidentiality and informed of their ability to withdraw from the interview at anytime. The interviews were completed within four months.

### **Data Collection and Analysis**

At the time of data collection, the PI bracketed her own experiences of postpartum weight retention, and then started the individual interviews with the postpartum African American adolescents who volunteered for the study. The PI used an interview guide to assist in the data collection. According to Weiss (1994), the interview guide is a list of items to cover in the interview along with a listing of topics or questions that together will suggest lines of inquiry (see Appendices A & B).

According to Weiss (1994), obtaining demographic information at the beginning of an interview sets the wrong tone, but when the interview is over, it doesn't hurt to ask for whatever census data might prove useful (p. 51). However, for this study population, the PI sequenced the demographic questions first to serve as an icebreaker and to provide some clues for probing questions that might be used later. In addition to the demographic

questionnaire, the PI administered the Reese Body Image Scale (RBIS) (Boyington, et al., 2006; see Appendix C) to the interviewees. This scale contains nine standardized figures of Black females, ranging incrementally from severely obese, designated as 1, to severely thin, designated as 9.

The Reese Scale had been validated on African American females 16 to 39 years of age who were 0 to 6 months postpartum. This scale facilitates subjective exploration of body image relative to physical size and shape. Patt, Lane, Finney, and Becker (2002) compared three standard figure rating scales to the Reese Scale. A more detailed discussion about the body image assessment scale will occur later in this dissertation.

The subjects in the present study were presented with a laminated copy of the RBIS and instructed to rate their perceptions and preferences of body size by selecting one of the nine figures that best represented their answer to four questions posed: “(a) Which of these figures do you think represents a healthy body size for a woman your age (HS = healthy size)? (b) Which of these figures would you prefer to look like at 6 months (PS = preferred size)? (c) Which of these figures do you think represents the typical (reference) woman in your neighborhood (TS = typical size)? (d) Which of these figures do you think represents your current body size (CS = current size)?”

After having the participant respond to the Reese Scale, the PI began the interview. The following open-ended, semi-structured questions were used to elicit data from the participants to assist with understanding and identifying themes related to how this sample assigns meaning to their weight retention after pregnancy (see Appendix B):

- Tell me about your experiences with weight gain before pregnancy.
- Tell me about your experiences with weight gain during your pregnancy.

- Tell me about your experiences with weight gain after your pregnancy.
- Describe how you picture your body at your current weight.
- Tell me about your daily routine, what your activities consist of during an average day.

In order to learn the lived experience of the subjects, van Manen (1990) had suggested the following procedural questions to elicit a description of the lived experience: (a) describe the experience as you lived through it, (b) describe the experience from inside, as it were, (c) focus on a particular example or incident of the object of the experience, (d) try to focus on an example of the experience which stands out for its vividness, or as it was the first time, (e) attend to how the body feels, how things smell, how they sound, and (g) avoid trying to beautify the account with fancy phrases or flowery terminology (pp. 64-65).

The expected length of the data collection for the proposed study was 2 to 3 months. Qualitative data were collected from the participants starting October 4, 2012, and continued until January 18, 2013, lasting approximately three and a half months, until saturation occurred. Data analysis and participant recruitment are synchronized activities in a phenomenological study. Thus the PI began her analysis of interview transcripts while continuing to seek participants. Eleven participants were recruited in total; the minimum number recommended for a phenomenological study is 5 to 10 (Creswell, 2007). Data saturation is the point at which no new themes are obtained from additional interviews (Munhall, 2007). The majority of themes are usually discovered after six participants and little new information is added (Creswell, 2007). However, the primary investigator in this study was prepared to interview until saturation occurred. All new and relevant data would be included in the final descriptions of the interviewees' experiences.

Validation of the results was achieved through member checking with the study participants at the end of each interview by verifying and summarizing key points to identify the final themes derived from their interviews. Upon completion of the interviews, the PI had the data transcribed by a trained transcriptionist, which were then coded by the PI and double checked by a doctoral committee member for the analysis.

In order to secure the data audio recordings and protect the participants, the transcripts were kept in a locked drawer in the PI's office. Tapes and transcripts were assigned fictitious names chosen by the participants.

### **Examination of the Data Using van Manen's Procedures**

The primary investigator used van Manen's (1990) procedural steps to examine the interview data. The first step was to review and examine the data by groups according to their ages (18 and 19). The data were then examined for similarities in the words and phrases in each interview transcript, which were coded and categorized. Every response of the interviewee was assessed, and the word units labeled and coded. To check for consistency, all the codes of the interview were evaluated by comparing them throughout all the data for cohesion and differences. Once these were identified, the interview contents having similar codes were grouped together in order to look for themes or emerging patterns in the data.

In the second step, the PI compared the codes between all the interviews for both age levels. An evaluation of every response in each interview was conducted by coding the word units, using labels generated during the first step, or by using new codes for words not previously occurring. With this grouping, the data with similar codes were placed in categories and examined for emerging themes from which to compile a descriptive

summary of each. The PI used van Manen's (1990) third and fourth procedural activities, phenomenological reflection and writing, to interpret the data once saturation and analysis occurred in the interviews.

### **Data Analysis Approach**

For the analysis, the PI examined the data for this qualitative study using a holistic approach involving multiple perspectives. She listened to and analyzed the data from the audio taped transcripts, looking for significant statements, sentences, words, or quotes that provided an understanding of how these postpartum African American adolescents had experienced weight retention. After the transcription of the audio taped interviews was completed by a trained transcriptionist, the PI conducted an independent analysis of each participant's interview. The investigator continued to analyze the data for significant statements, meaning units, and textual and structural descriptions (Creswell, 2009).

### **Developing the Phenomenological Design**

"The phenomenological method consists of the ability, or rather the art, to be sensitive to the subtle undertones of language" (van Manen, 1990). The descriptive results of this study were written and rewritten until a certain transparency occurred that permitted the primary investigator to see the deeper significance or meaning structures, or the lived experiences, of the postpartum African American adolescents as they described this phenomenon from their personal experience.

### **Human Subjects Considerations**

Institutional Review Board (IRB) approval was obtained from a community outreach clinic in the Detroit Metropolitan area and the PI's Midwestern University prior to conducting this study. A brief overview of the procedures and purpose of the study were

provided for this purpose. Care was taken to provide the participants with protection of their human rights during the study. Written informed consent was completed and obtained from all participants before being interviewed. Data collection began once IRB and site approvals were obtained and continued until saturation of the data occurred.

### **Strengths of the Study**

The strengths of this study are described in the following according to its confidentiality, credibility, transferability, dependability, and confirmability.

#### **Confidentiality**

At the beginning of the interview, the PI explained the study to each participant and asked her to sign a consent form. The participant was informed that all information gathered would be kept in a secure locked drawer, and that her interview transcript would be given a code (the participant invented a name) rather than have her name on the data, in order to assure her of confidentiality. The participant was also informed that she had the right to withdraw from the study at any time. A master list that had the code with the individual's name was kept in a secure area separate from the data.

#### **Credibility**

To establish credibility and rigor for the study, a second researcher who did not take part in the data collection and did not view the preliminary main themes or sub themes was asked to verify the categories identified in the data. This would provide an unbiased review, thereby adding credibility to the final themes and sub-themes identified in the data.

LoBiondo-Wood (2010) defined credibility as the steps in qualitative research that ensure accuracy, validity, or soundness of the data (p. 556), whereas Lincoln and Guba (1985) described credibility as the degree to which the interpretations of the research

investigator are truthful or credible. There are techniques that make it more likely that credible findings and interpretations of the data will be produced, including prolonged engagement, persistent observation and triangulation, peer debriefing, and member checking (Creswell, 2007; Lincoln & Guba, 1985). For the purposes of this study, prolonged engagement and peer debriefing were used to test the credibility of data.

**Prolonged engagement.** Prolonged engagement allows the researcher time to build trust (Lincoln & Guba, 1985). In this study the PI conducted each interview until no further information was offered by or probed from the participant, which was expected to take at least 1 to 2 hours. Prolonged engagement also took place with the interviewees with review of the data transcripts and during the data analysis.

**Peer debriefing.** Peer debriefing is an external check on the research process between the PI and a person not involved with the research study (Creswell, 2007; Lincoln & Guba, 1985). This person asked questions about the methods, meanings and interpretation of the data, and provided the PI an opportunity to express her feelings (Creswell, p. 207). The examination of multiple interpretations between the PI and the peer debriefer would yield study results that were credible interpretations of the adolescents' experience.

### **Transferability**

LoBiondo-Wood (2010) defined transferability by asking the following questions: Are the findings applicable outside the study situation? Are the results meaningful to individuals not involved in the research? The primary responsibility to prove that one study is transferable to another context or situation lies with the "receiving" investigator (Lincoln & Guba, 1985). The results from this study should be transferable to the context of obesity

in other postpartum African American adolescents. Such transferability could help establish an understanding of why this population is at increased risk for postpartum weight retention, which could help reduce adult obesity in this population.

### **Dependability**

Dependability is the extent to which the study results can be replicated using the same methods (process) in the same or similar participants (Lincoln & Guba, 1985). The dependability of this research was demonstrated by audio taping the participant interviews. The PI verified the transcribed data against the audio taped interviews, which would allow the steps in the study to be replicated.

### **Confirmability**

Confirmability is the extent to which the interpreted study results are based on the views of the participants and not on those of the investigator (Lincoln & Guba, 1985). The evidence for the confirmability of the study results can be demonstrated by establishment of an audit trail consisting of multiple types of evidence (raw data, field notes, coding, and analytic descriptions). Information was collected throughout the study and was made available to individuals external to the study (namely, the PI's committee chair) to permit independent judgments of the study's confirmability (Lincoln & Guba, 1985). The purpose of maintaining an audit trail is to make the process and discovery of the results as transparent as possible. Confirmability was also achieved through data coding and the identification of themes by an independent reviewer (the researcher's committee member). Themes were developed independently, and differences between the independent reviewer and the PI were discussed. This is defined as "an external check" on the interpretive coding and analysis process (Creswell, 2007, p. 211).



### **Potential Limitations of the Sample**

The developmental age level of this adolescent group could have hindered their responses to the questions based on a lack of trust in the PI as an adult interviewer. Furthermore, the adolescents who showed up for a postpartum visit may not have been those who retained the most weight after delivery. The researcher experienced difficulties with recruitment of the sample due to the lack of participants and cooperation with office staff. In addition to the limitations with the sample and recruitment, the researcher's inexperience with interviewing may have impeded her data collection. This limitation might have been rectified if the PI had asked more probing questions to elicit a deeper understanding of the lived experience of weight retention among the postpartum African American adolescents in the study.

### **Chapter Summary**

This chapter has described the application of van Manen's (1990) phenomenological method to this study, guided by his four procedural steps: turning to the nature of lived experience, existential investigation, phenomenological reflection, and phenomenological writing. The PI tried to obtain an understanding of the lived experiences of weight retention of 10 postpartum African American adolescents through personal interviews over three and a half months.

## CHAPTER 5

### THE FINDINGS OF THE INQUIRY

The purpose of this study, which employed a phenomenological approach, was to describe and uncover the experience and meaning of postpartum weight retention among a sample of African American adolescents. Max van Manen's (1990) phenomenological method was applied in this qualitative study in order to understand the adolescents' lived experience of weight retention. This phenomenon was mainly explored by using qualitative interviews with 10 participants, which did not allow for generalizability of the findings reported in this dissertation because of the small size of the sample.

Prior to the beginning of each interview, the primary investigator explained the criteria for participation and the informed consent to the 10 study participants, who had been recruited at medical facilities in the Detroit Metropolitan area, as well as offered them assurance of anonymity. Prior to the interview, the investigator asked the interviewees demographic questions and had them rate their current perception of their own body image according to the Reese Body Image Scale. The PI's interview itself was guided by general questions encouraging the participants to talk about their experience of postpartum weight retention. These interviews lasted approximately 30 to 40 minutes and took place at clinics and medical offices where the participants were recruited, or in their homes, if preferred.

#### Research Questions

This study sought to uncover the lived experience of weight retention among the postpartum African American adolescents to answer the following research questions:

1. What are the African American adolescents' perceptions (the way they think about or understand weight retention) and associated meanings (the understanding they apply to that meaning) of their postpartum weight retention?
2. To what extent do sociocultural factors (peer, family, significant others, and African American culture) in adolescents affect their perceptions of their postpartum weight retention?
3. What are the effects of the perceptions of the postpartum African American adolescents of their weight retention on their ability to make decisions about their weight control behaviors?

The research questions, along with the interview questions, were designed to draw out the 10 participants' perceptions and meanings of their experiences of weight retention related to their weight control behaviors. Understanding the perceptions of these adolescents who had actually experienced postpartum weight retention would provide a better understanding of the lived experience of this phenomenon. Understanding their experiences from their words would also help fill the gap in the literature as to why postpartum African American adolescents are at greater risk than other ethnic groups for adult obesity, and provide a basis for healthcare intervention specifically for this group.

The findings of this study as presented in this chapter include the demographic information provided by the participant during their interviews; the results of their responses to the Reese Body Image Scale; and the findings of the thematic analysis of their interview data. These include the participants' descriptions of their lifeworld and lived experiences as discovered by the PI through their individual interviews.

### **Results of the Participants' Demographic Data**

The 10 participants for this study were selected from a purposive sample of African American adolescents who had experienced postpartum weight retention. They were recruited from several healthcare sites in the Detroit Metropolitan area. These 18 and 19-year-old adolescents, who had given birth within the past 12 months and had not lost all their weight gained during pregnancy, agreed to participate in the study.

Of the 10 participants, three were 18 years old, six were 19, and one had just turned 20, but had delivered two months prior to the interview when she was still 19. The participants' educational levels ranged from one who had dropped out in the 10th grade and was planning to go back once her infant was older, to three who were in the 11th grade, and five who had graduated from high school. One reported having some college education (see Table 1). All of the participants had the goal of completing college. All indicated they had no health problems before, during, or after birth and had delivered single vaginal births.

Three of the participants lived with their significant other, one was married, one separated, and six had never been married. Their weights ranged from 110 to 211 lbs. before pregnancy, and from 134 to 206 lbs. after pregnancy (see Appendix D for Demographic Form).

**Table 1****Results of the Participants' Responses to the Demographic Form**

<b>Participant Pseudonym</b>	<b>Age</b>	<b>Highest Education</b>	<b>Marital Status</b>	<b>Self-Rated Health State</b>	<b>Height</b>	<b>Weight Before Pregnancy</b>	<b>Current Weight</b>	<b>Weight Retained</b>
Shelia	20	10 <sup>th</sup>	Living together	Healthy	6'1"	145 lbs	206 lbs	61 lbs
Tanina	19	12 <sup>th</sup>	Married	Excellent	5'4"	110 lbs	150 lbs	40 lbs
Alex	18	12 <sup>th</sup>	Never been together	Good	5'8"	114 lbs	134 lbs	20 lbs
Samantha	19	12 <sup>th</sup>	Living together	Good	5'3"	143 lbs	195 lbs	52 lbs
Jackie	19	12 <sup>th</sup>	Never been together	Excellent	5'5"	150 lbs	170 lbs	20 lbs
Michelle	18	12 <sup>th</sup>	Never been together	Good	5'4"	130 lbs	150 lbs	20 lbs
Shellie	19	11 <sup>th</sup>	Separated	Fair	5'1½"	133 lbs	214 lbs	81 lbs
Emily	19	Some college	Living together	Excellent	5'3"	125 lbs	157 lbs	32 lbs
Sandy	18	11 <sup>th</sup>	Never been married	Good	5'3½"	160 lbs	173 lbs	13 lbs
Jasmine	19	11 <sup>th</sup>	Never been married	Good	5'2"	211 lbs	229 lbs	18 lbs

### Results of the Reese Body Image Scale

The Reese Body Image Scale (RBIS) is a Visual Analogue Scale (VAS) which is used as a subjective measurement of a person's perception of their current body size. It also measures their perception of what they consider a healthy, typical, and desired body size (Boyington, et al., 2006). This scale allows selection of images from 1 (severely obese) to 9 (severely thin). Since the original scale did not provide labels for the images between 1 and 9, the PI labeled them for this study as follows: (2) overweight, (3) large, (4) heavy, (5) neutral (neither fat nor thin), (6) normal, (7) small, and (8) thin.

The participants in the current study were asked to identify the female images on the RBIS that corresponded to their perception of their own healthy body size (HS), preferred body size (PS), typical body size in their neighborhood (TS), and their current body size (CS). Images 6, 7, and 9 were selected by 50%, 20%, and 20%, respectively, as representing a healthy body size. The remaining 10% selected images 7 and 9 as a healthy body size. Images 5, 6, 7, and 8 were selected by 20% of the participants, with 10% selecting images 3 and 9 for their preferred body size. For the typical body size in their neighborhood, 30% of the participants chose image 7; 20% chose 4 and 5, and 10% chose 3, 8, and 9. For their perception of their current body size, 40% selected 4; 30% selected 6; 20% selected 5 and 10% selected 5 (see Table 2).

To evaluate the psychometric stability of the Reese Body Scale for assessing body image in African Americans, Patt, et al. (2002), compared three standard published figure rating scales (FRS) to with the Reese Scale. All four FRS performed similarly and correlated significantly with the BMI,  $r$  was  $-0.70$  to  $-0.75$ ,  $P < .0001$ . No other psychometric measures are available for the Reese Body Image Scale. Additionally, the age (18 and 19

years) of the current study's participants were relative to the ages (16-39) of those rated by Boyington, et al.'s (2006) scale.

**Table 2**

**Reese Body Image Scale Self-ratings by the 10 African American Adolescents**

Participant	Healthy body size	Preferred body size	Typical body size	Current body size
Shelia	6	3	7	4
Tanina	9	9	4-5	4-5
Alex	7	8	5-6	5
Samantha	9	8	9	6
Jackie	6	7	5	4
Michelle	6	6	7	6
Shellie	6, 7, 8	6	8	5-6
Emily	7 or 9	7 or 8	4-9	6 or 7
Sandy	5	5	3	4
Jasmine	6	5	7	3

**Range:** 1 (severely obese), 2 (overweight), 3 (large), 4 (heavy), 5 (neutral, neither fat nor thin), 6 (normal), 7 (small), 8 (thin), 9 (severely thin)

The following questions accompanied the administration of the Reese Body Image Scale to the study participants:

1. Which of these figures do you think represents a healthy body size for a woman your age?)
2. Which of these figures would you prefer to look like at 6 months?
3. Which of these figures do you think represents the typical (reference) woman in your neighborhood?
4. Which of these figures do you think represents your current body size?

### **Results of the Thematic Analysis of the Interview Data**

The questions for the qualitative interviews were designed to reveal the lived experiences of the 10 participants in regard to their postpartum weight retention. Among other questions, they were prompted by the primary investigator to:

1. Tell me about your experiences with weight gain before pregnancy.
2. Tell me about your experiences with weight gain during pregnancy.
3. Tell me about your experiences with weight gain after pregnancy.
4. Describe how you picture your body at its current weight.
5. Tell me about your daily routine. What do your activities consist of during an average day?

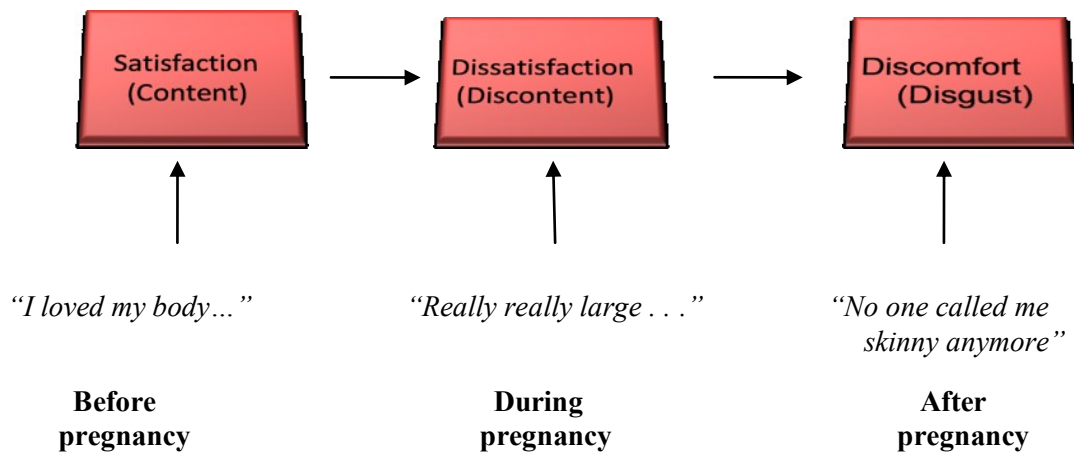
Once the transcriptions of the audio taped interviews were completed by a trained transcriptionist, the PI conducted an independent analysis of each interview, comparing it to the audio recording. She then coded the data, writing words and phrases in the margins of the text of each transcript that summarized or showed the essence of the participant's responses to the interview questions. For example, next to one participant's comments about her body after childbirth of "being fat," "didn't like my body," "was not use to it basically," and "dislike my belly most," the PI wrote DISLIKED BODY AFTER CHILDBIRTH; FAT. When she found similar comments in other participants' interview transcripts, she coded the text with these or similar descriptors. Following this coding of all the transcripts, the PI sorted the codes into categories, by comparing the codes for each interview, having examined all the data for similarities in the words and phrases, from which categories such as "dissatisfaction" emerged.



All the codes of the interviews were evaluated by comparing them in the data for cohesion and differences. New codes were applied for words not previously occurring. Cohesion occurred through organizing and integrating the data, looking for similar statements that emerged from the material. Once these were identified, the interview content having similar codes was grouped together in order to look for themes or emerging patterns in the data. The PI sought significant statements, sentences, words, and quotes from the interviews of the 10 African American adolescents that would provide an understanding of how they experience postpartum weight retention first-hand.

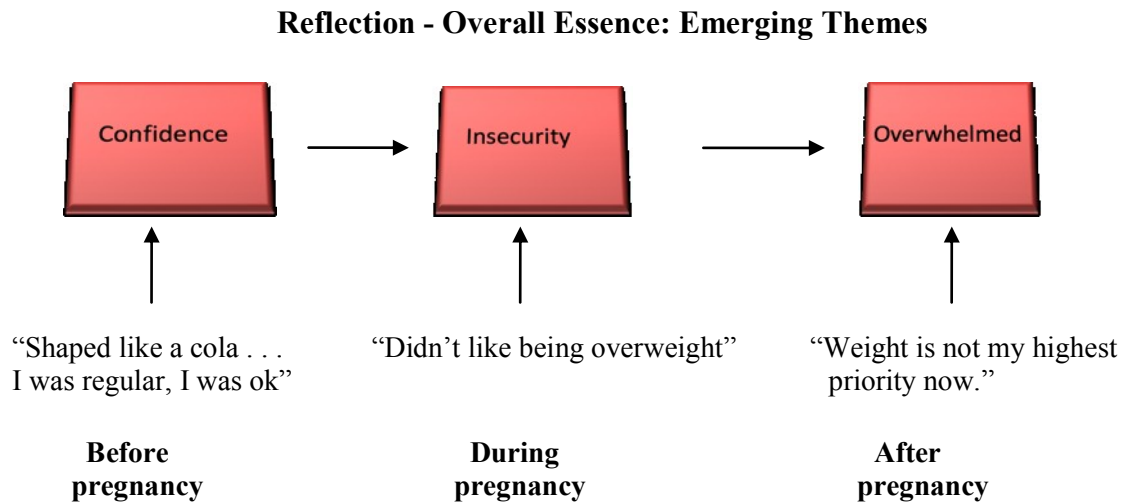
Among the various categories that emerged from the data were “baby blues” (or depression), knowledge of weight loss, barriers to weight loss, and weight control behaviors, and body image based on social perceptions. But the main categories that evolved through coding the data were: body satisfaction before, during, and after pregnancy. These three categories, as shown in the schematic in Figure 1, emerged from the adolescents’ comments and phrases pertaining to their satisfaction with their body before pregnancy (happy with weight, normal, content, etc.); dissatisfaction (too heavy, uncomfortable, out of shape, really large); and discontent/disgust (thick arms, thighs; big belly, plump, round, chunky, flabby, etc.). All of their comments about their body perceptions were placed under these categories, as shown in Figure 1.

*Reflection - Overall Essence: Emerging Categories*



*Figure 1.* The three main categories that emerged from the data.

Through the process of axial coding (deriving themes from the categories) in her analysis, the PI isolated statements from the interview data that showed three main feelings expressed by the postpartum African American adolescents' regarding their bodies before, during, and after pregnancy: confident (before), insecure (during), and overwhelmed (after). By feeling confident they meant that before pregnancy their bodies were normal, healthy, ideal, fit, with no weight problems; by feeling insecure, during pregnancy, they mentioned being out of shape, shutting down, slowed down, really too large, and out of shape. By overwhelmed, they meant that their bodies had change significantly after pregnancy, showing baby fat, rolls, swollen faces, stretch marks, and did not "bounce back" to their prepregnant weight or fit into their clothing. These three themes were consistent among the participants and are discussed in detail later in this chapter (see Figure 2).



**Figure 2.** The three main themes that emerged from the thematic analysis.

These themes that emerged from the adolescents' interviews and the phenomenological descriptions of their stories will assist healthcare providers in understanding African American adolescents' lived experience of weight gain and retention, and potentially lead to the development of interventions.

In writing the descriptions of the adolescents' lived experiences, the PI was aware that the phenomenological method "consists of the ability, or rather the art, to be sensitive to the subtle undertones of language" (van Manen, 1990). The investigator's descriptive results were written and rewritten until a certain transparency occurred that permitted her to see the deeper significance or meaning structures, or the lived experiences, of the postpartum African American adolescents as they described this phenomenon from their personal experiences.

### **The Lifeworld of the Study Participants: A Phenomenology**

The following descriptions of the 10 postpartum African American adolescents who were interviewed for this study present their individual lived experiences of their weight retention after delivery. Pseudonyms are used to protect their identity.

#### **Shelia**

Shelia is 20 years old, living with her children and significant other, and had dropped out of school in the 10<sup>th</sup> grade. She plans to complete her education but stated that she has to wait until her infant is older. She had an uncomplicated vaginal birth and this was her second child. Before her pregnancy, she weighed 145 pounds and is 6'1" tall; her current weight was 206, not having lost the weight she gained during pregnancy. Shelia considers 160 to be her ideal weight and would like to get back to it, but hasn't found a way to do so. She says she is definitely "not where I want to be."

Shelia receives medical assistance and has Molina Healthcare Insurance. To get to the clinic, she relies on her significant other for a ride before he goes to work. Shelia takes no medications and considers herself in good health with no apparent illness. She was not offered or aware of any weight control programs available to assist her with weight control during her postpartum period. On her own, she did not make any effort to lose weight as it hasn't been her "highest priority." Instead, "I was too busy caring for my baby alone all day." Her significant other helps when he can. The baby's father works, leaving Shelia to provide most of the care for their child.

Before she got pregnant, Shelia said she was happy with her weight and "had no problem." However, while pregnant she described her body as "just too heavy" and that she was very uncomfortable. After her pregnancy she described her weight as "not where I

want to be.” And said she was “not absolutely comfortable” as she does not like her weight and feels “down.” When asked to explain “down”, Shelia replied “sad, bad” . . . “not wanting to do anything, go out of the house or associate with others” as she used to.

Shelia indicated that weight control behaviors have been hard for her, but stated that she does a few things such as go to the park, use her treadmill, and occasionally go over to her family’s house so they can see the children. But for the most part, she said she is “mostly in the house with the children, cooking and cleaning up.”

### **Tanina**

Tanina is 19 years old and lives with her husband and two children and had just graduated from high school when she became pregnant with her second child. She delivered a baby boy by a vaginal birth. Before her pregnancy, she weighed 110 pounds at 5’4” tall but her current weight was 150, not having lost her pregnancy weight and the weight she gained after her delivery. Tanina considers 120 to be her ideal weight and would like to get back to it, but hasn’t found a way to do so. She said she “wants [her] old body again.”

Tanina receives public assistance, having no other healthcare insurance. Tanina does have a car and can drive herself and her infant to the clinic. She considers herself in good health. Tanina stated that “right now [she] can’t really exercise” on her own, and that she had not made any effort to lose weight, saying, “I’m pretty much taking care of the baby,” which has prevented her from initiating weight control during her postpartum period.

Before she got pregnant, Tanina stated, “I had an ideal weight.” However, after being pregnant she described her body as “heavier, fat, can’t get [my] stomach down” and “I don’t like it” (the weight retention). Tanina described her feelings regarding her weight retention as “sad, hard being fat” . . . “don’t like looking in mirror.” When the PI questioned

her regarding this statement, she replied that this was based on the comments made by her friends such as “I don’t want to have a baby if I’m going to be fat, not that you’re fat,” which made her feel not welcome around them anymore.

Tanina said that her family started off with encouraging remarks such as “it’s just baby fat, it will come off” and “do a little exercise.” Since everyone in Tanina’s family is overweight, she feels as if she just joined the club, but stated, “This is not a club I want to belong to.”

Tanina realizes that this retained weight is not good for her and would like to lose weight and get her stomach down but says that she can’t exercise, is tired more than she used to be, and doesn’t have time because she is too busy taking care of herself and her baby. Tanina feels that once her baby gets older she will be able to exercise.

Tanina noted that her weight retention and the comments about her being fat have made her “sad sometimes” and that she has “low self-esteem.” She indicated that she does not like to go out or socialize the way she did before her pregnancy because she “doesn’t like looking at [herself] in the mirror” and doesn’t want anyone to see her with this extra weight. She also stated, “I can’t fit into my clothes and don’t want to buy fat clothes.”

### **Alex**

Alex is 18 years old, a single parent living in foster care. She was a senior in high school when she became pregnant. She graduated and plans to go to college once her infant is older. She had a single vaginal birth. This was her first child. Before her pregnancy, she weighed 114 pounds at 5’8” tall, but her current weight was 134, not having lost the pregnancy weight she gained after her delivery. Alex considers 120 to be her ideal weight

and would like to get back to it, but hasn't found a way to do so. She says she is definitely "upset."

Alex receives Medicaid, having no other healthcare insurance. Alex considers herself unhealthy due to her postpartum weight retention. Finding weight control during her postpartum period difficult on her own, she did not make any effort to lose weight as she said she was "too busy running behind her son." Her baby's father's mother helps her care for the baby.

Alex said that before she got pregnant she had never gained weight and "loved [her] body" and was "tall and thin." However, while pregnant she said she was "supposed to gain weight" and was okay with the weight gain. Once she delivered her baby Alex "didn't like [her] body" and described herself as "fat," saying she was "not used to it basically" and "disliked [her] belly mostly."

Alex described herself as "chunky and stuff" and "feels upset," is not used to it. She also stated that she was "not working out enough." Weight control behaviors have been hard for her due to caring for herself and her son. Alex stated that her daily routine is "waking up and caring for her baby, fixing breakfast, sleeping during the day, and sitting down and watching television." For the most part she stated she is "mostly in the house with her children, cooking and cleaning up."

### **Samantha**

Samantha is 19 years old and is living with her significant other; she graduated from high school and plans to go to college. She had a single vaginal birth. This was her first child. Before her pregnancy, she weighed 143 pounds at 5'3" tall, although her current weight was 195, not having lost the pregnancy weight she gained after her delivery.

Samantha considers 125 to be her ideal weight and would like to get back to it, but hasn't found a way to do so. She says because of her postpartum weight retention she "looks at herself as different from everyone else."

Samantha receives Medicaid, having no other healthcare insurance. Samantha considers herself in good health, and feels fine, but indicated she "needs to push harder" with her weight control behaviors. Her sister helps her with the care of her baby.

Before she got pregnant, Samantha stated that she was "toned, small, real small, no shape, straight up and down, no hips, no stomach and felt this was normal." The people she hung around with "had the same body weight." However, while pregnant she described her body as "too big, really really large" and that she was out of shape.

Samantha described herself now as "heavy, thick, arms really thick . . . weight didn't bounce back, overweight, felt she need to lose weight," and looked at herself as "different from everyone else." She also stated that "everyone [is] judging me on the way I look" and I "can't fit into my clothes and new clothes cost more."

Samantha stated that weight retention and comments such as "you don't need to eat that" give her a feeling of "not feeling welcome around people" . . . "awkward," and not wanting anyone to see her with this extra weight. She said she doesn't want to go anywhere. "I felt overweight and in a depressed mood and everyone else around me was going out and doing things and had on nice clothes, small clothes, and me, I couldn't find anything that would fit me that I wanted to wear, so I didn't want to go anywhere cause I felt overweight."

Weight control behaviors have been hard for Samantha due to having to care for herself and her son. Her daily routine is "running behind [my] son" . . . "waking up and



caring for [my] baby, fixing breakfast, sleeping during the day, sitting down and watching television.” For the most part she stated that she is “mostly in the house with children, cooking and cleaning up.”

### **Jackie**

Jackie is 19 years old, living with her significant other. She graduated from high school and plans to go to college. She had a single uncomplicated vaginal birth. This was her second child. Before her pregnancy, she weighed 150 pounds at 5’5” tall, but her current weight was 170, not having lost the pregnancy weight she gained after her delivery. Jackie considers 150 to be her ideal weight and would like to get back to it, but hasn’t found a way to do so. She said her “weight slows [her] down” and that she is tired and can’t fit weight control in.

Jackie receives Medicaid, having no other healthcare insurance. Jackie considers herself in good health. Although she realized that losing weight during her postpartum period was important, Jackie said that her “day was just too busy.” She was too busy caring for her baby alone all day. Her parents did help her with her baby sometimes.

Before she got pregnant, Jackie said she was “very satisfied” with her weight and exercised a lot. While pregnant she described her body as “plump and round, did not like being overweight.” Jackie described herself now as “fat, plump, round, chunky just overweight, not attractive, can’t fit [into] clothes.”

Jackie stated that retaining weight and being called many names such as “fat girl, chunky, overweight,” and her boyfriend and friends stating that she’s not attractive make her feel “really bad, with no self-esteem, and very unhappy.” Jackie does not go out or socialize the way she did before her pregnancy because she feels she is not attractive to

herself or others. She does not want anyone to see her with this extra weight. She also stated that she “can’t fit exercise in . . . very sad, makes me want to stay in the house and do nothing.”

Jackie also stated that she “can’t do a lot of things” and “weight slows me down, so much weight on.” Weight control behaviors have been hard for Jackie due to caring for herself and her infant, “working two jobs, the day just too busy.” Her daily routine is waking up and caring for her baby and herself, fixing breakfast, taking the baby to the sitter, cooking dinner, watching television, playing with the baby and going to sleep.” Jackie plans to get a better job so she will only have to work one and can spend more time with her baby.

### **Michelle**

Michelle is 18 years old, living with her parents, and graduated from high school with plans to attend college. She had a vaginal birth and this was her first child. Before her pregnancy, she weighed 130 pounds at 5’4” tall, although her current weight was 150, not having lost the weight she gained during pregnancy. Michelle considers 130 to be her ideal weight and would like to get back to it, but hasn’t found a way to do so. She says she feels “weird.” Michelle wears loose clothing to try and hide her weight retention.

Michelle receives Medicaid healthcare insurance. Michelle considers herself in good health. She contributes her weight retention to “not doing anything” to lose it. At this time Michelle says she does not have time for weight control behaviors because as she stated she is “lazy.” Also she did not make any effort to lose weight because she is busy taking care of her baby. Her baby’s father and relatives help out sometimes with her baby.

Before Michelle got pregnant, she stated that she was “happy and satisfied” with her weight. However, while pregnant she said that “looking in the mirror I looked fat, my face was swollen. I looked weird.” After her pregnancy Michelle said she has been struggling to lose her stomach.

Michelle stated that retaining weight and the comments received from friends and family such as “thick, fat, need to wear a girdle or something” have made her realize no one calls her skinny anymore. Michelle claimed that because these comments made her feel “insecure and frustrated her and her old clothes didn’t fit anymore,” she no longer felt content.

Michelle does not do anything to lose her weight gained from pregnancy. Unlike the other 10 participants Michelle felt she was too skinny before her pregnancy and likes her retained weight all except for her stomach. She would like to exercise to lose her stomach but stated that using weight control behaviors has been “hard” due to caring for herself and her infant. Michelle stated that her daily routine consists of “feeding and caring for her baby, cooking, watching television, playing with her baby, and sleeping.”

### **Shellie**

Shellie is 19 years old, a single parent separated and living alone, and was in the 11<sup>th</sup> grade in high school when she became pregnant. She had a single vaginal birth. This was her first child. Before her pregnancy, she weighed 133 pounds at 5’1.5” tall, but her current weight was 214, not having lost the pregnancy weight she gained. Shellie considers 125-130 to be her ideal weight and would like to get within that range, but hasn’t found a way to do so. She says she “wasn’t born to have weight on [her] body.”

Shellie has no healthcare insurance and does not consider herself in good health because of her postpartum weight retention. Shellie was not offered or aware of any weight control programs available to assist her with weight control during her postpartum period and she asked, “Do you think that you will have any programs that um help lose weight?” On her own, she did not make any effort to lose weight due to her busy day caring for her infant. Instead, she said, “I was too busy caring for my baby alone all day.” She has no one to help her with her baby.

Before she got pregnant, Shellie said she liked her weight because she was “shaped like a cola [bottle]” and “liked it . . . a little thicker than a cola, no stomach, no back weight, no rolls on my back.” However, while pregnant, she remembers that her body was “heavy” with rolls of fat on her back, and she has stretch marks everywhere on her stomach and on her legs and back. Shellie described her body now as having “stretch marks” . . . “not born to have weight on my body, not attractive enough, lazier, sit around the house, real big, don’t want much to go out, can’t wear clothes.”

Shellie stated that not losing weight and being called fat names such “fat, big as a house, amazon” and being told she “needs to lose weight, stop eating so much” by her friends make her feel as though she “can’t get a guy, it stresses me out, is depressing, hard to deal with, feel bad, worthless, ugly, brings me down, got all clothes bigger.” Shellie stated that her boyfriend said he likes her for who she is and he feels nothing has changed, but she says, “I feel like a lot has changed.” Shellie claimed she does not go out or socialize the way she did before her pregnancy.

Weight control behaviors have been hard for Shellie due to caring for herself and her son. She said she is “doing nothing to lose weight,” as her daily routine is “running

behind [her] son.” Her day consists of waking up and caring for her baby, fixing meals, sitting around and watching television, playing with her baby, talking on the phone. The only time she goes out is to go to school, which has daycare to take care of her baby. She avoids family and family functions.

### **Emily**

Emily is 19 years old, living with her significant other, has completed high school and has had some college. She had a single vaginal birth. This was her third child but only has one living at home. Before her pregnancy, she weighed 125 pounds at 5’3” tall, but her current weight was 157, not having lost the pregnancy weight she had gained. Emily considers 135 to be her ideal weight and would like to get back to it, but hasn’t found a way. She says she is “fat and flabby.” She has no healthcare insurance but considers herself to be healthy. She did not make any effort to lose weight as she had “other priorities.” Her baby’s father helps her with the baby.

Before she got pregnant Emily said she was normal, “never gained weight.” However, while pregnant she described herself as “insecure” with her weight gain. Regarding her body now, she said it “gets to me when I look in the mirror.” She can’t fit into her clothes, “has a stomach and stretch marks.” Emily stated that comments received from friends and family such as “thicker, chunkier in the face but don’t think it’s a bad thing, overweight” make her feel “insecure, bad, less confident, as if she looks disgusting (her stomach used to be flat), upset sometimes, and fat.”

Using weight control behaviors has been difficult for Emily due to having to care for herself and her baby. She stated that weight loss is the “last thing on [her] list” as she mostly cares for her baby. Her daily routine is “taking care of my daughter, reading to her” .

. . . “watching television, playing with baby, and going to college.” Emily was “doing nothing to lose weight.”

### **Sandy**

Sandy is 18 years old, a single parent living with her parents, and was in the 11<sup>th</sup> grade. Her parents and daycare help with the care of her infant. She works part time and has transportation. She had a single vaginal birth. This was her first child. Before her pregnancy, she weighed 160 pounds at 5’3.5” tall, although her current weight was 173, not having lost the pregnancy weight she had gained. Sandy considers 155 to be her ideal weight and would like to get down to it.

She has Molina Healthcare Insurance, and having no past or present health conditions or illnesses, considers herself in good health. Sandy attributes her weight retention to be in her stomach, with comments such as “when you do yesterday” . . . “Oh my goodness your stomach looks so big.”

Sandy did not make any effort to lose weight as her attitude was: “I just have a big belly” . . . “I was satisfied with it.” Before she got pregnant, Sandy said, “I never had weight. On the books I was overweight but as far as [I was concerned], I wasn’t.” During her pregnancy she described her body as being “big.” In describing her attitude toward her body now, she said, “I [am] satisfied with it.”

Using weight control behaviors has been difficult for Sandy due to getting herself and the baby ready so she can go to school, which lasts from 9 to 4 pm, after which she goes to work from 5 to 10. “On the day I don’t go to work I go to the gym around 5 to 7 pm. I have a good support system.” She added, “The daycare at school watches him when

I'm at school, and my grandparents watch him when we're out during the other days, other times”

### **Jasmine**

Jasmine is 19 years old, a single parent living with her parents, and in the 11<sup>th</sup> grade. Her mother helps with the children. Jasmine had a single vaginal birth. This was her fourth child. Before her pregnancy, she weighed 211 pounds, at 5'2” tall, but her current weight was 229, not having lost the pregnancy weight she had gained. Jasmine considers 160 to be her ideal weight and would like to get back to it, but hasn't.

Jasmine has Total Health Care Insurance, and having no past or present health conditions or illnesses, considers herself in good health. Jasmine attributes her weight retention to her daily routine of waking up, feeding the kids, and cleaning up if they are sleep. She also spends time with her 4-year-old, and attends church for bible study. Her mother and sister are her support system. She reported that the father of the baby has not come around.

Before she got pregnant, Jasmine said, “I was regular, I was ok”. . . “I was normal for my size.” However, while pregnant she described her body as “I got big” . . . “real big and I didn't like it and I'm like, oh, man.” Jasmine stated that after her pregnancy, she “got down a lot.” When asked to describe what she meant, she said, “I use to get down looking at myself you know, like, ugh, I don't look like I used to look.” Jasmine stated, “I guess I have a low self-esteem.”

### **Data Analysis Results: Categories and Themes**

According to Max van Manen (1990), the way to proceed in phenomenological writing is to organize one's phenomenological description according to the existential

themes of temporality (lived time), partiality (lived space), corporeality (lived body), communality (lived relationship to others). The following phenomenological descriptions characterize the adolescents' perceptions and meanings of their postpartum weight retention, the sociocultural factors that affect their perceptions of weight retention, and the influence of these perceptions on their decision to engage in weight control behaviors. Their words and main themes or feelings that emerged from the analysis of the comments and statements of the participants in this study began to reveal the lived experience of African American adolescents' postpartum weight gain and retention.

### **Perceptions and Meanings of Postpartum Weight Retention**

Postpartum weight retention was found to be best understood by exploring the transitions in perceptions and meanings before, during, and after the pregnancies of the participants. Before their pregnancy the adolescents were generally satisfied with their body weight and shape. During pregnancy they became dissatisfied and discontented with their body because of their weight gain and changes in their shape. Following their pregnancy, they felt disgust or discomfort with their body because of their weight retention. Three themes or feelings emerged from these categories: being confident about their body (and weight) before their pregnancy, being insecure about it during their pregnancy, and being overwhelmed by it after their pregnancy. As these adolescents' body weight increased, their confidence decreased.

**Before pregnancy/external appearance (Theme: “confidence”).** One comment made by one participant regarding her body before her pregnancy, “I loved my body,” typified the satisfaction other participants had with their body shape and weight before their pregnancy. They used terms such as confidence, confident, satisfied, pretty content, ideal



body weight, liked it, happy, and very satisfied to describe their body perceptions. The theme of confidence was best expressed by one participant, “Before I got pregnant I was regular, I was okay.”

Confidence was expressed in the following statements of the participants in response to how they felt about their weight before their pregnancy. Shelia: “I loved my body” . . . “no problem” . . . “I was happy with my weight.” Tanina stated, “I had an ideal body” . . . “I was never fat.” Alex lamented, “I used to love my body” . . . “I was tall and thin, that’s what I liked.” Samantha: “I felt that it was normal. I was straight up and down, small, didn’t have any shape at all, no type of hips or nothing. I weighed 143 pounds.” Jackie: “I was very fit about 150 pounds, very satisfied with my weight.” Michelle: “I was satisfied.” Shellie: “I liked it. I was shaped like a cola but a little thicker, didn’t have a stomach, didn’t have back weight. I didn’t have rolls on my back.” Emily stated, “I was 125 pounds and I was pretty content with my weight at that time.” Sandy said, “I never had weight.”

Before pregnancy, the participants felt they had no health problems and pictured themselves as normal, which meant they perceived themselves as neither overweight nor unshapely. The theme that emerged from their comments and statements regarding their attitude before getting pregnant was “confidence.” The adolescents felt better about themselves and took pride in themselves and their body weight before their pregnancy. Of the 10 participants, all felt confident about themselves and their weight before they became pregnant.

**During pregnancy /external appearance (Theme: “insecurity”).** A common view among the participants about their body during pregnancy was “really really large.”

According to Boyington, Johnson, and Carter-Edwards (2007), profound changes in the body have an impact on individuals' self-perceptions, self-esteem, feelings of depression, and likelihood to engage in healthy behaviors. The participants in the present study were aware that they would and should gain weight during pregnancy, as revealed by some of their comments: "supposed to gain weight" . . . "didn't like being overweight" . . . "insecure." However, this expectation did not prevent their feelings of insecurity.

In response to the second interview question (Tell me about your experiences with weight gain during pregnancy.), the adolescents offered the following. Shelia: "Body was just too heavy" . . . "very uncomfortable." Alex: "Supposed to gain weight." Samantha: "Felt I was getting too big, feeling kind of out of shape. I just felt really large, like really really large" . . . "felt awkward and big, just overweight." Jackie: "I gained fifty pounds" . . . "I didn't like being overweight." Michelle: "I thought I was fat" . . . "face was swollen" . . . "just in the mirror, looking in the mirror I looked fat" . . . "I was discontent with it." Shellie: "I felt real fat" . . . "felt heavy." Emily: "I went from 125 to 183 pounds." Sandy: "I had a pregnant body" . . . "I had a big round belly."

During pregnancy the participants felt they were "out of shape" . . . "uncomfortable" . . . "wasn't very healthy" . . . "body shutting down." They also felt they were "not absolutely comfortable" . . . "overweight" . . . "tired" . . . "short of breath" . . . "slowed me down" . . . "my health is ok."

The theme that emerged from the previous comments and statements made by the adolescents were a feeling of discomfort and insecurity. As Samantha stated, "The people I hung around with "had the same body weight." However, she described her body while pregnant as "too big, really, really large" and that she was out of shape.

According to Jones (2001), during pregnancy, social comparisons contribute significantly to body dissatisfaction among adolescent girls. Social comparison refers to the process that occurs as an individual observes those around them within that social context. The adolescent then decides how she measures up (Festinger 1954). Social comparison generally leads individuals to feel pressured to conform to those with whom they compare themselves (Festinger, 1954).

**After pregnancy/external appearance (Theme: “overwhelmed”).** “Weight [loss] is not my highest priority, no,” said one of the participants, who had much more to deal with on a daily basis as mothers. Nelson (2003) described five thematic categories of what women experience and try to resolve as they are transformed by their roles as mothers: commitments, daily life, relationships, self, and work. Some of the tasks related to these themes include accepting responsibility for caring for a child, learning the daily tasks of mothering, adapting to a changed relationship with partner and family/friends, facing the past and oneself, dealing with conflict, and searching for balance. Nelson suggested that women are often overwhelmed and largely unprepared to deal with the maternal transition. The theme or feeling of being overwhelmed was expressed in the following statements of the study participants in response to how they felt about their weight after pregnancy as they “didn’t bounce back.”

In response to the third question (Tell me about your experiences with weight gain after pregnancy.), Shelia responded, “Not where I want to be” . . . “not absolutely comfortable . . . “[weight loss] not highest priority.” Other comments by the participants regarding their weight after pregnancy: “clothes didn’t fit” . . . “wear loose clothes” . . . “baby fat” . . . “heavier” . . . “belly” . . . “thick arms, thighs” . . . “plump”, “round”,

“chunky”, “just overweight” . . . “have stretch marks” . . . “real big” . . . “fat flabby” . . . “have rolls” . . . “face swollen” . . . “looked fat in mirror.” Although the participants were aware that postpartum weight retention could cause health problems, none felt that weight loss was their highest priority at the time.

### **Sociocultural Influences on Perceptions of Weight Retention**

The sociocultural influence on the adolescents’ perceptions of their weight came from peers, family, and significant others, and is best summarized by one participant’s words: “No one called me skinny.”

The developmental age level of an adolescent plays an important role in their ability to make appropriate healthcare decisions. An adolescent may not be able to make appropriate decisions regarding her weight control behaviors because of several factors. Her ability to understand the importance of developing good decision making may be hindered by her surroundings, peer pressure, and the behaviors she is exposed to. Moreover, although adolescents who become pregnant may understand the importance of not gaining excessive weight while pregnant and the health-related risk of not losing the weight soon after delivery, they may still choose not to use weight control behaviors. Therefore, they may predispose themselves to the health-related risks associated with obesity (CDC, 2008c).

Postpartum African American adolescents’ developmental age levels, sociocultural beliefs, and family and peers influence their ability to lose weight after delivery (Blixen, et al., 2006). According to Walker (2007), many African American adolescents may want to lose weight, but there is no motivating support from friends, family, or peers to do so (p. 490).

**Peers.** According to Perkins (2006), adolescents strive to find their own identity, and physically resembling others they are around can help create a feeling of acceptance and belonging for the postpartum African American adolescent, which is part of their developmental age level. Conversely, these postpartum adolescents isolated themselves from their friends and family to hide their appearance, in order not to expose themselves to the comments of their peers, such as “I don’t want to have a baby if I’m going to get fat” and “You’re kind of chunky and stuff,” which apparently made the study participants feel insecure. Additional comments were: “You’re overweight” . . . “fat girl” . . . “I wasn’t hearing people call me skinny” . . . “You need a girdle or something” . . . “You’re not attractive”—all of which challenged the adolescents’ body image and self-image.

Setse, et al. (2007) reported perceptions of barriers to postpartum weight loss, attitudes toward weight gain, and intervention strategies among African American women, whose postpartum weight loss is influenced by their environment, family lifestyles, lack of culturally appropriate or affordable weight reduction programs, and insufficient childcare to attend weight loss programs. However, none of the studies addressed weight control among postpartum African American adolescents.

**Family.** The participants in this study stated that their family was supportive and encouraging at first with comments such as “It’s just baby fat, it will come off” . . . “you’re going to bounce back” . . . “you just had a baby, give it time.” These comments changed over time to “do a little exercise” . . . “you don’t need to eat that” . . . “you’re big as a house” . . . “you look like an amazon” and “you need to lose weight ” . . . “ stop eating so much.”

**Significant other.** The participants stated that their significant other was either satisfied with their appearance or didn't care because they were no longer interested in them. Their comments included "You're not attractive" . . . "I don't think it really matters to him 'cause he's just doing his little thing" . . . "likes me for who I am." One participant stated, "[He] does not say but I'm sure he don't like it [excess weight]."

### **Influences on Decision-making Ability for Weight Control**

The participants' ability to decide to engage in weight control behaviors was found to be influenced by their perceived state of being depressed, the responsibilities of caregiving for an infant and associated time constraints, and the limited knowledge they had regarding weight control.

**Depression and weight control.** In terms of weight control, there is strong evidence that adolescents compare themselves to other girls their age (Perkins, 2006). Adolescents try to conform or fit in with their comparison group. In addition, life events characterized by profound changes in the body reportedly impact individuals' self-perceptions, self-esteem, and feelings of depression, and directly affect individuals' likelihood to engage in healthy behaviors (Grogan, 2006).

According to *Merriam-Webster* (2013), depression "is an act of depressing or a state of being depressed: as (1): a state of feeling sad (2): a mood disorder marked especially by sadness, inactivity, time spent sleeping, feelings of dejection and hopelessness, an act of depressing or a state of being depressed."

Most of the study participants stated that their weight retention made them feel sad and down, suggesting depression. One participant stated that her weight gain is "hard to deal with." As a result, she said she felt down and isolated herself from friends and family.

Other participants expressed similar feelings. One participant stated that her weight gain made her feel unsure. Other comments were: “I feel bad” . . . “less confident” . . . “look disgusting” . . . “can’t get a guy” . . . “stressed out” . . . “depressing” . . . “worthless” . . . “ugly” . . . “brings me down” . . . “it was weird looking at myself in the mirror” . . . “frustrated old clothes didn’t fit” . . . “very sad” . . . “don’t like appearance” . . . “don’t like being called names” . . . “not attractive to self and others” . . . “awkward” . . . “everyone judging me on the way I look” . . . “not welcome around people” . . . “depressed mood.” Because of these feelings, the participants reported isolating themselves.

**Caregiving and time constraints as barriers to weight control.** One participant captured how limited she felt during her postpartum period by saying “I can’t do a lot of things.” This participant’s comment represented these adolescent mothers’ time constraints. All the participants felt that the responsibilities and barriers preventing them from losing weight were “the baby” . . . “taking care of the baby” . . . “no baby sitter” . . . “work” . . . “tired” . . . “can’t fit exercise in” . . . “weight slows me down” . . . “day just too busy” . . . “working two jobs” . . . “lazy” . . . “school.” Their maternal role of caring for an infant, mostly on their own, caused them to postpone or abandon the use of weight control behaviors.

**Knowledge of weight retention and pregnancy.** The lack of accurate knowledge about weight retention in the postpartum period was reflected by one participant’s comment: “Thought baby fat would go away.” Some participants felt that once they delivered, all the weight they had gained during pregnancy would go away. On the other hand, some knew it would not, but still hoped it would. Their stories regarding knowledge of weight retention ranged from “don’t know” to “know.” These were their comments and

statements: “Don’t know” . . . “I thought weight would just bounce back after delivery” . . . “thought weight would go away by itself” . . . “thought probably would bounce back” . . . “all fat would be gone” . . . “baby fat would come off, just do a little exercise” . . . “knew all weight wouldn’t go away but hoped it would” . . . “not good for heart” . . . “cause lots of problems like blood pressure” . . . “diabetes doctor told me” . . . “knew I would get big while pregnant.” A few of the participants were knowledgeable about the health effects of being overweight, but did not seem urgent about losing weight.

**Weight control behaviors/activities.** Adolescents are in the cognitive developmental stage called formal operations when they begin to develop logical thinking and work with abstract ideas. Some begin to establish personal rules and values. Understanding the normative development of adolescence is important in understanding age differences in judgment and decision making (Steinberg, 2005). This understanding is even more critical among pregnant adolescents. The achievement of developmental tasks becomes more complicated when the adolescent becomes pregnant (Drake, 1996), which suggests that at this stage of development adolescents may not be able to make health-promoting decisions regarding weight control behaviors.

Moreover, although adolescents who become pregnant may understand the importance of not gaining excessive weight while pregnant and the health-related risk of not losing the weight soon after delivery, they may still choose not to use weight control behaviors. Therefore, they may predispose themselves to the health-related risks associated with obesity (CDC, 2008c).

The stories told by these adolescents revealed that they went from being confident in themselves and their body weight and shape to being insecure once they started to gain



weight and no longer resembled their peers. The 18- and 19-year-old adolescents in this study were still at a developmental age level of learning to make decisions and struggling to become independent and accepted (Mercer, 1990).

All the participants complained about being busy and not having time to worry about themselves or being overweight because of their responsibilities. Their comments or statements about a “typical day” were categorized as activities of daily living (ADL’s) and exercise.

**Activities of daily living (ADLs).** The study participants stated that they mostly stayed at home with their children. They cooked and cleaned the house. Other comments included “fix breakfast” . . . “sleep during the day” . . . “sit down and watch TV.” Several commented about having almost constant care of their infant, or following their baby around, suggesting the demands of being a new mother.

**Exercise.** Among the participants who could find time to exercise, one stated that she would go to a park, and another that she used a treadmill. One indicated she would run with her son, and another planned to join a gym once her son got older, but another participant stated it was not her priority to lose weight at this time.

### **The PI’s Postpartum Adolescent Experience**

Although it had been 45 years since the PI’s first pregnancy as an adolescent, she could relate to the phases these postpartum African American adolescents had gone through. The investigator related to the confidence that these young women had about their lives and bodies before they found themselves unexpectedly pregnant, as well as to the psychological and physical discomfort of the weight gain of pregnancy at a young, active

age. The PI felt that her life as a typical teenager had stopped with her adolescent pregnancy.

### **Summary of the Results**

The three research questions for this study were answered according to the findings. Of the 10 participants in this study, all felt confident about themselves and their weight before they became pregnant. The data collected from their interviews told a story of being happy, satisfied, and confident in themselves at their pre-pregnant weight and body image and shape. The adolescents enjoyed various activities and were socially active with friends and family, but as their weight gain continued throughout their pregnancy they became less confident, less active, and dissatisfied with their appearance (weight gain), and eventually became uncomfortable and insecure, although they knew their weight gain was part of being pregnant.

The participants complained of not liking their bodies (after pregnancy), of not being able to fit into their clothes, having to buy new ones, and eventually isolating themselves by refusing to leave the house. They stayed home refusing to socialize and only went out when necessary, to attend school, work, or go to a doctor's appointment. During this seclusion, their lives consisted of waking up, taking care of their infant and self, watching television, talking on the phone, playing with their baby, and sleeping. Some of the participants also mentioned cooking and housework. Because of their dissatisfaction with their bodies after their pregnancy, and the comments from their family or others, many of the participants described feeling "down." When asked to describe this feeling, some said "sad" or "not wanting to do anything," suggesting depression.

After delivery of their infant, the realization that all their weight would not come off, at least immediately, became a reality, along with adjusting to the demanding role of being a mother and having little time for themselves. They made such comments as “my day consists of taking care of my baby,” “weight is not my highest priority,” and “I can’t do a lot of things because of the baby.”

The adolescents’ knowledge of their weight gain and expected losses after pregnancy were unrealistic. Some of the participants thought that once they gave birth their bodies would automatically return to their pre-pregnant weight. On the other hand, some knew they might not lose all the weight they had gained but hoped it would just go away eventually, or they would do something about it when they had more time. When asked how they felt about their weight before, during, and after pregnancy, the participants had no problems with it before their pregnancy, but either gained too much during it or had not lost all the weight they had gained once their baby was born. This was the phenomenon of these postpartum African American adolescents’ weight retention and how it disrupted and changed their lives. Phenomenology is the study of phenomena or the appearance of objects or aspects of reality as we experience them (Rodgers, 2005), and is concerned with the study of the individual’s lifeworld, as experienced rather than conceptualized (van Manen, 2002).

The stories shared by the 10 postpartum African American adolescents with weight retention provided the true meaning, or essence, of their lived experience and lifeworld. The themes for the experience of weight retention among these postpartum African American adolescents were of feeling confident before pregnancy, insecure during pregnancy, and overwhelmed after pregnancy. Understanding what it is like being a postpartum African

American adolescent with a weight issue from the participants' life stories can provide a better understanding for healthcare professionals in order to address these adolescents' weight retention.

The developmental concerns unique to adolescents added another layer to the meaning of this experience, specifically issues with weight retention and the new role of motherhood. In these stories, the adolescents shared their unique postpartum weight retention experiences.

In summary, these three categories were derived from the data analysis:

- the adolescents' general satisfaction with their body before pregnancy
- the adolescents' dissatisfaction or discontent with their body during pregnancy
- the adolescents' discomfort or disgust with their body after pregnancy

These three themes emerged from the categories derived from the study's data analysis:

- the adolescents' feeling of confidence before pregnancy
- the adolescents' feeling of insecurity during pregnancy
- the adolescents' feeling of being overwhelmed after pregnancy

### **Chapter Summary**

This chapter has presented the stories of postpartum weight retention as perceived by 10 African American adolescents by their lived experience. What is needed next is to interpret these experiences so that an understanding of them will be known and lead to appropriate healthcare intervention. According to van Manen (1990), all human experiences can be explored through the four existentials that comprise the lifeworld, regardless of their

historical, social, or cultural experiences. In the phenomenological literature, these existentials belong to the basic structure of the lifeworld as experienced in everyday situations and relations. By exploring the everyday experiences of postpartum weight retention among African American adolescents through these experientials, they will be understood and contribute to intervention programs designed for this population.

## CHAPTER 6

### DISCUSSION AND IMPLICATIONS

If the phenomenon of the experience of postpartum weight retention among African American adolescents continues to go unexplained, this population will continue to be at the greatest risk for obesity and the related health risks. The focus of this study therefore was to understand the meaning of this phenomenon through the lived experience of weight retention among 10 African American postpartum adolescents, especially to understand why they fail to use weight control behaviors that could assist in their weight loss after delivery of their babies. The study gave meaning to this experience by listening to the voices of these postpartum African American adolescents. The PI's use of Max van Manen's (1990) phenomenological method of inquiry helped to procure a view of the lifeworld of these adolescents and their phenomenon of postpartum weight retention, and the RBIS was administered to uncover their own perceptions of their postpartum body weight. Despite becoming overwhelmed with their experience of postpartum weight retention when shown the visual representation of body size, none of the participants pictured themselves as overweight or obese. This was not consistent with their comments about being overweight or "fat" expressed during their interviews.

Van Manen (1990) believes that the existentials of lived body, lived space, lived time, and lived relations pervade the lifeworld of all people. Thus, this chapter will reflect on the findings related to the experience of postpartum weight retention among 10 postpartum African American adolescents in these four areas. The developmental level specific for adolescents will be included for its contributing role in understanding the participants' experiences. The contributions of the study to the discipline of nursing will be discussed in

relation to how the results can inform nursing theory, practice, and implications for future studies. Finally the limitations of the study will be discussed.

### **Reflections on the Meaning of the Findings**

The PI's analysis of the statements and comments made by the participants regarding their experience with their postpartum weight retention revealed their disgust with their bodies and being overwhelmed with caring for their infant. Their overall essence or the meaning of their experience seemed to be the distress they had about the somewhat unexpected changes in their weight and body image, especially the process they underwent during and after their pregnancy. The adolescents expressed general satisfaction and contentment with their weight before they became pregnant. "I loved my body," said one. Others indicated a similar satisfaction with their weight and body image before their pregnancy. They were actively socializing with family and friends before they got pregnant. Once they became pregnant, although they knew they "were supposed to gain weight", the adolescents began to feel insecure and dissatisfaction or discontentment with their weight gain. Finally, after delivery, they began to realize that all the weight they had gained during pregnancy would not automatically go away. As one said, "I didn't bounce back." Unanimously, they experienced discomfort or disgust with their weight gain during pregnancy and continued weight retention afterwards. Based on their busy schedules and roles as mothers, the adolescents became overwhelmed with taking care of their infants and providing for themselves, to the neglect of their weight or postponement of weight loss. Most stated that weight control behaviors "[are] not my highest priority." Two participants expressed a feeling of low self-esteem, and all but one isolated themselves by refusing to leave the house unless it was necessary. Apparently their relationships or friendships with

peers suffered from their self-consciousness about their weight and how they looked, partly because of negative feedback from their family and peers.

Adolescents at this developmental level begin to search for their own identity and their friends, and how they fit in becomes more important. Their peer group may become a safe haven, where they can test new ideas. The opposite seemed true of the adolescents in this study, who struggled with what their weight gain, had done to their self-esteem and identity. Not only had they developed physically and emotionally as adolescents but at the same time had moved into the responsible and demanding role of motherhood—which had become part of their identity.

According to the National Institutes of Health (NIH; 2011), during adolescence, young people go through many changes as they move from childhood to physical maturity. The sudden and rapid physical changes that adolescents go through make them very self-conscious, sensitive, and worried about their body changes. They may make painful comparisons of themselves with their peers (NIH, 2011). The adolescents in this study were judging their postpartum bodies partly based on their peers' comments, saying, for example, "I don't want anyone to see me like this". . . "I don't feel welcome around people." They didn't want anyone to see them with their weight gain, their bodies having changed significantly. The participants became self-conscious and sensitive about their weight retention, and chose to isolate themselves from friends and, in some cases, their families.

According to van Manen (1990), "Our lived experiences and the structure of meanings (themes) in terms of which these lived experiences can be described and interpreted constitute the immense complexity and the lifeworld" (p. 101). Van Manen (1990) listed four existentials that help guide reflection on a study's findings during the



research process: lived space (spatiality), lived body (corporeality), lived time (temporality), and lived human relation (relationality or communality).

### **Lived Space**

“Lived space, or spatiality, is space that is felt; it is the space people feel that they need around themselves to feel comfortable” (van Manen, 1990, p. 103). According to van Manen (1990), “We become the space we are in” and lived space is the experience of a person when they become aware of their environment before language is used to identify what is felt or seen (p. 102). The adolescents in this study realized that the weight they had gained during pregnancy would not all go away and had altered their lived space. Because of this discomfort, the lived space in which they were comfortable was their home, so they isolated themselves much of the time from family and friends. To van Manen, “Home is where we can be what we are” (2009), and their home seemed to be the adolescents’ safe haven where they could be themselves without others’ comments or judgments.

### **Lived Body**

As van Manen (1990), explained, corporeality, or lived body, refers to the phenomenological fact that we are always bodily in the world:

In our physical or bodily presence we reveal something about ourselves and we always conceal something at the same time, though not always consciously. When the body is the object of someone else’s gaze it may lose its naturalness. The experience of corporeality involves appraisal and ascribes meaning to the individual places on the physical and emotional body (p. 103).

The postpartum adolescent goes through physical and emotional changes since their bodies change during their pregnancy. Their physical appearance requires adaptation on

their part. As the adolescent ordinarily searches for their self-awareness and self-identify, they try to understand and discover who they are as an individual. Erikson (1968) described how the adolescent searches for identity and feeling at home in their body. Once the African American adolescents' weight started to change, they lost their sense of self, going from being confident to being unsure of themselves, and their self-consciousness increased as their positive self-identity and self-esteem decreased.

### **Lived Time**

Van Manen (1990) defined temporality as subjective time, different from clock or objective time, which “includes dimensions of past, present, and future; lived time is our temporal way of being in the world” (p. 104). It is linked to the individual's perception of time and is dependent on the person's awareness of their life experiences. Thus, the postpartum adolescents were aware of the feelings they associated with their weight before, during, and after their pregnancy. This awareness provided them a means of reflection on the dimensions of their lived experiences of weight gain and retention, and changes in their body image.

### **Lived Human Relations**

Relationality is defined as the “lived relations we maintain with others in the interpersonal space that we share with them” (van Manen, 1990, p. 104). The participants in this study had various support systems, ranging from strong to none. The experience of becoming pregnant either makes the family relationship closer or more distant. Examining the experience of weight retention of postpartum African American adolescents through their personal interviews, and applying van Manen's (1990) four existentials, the PI obtained a deeper understanding of their lived experience.

A systematic analysis of the data collected for this study allowed exploration of the participants' own understanding and meanings associated with their experience produced three categories: the adolescents' general satisfaction with their body before pregnancy, their dissatisfaction or discontent with their body during pregnancy, and their discomfort or disgust with their body after pregnancy. These three themes were derived from the categories: the adolescents' feeling confident before pregnancy, insecure during pregnancy, and overwhelmed after pregnancy. All the participants appeared to have an understanding of the possible outcomes of not losing weight and the effects on their health but were too busy and could not make weight control behaviors a priority.

The four existentials of corporeality, spatiality, relationality, and temporality were well represented by the postpartum adolescents' weight retention experience. It was through these elements of their lifeworld and their developmental concerns that the adolescents perceived and gave meaning to their weight retention experience. The developmental concerns that were reflected in their stories included their lost confidence, their disgust with their body weight, and feeling overwhelmed by their maternal responsibilities. The Reese Body Image Scale (Patt, et al., 2002) helped the adolescents compare their own body image with other females.

### **Findings of the Reese Body Image Scale**

The descriptive data collected from the results of the Reese Body Image Scale revealed the 10 postpartum African American adolescents' perceptions of their weight retention. The cultural appropriateness of this scale had been validated by Patt, et al. (2002), but the PI had to modify the scale slightly to use with this study's population by adding

descriptors to the numbers between 1 and 9, which had only been designated severely obese and severely thin.

Since the figures in the Reese Scale were arranged with the smallest having the largest numerical value, the larger percentage of values of size perception indicated the smaller figure sizes on the scale and vice versa (see Figure 1 in Appendix C). The results of the participants' responses to this scale showed there was an overall level of dissatisfaction with their present body size, although none of them saw themselves as obese. The findings from the Reese Scale in the current study showed that their desired weight and body image were not compatible with their current weight retention. The adolescents had admitted to having little or no time for self-care owing to their responsibility for their new infant, and in some cases, multiple children. Orem's self-care deficit nursing theory (2001) discussed in the following sections, addresses self-care ability, which the study participants apparently lacked.

### **Orem's Self-care Deficit Nursing Theory**

At the time of this study the postpartum African American adolescents did not have the ability to perform weight control behaviors (self-care) to prevent retention of their pregnancy weight in order to avoid future health problems. Their self-care deficit thus placed them at risk of adult obesity, which could cause them healthcare issues and future chronic conditions. The adolescents' need to employ self-care to reduce these risks is discussed in terms of Orem's self-care deficit nursing theory (2001), because it utilizes a holistic approach to nursing and provides a connection between a person's self-care ability and the circumstances of their lifeworld, which affect their health.

When providing and meeting their own human functioning and development, human beings are self-care agents and have self-care agency. Orem (2001) defined self-care as the action of mature and maturing persons who have the powers and who have developed or are developing capabilities to take appropriate, reliable, and valid measures to regulate their own functioning and development in stable or changing environments (p. 521). Self-care agency is “the complex acquired capability to meet one’s continuing requirements for care of self that regulates life processes, maintains or promotes the integrity of human structure and functioning and human development, and promotes well-being” (Orem, 2001, p. 254).

Orem (2001) refers to human beings as patients who are the receivers of care or under the care of a health professional at this time, in some place or places (Fawcett, 2005, p. 233; Orem, 2001, p. 70). Orem (1981) used health state and well-being, two different but related human states, to define her concept of health. Well-being is an individual perception of existence based on positive, personal, and spiritual experiences towards fulfillment of self-ideals (p. 186). Health is attained through the perceptions of maintaining a healthy state through weight control among postpartum African American.

According to Orem’s conceptual framework (2001), there are 10 basic conditioning factors internal or external to persons that affect their ability to engage in self-care. These factors should be amended whenever a new one is identified (Orem, 2001, p. 245). When providing self-care, the self-care agent must be at an appropriate age and maturational level, and have the knowledge to obtain the necessary resources to provide self-care (Orem, 2001).

### **Therapeutic Self-care Demand**

Moreover, Orem's theory of therapeutic self-care demand (TSCD) is the totality of care measures that are required to meet self-care requisites (Orem, 2001, p. 223). There are three components to TSCD; the first is the universal self-care requisite that is common to all human beings during all stages of the life cycle (Fawcett, 2005, p. 234; Orem, 2001, p. 48). The developmental self-care requisite is the second, which is associated with human growth and development processes and with conditions and events occurring during various stages of the life cycle and events that can adversely affect development. Third, health-deviation self-care requisites are associated with genetic and constitutional defects (Orem, 2001, p. 48).

The PI's study of the lived experience of weight retention among 10 postpartum African American adolescents related to their sociocultural beliefs, perceptions of body weight, and weight control (self-care) behaviors did not include an immediate health-deviation or self-care requisite, but self-care deficits were indicated by their interview comments. Failure to use weight control behaviors does place these adolescents at risk for developing health problems due to failure to lose the weight they gained during pregnancy. Further, excessive weight gain could affect their self-care agency by preventing them from using weight control behaviors due to health-related issues resulting from increased weight gain.

### **Self-care Deficit**

When the relationship between self-care agency and the TSCDs of an individual are not equal to meeting the minimum or all of the components of these demands or needs, a self-care deficit exists (Orem, 2001, p. 282). A deficit also exists if an individual does not

have the ability to perform the necessary self-care actions, or cannot or is unwilling to perform these actions due to health or other circumstances (Orem, 2001). Orem's self-care nursing theory (2001) provides a conceptual framework for the self-care needs of the participants in the present study. The postpartum African American adolescents interviewed for the current study were not using weight control behaviors because they were overwhelmed with their role of being a mother, hence had a self-care deficit.

The developmental status of this adolescent population is identity vs. role confusion. The adolescent is struggling to become an individual and separate from the family structure (Erickson, 1968). This confusion could interfere with their ability to understand and perform quality and complete postpartum self-care, resulting in self-care deficits. One question may be if these adolescents are mature enough to care for themselves as well as their new infant. In some cases, they were living with a parent or parents who were also helping care for their infant. Therefore, these adolescents were partly under their parents' care, which may have influenced their self-identity as mature enough for their role as a mother. In other words, some of these young women may still have been receiving parenting, while mothering their baby.

Orem (2001) defined self-care as the action of mature and maturing persons who have the powers and who have developed or are developing the capabilities to take or use appropriate, reliable, and valid measures to regulate their own functioning and development in stable or changing environments. Self-care agency is "the complex acquired capability to meet one's continuing requirements for care of self that regulates life processes, maintains or promotes integrity of human structure and functioning and human development, and promotes well-being" (Orem, 2001, p. 254).

Certain environmental factors are continuously or periodically interactive with postpartum African American adolescents in their time-place localization. Environmental conditions positively or negatively affect their lives, health, and well-being and their body weight, as they are subject to significant physical and psychological changes by becoming pregnant. Understanding these African American adolescents' experiences of postpartum weight retention will assist the healthcare profession in providing care that addresses what the adolescent has identified as barriers or factors to weight loss. Understanding this population's perceptions of their weight retention and body image could also be a basis for helping them develop means for self-care.

### **Implications and Relevance of the Study**

Healthcare professionals must understand the cultural factors that place these young adolescents at risk of becoming overweight or obese after pregnancy. The results from the PI's study will contribute to their understanding of these factors and provide evidence-based practice when caring for postpartum African American adolescents with weight retention. In addition, knowledge of these factors will assist with improving their health and preventing adult obesity in this population.

Knowledge of the risk and prevention of disease does not always insure compliance with preventative measures or interventions, however. Healthcare professionals must consider cultural and developmental stages if appropriate interventions to assist with weight reduction are to be instituted for postpartum African American adolescents. Sociocultural factors (e.g., peer pressure) play an important role in the perceptions of body weight in adolescents. These perceptions may affect weight control behaviors needed for an adolescent to lose weight gained during pregnancy (Blixen, et al., 2006). Nurses must be



assertively involved in identifying African American adolescents who are at risk for postpartum weight retention, and provide educational and cultural materials, and other resources to assist them in weight loss. Since education alone regarding weight reduction during the postpartum period in these adolescents is not always the answer (Ostbye, et. al., 2009), programs to teach and encourage women, regardless of their socioeconomic status, to maintain a focus on weight control behaviors must be initiated.

None of the studies reviewed for this research dealt with attempts to understand weight loss for postpartum African American adolescents. Thus, future studies should address the psychological effects of childbearing, affordability, and perceptions of body weight in this population. In addition, few studies have discussed the cultural beliefs and social influences of African American adolescents' perceptions of body weight in the postpartum period. There are gaps in the studies that would build on the understanding of the lived experience of weight control behaviors among postpartum African American adolescents. Furthermore, identification of barriers to effective weight control behaviors that would provide appropriate weight reduction in this population need to be instituted.

Future studies exploring the effects of the cultural beliefs of postpartum African American adolescents will provide scientific data to support evidence-based practice that leads to healthcare professionals' understanding of weight control behaviors among these postpartum African American mothers.

### **Limitations of the Study**

Several factors may have contributed to the limitations of this study. First, barriers in recruitment by “gatekeepers” (office managers and clinic supervisors) at some significant community agencies and clinics, where the adolescents were cared for, prevented

recruitment of participants, thus resulting in the study's small sample size. These clinical staff apparently did not see the value of the research, or could not accommodate the PI's request, or quite simply denied access to their patient populations. The sample size also limited the generalizability of the study findings only to adolescents who met the simple criteria for participation: being age 18, having had a single-term vaginal birth, having retained postpartum weight, and having had one prenatal clinical visit.

Second, the researcher's limited interviewing skills may have prevented the use of more in-depth and probing questions to elicit a deeper understanding of the lived experiences of the participants. Third, the developmental age level of the group may have hindered their responses to an adult interviewer's questions regarding their experience with postpartum weight retention. A recommendation for future studies could include learning better strategies as a researcher to gain the trust of an adolescent population and being better skilled in the interviewing and data analysis process.

### **Summary of the Findings**

The adolescents' knowledge of their weight gain and expected losses after pregnancy were unrealistic. Some of the participants thought that once they gave birth their bodies would automatically return to their pre-pregnant weight. On the other hand, some knew they might not lose all the weight they had gained, but hoped it would just go away eventually, or they would do something about it when they had more time. When asked how they felt about their body weight before during and after pregnancy, the participants had no problems with their weight before their pregnancy, but either gained too much during it or did not lose all the weight they had gained once their baby was born.

The failure to lose weight during the postpartum period places this population at risk for health problems associated with obesity. The developmental stage, sociocultural influences (e.g., peer pressure), and perceptions of body weight all need to be explored for this population. There appears to be very little research that has explored the effects of weight control behaviors for returning to pre-pregnancy weight among postpartum African American adolescents. Future research on this population can provide an impetus for developing evidence-based practices and policies that incorporate a weight loss program as part of the reproductive services offered to African American adolescents. Moreover, development of effective and culturally relevant weight loss programs for managing weight during pregnancy and the postpartum period can produce better health outcomes for this population. In summary, analysis of the factors affecting weight control behaviors in this population and their developmental stage will provide more insight into the obesity epidemic of postpartum adolescents African American. Nursing care will become more effective with this population based on this study's findings.

**APPENDIX A****INTERVIEW GUIDE****The lived experience of weight retention  
among postpartum African American adolescents****Participant ID#** \_\_\_\_\_**Site** \_\_\_\_\_

1. Tell me about your experiences with weight gain before pregnancy.
2. Tell me about your experiences with weight gain during your pregnancy.
3. Tell me about your experiences with weight gain after your pregnancy.
4. Explain what your friends say and think about your weight.
5. Explain what your family say and think about your weight.
6. Explain what your significant other says and think about your body weight.
7. Tell me how you feel about these comments that are made.
8. How has this additional weight gained affected you?
9. Describe how you picture your body at your current weight.
10. Describe some of the things you liked or disliked about your body weight.
11. Describe some of the things you liked or disliked about your body weight before you became pregnant.
12. What might stop you from attempting to lose your postpartum weight?
13. Describe the activities you use to control or lose weight.
14. Tell me about your daily routine, what do your activities during an average day consist of? Prompts: Can you describe a day for you and your baby? Prompts: Around sleeping, eating habits, and activities?

15. How are you feeling about being a new parent? If needed, prompt: How is it different than before you were pregnant or during your pregnancy?
16. Are there hard things that you are dealing with right now? If yes:
- Tell me about those things.
  - Are there times you feel overwhelmed?
  - What happens when you feel stressed, upset, or angry?
  - How does your body feel? What do you think about?
  - Have you found anything that helps you when you feel this way?
  - Do you talk with anyone about your feelings?
  - How do you feel after you talk about them?
  - Do you feel you have the help you need to handle the difficult things and feelings?
17. Are there things that you enjoy right now? If yes, tell me about those things. If no, are there things you used to enjoy that you don't anymore?
18. If parent brings up childhood: Could you tell me about your growing up. How was it being a child and teenager in your family?
19. If parent brings up past trauma or loss: How do you think that affects you now?
20. Tell me more about the people in your life right now? How are you feeling about these people?
21. Do you feel you have the support you need?
22. How are you feeling about yourself right now?
23. What do you feel you need most right now?

**APPENDIX B**  
**INTERVIEW QUESTIONS**

**Participant ID#** \_\_\_\_\_

**Site** \_\_\_\_\_

1. Tell me about your experiences with weight gain before pregnancy?
2. Tell me about your experiences with weight gain during your pregnancy?
3. Tell me about your experiences with weight gain after your pregnancy?
4. Describe how you picture your body at your current weight?
5. Tell me about your daily routine, what do your activities consist of during an average day?

**APPENDIX C****REESE BODY IMAGE SCALE**

(Permission was given by Diane M. Becker via email to use this scale.)

**Participant ID#** \_\_\_\_\_

**Site** \_\_\_\_\_

**Select one of the nine figures that best represents your answer to each of the four questions below.**

1. Which of these figures do you think represents a healthy body size for a woman your age \_\_\_\_\_?
2. Which of these figures would you prefer to look like at 6 months \_\_\_\_\_?
3. Which of these figures do you think represents the typical (reference) woman in your neighborhood \_\_\_\_\_?
4. Which of these figures do you think represents your current body size \_\_\_\_\_?

(See Figure 1 next page.)

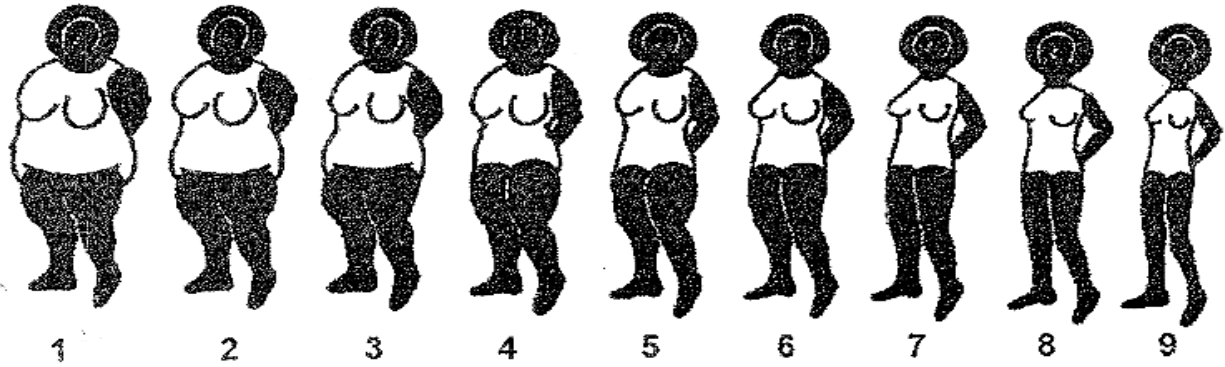


FIGURE 1

The Reese Body Image Scale. Reprinted with permission.



**APPENDIX D**  
**DEMOGRAPHIC FORM**

**Participant ID#** \_\_\_\_\_

**Site** \_\_\_\_\_

1. What is your age? \_\_\_\_\_
2. What is your highest grade completed in school? \_\_\_\_\_
3. What is your race/ethnicity?

- Black/African American
- White/Caucasian/European/not Hispanic
- Hispanic/Latino
- Asian/Asian American
- American Indian
- Mixed: parents are from two different groups
- Other (write in): \_\_\_\_\_

4. What is your marital status?
  - Married
  - Living together, not married
  - Separated
  - Never been together

5. Yearly household income \_\_\_\_\_

6. Health state: do you have any past or present health problems?

- Yes \_\_\_\_\_ No \_\_\_\_\_ if yes please briefly describe

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Do you consider yourself healthy? \_\_\_\_\_

- How would you rate your health?

Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

- Healthcare: What do you do to stay healthy?

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- Type of health insurance \_\_\_\_\_

- Are you taking any prescribed medications? No \_\_\_\_\_ Yes \_\_\_\_\_

If so, what is its name? \_\_\_\_\_

- Are you taking birth control pills? No \_\_\_\_\_ Yes \_\_\_\_\_ if yes, how long have you been taking this medication? \_\_\_\_\_

#### 7. Delivery factors,

- Single vaginal birth Yes \_\_\_\_\_ No \_\_\_\_\_

- Cesarean section Yes \_\_\_\_\_ No \_\_\_\_\_

- Do you breast feed? Yes \_\_\_\_\_ No \_\_\_\_\_

- Do you bottle feed? Yes \_\_\_\_\_ No \_\_\_\_\_

- How many hours of sleep do you get a day? \_\_\_\_\_

#### 8. Pattern of living: Who do you live with?

Single parent \_\_\_\_\_ Living alone \_\_\_\_\_ Single parent living with a significant other \_\_\_\_\_ Single parent living with parent(s) \_\_\_\_\_

Total number of people living in your household \_\_\_\_\_

#### 9. Resources availability and adequacy

- Do you have available health care? Yes \_\_\_\_\_ No \_\_\_\_\_

- Do you have transportation? Yes \_\_\_\_\_ No \_\_\_\_\_
- Who cares for your child? \_\_\_\_\_
- Do you work outside the home?  
No \_\_\_\_\_ Yes, full time \_\_\_\_\_ Yes, part time \_\_\_\_\_

10. Sociocultural orientations:

- Including this pregnancy, how many times have you been pregnant? \_\_\_\_\_
- How many children do you have at home? \_\_\_\_\_
- Does anyone help you take care of your children? Yes \_\_\_\_\_ No \_\_\_\_\_  
\_\_\_\_\_, If yes, who \_\_\_\_\_

11. What was your pre-pregnant weight? \_\_\_\_\_

12. What is your current weight? \_\_\_\_\_

13. What is your ideal weight? \_\_\_\_\_

14. How tall are you? \_\_\_\_\_

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**ABSTRACT****THE LIVED EXPERIENCE OF WEIGHT RETENTION  
AMONG POSTPARTUM AFRICAN AMERICAN ADOLESCENTS**

by

**THELMA M. PHILLIPS****May 2013****Advisor:** Dr. Feleta Wilson**Major:** Nursing**Degree:** Doctor of Philosophy

Obesity is a public health challenge and is a serious chronic medical condition associated with multiple co-morbidities and reduced survivability/longevity (Davis, Stange, & Howitz, 2010), contributing to high U.S. healthcare costs. African American adolescents who retain weight after pregnancy are at the highest risk of becoming obese adults. To date, no studies have attempted to understand the lived experience of this phenomenon among postpartum African American adolescents.

Therefore, this qualitative study, using van Manen's (1990) phenomenological method, examined the lived experience of weight retention among 10 postpartum African American adolescents (ages 18 and 19) recruited from Metropolitan Detroit area clinics, doctors' offices, and community centers. The inclusion criteria for the sample consisted of African American adolescents who had retained postpartum weight, received at least one prenatal visit, and delivered a single-term, vaginal birth. It was proposed that understanding the influence of these adolescents' developmental stage, sociocultural perceptions, and perceptions of postpartum

weight retention would foster the development of population-specific interventions by healthcare professionals.

Data were collected through interviews, a demographic data form, and administration of the Reese Body Image Scale to determine the 10 adolescents' perceptions of their postpartum weight retention. The primary investigator analyzed the interview data from audio-taped transcripts, using axial coding and member checking. Three themes emerged from categorizing and coding the transcribed data: the adolescents were confident about their body weight and shape before pregnancy, insecure about it during pregnancy, and overwhelmed by it after pregnancy. Among the findings, the adolescents' expected weight losses after their pregnancy were unrealistic, some thinking they would lose it automatically. Most of the participants had postponed any attempted weight loss, mainly because of the time-consuming responsibility of mothering their infant. Most of these postpartum African American adolescents were socially withdrawn, often being isolated at home, evidencing depression and discouragement associated with their weight retention and low self-image.

Nurses and healthcare providers can utilize the findings from this study to initiate evidence-based practice to increase weight control behaviors in this population. Further studies of weight retention among postpartum African American adolescents could help develop culturally-appropriate weight-loss intervention for this population.

### **AUTOBIOGRAPHICAL STATEMENT**

My educational background includes a Registered Nurse Diploma from Harper Hospital School of Nursing, 1975, a Bachelor of Science degree in Nursing from Wayne State University, 1989, and a Master of Science degree in Nursing Administration and Patient Care Services from the University of Michigan, 2005. I have a strong background in obstetrical nursing and in supervision, instructing and training diverse student populations. As a clinical instructor I have taught nursing students in a variety of nursing courses for over 18 years. My undergraduate and graduate teaching experience includes a position as an assistant professor at the University of Detroit Mercy as well as a lecturer at Wayne State University.

Among awards I have received are a Nursing Excellence Award from Botsford Hospital, a Sigma Theta Tau Lambda Zeta Chapter Grant in 2007, a \$3,000 grant from a presentation at a TIP NEP conference at Duke University, Durham, North Carolina, in August 2008, and the Graduate Enhancement Award from Wayne State University in 2008 and 2009. I was also the recipient of the Wayne State University Graduate Award, Cottle Award, and Taranto Award 2012.

My professional memberships include the Sigma Theta Tau International Honor Society of Nursing, Chi Eta Phi Sorority, Inc., the Midwest Nursing Research Society, and the Association of Black Nursing Faculty.