

Self-portrait of Obese and Overweight Korean Women based on Lifetime Phase

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Purpose: This study investigated Korean women in between age 30 to 60 who were obese or overweight in order to explore their self-perception based on lifetime phase. **Methods:** Focus group interviews were performed four times with six to eight participants in each group (a total of 27). Data were analyzed using inductive thematic analysis. **Results:** The data analysis from the interviews revealed recurring common themes: heavy heart, heavy body, resigned acceptance of their own condition, and compromise. The study also found that each age group had different concerns: concerning others' gaze on their obese appearances (30s), realizing their aging obese appearances (40s), recognizing red flags of their health with obesity (50s), and becoming ambivalent about their obese appearances (60s). Overall, their perceptions of being overweight were negative and stressful. Women in their 30s and 40s were more interested in their appearances, and thus were more obsessive about weight gain. In contrast, women in their 50s and 60s were more accepting of their physical appearances, and thus were more concerned about living healthy than losing weight. **Conclusion:** These results may be useful to consider when developing tailored weight-control programs for obese and overweight Korean women. Additionally, strategic approaches for successful and effective programs targeting healthy weight should be based on better understanding about women's self-perceptions and motivations.

Key Words: Overweight, Obesity, Women, Health, Perception

INTRODUCTION

Obesity, caused by changes in dietary habits and lifestyle from rapid westernization, urbanization, and modernization, has been identified as a global non-communicable disease [1]. The prevalence of obesity and overweight in the United States (68%) is the highest in the world, and the situations of Canada or European countries are no different from that of the United States [2,3]. The prevalence of obesity among Korean adults increased from 26% in

1998 to 31.9% in 2011; 28.6% of adult Korean women are obese [4]. Because Korean women may get pregnant and give birth in their 30s [5], they experience weight problems related to pregnancy and childbirth, which are earlier than that of men. The proportion of obese Korean women in 30s and 40s was 34.7%; the rate is even greater among women in their 50s and 60s, and is higher than that of men [4].

Obesity and overweight are common risk factors of lifestyle disorders such as coronary artery diseases, stroke,

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diabetes mellitus, hyperlipidemia, and hypertension [2]. Therefore, more active management of obesity and overweight is necessary for preventing these diseases. However, a number of interventions for weight loss tend to be ineffectively standardized and thus are insufficient to meeting women's diverse needs. In reality, programs based on understanding women's perception about, or satisfaction with, her own body weight or motivation and influencing factors for weight loss are lacking [6,7].

Moreover, although there have been studies on obesity to improve physiological indicators of weight loss [8], understanding individuals' health perceptions about being obese and how these individuals are influenced by socio-cultural factors may be crucial for healthy weight management [6]. Because health is a multi-dimensional concept, subjective evaluation of one's own health is as important as objective indicators of health. That is, one's own subjective health evaluation and body image may be critical as determining factors of healthy behaviors [9].

Therefore, qualitative study on obese and overweight women's body image and health perception may eventually contribute to the development of effective intervention with individualized strategies to meet these women's unique needs [10]. The purpose of this study was to explore obese and overweight Korean women's self-perception and how they perceive their health problems related to their excessive weight.

METHODS

1. Design

This was a qualitative study to explore obese and overweight women's health needs, perceptions of their body image, and their own experiences of being fat by using focus group interviews (FGIs) as the data collection method. The FGIs involved interactions with participants who were interested in a certain topic and obtained a range of responses [11].

2. Participant Eligibility

Korean women whose body mass index (BMI) were 23 kg/m² or greater were recruited. Of these candidates, women younger than 30 years and those older than 69 years were excluded. In addition, those with communication problems or those who have participated in any other studies related to obesity or overweight for the last one year were excluded.

3. Questions for the Focus Group Interviews

The researchers, with the assistance of two women's health experts, developed the open-ended questions to be used in the FGIs. These questions were relevant for all age groups of women who are obese or overweight for assessing their experiences and perspectives. The primary questions included the following: "How do you think or feel about your body?"; "If you ever have decided to lose weight, what was the motive?"; "What were the changes you felt in your health after gaining weight?"; "How much do you want to lose your current body weight?"; "What kind of exercise do you dislike the most, and why?"

4. Data Collection

In order to find similarities and differences between women who are obese or overweight, the primary investigator (PI) organized four groups in their 30s, 40s, 50s and 60s, respectively. Each group had six to eight women to increase the chance of participation in interactions and improve the quality of the conversation within the group. Four to eight participants are considered as an appropriate size per group [12]. Each FGI was conducted once from March to April, 2013. The discussion took place under a pressure-free atmosphere. Wide open conversation with acceptance facilitated by the PI helped participants share their own experiences, thoughts, and feelings with others in the group. While the PI was leading in-depth dialogues and interactions, two researchers carefully observed the participants' non-verbal communications such as facial expressions, vocal tone, and hand gestures and documented them in detail. To maximize fidelity and reliability of data, all FGIs were audiotaped and transcribed based on the recordings and field notes within two weeks following each FGI. Discussion continued until each group discussed all the questions. Each FGI took about 90 to 150 minutes. Right after each FGI, research team meetings were held to review observations during the interviews such as repetitive statements and unique expressions.

5. Data Analysis

Two researchers, who had reviewed the transcribed data independently, examined the analyzed results and confirmed that the concepts and categories were consistent with the significant findings. Discrepancies among researchers were discussed in-depth until a consensus was reached. Inductive thematic analysis is a useful method to understand specific meanings from the data [13]. First,

each researcher read the transcribed data multiple times and recorded his/her first impressions or thoughts from the transcript review as a whole. Second, the researchers then created initial codes of interesting characteristics. Third, they found potential themes by collecting and analyzing each code and its related data. Fourth, using thematic map, themes were reviewed by comparing coded data and the whole data. Fifth, analysis was continued to refine the identification of subordinate themes and their contents, and the comprehensive theme reflecting the meaning of the whole data was defined and named. Lastly, meaningful quotations, which were representative of each theme, were chosen.

6. Rigor and Trustworthiness

Credibility, fittingness, auditability, and confirmability were confirmed, in order to assure the validity and reliability of the data analysis [14]. For the credibility, the PI maintained neutral position during the FGIs, and tape-recorded data and filed notes were transcribed and analyzed right after each FGI. Additionally, two researchers identified the main themes independently until they reached consensus; they had regular meetings to discuss their analyses. To ensure fittingness, the PI confirmed contents of conversations by summarizing the answers from the participants. In order to keep auditability, each FGI was tape recorded, and field notes and memos were documented throughout the FGI process. Lastly, confirmability was achieved by satisfying the above three criteria.

7. Ethical consideration

This study recruited participants after approval from the Institutional Review Board (KU-IRB-13-13-A-2) was obtained. For voluntary participation, posters and flyers were used for recruitment. After the study purpose and procedure of FGIs were explained, a signed consent form was obtained from each participant. Then, they answered sociodemographic questionnaires and joined FGIs. After the first transcript was completed, identifying information was coded for confidentiality before the data analysis.

RESULTS

The focus group consisted of 27 participants with an average age of 48.7 ± 10.8 years, ranging from 31 to 62 years. The mean BMI was 27.45 ± 3.52 kg/m², indicating obesity. The specific demographics are shown in Table 1. Data analysis from the interviews revealed two common themes

regarding participants' own self and body image and prevalent concerns observed in each age group.

1. Common Themes across Age Groups

1) Heavy heart, heavy body

Most participants expressed negative feelings about their physical appearances. Many believed that their weight made them look clumsy and awkward, with feelings of low self-worth and depression. When these feelings were intensified, bouts of anger and loss of self-confidence often occurred, leading to dangers of social isolation and avoidance.

Being fat makes a person look clumsy and awkward; I am one of them and it's really frustrating. (FGI 50s-participant [P] 6)

I have no confidence; I don't think I can do anything well. Everything seem so burdensome. (FGI 60s-P4)

Due to negative body image, participants expressed fear, anxiety, and heavy-heartedness. Overwhelmed by their weight, many reported experiencing a sense of loss, low self-confidence, bouts with depression, social withdrawal, and isolation.

(On the verge of tears) there's a lot of shame (being fat). Most importantly, there is an endless sense of self-loss (voice shaking)... and that shame is always constant. (In tears and blushing) I get really mad at myself for no particular reason. Lack of self-confidence always leads to anxiousness. Then I turn to food again to console my feelings. The vicious cycle continues and my heart hardens deeper. I've somehow let myself be cornered and left myself there all alone. (FGI 60s-P2)

2) Resigned acceptance and compromise

Participants were accepting of their problem because of a sense of helplessness and inability to control their current weight. Furthermore, some displayed a lack of objectiveness when considering their own weight problem; they compromised and were inclined to put less effort into weight loss. Although most participants acknowledged the need for weight control, very few participants took further steps to change their diet or to develop an exercise routine.

I don't think I see my weaknesses well. I often assume that I look like the women I pass by each day,

lean and fit. Maybe that is the reason why I fail at dieting. It's difficult to look at my own self and see that I too am obese. (FGI 40s-P2)

Putting family and other priorities first, most women claimed that lack of personal time and money kept them from exercising. On the other hand, older participants were more prone to accepting obesity as a part of their nature. Unlike the younger women, older women had more generous attitude about their physical appearances. This often led to a lack of effort and control over one's weight, resulting in a steady weight gain over time.

I feel as though I've given up everything. In terms of keeping my health, I don't even have time to eat. I can't even think about exercising. How can I do anything for myself when I need to constantly be in care of our two kids? (FGI 30s-P6)

What can I do but admit it has being a natural phenomenon and come to terms with what is given. (FGI 60s-P7)

I would say to myself that since I worked hard each day, I deserved to treat myself to food. This is how I became fat - by overindulging in generosity and forgiveness. (FGI 40s-P5)

2. Perceptions in Different Age Groups

1) The thirties: concerning others' gaze on their obese appearances

Participants in their 30s were mostly concerned with the prevalent social bias, which placed a woman's physical attractiveness over all other attributes. Describing the social disadvantage and cultural disdain for fat women, they explained their reasons for having a heightened sensitivity towards how others might perceive them. Additionally, they desired to lose weight in order to improve their appearances, to put on prettier clothes, and to go about life with more confidence.

I should order 'Americano' (because of my size), but if order a drink with heapful of whip cream on the top (smiling), the person taking my order will think, 'Yeah, of course fat lady. I knew you would,' staring right at me. This is how I feel all the time; I feel as though I'm being mocked by people who think that I'm like this now (fat) because of what I eat (fattening foods). (FGI 30s-P3)

Specifically, their family members' direct and deroga-

tory comments such as "you're like a pig" or "you'd better lose weight" have scarred their egos. Unmarried singles feared how their physical appearances would negatively influence their chances of getting married, while the married believed that they were no longer physically attractive to their spouses. Consequently, they reported having depression and lower self-esteem.

My shape has changed after giving birth. I feel as though my feminine attractiveness is diminishing. My husband now tells me that I don't know a thing about self-maintenance. This gets me really depressed. My ego is crushed. (FGI 30s-P6)

Participants preferred exercising alone in order to escape situations that might reveal their body shape in public. They also explained that it was difficult to stay focused because doing so made them self-conscious and forced them to compare themselves with others in the group.

I never really liked the wild and vigorous aerobics routines with other people (laughing). I don't like the way how my bare skin under the suit shows during the moves, nor how the outfit fits against my body showing my shape. It's embarrassing to see women in shape wearing the same tight suits showing off their body when I look like this. (FGI 30s-P1)

2) The forties: realizing their aging obese appearances

Women in the 40s had feelings of self-pity and shame regarding their overweight, and disliked looking at themselves in the mirror. However, unlike the younger group, they were less concerned about how others perceived them, but were more sensitive to the existent cultural stereotypes assumptions regarding obese women as being lazy and lacking self-control.

I hate looking at myself in the mirror (upset). I'm immediately overcome by self-pity knowing that I could never measure up. I feel as though I'm the only one missing the mark (voice louder). (FGI 40s-P1)

In particular, most women mentioned knee pain as the signs of aging. Distinct from those in the 30s, any physical changes were taken significantly and psychologically as a part of the individual's aging process.

When my knees hurt now, my immediate thoughts are, 'Oh, no. I'm aging. What's going on?' and I begin worrying. Even with the same symptoms, I see how

we react differently in our 30s and 40s. (FGI 40s-P2)

Furthermore, despite the desire to look young and to put on appealing clothes, they often cannot find the right size in ready-mades. As a result, wearing a bigger size outfit with a traditional design adds to the appearance of aging.

I wasn't always like this but I really look like a real 'mama' now. How quickly we add the age and take on the look. Only a while ago, I had a look of a professional, but with a sudden change in weight, my image has changed too. I'm coming to grips with how aging impacts the way I look and feel, and I'm literally shocked by it. (FGI 40s-P2)

3) The fifties: recognizing red flags of their health with obesity

Women in their 50s were particularly anxious about their health conditions. Following menopause, symptoms of obesity and overweight caused other health complications such as musculoskeletal disorders, diabetes, and cardiovascular diseases. Jokingly, they referred themselves as a "walking hospital," but still anxious and worried about the complications caused by obesity thus sensing the presence of life-threatening symptoms. This group shared their deep regrets for not being more proactive in weight control for both the aesthetic and health reasons.

When I heard that my thyroids have worsened and there was something in my breast, my body reacted immediately to pain. When I came to terms with my problems, the immediate thoughts were that I've been ignorant to all the advice to lose weight. What regrets. Obese people are that way because they really never got to know themselves well. (FGI 50s-P1)

There is a slight clogging in my blood vessels, and this has me worried a lot. So I've made constant visits to the hospital, but to no avail. My heart was down and broken as people told me that the diabetes is a chronic illness that I would have to live with. I utterly lost hope. (FGI 50s-P3)

4) The sixties: becoming ambivalent about their obese appearances

Women in their 60s agreed that a weight loss plan was necessary, yet showed a negative perception to an excessive weight control. They reasoned that an extreme weight loss could result in more visible wrinkle lines that would make them look poor and needy, thus professing

their negative perception of thinner people. Although they shared a negative belief that viewed obese people as having a lower willpower and lack of self-control, they were very generous and forgiving when it came to describing themselves. Some believed that being overweight was socially acceptable as long as the person was healthy. Unlike the younger generation, the older, post-war generation women believed that being overweight was a sign of virtue and of being successful in life, whereas being thin made them look irritable and poor.

Now that we've experienced it all, we see why we shouldn't be overweight. But in trying to lose weight now, we realize that such an effort would have been better if it happened at a more appropriate age. (FGI 60s-all participants)

Participants preferred to exercise in groups and considered it as a way to promote social companionship. However, they chose their exercises selectively, attentively minding their health conditions and safety issues of the workout.

It would've been boring if I had to do it all by myself. But at the gym, I could watch and observe young people and receive their good vibes too (pausing to laugh). It felt good to be able to talk to people here and there. (FGI 60s-P5)

I can't afford to do any exercise that requires running or jumping like jump-roping because doing so hurt my knees. Anything that requires a lot of strain in short periods of time such as sit-ups is an overstrain for me. They all hurt my back. (FGI 60s-P1)

DISCUSSION

This study explored how obese and overweight women of different ages perceive their body image. Considering that awareness of their own body weight influences their behaviors to lose weight and also that a number of obese and overweight women underestimate their own body weight [6], knowing how they perceive their health and own body image can be important in planning effective weight loss program for them.

Regarding common themes from the obese and overweight women's stories, first of all, participants showed self-perception as 'heavy heart, heavy body.' This can be interpreted as negative psychosocial responses to a negative body image. Today, women living under modern sociocultural environment and overwhelming influence of

mass media feel pressure to be slim [15] and this may affect their self-worth and eventually their perception of own body weight [7]. Due to the negative biases from others toward being obese, they may be more dissatisfied with themselves [8]. The psychosocial consequences of obesity, such as dissatisfaction with life, interpersonal problems, or belittlement of one's own body image, can serve as a positive motivation to lose weight, but it can cause depression, linked to the vicious cycle of chronic diseases [16]. These women in Korea who have a greater possibility of internalizing the negative message from the social environment showed negative psychosocial responses and were more dissatisfied with their looks or avoided social circumstances where they could be compared with non-obese women [16,17]. In particular, younger participants in this study experienced drop-outs from exercise programs in the situations compared with slim or fit women. Because high drop-out rate due to low self-esteem, depression, and negative body image, results in failure of weight loss in obese women [16,18], considering their psychosocial status is needed for intervention programs for women with excessive weight. Thus, in order for the programs to be successful for healthy weight loss or for lifestyle modification, an integrative approach is necessary that can offer tailored motivation based on individual health needs and that can correct the negative psychological status and contorted perception.

However, a resigned acceptance and a compromising attitude can be inhibiting factors in weight management behaviors. Older women showed generous attitude perceiving their fat appearance as a natural aging process, which underestimated their weight and could fail to motivate them for weight reduction [6,19-21]. Accordingly, accurate perception about body weight is important in weight management and nurses need to provide obese and overweight women with accurate information about healthy weight and health consequences of obesity [7,19, 22]. In contrast, younger participants often blamed circumstances that restrict their time to take care themselves due to their busy schedules. This kind of attitude observed was consistent with the finding that modern working women often excuse themselves from weight management by convincing them and others to have to keep healthy and stoic body to perform their jobs [23]. In this regard, women in this age group can be more vulnerable since they are obligated to their social roles; the more psychosocial stress, the harder successful weight loss [22]. Barriers in weight management such as psychosocial stress should be first identified and resolved when the weight reduction program is designed.

The theme from women in their 30s was 'concerning others' gaze on their obese appearances.' Similar to modern western society, modern Korea also prefers slim body as an ideal image of woman. Negative atmospheres that view the obese as lazy and emotionally unstable cause stigma and discrimination [16,24]. These unpleasant experiences in daily life can be risk factors increasing dissatisfaction with their body [17,25]. In today's appearance emphasizing society, women are in a vulnerable environment that makes them sensitive to body weight and looks. Especially, Korean women think slim body as physically attractive and an asset for getting married [19].

The theme from women in their 40s was 'realizing their aging obese appearances.' Participants in their 40s found themselves less sensitive to others' eyes but more frustrated by their own aging appearance. It eventually makes them have lower self-esteem and worried about being called "ah-joom-mah," the abasing label for middle-aged women in Korean society. They often expressed their frustration in having limited choices for wearing attractive clothes with a feminine shape. These findings support that women with high BMI and dissatisfaction are prone to select clothes to cover up their body and have negative experiences with clothing purchase [26]. Clothes mean a lot to women regardless of age since they are tools of enhancing self-confidence as well as improving looks and images [26].

'Recognizing red flags of their health with obesity,' emerged as the theme from women in their 50s. This suggests that current health status plays an important role in perceiving risk factors related to body weight [20]. Participants with knee arthritis pointed out weight excess as a cause and expressed more concerns about health than younger ones who did not recognize any symptoms associated with obesity. Women in their 30s were inclined to focus on appearance in terms of aesthetics while women in their 50s gave importance to health management rather than outer beauty. This difference suggests assumed that well-being perceived in middle-aged or older women is related to satisfaction with physical functioning rather than appearance [27]. Likewise, different motives to weight loss per age group can be interpreted as different socio-cultural expectations according to age.

The last theme, 'becoming ambivalent about their obese appearances,' is related to contradictory attitude demonstrated in women in their 60s who despite acknowledging the need for weight reduction for health or outer beauty, still viewed the thin appearance negatively. This finding supports results of the previous research that the older the women, the better the satisfaction with their body weight

[27]. This can be interpreted as acceptance of reality in women rather than insisting on ideal weight as ratio of obesity increases with aging [28]. They value physical functioning more than appearance with aging [27]. Women who have experienced the era of post-Korean war, considered being big and fat as symbols of being rich and successful while they viewed being thin as the opposite and negatively.

In this way, obese and overweight Korean women had distinctly different perceptions of obesity based on lifetime phase. Although all generations had a common interest in physical appearance, younger generation was relatively high in Korea [29]. Such differences from generation to generation are more likely to be definite in Korea because of its collectivistic culture, which places importance on the group over the individual, than in the Western society [30]. The limitation of this study is that most of the participants were from Seoul, the capital city of Korea. Thus, findings from this study may be difficult to generalize all obese and overweight Korean women. Variations in women's socioeconomic status and educational levels according to their residential districts in Korea may influence their experiences and self-perceptions as well as their psychosocial environments.

CONCLUSION

Based on the understanding of obese and overweight Korean women's self-perceptions based on lifetime phase, this study suggests the necessity of diversity in intervention programs that suits individuals' perception, attitude, and motives toward weight reduction as well as their psychosocial health issues based on their ages. In addition, this study suggest a survey on weight-related health-seeking behaviors among obese and overweight women based on lifetime phase. It would lead to successful and effective interventions for healthy weight reduction among Korean women with weight problems.

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