

# **A Perspective On Everyday Life Experience with Obesity. A Qualitative Study**

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## **ABSTRACT:**

Obesity is a complex chronic disease in which abnormal or excess body fat (adiposity) impairs health and quality of life, increases the risk of long-term medical complications, and reduces lifespan. An estimated 650 million people are affected worldwide, and the prevalence of obesity has almost tripled since 1975. This is a small scale qualitative study of experience of obese people in urban areas related to Understanding the lived experience of those who are overweight and obese. This study aims to identify the social, psychological and systemic factors impeding engagement with weight-loss. The study involves a literature review and interview with 25 participants having obesity. Obesity was determined by calculating BMI. Data collection and synthesis of participants was done using ATOPS scale and 8 open ended questions focusing on the personal and social experiences, impact of obesity on the physical health and lifestyle choices, the role of support systems.

**Key Words** –Perspective, life experience, Obesity.

## **1. BACKGROUND OF THE STUDY**

Obesity is a multi-dimensional condition with causal factors beyond the physiological into the behavioural, dietetic and psychological. Understanding the lived experience of those who are overweight and obese and self-perceived barriers to access and engagement in intervention are imperative to formulating a systemic response to the complex problem of obesity. Obesity is a prevalent, complex, progressive and relapsing chronic disease characterised by abnormal or excessive body fat that impairs health and quality of life. It affects more than 650 million adults worldwide and is associated with a range of health complications. This increased prevalence has resulted in obesity becoming a major public health issue with a resulting growth in health care and economic costs . At a population level, health complications from excess body fat increase as BMI increases . At the individual level, health complications occur due to a variety of factors such as distribution of adiposity, environment, genetic, biologic and socioeconomic factors .

## **PROBLEM STATEMENT:**

“A PERSPECTIVE ON EVERYDAY LIFE EXPERIENCE WITH OBESITY AMONG ADULTS IN URBAN AREAS OF INDORE CITY.”

**OBJECTIVES OF THE STUDY-**

- To explore the personal and social experiences of adults living with obesity in urban areas of Indore city
- To examine the impact of obesity on the physical health and lifestyle choices of adults living in urban areas of Indore city.
- To assess the role of support systems (family, friends, healthcare providers) in the lives of adults with obesity in urban areas of Indore city
- To gain insights into the coping mechanisms used by adults with obesity to manage the condition in urban areas of Indore city.
- To explore the barriers to accessing effective treatment and health interventions for obesity from the perspective of adults living with the condition in urban areas of Indore city.

**2. METHODOLOGY –**

This article is on a small scale qualitative study of obese people who are living in urban areas. The study involved a literature review and interviews with 25 participants, comprising of adults with obesity often face stigmatization, discrimination, and negative societal attitudes that can have profound effects on their mental health and quality of life. Data collection and synthesis consisted of; data from interviews (13 interviews using interview schedule), focused group discussions (one FGD with 10 participants using a FGD guide with 8 open ended questions focusing on details of personal and social experiences, physical health and lifestyle choices, coping mechanisms used by adults and the barriers to accessing effective treatment and health interventions In order to capture a wide range of people with obesity perspectives, researcher used a convenient purposive sampling strategy, initially selecting two interviews and one focus group discussion for analysis. The basic principle behind this methodology is to gain greater insights into a particular phenomenon by its multifaceted data collection methods. For this study, we only included interviews with healthy individuals having obesity and individuals with BMI of 25 to 30 and above . Prior to analysis, the following criteria's were used to select interviews with the aim of maximizing the heterogeneity of our sample: (1) bystanders with diverse demographic characteristics 1) age, (2) gender (3) habits (4) activity exercise (5) height and A transcription service was used to transcribe each of the 13 interviews verbatim. All participants were informed as to the aim of the study, that participation was voluntary, and that the results would be anonymous. All agreed to participate with no financial incentives offered to participants.

**3. RESULT:**

The analytical process began during the interview and focus group discussion, with initial insights from the interviewer serving to refine the guide used to structure subsequent interviews. The analysis was guided by the specific research objectives (i.e., to explore the everyday life experience of adults with obesity. This allows research findings to emerge from the frequent, dominant, or significant themes inherent in raw data.

The majority of participants found that genetic disposition and weight gain as a side effect of prescribed medications especially in females.

➤ **Life experience**

The study indicated that for some, overweight and obesity was something they have lived with from an early age (“I have been heavy my whole life”)

early life experiences including physical environments—particularly work environments; weight gain as a side effect of prescribed medication; and turning to food as a source of comfort.

➤ **Effects of obesity**

Obesity was associated with social disconnection and a restriction in movement, activities, and opportunities. Complications of obesity such as diabetes, high blood pressure, and musculoskeletal pain curtailed many participant's

“It tears at my self-esteem. The way others look at me. I compare myself with the rest of my family. They are of average weight and fine. I'm an outgoing personality, but I notice that I decline invitations when I'm at my worst, People don't stop inviting me, but I choose to withdraw myself more often.”

➤ **support systems :**

It requires meeting physical needs of people with obesity and also emotional and psychological at the family level as well as at the community level. To improve patient experience, an emphasis on basic principles of quality care provision to enhance interpersonal interactions, along with improved awareness of the impact of weight bias and obesity stigma in healthcare are supported

“I compare myself with the rest of my family. They are of average weight and fine.”

➤ **coping mechanisms:**

Identifying strategies for dealing with societal judgment, personal health concerns, and day-to-day challenges. Participants described, in-depth, the stigma associated with obesity Judgment emerged as a common experience with participants describing the experience of living under the critical gaze of others.

“I noticed that people always stare at me. I try to escape from there”

➤ **Barriers to effective treatment:**

Many individuals struggle with initiating or maintaining behavioral changes related to diet and exercise. Cost of healthy food Nutritious foods can be more expensive and less accessible than processed foods. Cost of exercise programs like Gym memberships, personal trainers, etc

“I have to cook food for whole family then how can I make different food for myself and “I could not bear the cost of gym and trainer”

#### **4. DISCUSSION:**

Obesity is a growing global health concern, with significant physical, emotional, and social implications. Adults with obesity often face stigmatization, discrimination, and negative societal attitudes that can have profound effects on their mental health and quality of life. This is supported by many studies related to obesity.

- This qualitative study focuses to explore the nuanced and multifaceted life experiences of adults living with obesity. By delving into personal stories and perspectives, the study aims to highlight the emotional and social challenges, coping mechanisms, and barriers to treatment that individuals with obesity face on a daily basis. Future studies could further evaluate the relevance

of generalizability of the identified perspective in everyday life experience of obesity. Interviews were conducted face to face and few by telephone. Although face-to-face interviews have long been the dominant interview technique, telephone interviewing has become more common and is well accepted currently. Ultimately, this research will contribute to a broader and more empathetic view of obesity, aiding in the reduction of stigma and improving the quality of life for individuals living with this condition.

- **CONCLUSION**

The testimony and perspectives of those living with obesity represents one of the most important and powerful tools in healthcare. This review and synthesis calls for further qualitative research into the experience of people living with obesity, particularly participatory research where the balance of power is tipped further towards the patient.

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