

Perceptions of Black Women of Obesity as a Health Risk

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“what are the perceptions of Black women of obesity, and how far do these perceptions relate to this phenomenon as a health related risk?”

Abstract

This article focuses on the exploration and description of perceptions of patients and community nurses of the phenomenon of obesity as well as any potential problems that could be foreseen if health promotion programs were planned for obese people. Whilst the researcher sought to explore patients' perceptions of obesity as a threat to health it was also necessary to obtain similar information from the community nurses who were giving health services to these patients'. The level of knowledge of obesity as a health problem as well as the nurses personal attitude towards the phenomenon of obesity is crucial in the manner and quality of her interventions. A qualitative, exploratory, descriptive and contextual research design was utilised. Semi-structured interviews were conducted amongst patients and community nurses to collect data regarding perceptions of obesity. Data obtained from patients can be used meaningfully for the planning of health promotion programmes for the obese individuals and families. Some negative and ambivalent statements were also identified as problem areas that need to be worked on. Conclusions drawn from the findings on nurses responses highlighted a number of problem areas which were identified in the cognitive, psychomotor and affective domains of the community nurse as health professional. Certain shortcomings were also identified with the community health structures which may not be supportive to the community nurse, individuals and families with problems of obesity.

Uittreksel

Hierdie artikel fokus op die verkenning en beskrywing van pasiënte en verpleegkundiges se persepsies van obesiteit en die moontlike probleme by die beplanning van tersaaklike gesondheidsbevorderingsprogramme. Terwyl die navorser gepoog het om pasiënte se persepsies van obesiteit te verken was dit ook noodsaaklik om die siening in te sluit van gemeenskapsverpleegkundiges wat by sulke vetsugtiges se versorging betrokke is. Hulle kennis asook gesindheid met betrekking tot vetsug is immers van deurslaggewende belang by die hantering en kwaliteit van tussentrede. Met die versameling van gegewens oor die persepsies is 'n kwalitatiewe, verkennende, beskrywende, kontekstuele navorssingsmetode gevolg. Semi-gestruktureerde onderhoude is ook gevoer met pasiënte en gemeenskapsverpleegkundiges. Data verkry van pasiënte kan sinvol gebruik word by die beplanning van gesondheidsbevorderingsprogramme by vetsugtige individue en hulle families. Sommige negatiewe en dubbelsinnige opvattinge is as probleemareas uitgeken. Gevolgtrekkings gemaak uit die bevindinge van gemeenskapsverpleegkundiges het sekere probleemareas geïdentifiseer in die kognitiewe, psigomotoriese en interpersoonlike domein van die gemeenskapsverpleegkundige as 'n gesondheidswerker. Sekere tekortkominge is geïdentifiseer by gemeenskapsgesondheidsstrukture wat nie ondersteunend is vir gemeenskapsverpleegkundiges, individue en gesinne met vetsug probleme nie.



Introduction

All human societies experience illness and subsequently develop methods and roles for coping with it. Each society develops a set of beliefs, consistent with their cultural matrices, to define and to make sense of illness. The South African society has shown a concern about obesity as judged by the number of research projects which have been completed and documented to determine the extent to which obesity is a health risk among Black women (Meyer & van der Merwe, 1987; de Villiers, Albertse & McLachlan, 1988; Walker & Walker, 1988). It has also been documented that lifetime obesity is more pronounced in women than in men (Kannel, 1991:5).

Studies indicated that there is a significant correlation between obesity and the reduction of health in all communities (Waler, 1988:17). In studies conducted in Durban (Seedat, Mayet, Latiff & Joubert, 1994: 25) obesity was pointed out repeatedly as a risk factor in hypertension. Although these studies were done among the various race groups the results indicated that 22.6% of Black women may experience heart failure and suffer high mortality rates from cerebral-vascular accidents. Such risks are predicted to be further increased by accelerating changes in lifestyle, westernisation and migrations to urban and semi-urban areas (Seedat et al, 1994:251). Health promotion is the first step toward the prevention of obesity. The community nurse should aim at altering the kind of lifestyle which makes the individual more vulnerable to risk factors of obesity. The potential success of such a programme would be difficult to gauge, however, without understanding the dimensions and boundaries of popular conceptions about obesity (Badura & Kickbush, 1991:191).

People's perceptions of situations are affected by attitudes, beliefs and socialisation within a particular culture (Stanhope & Lancaster, 1988:135). Community members' concepts may differ from those of health professionals (Badura et al, 1991:191). It is, therefore, important for the community nurse to recognise these differences since the patient's perceptions may not be the same as hers (Stanhope & Lancaster, 1988:135).

As the community nurse plays a significant role in the promotion of health throughout the ages of man in order to prevent the preventable health problems, of which obesity is one, it is necessary to study the perceptions of not only Black women in this regard but also her perceptions of obesity as this may have an influence on her prevention of obesity in the community. This knowledge together with an in depth literature control will enable the researcher to write guidelines to be utilised by the community nurse in her attempts to prevent obesity in her community.

The question that needs to be answered, therefore, is: "what are the perceptions of Black women of obesity, and how far do these perceptions relate to this phenomenon as a health related risk?" The objectives of the study are to:

- explore and describe the perceptions of Black women of obesity as a health risk
- explore and describe the perceptions of community nurses of obesity as a health risk
- formulate guidelines to be used by the community nurse in order to prevent obesity in her community.

Terminology

Black women

A female person born in South Africa, belonging to any of the indigenous people in the country who has been residing in

the country for the last ten years, whose age is fifteen years or older.

Community

This refers to the Black people sharing the geographical area of the Highveld region of the Mpumalanga Province (former KwaNdebele) and using the health services of any of the health clinics.

Perceptions

These are the totality of knowledge, beliefs and opinions expressed by a Black woman who is a trained health worker.

Lay perceptions

Refers to the totality of knowledge, beliefs and opinions who is expressed by a Black woman who is not trained as a health worker.

Obesity

Refers to a person whose body is perceived as having an excessive amount of adipose tissue or fat, as compared with her age and height. This person can also be described as fat or overweight.

Research Design and Method

An exploratory, descriptive design was utilised within the context of a specific region of the country. Interviewing as a qualitative method of data-gathering were used. This method was used because the researcher felt it could capture, examine and describe the perceptions of both patients and nurses of obesity as a health risk.

The study was structured into three phases. Firstly, interviews were conducted with Black women who attended selected clinics, based on a purposive and theoretical sampling method using the following inclusion criteria:

- * Patients must have resided in the Mpumalanga Province for the last ten years prior to the interview.
- * They should have been born and socialised in South Africa. This was to exclude persons residing in the stipulated area legally or illegally from own country of origin, which could influence responses.
- * They must have been between fifteen years and 75 years of age. It is believed that by the age of fifteen years health responsibilities and attitudes towards particular lifestyles are shaped within the home as well by external influences.
- * The older person would have accumulated experiences related to the phenomenon under study from a variety of influences over the years and her inclusion would therefore enrich the study.
- * They should have been able to talk and converse freely in IsiNdebele, IsiZulu or English, so as to be able to express their inner feelings without inhibitions in a language with which the researcher is familiar.

Secondly, interviews were conducted with community nurses at selected clinics using the following criteria:

- * Community nurse respondents were expected to be working in the clinics in the Highveld Region of the Mpumalanga Province.
- * Respondents should have worked in the above clinics for at least six months prior to the data collection. This was to exclude induction and orientation periods which apply to the newly employed. Otherwise earlier inclusion could cause anxiety and cast uncertainty on the genuineness of responses.
- * Potential respondents should have been able to talk and

Table 1 : Categories for data analysis

INTERNAL ENVIRONMENT INTERNAL PHYSICAL <ul style="list-style-type: none"> * Body/Anatomical structure/ development * Physiologic/metabolic process * Physical patterns 	EXTERNAL ENVIRONMENT EXTERNAL PHYSICAL <ul style="list-style-type: none"> * Physical resources * Economical resources
INTERNAL PSYCHE MIND <ul style="list-style-type: none"> * Intellect <ul style="list-style-type: none"> - capacity for thinking, association/analysis/decision-making - level of insight/understanding - capacity for coping * Emotion <ul style="list-style-type: none"> - preferences - aversions - affection/desire/feeling * Volition <ul style="list-style-type: none"> - ability to make a choice - expression of willingness/unwillingness - motivation focus on future - level of drive 	EXTERNAL SOCIAL <ul style="list-style-type: none"> * Social resources * Social relationships * Social roles * Organisational structure between people/social status
INTERNAL ENVIRONMENT INTERNAL SPIRITUAL <ul style="list-style-type: none"> * Conscience <ul style="list-style-type: none"> - distinguishing between right and wrong * Relationships <ul style="list-style-type: none"> - with self * Moral/Religious occurrences <ul style="list-style-type: none"> - values/meaning of life - ethical principles 	EXTERNAL ENVIRONMENT EXTERNAL SPIRITUAL <ul style="list-style-type: none"> * significant spiritual elements/occurrences <ul style="list-style-type: none"> - values/norms - belief systems - intimate relationships with others - meaning in life and in relation to significant others - moral principles

converse freely in IsiNdebele, IsiZulu or English, so as to be able to express their inner feelings without inhibitions in a language with which the researcher is familiar.

A literature control was subsequently conducted to utilise the final source of data in order to address the last objective of the study. The above-mentioned patient respondents were selected from two clinics situated in the Highveld Region of the Mpumalanga Province. These clinics operate on a 24-hour basis. Patients from urban as well as peri-urban areas attend the clinics that were used in the study. With the help of the clinic community nurses, sampling was done by the researcher who identified potential participants among the female patients from those patients attending the clinics on certain days convenient for the clinic. The community nurses were selected on the basis of their willingness to share their opinions and beliefs on obesity. These community nurses were practising in the same two clinics where the patients were interviewed. Data were collected by means of semi-structured interviews with both the groups of respondents namely the patients and community nurses. A tape recorder was used and field notes taken by the researcher after permission was obtained from

both groups of respondents. Interpersonal skills were used in order to collect the data during the interview. Each interview was transcribed verbatim from the recorded data and categorised as can be seen in table one. The central question that was asked was tested in a pilot study and found to be effective in its purpose. The question was asked in three languages namely, English, IsiNdebele and IsiZulu. The question in English was: "What does obesity in a women mean to you?" In this study the truth value was ensured through the steps described by Woods & Catanzaro, (1998:136-137). Giorgi's method was used to analyse the data that was collected by means of the interviews.

Results of the Study

The perceptions of patients/community nurses are classified in the following categories: Internal environment (body/mind/spirit) and the external environment (physical/social/spirit) based on the Nursing for the Whole Person Theory (ORU, 1990). This is reflected in table one.

The perceptions of patients and community nurses on obes-

Table 2: Patient's and Community Nurses' Perceptions of Obesity

INTERNAL ENVIRONMENT PHYSICAL PERCEPTIONS <ul style="list-style-type: none"> * Increased physical discomfort * Increased illness potential * Increased physical dependency * Increased risk to mortal danger * Decreased levels of personal hygiene * Premature ageing * Difficulty in carrying out household tasks 	EXTERNAL ENVIRONMENT PHYSICAL PERCEPTIONS <ul style="list-style-type: none"> * Financial strain * Accessibility to health care * Inadequacy of health care resources * Inconvenience using public amenities
MENTAL PERCEPTIONS <ul style="list-style-type: none"> * Obesity is a problem * Poor decision abilities * Aversion to obesity * One feels guilty * The obese suffer emotional pain * The obese suffer from low self-esteem * Negative body image 	SOCIAL PERCEPTIONS <ul style="list-style-type: none"> * Economic liability of society towards the obese * Obese are less attractive, less social/feminine appeal * The obese have problems coping with social roles * Obesity satisfies the need to feel in control * Obese people are seen as prosperous * Obese women are an embarrassment to their men
VOLITIONAL PERCEPTIONS <ul style="list-style-type: none"> * Poor drive * Poor meaning of life 	SPIRITUAL PERCEPTIONS <ul style="list-style-type: none"> * Conflicts related to role expectations * Conflicts related to sexual relationships * Marital conflicts * Relationships may only survive on pity * Obese women suffer humiliation from the community * Blaming of the obese * Obese suffering degrading treatment from health professionals

ity, in terms of the internal environment (body, mind and spirit) are as follows (see table two).

These are the perceptions that are being shared by the patients as well as the community nurses:

INTERNAL ENVIRONMENT

INTERNAL PHYSICAL

Increased physical discomfort (N=15)

- "Body pains
- Body too heavy, person tires easily
- Ones heart sinks, breathless on slight exertion
- May need extra pillows at night for support
- Feet swell when pregnant
- Difficult to carry out household chores."

Increased illness potential from various diseases and conditions associated with obesity (N=15)

- "Diseases like cancer, high blood pressure, "sugar diseases", heart conditions, heart risks
- Pregnancy related to the mother and child in pregnancy, leading to mortality
- Many opportunistic diseases creep up on you
- You realise too late that you are ill".

Increased physical dependency (N=10)

- "Unable to finish household chores, needing assistance with these
- Unable to turn self when hospitalised, needing a lot of manpower to help turn her. Likely to develop complications of bed rest like pressure sores."

Increased risk to mortal danger (N=4)

- "One can choke in her sleep
- The heavy body cannot allow a woman physical flight

from danger, making her vulnerable

- Big body is incapacitating. You are more clumsy, easy to get hurt."

Decreased levels in personal hygiene (N=8)

- "The obese woman sweats readily, and her body may emit unpleasant odours, especially in hot weather
- Need to wash constantly otherwise will not be fresh
- Some areas are difficult to reach, making it difficult to maintain hygiene if obese
- When you are pregnant, someone must wash your feet."

Premature ageing (N=8)

- "The obese woman looks older than her age
- She may be seen as an old lady whereas she is young."

Difficulty in carrying out household tasks (N=5)

- "Always seated, reluctant to participate in physical activities
- The obese person struggles to walk even shorter distances."

Disturbed sleep patterns (N=3)

- "The obese sleep a lot during the day."

Disturbed nutritional patterns (N=8)

- "Obese women eat a lot, they eat now and then
- They eat a lot of rich and sweet foods
- "I wish they were not eating fatty foods."

Obesity is a menace to health. Statistics show that obesity decreases life expectancy (Krause & Mahan, 1979; Garrow, 1988). Hippocrates, the father of medicine, noted that sudden death is common in people who are obese. Most researchers agree that obesity is a real threat to health (Harris, Waschull

& Walters, 1990; Long & Neville, 1987; Mason, 1981; Stunkard & Wadden, 1989; Meyer et al, 1987; Krause et al, 1979; Garrow, 1988; Hawks & Richins, 1994).

The mental perceptions are as follows:

Obesity is a problem (N=15)

- "It is a health risk
- A fat body is not all right because it causes many diseases
- Slim people do not suffer a lot of diseases
- An obese body is not healthy."

Poor decision-making abilities (N=6)

- "They do nothing about their weight problem
- The obese are unable to control their appetite, over-eating becomes a form of solace
- Sometimes there can be extreme weight reduction leading to Anorexia Nervosa."

Aversion to obesity (N=12)

- "Obesity is not something one can feel good about, it is not desirable, it is not right
- A fat body is not nice, "I hate obesity"
- Obese women have a big problem."

One feels guilty (N=3)

- It is not acceptable to be fat in society
- Inability to deliver your child normally like other women as expected traditionally."

The obese suffer emotional pain (N=3)

- "Painful things are said to the obese which break their hearts, they are called names, ridicules
- They are told that they smell in summer, belittled and insulted. They cannot feel happy
- There are many out there fat and suffering like me
- Vulnerable to constant cruel actions from the non-obese."

The obese suffer from low self-esteem

- "From constant embarrassment people laugh at you in the face because you are fat
- One feels selfconscious in the company of others and must constantly wash to remain "fresh"
- You are reminded that you are big and fat and you are nothing."

Negative body image (N=3)

- "If you are fat, you are unsightly, obesity is disfiguring
- You look like a mountain on your husband's side."

The obese are believed to be lacking in self-control, self-discipline and willpower (Thomas, 1995:39). A number of traits are used to describe the obese. These range from jolly, pleasure loving to weak-willed and self-indulgent (Leon, 1982:15-33). Obese clients are perceived as less intelligent (Paternell-Taylor, 1989:744) and unable to take positive decisions about matters relating to their health (like actively reducing weight).

In a study of traits judged to be typical of obese people, statements that were commonly given on the character of the obese were "lacking self-discipline", lacking in will power" (Jasper & Klassen, 1990: 519-528). The obese person is viewed as inferior because of a supposed lack of willpower. The word "fat" echoes a negative connotation of weakness (Paternell-Taylor, 1989:745). Little comfort can be derived from Schwartz (1986), who says: "Chances are high that fat people will fail - because they have failed, they are fat, and because they are fat they fail." Many see obese people as less intelligent, less hardworking, less successful and the non-obese (Riva, 1996:35-46).

The volitional perceptions are as follows:

Poor drive (N=8)

- "Obese people seem to have given up on themselves, "bayaziyekelela" - they have lost willpower

- They give up and withdraw, they no longer care about their bodies
- Men complain "She was active when I married her 10 years ago ... but now ..." they deteriorate
- They are lazy and are always seated
- They shun responsibility, withdraw and eat without restraint."

Excessive mass is seen as a sign of lack of self-discipline (Allow, 1982:135). Society equated obesity with a lot of negative habits, one of which is overeating, which, it is argued, is regulated solely by controllable sensations (Paternell-Taylor, 1989:744). "How can anyone let himself get that way?" (Paternell-Taylor, 1989:753). Obesity is seen as a self-inflicted problem, and obese people are typically classified as "lazy", lacking in willpower, "sloppy", and lacking in self-control (Agell & Rothblum, 1991).

The spiritual perceptions are as follows:

Poor meaning of life (N=6)

- "Obesity makes life really miserable, it spoils many areas of a woman's life
- Those who are obese miss the fun of living
- Obese people deserve to be pitied."

Obese people suffer chronic guilt about their condition and have a significantly greater dissatisfaction and concern about their mass and shape as well as feelings of guilt and shame over their inability to control their mass factors that adversely affect their quality of life (Pretorius & Roos, 1994:1121). Obese people live in a culture that condemns their physical appearance and blames them for their physical condition (Riva, 1996:35-46). Some obese women have confessed about wondering who would marry a pig (Stunkard et al, 1973:42-43).

The obese are often unable to work or enjoy life, they are even predisposed to sudden death if allowed to continue with their extreme obesity (Mason, 1981:xii). So harshly are obese people judged that they are perceived as physically disabled, deformed and disfigured. They "wear their problem" for all to see, all the time (Allow, 1982:131), making their lives a life-long turmoil (Mason, 1981:xii).

EXTERNAL ENVIRONMENT

EXTERNAL PHYSICAL PERCEPTIONS

Financial strain (N=9)

- "Oversized clothing is expensive, "rise per size" principle
- Specially designed clothing is expensive
- Furniture wears down earlier before the guarantee periods given. Family ends up with worn out furniture, creaky beds, sunken sofas
- Chemicals bought in efforts to slim are expensive
- The high cost of living is worsened if you are obese."

Problems related to accessibility to health care (N=2)

- "Obese pregnant women in remote areas can die from complications of child birth
- Mother and child may both die."

Problems related to inadequacy of health care resources (N=2)

- "Not enough "manpower" to turn the obese patient hence pressure sores are likely to develop which can further lead to septicaemia."

Inconveniences on using public amenities (N=2)

- "Obese people occupy larger spaces in public transport
- Not welcome passengers to taxi drivers who squeeze people into small narrow seats."

Obese people of necessity have to buy clothes at higher prices

from those stores catering for the overweight (Guthrie, 1989:208). These shops are few and obese individuals find difficulty in finding clothes in appropriate size ranges, and in attractive styles at reasonable prices (Allow, 1982:30-31). The high cost of living can also be in the form of and in the amount of food consumed and weight reduction measures that obese people may attempt to follow. Ordinary chairs creak under their weight which points out the need for special furniture especially for the morbidly obese, since there is an increased possibility of wrecking it (Guthrie, 1989:208). It is expensive to be obese, obese people are faced with increased insurance rates, (Guthrie, 1989). In the Black townships obese people are forced to hire private transport to hospital, clinics or even church. Needless to say, some health needs are not met when there is no ready cash to hire transport.

Social perceptions

The economic liability of society towards the obese (N=15)

- "The obese are less productive, seldom gainfully employed
- The taxpayers money is drained by their ill-health. Surgical and obstetrical complications increase medical expenses
- Extended hospital stays due to delayed recuperation after major operations or illnesses are costly."

The obese are less attractive, have less social/feminine appeal (N=9)

- "Obese are found less attractive, seldom beautiful. Obesity is not right for cosmetic purpose, obese women are not attractive to men
- They do not rate positively in physical appearance, there is a deterioration in physical appearance
- Resultant friction marks between the legs are unsightly
- Obese women are too large to be cuddled, "not portable", to be huggable
- Oversized clothing is not attractive in pattern or style. This can give a negative dress sense and make them look clumsy."

The obese have problems coping with social roles (N=10)

- "Inability to cope with household chores, get tired easily, the body is too heavy. Difficult for the obese bride to cope with role demands of housework
- Decreased ability to care for children, therefore, may not be allowed to adopt children
- Rejection of partner's friendly advances thus denying him companionship, thwarting further attempts
- They withdraw from social activities and isolate themselves."

Obesity satisfies the need to feel in control (N=2)

- "Women want to be seen to be in control, to fit in with their status as women of the house, they do not want to be seen as little girls
- Obesity satisfies the need for dignity and respect in a married woman."

Obese people are seen as prosperous (N=2)

- "If you are thin, people think you are pulling hard
- The overweight person is seen as prosperous, rich, economically viable

Obese women are an embarrassment to their men (N=7)

- "Partner is embarrassed to stroll with the woman in public
- Other men have partners who are lighter on their feet. The obese woman walks, "dinsi-dinsi"
- The woman may appear "too old", and her man can be embarrassed
- He eventually leaves you for other women."

Socio-economically, obesity is more common among the poor with a low level of education (Badenhorst & Walker, 1994; Weil, 1984; Stunkard et al, 1993).

In a study done to investigate whether there is a relationship between obesity and social variables (Garrow, 1998), a 30% prevalence of obesity was found amongst lower socio-economic women. In fact, Jeffrey & French (1996) puts the figure at nearly four times the number of low income level women who are likely to be obese than their higher income counterparts.

External spiritual perceptions

Conflicts related to role expectations (N=10)

- "Inability to fulfill household roles as housewife
- Inability to cope with demands of motherhood
- Resultant strain in relationships, blame and pressure to comply by losing weight."

Conflicts related to sexual relationships (N=11)

- "Man discouraged by sleeping with a "mountain" at his side, unhuggable, not "portable" difficult to cuddle
- Man's advances thwarted and rejected by the woman quoting tiredness leaving him bitter and hurt
- Woman's extra pads of flesh, giving the feeling of being too "fleshy", and lacking in "taste". Difficult in accessibility because of fat "aprons"
- Obesity deprives the couple of fun and rich intimacy, thus decreasing opportunities for mutual and emotional expressions and decreasing closeness between couples."

Marital conflicts (N=7)

- "Man may lose interest in the woman and drift away, especially if the woman is progressively becoming huge
- Loss of marital rights and decreased sexual expression can drive the man to slimmer woman."

Relationships may only survive on pity (N=4)

- Man may persevere in the difficult and miserable life and only tolerate the woman because of feeling pity for her
- He may accept her as his burden, out of loyalty."

Obese women suffer humiliation from the community (N=4)

- "Degrading remarks are made about them, they are deliberately undermined and called names, they are addressed unkindly
- People meet you in the street and laugh in your face because you are fat
- You are fat, and big ... who do you think you are?
- Viewed as inferior, "Okay for winter, but smells in summer."

Blaming of the obese (N=3)

- "Getting high blood pressure - "Isn't because her heart is immersed in fat? If you are slim, you don't get these (diseases).
- The feeling that the obese eat a lot
- They give up on themselves."

Obese suffer degrading treatment from health professionals (N=1)

- "When delivering a baby, if you are obese, someone must hold each of your legs apart, to allow the baby passage."

Obesity being a condition where everyone knows the treatment, puts the sufferer in a difficult position in which she is seen as largely responsible for her condition (Harris, 1990: 1191-1193). Those who see themselves as bad and in need of reform effect a self-fulfilling prophecy and continue to over-eat (Schwartz, 1984:56-57). Seen as a self-handicapping condition, Schill, Beyler & Wett (1991:1261) appeals for sympathy and understanding, warning that the excessive blame of obesity on one's poor performance best leads to the use of obesity as a self-protective mechanism against failure. In this way short-comings can be overlooked and excused.

Allow (quoted by Sobal 1984) shows how the obese are seen

as deserving their lot and are induced to accept this. Obesity is stigmatised in religion as sin, in medicine as a disease, in crime and in aesthetics as ugliness (Sobal, 1984:14-15). As a criminal obese people are held responsible and punished for their offence. Punishment can vary from mild prejudice to severe discrimination at work and in everyday life (Sobal, 1984:14-16).

Guidelines for improvement of practice in health promotion for patients with health-related problems of obesity

(a) Health education programmes should include

- Information based on the physiological background of the various types of discomfort the obese person may suffer from, to provide information and understanding which will form the basis of further interventions that the community nurse will be planning with the patient to address the need for coping with physical discomforts.
- List of local whole grain cereals, beans, fruit and vegetables that can be used for fuel source, to ensure availability, accessibility and acceptability of such guidance to the patient.
- Guidance information that diet with high fibre content produces satiation quicker and has a low caloric value.
- A warning on the need to restrict the consumption of some of the following high energy foods:
 - * jam
 - * butter
 - * sour cream
- The benefit of proper dietary practises even for those who are genetically inclined to be obese.
- The importance of careful supervision in the feeding of infants and children to prevent childhood obesity which is likely to continue in adult life.

Programmes drawn must include clearly outlined strategies for the involvement of the patient in the planning of activities, and should demonstrate consideration of:

- the patient input on activities she may enjoy
- barriers which the patient feels may inhibit participation
- the individual's lifestyle into which programme of exercises can be fitted in
- all health guidance should contain a strong guidance against hypoactivity in all individuals
- programmes drawn should be planned for the same time everyday or week to establish a routine
- peer group or supportive groups should be encouraged to foster shared goal setting and building one another's strengths amongst obese individuals to reinforce participation
- programmes of activities planned must be realistic and achievable goals for the maintenance of compliance
- Health guidance on the programmes of activities should emphasize the use of exercise time as a social time interaction, fun, sharing and modelling.

(b) Guidelines to address problems of personal hygiene

Programmes drawn must include guidance on:

- How to care for the skin to prevent and protect the skin from breakdown.
- Measures to keep the skin reasonably fresh.

(c) Guidelines aimed at the improvement and building of encouragement for a positive image of one's body size and shape

- Designed programmes must include guidance on retaining pride in one's identity, encouraging decisions taken to reduce mass to be out of personal conviction of the benefits, and not hatred of one's body.

(d) Guidelines aimed at motivating the patient to alter negative behavioural lifestyles

- The community nurse implementing health promotion programmes for the obese individual must:
 - * Refrain from any inclination towards judgemental behaviour
 - * Be prepared to provide services with respect for human dignity irrespective of the nature of the health problem.
 - * Observe the moral right to the patient to informed decision-making.

(e) Guidelines aimed at addressing the obese persons' need for social support, social relations and interpersonal processes that can be experienced as valuable and helpful

- Health promotion programmes must include:
 - * Structured reality exercises to help the individual interpret events and their effects of the significant others (these can include role playing group exercised to help the obese come to terms with some of their unacceptable actions towards significant others).
- These can address the following:
- negative emotions;
 - family and other social relations;
 - uncomfortable social experiences; and
 - social isolation.
- * Guidance on keeping or regaining a realistic stable and positive self concept.
 - * Guidance on how patient and family can identify and utilise available resources in the community to meet functions and developmental tasks. These resources can include:
 - community self help groups e.g. Masakhane.
 - * Guidance on how the family can perform family functions effectively, resocialisation into roles and family support for the less strong individuals.

(f) Guidelines to address the obese individual and her family's need for healthy family interactions and inter-dependence of the family to systems in the community

Health promotion programmes must include education and information on community resources for:

- * The clarification of family values;
- * The rediscovery of family cohesion and relaxation;
- * Assistance with enhancing effective family coping patterns for example FAMSA and others.

Summary

Health promotion is increasingly recognised as a role to be taken by all health workers, community nurses in particular.

In her health promotion functions for the individual and family facing the problem of obesity, the community nurse is expected to carry out nursing activities that will contribute to a greater degree to the local wholeness of these individuals and groups (RAU, 1992:6). On the other hand, the existing perceptions, beliefs and practices of populations at risk of obesity must be understood if appropriate and effective health interventions are to be designed. Culture plays an important part in the perceptions of health problems, since cultural behaviours and

beliefs are learned in childhood and are often deeply held as 'obvious' knowledge to be passed on subsequent offsprings (Brown, 1993:1983).

Whilst health promotion is vital if community nurses are to prepare themselves for their increasing roles and challenges in serving their communities in the primary health care settings, it is equally important that they should be committed to put into full use all the skills learnt and developed through clinical guidance (Wass & Backhouse, 1996:149-150).

In its philosophy, the South African Nursing Council defines the patient as "a total being: who needs help in supplementing his specific ability to accept responsibility for his own health" (SANC, 1992:6). The above statement postulates that everybody involved with Nursing Education and Nursing Practise, has a challenge to ensure that personal and professional standards of nurses are maintained at those levels which cannot only enable them to interpret scientific data collected so as to base nursing actions on, but also to use this body of knowledge to exercise the humane and compassionate nursing care that can make the nursing profession proud. Final conclusions are as follows:

- * there are internal (body, mind and spirit), as well as external (physical, social and spiritual) factors impacting on the black woman and the community nurse's perception, on obesity;

- * the perceptions regarding the internal environment focus mainly on physical discomfort, increased illness potential, and physical dependency, increased risk to mortal danger, decreased level of personal hygiene, premature aging, negative mental/emotional effects, poor drive and poor meaning of life;

- * the external perceptions focus mainly on resource-related strain, social alienation and relationship-related conflicts/problems.

It is recommended that the guidelines be implemented and the impact of obesity as a health related problem be analysed.

Acknowledgements: The researcher would like to thank all participants for their input and time.

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