

Perception of the adolescent with obesity about his body and from the personal and social point of view

Summary

Introduction: Adolescence is one of the stages that deserves more attention in the life cycle, in which physiological and psychological changes arise that can modify the lifestyle of the adolescent putting their health at risk, represents a vulnerable population since they are Developing and feeling worried about his body image and over weight can have a profound impact on his emotional and physical health, affecting the image of how his teammates see him.

Objective: Perception of the adolescent with obesity about his body and from the personal and social point of view.

Methodology: Qualitative approach, the technique of in-depth interview and participant observation was used. The interviews were carried out until the theoretical saturation. The population was constituted by 6 students of basic level, with diagnosis of obesity. For the analysis of the information, the thematic content analysis was worked on.

Results: The analysis of the discourses revealed a category: The body and perception of the adolescent with two subcategories: a) The imaginary body constructed and b) The imaginary body (des) built.

Conclusions: The adolescent with obesity, with respect to the perception he has of his body, according to the discourses, he observed that he does not have the awareness of what the image is, they are concerned but it is not so important for them, so far in which the society in which they develop (the school), their companions are fixed in the body or the image of the adolescent with over weight and that is where they look at them because of the physical aspect they show, they are not well accepted in their environment social, causing emotional problems, which affects their emotional development, which becomes a serious problem for the adolescent if it is not given the attention it requires.

Keywords: image, adolescents, obesity, body, over weight, schoolchildren, criteria, imaginary body, environment, built imaginary and the body

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Introduction

In current times it has been observed that over weight and obesity in adolescents from 12 to 19 years is a serious health problem in our population and this coincides with data from the National Health Encuestas, which indicates that one in three adolescents between 12 and 19 years of age, he is over weight or obese. For schoolchildren, the combined prevalence of over weight and obesity amounted to an average of 26% for both sexes, which represents more than 4.1 million schoolchildren coexisting with this problem¹⁻³ Added to this, the adolescent presents diverse social representations that assign to his body a certain position within the general symbolism of society, understanding as a society the environment where it develops, which in this case is the school and that not only the body is considered by the different parts that compose it and the functions that they fulfill, but this becomes a knowledge applied to the body and is, in the first place, cultural.⁴ The representations of the body and the knowledge about the body are tributaries of a social state, of a world view of how its companions see it and within the latter, of a definition of the person, the body is a symbolic construction, not a reality of itself.⁴ The adolescent's body is stigmatized by the social class to which it belongs, it is the product of multiple factors that account for the position it occupies within the social system (school). As a transmitter or as a receiver, the body of the adolescent in a situation of obesity

produces common sense and in this way he actively participates in a given social and cultural space. It does not matter when and where it was born, or the social conditions of the parents, considered as the particular physical features of any human society. When the child is born it is an infinite sum of anthropological dispositions that only the immersion to the symbolic field, that is to say, the relation with the others, can allow him to unfold, but if this does not happen, then it takes attitudes of rebellion, of anger and of frustration, which leads to him not feeling like part of that society.⁵ To know the perception that the adolescent has about over weight and obesity on his body, from the personal and social point of view, an approximation of the reality of the adolescent is required, through the use of qualitative research, whose stories allow interventions of nursing that the adolescent requires in this health situation, for which the following objective arises: Describe the perception of the adolescent with obesity about his body and what others see about him.

Methodology

The qualitative, exploratory and descriptive study design. The investigator was the investigator, who relied on a semi-structured interview and narrative records which were stored in audio for later transcription and analysis. To not lose detail of the discourses and thus establish an approach to open coding through categories. The

inclusion criteria were: adolescents diagnosed with obesity, who attended the endocrinology service for treatment in a pediatric hospital. The interviews were conducted in the months of October to December 2015. Procedures Authorization was requested from the Pediatric Hospital authorities where the investigation was carried out in order to select the participants, and then a written request was made to the same hospital to use an office with a desk and a chair for the interviewer and another for the interviewees were later checked for good lighting and quiet environment to conduct interviews without interruptions. The adolescents were identified and looked for to fulfill the criteria of participation, the invitation to the adolescent and to his father or mother was carried out, the adolescents had as a requisite to go to consultation to endocrinology and to be diagnosed with obesity, and that voluntarily and with full knowledge of the objective of the investigation they agreed to participate, once accepted their permission and authorization to the parents are requested for being minors. Subsequently, the questionnaire where the information for the characterization was obtained was applied first. Subsequently, they started with the debate generating question, and the interview was guided with the previously semi-structured questions. The researcher conducted the interview, which lasted from 30 to 45 minutes, during the interview notes and observation records were taken, the participation of the study subjects was stipulated. The material that was recorded was transcribed as close as possible to the event of the collection of information and was carried out in a reliable manner, this material forms part of the interviews reports. The observations and comments of the participants and comments of the participants were registered, as well as their reactions in the individual interview, these records were also safeguarded to protect the integrity of the participants. Once the interview was concluded, the participants of

the research were thanked and the interview of the scheduled day was transcribed. Once the information was saturated and in the light of the literature, the discourses recorded together with the final report of the investigation was prepared and later.

Ethical considerations: Qualitative research was based on criteria of rigor; credibility, applicability and relevance and what the Regulation of the General Law on Health in Research matters,⁶ as well as informed consent and assent to parents and adolescents.

Results

Six semi-structured interviews were conducted with adolescents with obesity. The time that the recorded material lasted was 240 minutes. 2 categories were identified; the body: built imaginary and the body: imaginary (de) built.

In category 1: The imaginary body built, the dialogues show that adolescents do little to change that image, they worry, but they are not really aware of what happens with their body, what care is given to the body, the food consumed, they come from a scheme of perceptions and appreciations that value the pragmatic and functional and that adolescents with obesity according to the stories do not do anything to change that image they have of their body, they are not aware as mentioned by Freire (2015) (Figure 1);⁷ in order for the adolescent to reach awareness, he must first develop an awareness of what is good and bad for him as a person and when the development of that consciousness we will be talking about the adolescent being able to change those bad eating habits and develop those healthy practices to decrease your weight and reach the ideal for your age and size (Table 1).

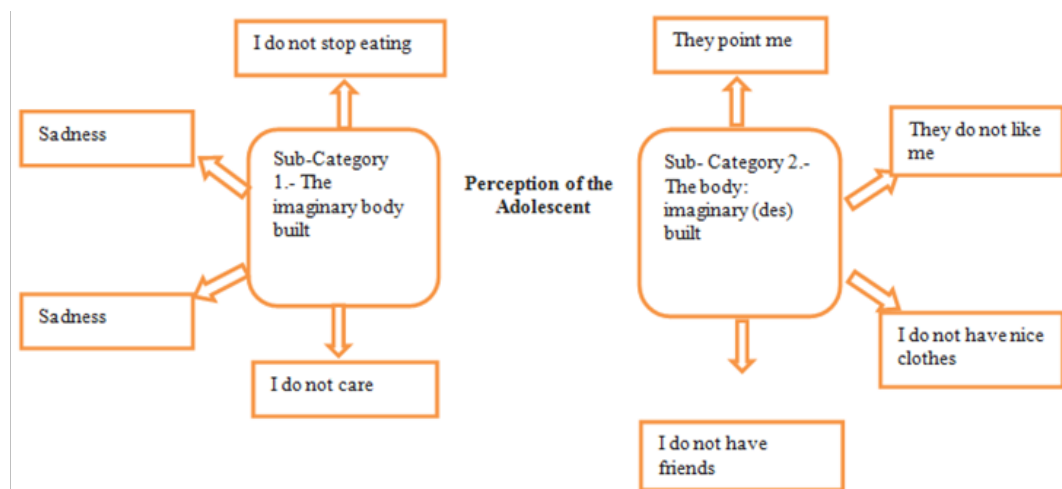


Figure 1 Scheme: Category: The Body.

Table 1 The body and its dimensions

The Body		
Physical	Emotional	Social
Fat	I get stressed	They point me
Pig	Sadness	I do not have friends
Sow	I do not stop eating	They do not like me
I like my body	I do not care	I do not have nice clothes
I care about my body	I get depressed	I do not want to go to school
I do not want to be over weight	I get upset	They mock
I dont like my body		Bullying

In category 2: The body: imaginary (des) built. The things of the body and undoubtedly those of the desire to have a normal weight, reveal the mark of time, as soon as the gaze of the other stops looking at one as a human being and only fixes on the body. Bouman (2007),⁸ mentions that the body is no longer considered a wrapping, if not now becomes a protagonist of society, an expression, identity of beauty, perfection, the physical to be indispensable for the person, now it becomes subjective to be and remain a salable item. Doing this in adolescents who feel that they are not acceptable in that society, where their other partners are influenced by beauty, physical and not by internal beauty, and that makes the adolescent feel out of context not accepted by their physical causing in the feelings of sadness, courage against this system in which it is inserted.

Conclusion

Subcategory 1: The imaginary body built, we realize how important the body is, since it is in the stage where the physical body is the most important, where it is in a society that is the school, that makes you accept yourself in that society and if you do not accept it because of your physique, then this makes you not comfortable with your body and see it as something bad, since as it is found in the physical and psychological changes it is not accepted as is, and to think that they do not accept it because of their physique, causes the adolescent to become depressed and not change his eating habits and exercise to change his image, on the contrary, he comes home to eat. It is important that he accepts himself as he is and that he is helped to raise his self-esteem, so that he becomes aware of how important it is to lose weight, but not because of how I look if it means being over weight, but for this, he would have to first accept that he is obese, really have the knowledge and knowledge of what obesity is and above all the consequences that can occur if he does not take care of himself, and that he does not think that with the passage of time this can improve, and get to have an ideal body without doing anything to achieve it. The second subcategory: The imaginary body (de) built, it was observed that the adolescent is very concerned about what his classmates say about the physical body he has, and especially the opposite gender, since this stage begins to be fixed in their companions, but nevertheless, as society is so influenced by the media, they do not see well adolescents with obesity ignoring them by their physique, at this stage of development what is important is physical beauty, therefore the adolescent with

Obesity, feels assaulted, stigmatized and this causes their self-esteem to go down and that the adolescent feels less than the others affecting the role he plays in school, for this reason it is important that he be made aware to his classmates that it is a health problem.⁹⁻¹¹

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Conflict of interest

The author declares there is no conflict of interest.

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