



Perceptions of Weight Loss Experience Between African Americans and Caucasians

Sharon Sawyer-Martin, DNP, RN, CNS

ABSTRACT

Obesity is a growing epidemic in the United States (U.S.), which leads to comorbidities associated with diseases such as hypertension, diabetes, sleep apnea, cardiovascular disease, osteoarthritis, cancer, gallbladder disease, and dyslipidemia. The purpose of this study is to identify perceptions of weight loss experience between African American (AA) and Caucasian patients undergoing bariatric surgery.

METHODOLOGY

From May to June 2013, a convenience sample of 31 eligible bariatric patients participated in this study. The sample size consisted of 16 AA and 15 Caucasians from two fully accredited and licensed bariatric clinics in metropolitan Detroit.

The inclusion criteria for this study included AA and Caucasians, both adult men and women over the age of 18 and approved to undergo bariatric surgical intervention. The exclusion criterion was pregnant women.

INSTRUMENT



VARIABLES

Age
Amount of weight loss
BMI
Body image
Diets
Gender
Marital status
Periods of weight loss
Race
Relationship satisfaction
Education
Salary**
Snacks*
Sexual satisfaction*

Demographics



AGE



GENDER



MARITAL STATUS



SALARY

Results

- The sample (N=31) consists of eligible AA and Caucasian pre-surgical Bariatric patients on their first pre-operative appointment
- Snacking and sexual satisfaction showed a significant difference ($p < .05$) lower amongst Caucasians than amongst the AA
- Salaries within the AA population were significantly lower than Caucasians especially in the \$26,000 to \$36,000 category as well as in the over \$40,000 category

DISCUSSION

- This study indicates that there is a significant difference in the perceptions of weight loss experience between AA and Caucasians
 - Snacking, sexual satisfaction and salary differed between the 2 groups
 - > Snacking between 2 groups showed AA tend to snack more and were satisfied sexually more than Caucasians.
 - > AA's weigh more than Caucasians and snacking may have contributed to a higher degree of obesity among AA, supporting this study (Bjellgren & Marcus, 2006)
 - > Significant correlation between sexual satisfaction and body image in women (Pajot, Meun, & Brooks, 2010)
 - > Obese AA females have better self-image than Caucasians due to a greater acceptance in the AA culture, suggesting AA males prefer heavier women (Bjellgren & Marcus, 2006)
- Almost half of the respondents' salaries were in lowest salary range of \$25,000 or below
 - Low-income families usually have less access to both healthier food choices (e.g., fruits, vegetables) and opportunities for physical activities e.g., parks, recreation centers, green grass) (U.S. Census 2012)
- BMI did not show a significant difference between the 2 groups but participants' BMI was greater than 40, classifying them as Class III and at higher risk for mortality

IMPLICATIONS FOR PRACTICE

- Understanding the differences between races, the APRN can develop targeted interventions that identify strategies for AA's who suffer from obesity such as high propensity for snacking
- Through education, the APRN fosters the recognition of goal producing behaviors aimed at positive outcomes

FUTURE STUDIES

- Replicate the study with a larger sample size of men and women eligible for Bariatric surgery throughout the country
- Integrate the patient's ethnic background when considering intervention strategies to decrease body size
- Provide evidence based practice educational material focusing on culture, obesity, motivation, and family support which could empower patients to take control of their weight and health

REFERENCES

1. Bjellgren, I. & Marcus, M. (2006). Weight loss in obese patients: A comparison of two different approaches. *Journal of Clinical Endocrinology and Metabolism*, 92(10), 3811-3816.
2. Pajot, M., Meun, J., & Brooks, G. (2010). Sexual satisfaction and body image in women. *Journal of Clinical Endocrinology and Metabolism*, 92(10), 3811-3816.
3. U.S. Census Bureau. (2012). *Income inequality in America*. Washington, DC: U.S. Census Bureau.