The Lived Experience of Pacific Island Women with a "Big Body" Size

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Abstract

This phenomenological study explored the lived experience with "big body" size of Pacific Island women who migrated to Hawaii. Giorgi's descriptive phenomenological approach was utilized in this study. A purposive sample included six Pacific Island women. Five of the six women had migrated to Hawaii from the island nations of Micronesia. The sixth participant was a Native Hawaiian who had lived in Micronesia and had returned to Hawaii. The collection and transcription of data were done by the first author. Data were categorized into themes independently by the three authors and bracketing was maintained throughout the study. The women identified the dichotomy of "big body" versus "small body" and the connotation of each body size in how they viewed the world around them. They shared their lifestyle and transitional changes in trying to adapt and 'fit' into the new lifestyle in Hawaii. These changes impacted their eating habits and work schedule, level of activity, and financial security. The women identified biopsychosocial concerns in their lives and the need to re-evaluate their "big body" size in relation to their health and physical and psychosocial changes. Implications for future research are to include a diverse representation of women from island countries within the Pacific Basin. The results of this study provided valuable information related to cultural relevance and sensitivity in working with Pacific Island women in managing their health.

Keywords: phenomenology, lived experience, Pacific Islands, big/large body size, body image, obesity

Weight and body size appear to be shared cultural attributes among individuals regardless of race, age, or gender. Pacific Islanders have been known to be more tolerant of "big body" sizes (Knight, Latner, & Illingworth, 2010). According to the United States Census Bureau (Hixson, Hepler, & Kim, 2012), the definition of a Pacific Islander refers to any individual having origins in any of the original people of Hawaii, Samoa, Guam, Tahiti, Tonga, Republic of Marshall Islands, Palau, Chuuk, Fiji, Solomon Islands, and other Pacific Islands (Hixson et al., 2012). The historic changes and migration of Micronesians to Hawaii provide some contextual background about lifestyle changes the participants in this study experienced.

The Compacts of Free Association (COFA) were a series of treaties among the United States and the Federated States of Micronesia and Republic of Marshall Islands in 1986 and the Republic of Palau in 1994 (Hawaii Appleseed Center, 2011). The treaties allowed the U.S. military to have rights over an area of ocean where they tested nuclear weapons over the years. In return, COFA citizens were granted broad migration rights, including the right to reside and work without requiring a visa or labor certification, with no limitations of stay. As a result of nuclear testing, many islanders suffered from serious health problems. The health disparities facing COFA citizens include a high incidence

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of cancer and an increasing burden of chronic illness and infectious diseases (McEifish, Haligren, & Yamada, 2015; Yamada & Pobutsky, 2009).

In a survey of 2,522 Micronesians in Hawaii, the most frequently cited reasons for migrating to Hawaii were health care (35%), education (33%), and employment opportunities (22%) (Riklon, Alik, Hixon, & Palafox, 2010). An estimated 17,000 COFA migrants reside in Hawaii, where they face many barriers to achieving assimilation and economic security. These barriers include language, social and cultural barriers, negative stereotyping and marginalization (Hawaii Appleseed Center, 2011).

The bigger body frame of the Pacific Islanders was once attributed to the history of traveling by canoe, working on the farms, and doing manual labor; however, modern technology has changed these physical activities to more sedentary lifestyles (Ulijaszek, 2003). The increase in consumption of imported foods and the increased use of motor vehicles and advanced technology have all contributed to the problems of overweight and obesity (Szmedra, Sharma, & Rozmus, 2007; Tukuitonga, 2013). In addition to lifestyle changes, cultural beliefs and perceptions about body size have also perpetuated the trends of having big body sizes among Pacific Islanders.

A person's status is defined by kinship, gender, seniority, and achievements. In hierarchical structured countries like Tonga, low ranking commoners are expected to serve people with high ranking and status. The high ranking chiefs are more likely to be overweight or obese as a result of consuming excess foods such as beef, pork, corned beef, and other foods high in fat content (Mavoa & McCabe, 2008). In the islands of Tonga, Nauru, Wallis, and Fiji, a "big body" size for women is considered normal (Curtis, 2004; Ulijaszek, 2007). At social occasions, community leaders and high ranking chiefs eat first and are served the best foods prepared for the occasions. These community leaders become overweight and obese over time from consuming excess calories and not engaging in physical exercise. A "big body" size is expected of those with wealth and power (Mavoa & McCabe, 2008). In matrilineal communities in the Pacific, women played an important role in protecting the land to be passed down to younger generations (Stege, Maetala, Naupa, & Simo, 2008). Women, as protectors of the land, were expected to be physically strong and big in size.

The social and cultural attitudes about excess weight are generally less negative in Pacific Islanders compared to white communities. Further, Pacific Islanders perceive the "big body" size as favorable and not harmful to health (Yates, Edman, & Aruguete, 2004). With migration, there are increases in modernization and changes in the roles of women, both of which may have an effect on how women view their body size and body image (Swami, 2015).

In relating the "big body" size to health, Pacific Islanders are known to have the highest body mass indices and thus the highest prevalence of overweight and obesity in the world (Prentice, 2006). A study conducted across four Pacific countries of Australia, New Zealand, Fiji, and Tonga found that youths in Tonga and New Zealand were more overweight and obese compared to peers in Fiji and Australia (Utter et al., 2008). Results of this study projects that obesity will continue in the future among Pacific Islanders. Teevale (2011) states "it is not clear whether body image research makes any meaningful contribution to obesity prevention for Pacific people. The author challenges the basis of cross-cultural research in this area which began with the problematic framing of the concepts "big" to equate "obesity" as the foundation for Pacific people's body image" (Teevale, 2011, p. 47). There is limited phenomenological work in the literature about the experience of individuals with a "big body" size; therefore, the purpose of this study was to explore the lived experience of Pacific Island women with a "big body" size. Findings of this study aid in understanding the experience of migratory Pacific Islanders who live in a host society that values thinness.

Framework: Social Ecological Perspective

The social ecological perspective by Bronfenbrenner (1979) was used as the conceptual framework for this study. In this framework, the individual is placed within a multi-level system of social context. This system includes the individual characteristics, interpersonal relationships, affiliates in the community and public organizations, and physical environment and culture. In addition, behaviors of the individual are also considered as the result of knowledge, values, attitude, social influences, and communities (Cash & Pruzinsky, 2004; Fisher et al., 2005). This perspective is applicable in evaluating behavior, attitudes, and social influences that impact the lived experiences of the Pacific Island women. Understanding body size ideals from a socio-cultural framework in the context of migration is important in linking the past, present, and future, and providing tools for navigating through cultural dilemmas experienced with migration (Cassel, 2010; Swami, 2015; Williams, Crockett, Harrison, & Thomas, 2012).

Method

Design

Phenomenological investigation seeks to reveal lived experience by describing and explaining the meaning of the experience. The phenomenological approach includes reduction, description of experience, and search for essences (Giorgi, 1997, 2012). Essences are derived from an intentional analysis of the relationship between the individuals and the meaning of the things they are experiencing. Phenomenological reduction means that the researcher brackets past knowledge about a phenomenon and "considers what's given precisely as it is given, as presence" (Giorgi, 1997, p. 240, 2012). Reduction is also concerned with engaging phenomenological understanding as a whole, and not just removing pre-selected pieces of information to be strategically bracketed out. Bracketing is followed by a process of examining the phenomenon in a way that enables new views to emerge (Finlay, 2008).

Giorgi's (1997, 2012) five-step analysis approach was adopted for this study. The five steps were (1) making sense of the whole data, (2) discrimination of 'meaning units' from data, (3) transformation of subjects' expressions with emphasis on phenomenon being investigated, (4) synthesis of transformed meaning into a consistent statement of structure of the experience, and (5) final synthesis in clarifying and interpreting the raw data. In each of these steps, the authors considered the research questions; as well as making sure they adhered to the phenomenological principles to gain new knowledge about the lived experience of six Pacific Island women with "big body" size.

Participants

A purposive sample of six women was recruited for this study. In phenomenological studies, there may be six to ten participants depending on how many times the participants are interviewed and when saturation is reached. Data saturation occurs when no new information emerges from the information provided by the participants (Morse, 2000).

The snowballing (Morse, 2000) effect of word of mouth enabled the first author to recruit and provide consent forms to five additional participants who agreed to be interviewed. Five of the six participants were born and raised in Micronesia and migrated to Hawaii. Three had migrated to Hawaii from Chuuk and two migrated from the Republic of Marshall Islands. The five women had migrated to Hawaii over 3-25 years. The sixth participant was a Native Hawaiian who was married to a Micronesian. This participant lived in Micronesia for more than five years with her spouse and children before moving back to Hawaii. The inclusion criteria required the women to be 18 years or older, be able to speak, read, and write in English, identify themselves as Pacific Islanders, and have a body mass index (BMI) of greater than or equal to 30 (BMI $\geq$ 30). The women's level of education ranged from 12 to 18 years and they were able to articulate answers in English; and their BMIs ranged from 34 to 43.

Data Collection

The Institutional Review Board application was approved through the University of Hawaii Human Studies Program (CHS #17192). The first author recruited and interviewed all the participants. The purpose of the study was explained and informed consents were signed by the participants before the interviews. Each participant was assigned a code. Confidentiality of all data sources were protected by keeping them in a locked file cabinet inside the first author's office.

The interviews were conducted in a private room at the participants' work place. The tape recorded interviews lasted 45 minutes to one hour. The questions for the participants were (1) tell me what it's like living with a "big body" size, (2) how does it feel to have a "big body" size, and (3) what does this body size mean to you? The first author transcribed the data verbatim from the audio-taped interviews and met with each participant two weeks after the first interview to clarify and confirm the transcribed data. NVivo 8 computer software program was used to manage data (NVivo, 2008).

Data Analysis

Giorgi's (1997, 2012) five-step model was used as a guide for data analysis. The three authors met over a period of two months to discuss, debate, and compare findings until 100% agreement was reached. The following steps explain the procedural actions taken by the authors: First, *making sense of the whole describes how the raw data was handled by the authors*. The first author transcribed the tape recordings verbatim. A copy of the transcripts was given to the other two authors. Each author read the transcripts multiple times independently to get a general sense of the women's experiences. The authors worked toward an understanding of the raw data from a holistic perspective as called for in phenomenology.

Second, *discrimination of 'meaning units' with the focus on the phenomenon being researched* involved the three authors meeting over a period of two months to compare reflections and initial interpretations of the raw data. The first author compiled results after each meeting and made notes in the primary working transcript as preliminary delineators of meanings. The first author also discussed and incorporated any field notes she had into the compilation of reflections and interpretations of raw data done by the three authors. The reflections and interpretations focused on the phenomenon of living with a "big body" size. There was also elimination of redundant findings at this stage. All three authors made clarifications in the transcripts about related meanings to both the sense of the whole as well as particular themes derived in step three.

Third, *transformation of subjects' expressions with emphasis on phenomenon being investigated* is the third step where the direct quotes and verbal expressions from the six women were incorporated in the meaning units from the previous step (see Table 1). The authors produced themes entitled with language that thoroughly described the essence of the experience for the participants. These themes were further divided into subthemes as they surfaced. The meanings expressed by the participants have to be made explicit with regard to the phenomenon of living with a "big body" size. "The end of this step is a series of meanings still expressed in the subject's own everyday language" (Giorgi, 1997, p. 246).

Fourth, *synthesis of transformed meaning into a consistent statement of structure of the experience* is the step where individual meaning units were synthesized and transformed into statements of structure for each individual woman. The authors communicated the phenomenon from a holistic perspective.

Fifth, *final synthesis is the last step where the three authors synthesized all of the statements regarding each participant's experience into one consistent statement* that described and captured the essence of living with a "big body" size. The data presentation of the above analysis steps was accomplished in narrative form for a thorough overview of lived experience themes. Direct quotes from the data were used, and equal weight was given to each of the women's statements. This allowed for substantial accounts of each of the women's experiences to be reflected upon and interpreted appropriately.

Rigor

The "gold standard" criterion to establish trustworthiness in qualitative research includes credibility, dependability, confirmability, and transferability (Lincoln & Guba, 1985). Credibility and dependability of this study were established through the prolonged engagement with the data, member checking, and bracketing. The first author spent time with the transcribed data and established trails of notes for accuracy of information when comparing the audiotapes and hard copy data. A second interview with each participant was set up after two weeks to present preliminary data analysis. The participants clarified and confirmed accuracy of information before the final analysis. For phenomenological claims, the authors must adopt the attitude of the phenomenological reduction in order to be fully present to the description of the lived experience as presented by the participants (Giorgio, 1997, 2012). The three authors did some open discussions and reflections of personal views of what "big body" size meant to them. Obesity was not used as a keyword for the narrative literature review. The authors used reflexivity to discuss thoughts, feelings, and perceptions on the issues related to "big body" size that might affect the research process. The first author was also careful to follow the cues of the participants during the data collection.

Results

Demographics

The six participants in this study were females between 39 to 56 years of age. They all identified themselves as Pacific Islanders; five were born in Micronesia and one in Hawaii. Their BMIs ranged from 37.3 kg/mm² to 48.4 kg/mm². They all completed at least 12 years of education and were able to speak, read, and write in English. At the time of the interviews, five participants had migrated to Hawaii and considered Hawaii their new home. The sixth participant was a native Hawaiian who had lived in Micronesia for many years with her spouse and family, and had returned to Hawaii to live.

Themes

The three themes identified were in the context of the women's voices in narrating their experiences about their "big body" sizes: (a) cultural perception of body size, (b) adapting to new culture, and (c) biopsychosocial concerns. The first theme**,** cultural perception of body size, consisted of three sub-themes:

(a) big body, (b) small body, and (c) healthy body. Big body was positively mentioned by participants with being accepted in the community and feeling wealthy, good, happy, and proud. Having a big body was discussed in terms of being accepted in one's own culture. They described that having a big body in their own culture meant having enough to eat, being able to do activities of daily living, take care of the family, and not being sick. Respondents disliked being told that there was a problem with having a big body. At times, they did not see having a big body as being overweight, a "problem", and a "bad thing". In contrast, having a big body was beautiful, appealing to men, and a spiritual acceptance of how God created them in His presence.

Being small in body size had negative connotations. Respondents reported that people who were skinny also had the same kind of health problems as someone who was big. The negative connotations of being skinny were directed to being unhealthy, not having enough food, not being attractive, and a "bad" reflection that the family was not able to support and care for their children.

Big body was perceived to be associated with good health even though these women were obese based on BMI measurements. Health meant that the individual was free from illness and diseases such as diabetes and hypertension. Health was also associated with exercise and eating healthy.

The second theme, adapting to a new culture, consisted of three sub-themes: (1) experience with stereotype, (2) lifestyle change, and (3) generation change. The participants shared their experience with stereotypes related to their body size. Some felt that the clients in their work place "looked down" on them because they were big in body size. One of the women reported people in the bus not wanting her to sit next to them because of her big body. There were lifestyle changes mentioned by respondents as possible reasons for justifying the weight gain after migration to the United States. These lifestyle changes included eating a diet with more rice, eating at fast food restaurants, attending weekend parties, high demands of work schedule, lack of exercise, and high cost of living which led many to have not enough money, and sedentary lifestyle.

Respondents reported generational changes in adapting to a new culture. The participants identified that the younger generation of men was changing attitudes favoring slim women. The younger generation of men preferred their female partners to be slim, but for the older generation it remained acceptable for women to be big.

The third theme, biopsychosocial concerns of having a big body, consisted of three sub-themes: (a) health, (b) physical, and (c) psycho-social concerns. Contextual themes further reported under the sub-theme health concerns included (i) physical symptoms, (ii) actual health problems, and (iii) health risks. Respondents who were contemplating losing weight reported physical symptoms such as decrease in mobility and not being able to stand for long periods of time, shortness of breath, and feeling tired, sleepy, and/or having pain. Health risks such as diabetes, high blood pressure, high cholesterol, heart disease, and stroke were identified. Participants also shared actual health problems such as diabetes, high blood pressure, high cholesterol, heart disease, and sleep apnea.

Physical concerns included the increase in clothes sizes which were mentioned by all participants. They mentioned it was important to look "good in my clothes" and "it was a struggle to look for clothes that would fit." Respondents reported they could not find "nice clothes" when shopping. Clothes size was mentioned more often than weight. They described and related "getting big" with increase in clothes size (e.g., large to 3XL).

Participants reported psycho-social concerns related to their body sizes. These concerns included (a) weight gain after childbirth, (b) feelings of depression related to weight retention after having children, (c) low self-esteem regarding body size among family members, and (d) wanting to set good examples for children. Many of the participants justified the weight gain being attributed to having multiple children. Statements like "…after I had my fourth child I became so big" and "…after I had children, I got even bigger" were echoed among the participants. The women shared that they had three to seven children. Further, the women claimed that the weight gained after having children was associated with feelings of depression. One participant stated, "As part of my weight I was so depressed about being so big and having children one after another…." Another participant stated that among her sisters, everyone was small in body size except her, and her "big body" size affected her self-esteem.

Most of the women expressed wanting to be role models and good examples for their children and grandchildren. Most of the participants had good intentions to lose weight and were able to express their self-management plan. They mentioned an intention to eating smaller portions and dieting and need for an exercise plan; however, only one of the six was committed to actually losing the weight and doing more exercise. The one respondent stated that she was losing weight, doing more exercise, and was confident

that she could maintain a certain weight. Others mentioned thinking about a plan, but did not follow through with the plan. They understood and were aware of the "need" to lose weight and exercise and tried to watch what they ate, but were not consistent with staying with the diet. Ideal healthy body size of women in this study continued to influence their commitment to changing diet and their exercise plans.

Discussion

Three major themes identified in this study by six Pacific Islander women were cultural perceptions of body size, adapting to a new culture, and biopsychosocial concerns.

Cultural Perception of Body Size

The tolerance and acceptance of "big body" sizes in the Pacific Islands are not new concepts. This study found that "big body" size had a positive connotation and small body had a negative connotation. The women stated that having a big body was not a problem because the big bodies enabled them to do chores and take care of their families and protect the land. Having a small body was a negative reflection of parents and family. A small body meant that the family did not have enough food to feed everyone. Teevale (2011) reported that some Pacific parents were not convinced that body size alone was a sufficient marker of health status. Their explanation for this belief was that a healthy body was a body that can function and complete all of the obligations required of it for its extended family/community, but also that it must contain important markers of spirituality, which are positive emotional states like “happiness” and lack of mental stresses like “worries” (p.46).

Positive perception of a big body is associated with health, wealth, and beauty (Brewis, McGarvey, Jones, & Swinburn, 1998; Craig, Halavatu, Comino, & Caterson, 1999). The findings are consistent with other studies in the literature (Brewis et al., 1998; Cortes, Gittlesohn, Alfred, & Palafox, 2001; Metcalf, Scragg, Willoughby, Finau, & Tipene-Leach, 2000; Wilkinson, Ben-Tovim, & Walker, 1994; Williams, Ricciardelli, Swinburn, & McCabe, 2004). The formative study by Cortes et al. (2001) included 150 households from the Republic of Marshall Islands. They found that both men and women in the Marshall Islands considered body sizes that were four times larger to be healthy. The informants also stated that having a big body meant that the family was rich and could afford to buy food. Having a small body meant that the person was sick with a bad disease like tuberculosis. The same positive findings about the big bodies were echoed by the cross-cultural comparative study by Wilkinson et al. (1994) in which the Samoan women with large bodies felt “more attractive and much stronger and fitter” compared to the matched control group of women from Australia who had negative perceptions of their body size.

Adapting to a New Culture

Most of the women in this study have migrated from Micronesia and adapted to a new culture. The women reported having lifestyle changes which contributed to the weight gain. Several studies described modernization as a major factor on diet and lifestyles of Pacific Islanders (Cassels, 2006; Davis et al., 2004). This study found that the transition process in making lifestyle changes for the women came with stigma, stereotyping, and struggling to "fit" in. Because of their "big body" size, the women felt that others “looked down” on them and they felt stereotyped as being obese. The women were aware of the preference for a smaller body size in the United States, which made them feel uncomfortable to be in front of people. This awareness of the preferred small body size affected and lowered some of the women’s self-esteem. The study by Thomas, Hyde, Karunaratne, Herbert, and Komesaroff (2008) found that almost all 72 participants experienced stigma and discrimination because of their weight. These participants had also been humiliated by health professionals because of their weight (Merrill & Grassley, 2008; Russell & Carryer, 2013). Even though the Pacific Islanders perceive "big body" sizes as beautiful, they are also aware of the stereotypes and discrimination related to "big body" sizes.

Novotney, Williams, Vinoya, Oshiro, and Vogt (2009) and Novotney et al. (2012) reported that the transition in lifestyle patterns such as food intake may mediate the relationship between immigration and obesity. The Lassetter (2011) study of Native Hawaiian participants who migrated to Las Vegas found similar results. Native Hawaiians who migrated to Las Vegas expressed that food played an important role in well-being and to support cultural connectedness; migrants were encouraged to expend calories. To experience relief from homesickness, eating Hawaiian style food was important to many Native Hawaiian migrants’ well-being. Phelan (2009) reported minority individuals within an extended family or community, celebrations or group activities revolve around food and are traditional for everyone to partake in foods high in fat and sugar content which

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adds to the community contribution of weight gain (p. 388). The context of culture, food, and migration need to be considered as health professionals counsel, educate, and promote self-care in this population.

The younger generation of men preferring a slimmer female partner was another finding in this study. A few studies including Pacific Islanders had also found that even though the large body size was perceived as more attractive and healthy compared to smaller body size, the younger men and women maintained that they preferred having a smaller body size (Craig et al., 1999; Swami, Knight, Tovee, Davies, & Furnham, 2007; Williams & Hampton, 2005). In the Teevale (2011) study, body image among Pacific adolescents and parents did not desire "obese-sized" bodies, but desired a range of average-sized bodies that met their Pacific-defined view of health which may be different from how a non-Pacific adolescent might view average-sized bodies.

Bindon, Dressler, Gilliland, and Crews (2007) study on the Mississippi Choctaw, American Samoans, and African Americans noted while genetic background of the three groups plays a role on obesity and health, it means different things in these populations. In their study, Samoans did not have a strong negative view of obesity, so there was less of a stigma attached to large body size for males or females.

Studies of intergenerational differences are sparse among PI populations. However, intergenerational differences have been reported among African migrants. Renzaho, McCabe, and Swinburn (2012) found that African migrant parents' large body size was perceived to be equated to being beautiful and wealthy and slimness was associated with chronic illness and poverty; however, for the younger generation, slimness was the ideal body size endorsed by their peers, and they therefore resisted parental pressure to gain weight. Westernization and modernization brings important changes in how society views body image. In urban areas, thinness symbolizes upward social mobility, modernization, personal development, and rising socioeconomic status (Swami, 2015). Swami emphasized that this "globalization of the thin ideal" will have important consequences for understanding the incidence of negative body image and eating disorders across cultures.

Biopsychosocial Concerns

The concerns related to health, body image, and social adaptation all intersect with the dichotomy of living in two cultures and acculturation strains. While value is placed on having a "big body" size, living and adapting to Western society impacted the women in this study's clothing, intentions, and health. These dissonances are not uncommon in other immigrant groups (Georgas, Berry, Shaw, Christakopoulou, & Mylonas, 1996). The largest migrant Pacific Island populations are in New Zealand, Australia, and the United States. According to national survey data, levels of overweight, obesity, and diabetes are higher among Pacific Islanders resident in each of these three countries. The prevalence of non-communicable diseases in many of the migrant island populations imply that migration exacerbates issues related to health (Hawley & McGarvey, 2015). The "big body" size of the women in this study affected their health. They reported on the physical symptoms, actual health problems, and the health risks associated with their body size. In the literature, health problems in the Pacific Islands related to overweight and obesity is well documented. The perceptions and cultural practices related to body size also place Pacific Islanders at risk for many non-communicable diseases (Hawley & McGarvey, 2015).

The desire of the women in this study to make lifestyle changes because of the health risks and chronic health diseases related to "big body" size was evident in their statements. However, only one participant actually made lifestyle changes and lost 35 pounds. The cross-sectional study by Brewis et al. (1998) also reported the same findings in the Samoan population in Samoa and Auckland, New Zealand. Over half of all women in Samoa (55.8%) and Auckland (65.9%) who participated in the study had attempted to lose weight in the preceding year. When these women were compared to those women who had not attempted to lose weight, there was no significant difference in body satisfaction.

A significant finding in this study is the use of clothes sizes as a reference of body size. All the women spoke of the smaller clothes sizes they used to wear as young women before having children and before moving to the United States. Han, Gates, Trusscott, and Lean (2005) found that the men and women wearing large clothing sizes identified risks for chronic diseases like diabetes and hypertension. The authors recommended using the large clothes sizes as a means of promoting self-awareness about the increased health risks associated with a size 38 for men's trousers and size 16-18 dress for women. Teevale (2011) reports "according to the Pacific women's understanding of health, the ideal healthy body size is the body that can function in this manner and therefore "average-sized" bodies of clothing sizes

14-16 is a reasonable estimation of the healthy body size ideal for them." (p. 46).

An important change in the lives of the women in this study was the weight retention after having multiple children. All except one of the women reported that having children was another reason for gaining weight. Some of the women expressed feeling depressed about not being able to lose the weight after each child. A systematic review that included 35 studies found that there was moderate evidence to support the association between excessive gestational weight gain and postpartum weight retention (Siega-Riz et al., 2009). This finding was also found in a survey of 149 women who provided data on life-event stress, social support, and depressive symptoms related to BMI, weight gain, and weight-related distress. The study found that 22% of the participants reported weight gains of 25 kg and 34% met the criterion for high depressive symptoms. The women who reported lowered self-esteem also had higher depressive symptoms, BMIs, and weight gains (Walker, 1997).

Limitations

The limitations of this study were that data gathering and analysis was time intensive. The researchers took considerable time to use "bracketing technique" in all phases of the research study, but it was important to use this technique to reflect and consciously separate perceptions of "big body" size from "obesity". The use of descriptive phenomenology was appropriate for this study because the authors were able to look at change and migration over time and reported the women's voices regarding "big body" size accurately.

Implications

Implications for Research

While current research suggests a smaller body size, there appears to be a disconnect between the recognition of the "big body" size among Pacific Islanders and positive health behavior change. Food in the context of a feast is of particular cultural importance in the Pacific Islands and therefore a challenge for interventions (Hawley & McGarvey, 2015). This phenomenology study explored the lived experience of the six women with a "big body" size to further understand how to connect the cultural perceptions and positive behavior changes related to health among Pacific Islanders. Since phenomenology does not focus on searching for generalizable answers to questions, nor can it be used to prove experience, findings from this study should be used with caution in relation to how the description and meaning derived from the inquiry may be similar for different populations of interest (Pratt, 2012). In the future, the researchers propose to include a diverse representation of both men and women from the island countries within the Pacific Basin.

Application to practice and education. The results of this study provide valuable information related to cultural relevance and cultural sensitivity in working with Pacific Island women in managing their health. Understanding these women's experience and perception of body weight provides an opportunity for nurses to perhaps use clothes size to promote self-awareness about health risks and engage this population in making lifestyle changes. Nurses can apply the nursing process in identifying bio-psychosocial problems related to migration to Hawaii which can be barriers in engaging this population in making lifestyle changes. Understanding the struggles the women in this study experienced when they migrated to Hawaii will help health care providers to seek resources and social support to help this population make informed changes for better health.

Conclusion

The richness of the data from this study provides a lens to understand the lived experience of six Pacific Island women. The social and cultural milieu for weight-related interventions is qualitatively different for Pacific Islanders because excess weight is generally less negative compared to white commun-ities (Fitzgibbon et al., 2008). For the women in this study, having a "big body" size made them feel connected to their community and it was not a deterrent for them. The "big body" size among Pacific Island women is not only tolerated but appears to be expected and in some ways rewarded. While this experience is common to most of those in the middle to older generation, it does appear that body size ideals are becoming smaller among those in the younger generation. The challenges of adapting to cultural changes in the United States required the women to accept a new lifestyle, make transitional changes, recognize generational changes, and identify the need to address the biopsychosocial issues related to their health.

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Table 1. "Big Body" Size Themes

Theme	Sub-Theme	Sub-Sub-Theme	Participant Quotes
Cultural Perception of Body Size	Big Body	Positive Connotation	There were many positive feelings about having a big body. One of them stated that she felt "proud" and "felt good" about having a big body because "when we are big, we can beat our enemies," and "protect the land". Another participant "enjoyed" being a big person, because it gave her the physical strength to do "chores" and "take care" of her big family. All the women grew up in a culture that accepted a big body. One participant reported that "overweight is nothing bad because it's accepted…we joke about it but no one gets hurt. I can tell you, you fat, but it does not matter…This is how God made me so what?" Further, the men desired "big women, they do not like skinny ladies", because big ladies were "more beautiful". Having a big body was an outward presentation of being "rich" and having "enough food" and "not appear sick".
	Small Body	Negative Connotation	In contrary, the women also shared how a small body size was perceived negatively in their culture. When someone is skinny, people perceived them as being "sick" and "not having enough food". Even "the guys think that either she is not beautiful, or she does not have enough to eat…" The body size was a reflection of the type of parents and family a person had. One of the participants stated that they did not like being skinny because "if you are skinny, they would think that you are not well fed, your family is not raising enough food for the family, and that you are from a poor family." In addition, "they may look at your parents as not good parents… that they don't feed you". One of the women shared an observation that people with small bodies still had the "same health problems" like diabetes, hypertension, and arthritis, and so she did not see the difference in the health state of the two types of body size.
	Healthy body	Health Perception	The women were asked about their perception of health related to the "big body" size. One of them stated that being "healthy is a one hundred percent of your being able to live each day with good health…" Another one said, "being healthy means free from diabetes, to be free from hypertension…" Some of them shared that "… good health means being able to eat healthy food…" like "taro, banana, breadfruit, even though… they have a lot of starch, they are still healthy compared to some other food…" It was interesting that one of the women felt that it was also "good to be big but do some exercise to be healthy".
Adapting to New Culture	Experience with Stereotype	To "fit" in	Most of the women shared some of their emotional feelings about transitioning into a new culture that preferred a smaller body size. They felt stereotyped because of their big bodies. One of the women stated that, " … coming to the modern lifestyle, … we kinda feel different, they kinda look down on us, as you know, they prefer to see people small and not overweight." Another participant shared her experience on the bus. "Like people on the bus, when I go on the bus, people look at you, and then they don't want you to sit down next to them because you are big. You know they won't move their bag. When I say, excuse me, can I sit there? And then I tell them nicely, can you stand up because I'm big and cannot get in there - they won't stand up…"
	Lifestyle Change	Eating Habits	The women went through lifestyle changes when they moved to Hawaii. One of the women pointed out that "…there's more and more parties, it seems that every weekend there's a party; even if I don't go to the parties; people might drop off food and… it's just hard to resist and you keep eating and eating." One of the participant shared that her children loved going to eat out in fast food restaurants, and she knew that this change in eating habit was not good for her family. She told the daughter, "…that's not good, you gotta keep them at home and give them the right food". Another participant shared that her mom " tends to eat food from fast food restaurant. Even though she was raised on local food meaning the breadfruit and taro, she preferred… to buy us the food from [fast food place]." At home with grandparents, they had " breadfruit, taro, coconut milk with the fish - those kinds of food, and also rice." Another participant also added, "Rice,

Theme	Sub-Theme	Sub-Sub-Theme	Participant Quotes
			chicken, vegetables…the weight from the rice…" The women identified rice as a major contributing factor to weight gain. "…in Hawaii, we eat rice a lot."
		Work Schedule and No Time for Exercise	Living in Hawaii is not cheap. The women shared how their lives changed because they had to work. One of the women reported that "I stopped doing what I used to do, I do not participate in any activity, like I do not work out, because…the work that I did before is really a lot of work, and I do not have time to do any exercise. I have to go from early in the morning to go to the airport to meet the patients and take them to the hospital, then I have to be there all the way; I eat subway or something, and I reach home like maybe 7 at night; and I will eat my meal and then fall asleep; and, maybe only 2 hours and then I get up again and go back to the airport, that's when I started to gain weight even now."
		No Resources	In addition, another participant shared how she worked so hard and still felt that she did not make enough money to meet her family needs. "…now that I get experience, I know the main problems with the Marshallese; all I think about is to help them. I've given them friendly service and help them out of so many kinds of problems, that I don't think that it will ever be solved. The way they - we are living, I always think that we should just go home. Even me, I always think that I cannot pay my bills, I cannot enjoy myself I have no money even how much I work, I still, I make extra money here and there but still life here is very tough."
		Changes in Activities	One participant shared her observation in the changes in daily activities among the women. The "women too used to collect the wood for the fire, …they carry wood for the stove; but now many more people weaving inside the house…They do not do work where they move around; like go out and fishing, …now they just do a lot of sitting…"
	Generation Change	Younger Men	The women also noticed the change in the younger generation related to their preference for a smaller body for their significant others. One of the women stated that, "I don't see it with the older men, but I can see it with the younger generations; they want their partner to be very slim and skinny in size." Another participant reported that "… now the younger generations …they are changing attitudes -and they don't want their women to be big…my husband does not like big women…"
Bio-psycho-Social Concerns	Health	Physical Symptoms	The women expressed that because of their "big body" size, they started to feel physical symptoms that they never felt before. Some of these symptoms included knee pain, difficulty breathing after walking long distance. One of the women stated that "I know the difference, being big, I have things that I feel in my body that I never felt before like shortness of breath; having a hard time breathing, like being tired, that's why I say that for me, I need to cut down and slow down…" Another participant shared that "I think I can do anything that I want to - except my knees - because I started to have problems with my knees".
		Health Risks	The women also identified themselves as having health risks because of their "big body" size. One of the participants said, "… I am at risk for heart attack, stroke and those medical problems".
		Actual Health Problems	One respondent stated, "… I have sleep apnea; that's one of my medical problems. So I am trying my best to keep active…" Another participant stated, "I have diabetes; I had pre diabetes, but when I checked last year, they told me I was diabetic.…"
	Physical Changes	Clothes Size	The women were able to express body sizes using dress sizes. One of the women stated, "When I first came to Hawaii, I thought I was big, but then I was only wearing size twelve, now I'm size 16-18…" Another one said, "From size large to I think I am a 3XL. I was 387 lbs; close to 400…" Some of the women lost weight, and expressed feeling better about themselves. "I feel better now that I lost a lot of weight. I don't think I will ever be a size 12 or 16 but at least I will be a little bit smaller than what I was; because I went all the way

Theme	Sub-Theme	Sub-Sub-Theme	Participant Quotes
			up to size 22…" Another participant stated,"…now I weigh less, and I feel a lot better, …and I feel good about myself…"
	Psycho-social Changes	Children and Depression	Childbearing was one of the common reasons the women talked about. One of the women stated that "…after I had I think my fourth child I became so big…"; another one said, "… I was really small; after my 3rd baby, that's when I started gaining back the weight…" and another participant said, "…when I got older, and after I had children, I got even more bigger." One of the participants said, "As part of my weight I was so depressed about being so big and having children one after another…."
		Low Self-esteem	A few women felt depressed and had low self-esteem because of their weight and how they perceived themselves among family members that were smaller in size. One participant felt that her weight "was the problem, because all my sisters are skinnier and they had this image like mm…that you are so fat you need to lose weight. So it sorta brought my self-esteem down a bit and I did not like that."
		Set Example Role Model	The women wanted to be role models for families and children"… My families are big; and since I am in the health care I am trying to be a model to my family; so I have to work on myself…" Another participant said,"…I need to make a sample for my kids, for my children cause I don't want them to be like me…"
		Self-management	Some of the women expressed understanding of what they thought they need to do to lose weight. One of the women stated that she needed to make a "commitment to eating small portion size, get smaller portion size and having a plan for daily activity, exercise… and I keep making excuses…" Another participant stated "…right now I really try to watch what I eat, …because I have diabetes…". "…I cut portions of my food, but now I'm not really truthful to my diet, may be one or two days, I will really follow it, but then one to two days I don't follow" One of the women planned to "…lose 35 more pounds and then I'm gonna see where I am at then."

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