

**BODY IMAGE ISSUES DURING PREGNANCY: AN INTERPRETIVE
PHENOMENOLOGICAL ANALYSIS**

by

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Declaration of Originality

I, Gizella Harding, declare that the dissertation, *Body Image Issues During Pregnancy: An Interpretive Phenomenological Analysis*, hereby submitted to the University of Limpopo, for the degree Master of Arts in Clinical Psychology, has not been submitted by me for a degree at this or any other university; that it is my work in design and execution and that all material contained herein has been duly acknowledged.

Gizella Harding

Signature:

Date:.....

Dedication

The study is dedicated to all mothers who have embraced the scars of motherhood and to the woman who gave me life, my mother, Laura Harding.

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Abstract

The physical changes that a woman undergoes during pregnancy may affect her body image and consequently, her emotional and psychological well-being. The purpose of this study was to develop a comprehensive understanding of the lived experiences of pregnant women and the effect of pregnancy on their self-image and subsequent emotional and psychological experiences. Eight women who had previously given birth or were pregnant were recruited as participants by employing snowball sampling. Semi-structured interviews were conducted to collect data. Interpretive phenomenological analysis was employed to analyse the data. The findings revealed that the majority of the participants generally experienced overall body satisfaction. However, their experience was largely influenced by the phase of pregnancy and relevant physical changes associated with the particular phase. Furthermore, the social comments they received had an influence on their experiences. The findings were also related to the social comparisons in which the participants tended to engage. Finally, it is recommended that future research be conducted on the experience of body image of pregnant women within the context of their culture, ethnicity and unique demographics given that culture influences ideas about ideal body shape and size. Future studies should include a more diverse sample.

Keywords: Body image, objectification, self-objectification, social comparison

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Chapter 1: Introduction

1.1 Introduction

Although every woman's experience of pregnancy is unique, they all experience major physical changes, which may have an effect on their body image (Hodgkinson et al., 2014). A woman's body image consists of her attitude and perception of her physical appearance, which arises from psychological, biological and social influences (Cash, 2004). These bodily changes experienced during pregnancy lead to the pregnant woman's body shifting further from the so-called "thin ideal", thus affecting her experience of her body image during pregnancy (Robertson-Frey, 2005). Pregnant women consider their body image carefully in an effort to redefine their values that are related to their external appearance thus allowing them to adjust to the physical changes that their bodies are undergoing (Fuller-Tyszkiewicz et al., 2012a). Pregnant women who experience challenges in their redefinition of these values may experience body image disruptions (Fuller-Tyszkiewicz et al., 2012a).

When pregnant women accept that pregnancy entails certain physical changes, their body image may improve (Fuller-Tyszkiewicz et al., 2012b). Pregnant women may experience both positive and negative feelings in relation to their appearance. Although pregnant women experience negative feelings such as anxiety about weight gain, they also experience positive feelings including admiration, which allows them to enjoy the pregnancy-related changes they are experiencing (Harper & Rail, 2011).

Pregnant women re-assess their body image as they experience increases in their body shape and size. Due to this, pregnancy is the ideal time to examine the factors that impact body image compared to other seasons in a woman's life when her body size and shape is steady. A review of the synthesis of findings of international studies conducted on body image and pregnancy suggest that body image is the result of socially constructed ideals. Body image disturbances result when a person feels that their appearance does not line up with the socially constructed ideal body shape or

size. The “thin ideal” is symbolic of cultural ideologies and is actively encouraged by the media (Grogan, 2008). Literature indicates that women view pregnancy and the pregnancy-related physical changes as a violation of the “thin ideal”, but view weight gain as more socially acceptable (Hodgkinson et al., 2014).

The majority of international studies on body image during pregnancy indicate that pregnant women have both positive and negative experiences of their appearance and experience dissatisfaction with various parts of their bodies. Most international studies have mainly been published in the USA, UK and Australia (Hodgkinson et al., 2014). Due to this, one cannot assume that international findings can apply to the South African context or other countries. Concerning the South African context, white women have been found to be more dissatisfied with their appearance than their black counterparts (Mciza et al., 2005). This may be explained by the significantly influence of culture on ideas about body shape and size. Another reason may be the influence of western media, which does not always encourage black South African women to achieve the “thin ideal”. Black South African women have a different perspective on what constitutes ideal beauty (Mwaba & Roman, 2009). White women’s view of their bodies is influenced by their cultural environment.

Pregnancy offers the ideal time for body image to be investigated as women experience rapid and extensive changes to their bodies. Due to pregnancy and the accompanying physical changes significantly influencing a woman’s body image, there is a need for research that both elaborates and gives expression to the complexities of a woman’s experience of body image during pregnancy.

1.2 Statement of the problem

Pregnancy-related changes have a significant impact on a woman’s view of herself and her body (Hodgkinson et al., 2014). Despite this, there is a lack of existing literature on South African women’s experiences of their pregnancy bodies. Body image research has focused on the impact of societies’ greater appreciation of certain

body types over other types (Rumsey & Harcourt, 2005). Contradictory conclusions regarding body image and pregnancy are evident in the literature. Various studies have revealed that body image becomes more negative during pregnancy (Robertson-Frey, 2005; Skouteris et al., 2005; Rallis et al., 2007). On the contrary, other studies have reported that women experience a positive body image during pregnancy (Clark et al., 2005; Loth et al., 2011). There are various gaps within the literature that has been identified. The specific influence that pregnancy has on body image has been neglected. Body image assessments that are used to measure body image during pregnancy has been found to be inaccurate, which poses challenges to precisely assess body image during pregnancy (Fuller-Tyszkiewics et al., 2012b). Many of the assessment measures used neglect to address concerns pertaining to stretch marks, changes in the colour and size of the nipple and a failure to give attention to a large stomach which serves as proof of pregnancy rather than one's body being in conflict with the "thin ideal" (Hodgkinson et al., 2014). The contradictory findings in literature regarding body satisfaction during pregnancy may be ascribed to the specific inquiry of body features that are of limited importance to pregnant women.

Additional existing gaps within the literature has been identified. The majority of studies sample women who are in the later stages of pregnancy. This makes it especially difficult for women to provide an accurate account of their body image, as it may be influenced by their memories of body image experiences prior to pregnancy as well as memories of early and mid-term experiences of body image. Studies that sample women who are specifically in the later stages of pregnancy are therefore influenced by recall biases (Skouteris et al., 2005; Fuller-Tyszkiewicz et al., 2012a). There is a great need for studies which include in their sample women that are at different stages of pregnancy.

Attending to the pregnant woman's narrative affords a comprehensive understanding of the lived experience of body image during pregnancy. This study contributes insight to the branch of knowledge pertaining to body image experiences during pregnancy. The manner in which body image is impacted positively and negatively during

pregnancy within the South African context is examined in this study in an endeavour to address the contradictory findings in the literature. The findings of this study can be employed as a framework for future studies on pregnant women and body image in view of the diverse social and cultural population in South Africa.

1.3 Background to the problem

Pregnancy may be regarded as a season during which a woman should celebrate her pregnant body and embrace the physical changes that accompany this period of her life. However, in present-day society, women may not be able to celebrate their pregnant bodies because of the “thin ideal” body standard with which they are presented (Deighton-Smith, 2014). The media is a strong medium through which messages about the “ideal” appearance are communicated leading to the majority of women being dissatisfied with their appearance (Grogan, 2008). According to Liechty and Yarnal (2010), pregnancy-related changes have the potential to affect body image both during and after pregnancy. During pregnancy, women may engage in appearance-related comparisons with other pregnant women, which may have an impact on their body image (Deighton-Smith, 2014). The specific impact that the pregnancy-related changes will have on a woman’s body image is dependent upon the degree to which a woman engages in the ideal (Watson et al., 2016). Although qualitative studies have strengthened the understanding of pregnant women’s experiences of body image, such understanding is still incomplete. The degree to which women continue to value the “thin ideal” and whether they continue to strive to attain the ideal during pregnancy is unknown (Watson et al., 2016).

Body image disturbances may arise during pregnancy and result from the view that one’s physical appearance fails to meet the idealised body shape (Grogan, 2008). Such disturbances translate to negative psychological consequences for the pregnant woman (Fuller-Tyszkiewicz et al., 2012a). Pregnancy-related changes lead to the pregnant woman experiencing an inconsistency between her body image and the

socioculturally prescribed “thin ideal”, resulting in body dissatisfaction, which has the potential to lead to noteworthy psychological distress (Clark et al., 2009).

Literature shows that commonly utilised body image assessment measures have proved to be imprecise in the past. To address the aforementioned, measures were modified and successfully used. However, despite such modifications, little continues to be known of the full range of body image experiences of pregnant women. Both cross-sectional and longitudinal studies have objectively analysed and measured body image but has failed to accurately show the idiosyncrasies of pregnant women’s experiences of body image (Hodgkinson et al., 2014). Due to the lack of comprehensive research of pregnant women’s body image, various researchers (Clark et al., 2009; Johnson et al., 2004) have called for qualitative research that will bring forth a deeper understanding of the range of body image experiences women have during pregnancy. This study aims to both elaborate and give expression to the complexities of a woman’s experience of body image during pregnancy.

This study provides pregnant women with the opportunity to describe their body image experiences in their own words, allowing for their unique body image experiences to be captured. Furthermore, this study was designed to provide a comprehensive understanding of the determinants and processes that contribute to the body image issues of pregnant women.

1.4. Significance of the study

This study contributes insight to the branch of knowledge and sheds light on the gaps in the literature on body image experiences during pregnancy. The purpose of exploring the pregnant woman’s account of her body during pregnancy is to assist in the identification of women who exhibit signs of vulnerability in relation to their dissatisfaction with their body image and to afford mental health professionals the opportunity to provide support in addressing body image dissatisfaction (Hodgkinson et al., 2014). Furthermore, providing mental health professionals with appropriate

training in clinical communication empowers them to explore issues related to body image in women. Mental health professionals will thus be able to assist women who may be dissatisfied with their bodies to accept such or reduce the dissatisfaction they are experiencing (Hodgkinson et al., 2014). Mental health professionals may be able to prepare women for pregnancy-related physical changes by providing information on what they can expect and the reactions they may experience (Watson et al., 2016).

In addition, it is imperative that mental health professionals become aware of the manner in which the media applies strategies that continually project the “thin ideal” into during pregnancy (Deighton-Smith, 2014). The pregnancy messages that are portrayed in the media are unrealistic and thus, it is imperative that pregnant women be made aware of this to enable them to avoid potential anxiety in relation to their appearance (Deighton-Smith, 2014). Furthermore, it is imperative that maternity healthcare provision incorporates this in their services. This will empower women to have the confidence to accept their bodies during pregnancy and the postpartum period.

The findings of this study have the potential to benefit the pregnant women, her partner and family members. Firstly, the findings of this study can lead to healthcare professionals being better equipped to understand the body image experiences of pregnant women. Such an understanding may lead to more effective interactions and communication between the pregnant women and healthcare professionals, which in turn will reassure women of the normative and expected body changes during pregnancy, reducing potential distress among mothers-to-be. The quality of interactions between pregnant women and healthcare professionals are vitally important. Poor interactions between healthcare professions and pregnant women can potentially worsen the body image concerns of pregnant women, possibly contributing to unrealistic expectations among pregnant women (Watson et al., 2016).

Pregnant women may benefit from the findings of this study as it raises awareness of the importance of body image and expected body changes. Such awareness can

assist women that are entering pregnancy to better rework their ideals and assist in adjusting to the body changes, bettering their body image and psychological well-being (Hodgkinson et al., 2014). The findings of this study may assist the pregnant woman's partner and family members as they gain a better understanding of the consequences the pregnant woman experiences when the "thin ideal" continues to be emphasised for them. Partners and family members may learn the importance of emotional support and positive feedback as a significant factor that affects the pregnant woman's emotional experience. By proving the mother-to-be with positive feedback, partners and family members may enhance the body satisfaction of the pregnant woman (Watson et al., 2016). Body satisfaction, in turn, affords women an increase in positive emotions and self-confidence, which ultimately enhances psychological well-being (Fahami et al., 2018).

1.5 Aim of the study

The aim of the study was to explore body image issues of women during pregnancy and develop a comprehensive understanding of their lived experiences.

1.6 Research questions

The primary research questions of the study were:

- What are women's experiences of their body during pregnancy?
- How do women perceive their body image during pregnancy?

1.7 Operational definition of concepts

1.7.1 Body image

In this study, body image refers to the meaning that pregnant women assign to their bodies and the satisfaction or lack thereof that they experience in relation to their physical appearance (Grogan, 2008).

1.7.2 Objectification

In the context of this study, objectification refers to the evaluation others ascribe to pregnant women's bodies and their sense of worth (Fredrickson & Roberts, 1997).

1.7.3 Self-objectification

In this study, self-objectification may be understood as pregnant women's acceptance of the appraisal of their bodies as perceived by others. This has an influence on the value pregnant woman place on their physical appearance (Fredrickson & Roberts, 1997).

1.7.4 Social comparison

In this study, social comparison is related to pregnant women who compare their bodies to those of other pregnant women as presented in the media including the "thin ideal" attributed to non-pregnant women (Vandenbos, 2007).

1.7.5 "Thin ideal"

The "thin ideal" is the notion of an attractive and slim female body that is perceived in society as the ideal. However, in this study, the concept of the "thin ideal" may be understood as the ideal physical appearance that a pregnant woman compares her own body to and consequently, strives to attain (Rumsey & Harcourt, 2005).

1.7.6 Primiparous woman

A primiparous woman is a woman who is giving birth for the first time (Jussive, 2011).

1.7.7 Multiparous woman

A multiparous woman is a woman who has given birth to a child previously (Jussive, 2011).

1.8 Outline of chapters

The overarching background, context and rationale of the study were discussed in this chapter. Furthermore, the research questions and the aim of the study were outlined. Finally, the significance and the importance of this study were motivated. In Chapter 2, objectification theory and social comparison theory that guided the study are explained. In addition, the existing literature in relation to the aims of the study is reviewed. A comprehensive discussion on the methodology employed in the study including sampling, data collection and analysis as well as ethical considerations are outlined in Chapter 3. In Chapter 4, the findings of the study are presented. In Chapter 5, the findings are discussed in relation to existing literature. Finally, the limitations and recommendations of the study are also outlined in this chapter.

Chapter 2: Literature

2.1 Introduction

In this chapter, the theoretical framework that guided the study is explained. Subsequently, existing literature related to the physical changes a woman experiences during pregnancy and their impact on her body image is reviewed. The role of the “thin ideal” in a woman’s experience of her body during pregnancy is explored. The role of the media’s portrayal of pregnancy and the influence comments made by the pregnant woman’s family members and partner have on her changing body are also examined. The chapter is concluded by exploring how the perception of physical changes during pregnancy may influence a woman’s psychological functioning and well-being.

2.2 Theoretical framework

This study was guided by two theoretical frameworks, namely, Fredrickson and Roberts’ (1997) objectification theory and social comparison theory (Festinger, 1954). These theories are complementary and provide a more comprehensive understanding of the processes that have an influence on the lived experiences of body image in pregnant women and consequently, they have been combined.

2.2.1 Objectification theory

Objectification theory contends that women and their bodies are considered to be the same thing (Fredrickson & Roberts, 1997). Such a view may result in negative outcomes for a woman’s image of her body because her body is perceived as an object. Accordingly, the purpose of her body may be viewed similarly to the use of an object. Objectification further views a woman’s body as comprising different body parts that are evaluated by others in a sexual manner. If a woman perceives these evaluations as integral to who she is, self-objectification results. Fredrickson and Roberts (1997) noted that self-objectification is understood as the process in which a

woman adopts an observer's perspective of herself rather than a first-person perspective. Consequently, a woman may place great value on how others perceive what she looks like and thus, she may neglect her feelings and capabilities.

Fredrickson and Roberts' (1997) objectification theory provided a primary theoretical framework for this study to facilitate an understanding of how self-objectification influences body image during pregnancy. More specifically, objectification theory was used to shed light on how a pregnant woman's body image is affected when she internalises others' evaluations of her body (also see Calogero, 2012). Negative mental and behavioural consequences can be experienced by pregnant women who engage in self-objectification. Women who internalise others' evaluations of their body are more prone to experiencing depressive symptoms, which in turn can lead to these women engaging in unhealthy behaviours. Furthermore, self-objectification has the potential to evoke shame and anxiety among pregnant women and can lead to body dissatisfaction (Rubin & Steinberg, 2011).

2.2.2 Social comparison theory

The social comparison theory complements objectification theory in explaining how social comparison in the presence of self-objectification contributes to the development and maintenance of body image disturbances (Lindner et al., 2012).

Social comparison theory posits that individuals often compare themselves with others (Vandenbos, 2007). Such comparisons may take on various forms; for example, a woman may compare herself to someone that is close to her ideal. This is known as an upward comparison. Myers et al. (2012) argued that with regards to body image, upward comparisons are a common occurrence. An individual may also compare herself to someone who is not similar to the ideal. The latter is known as a downward comparison. It is almost impossible for most women to attain the "thin ideal", especially during pregnancy. Comparing oneself to the "thin ideal" may result in an individual

experiencing herself negatively because of her failure to attain unrealistic goals in relation to appearance (Rogers et al., 2017).

Social comparison theory posits that it is more probable for women to place themselves in a juxtaposition with the media images to which they are exposed for purposes of comparison (Vandenbos, 2007). The images that serve as a standard to which they compare themselves are unrealistic as they differ significantly from the reality pregnant women face. This theory proposes that those who engage in comparisons with the images presented in the media may experience greater dissatisfaction with their bodies. The theory further suggests that pregnant women will also compare their bodies to those of women in the media. Coyne et al. (2017) revealed that pregnant women experienced a greater negative body image in comparison to participants in the control group after they had been exposed to images of pregnancy in celebrity magazines. The results further revealed it became possible for these women to self-objectify their pregnant bodies because of their exposure to these types of bodies and consequently, they experienced poorer body image (Coyne et al., 2017). Social comparison theory was employed in this study in order to shed light on how pregnant women compare themselves to other women presented in the media, which may affect their body image.

2.3 Literature review

2.3.1 Pregnancy and body image

Pregnancy is the ideal time to assess significant factors that have an impact on body image given the considerable physical changes to a woman's body during this period (Skouteris et al., 2005). Pregnancy-related physical changes affect a woman's body image (Ardahan & Temel, 2014). Women are required to adjust to the physical changes psychologically and reassess their body image in accordance with these changes (Roomruangwong et al., 2017).

The literature on body image and pregnancy appears to be contradictory. Some studies have revealed that a woman's body image may become more negative during pregnancy as women may experience difficulty accepting the pregnancy-related changes (Robertson-Frey, 2005). Skouteris et al. (2005) noted that some of the participants in their study were dissatisfied with their bodies as they desired smaller breasts, buttocks, and stomach. Similarly, the pregnant women in Johnson's study (2001) perceived the physical changes that they were undergoing negatively. On the contrary, multiple studies have found that pregnant women experience increasing positive attitudes towards their bodies (Boscaglia et al., 2003; Clark et al., 2009; Loth et al., 2011).

The literature reveals frequent discussions on the relationship between physical pregnancy-related changes and the importance of the health and well-being of the growing foetus. Various research studies have shown that pregnant women experience the physical pregnancy-related changes as representative of their unborn child's health (Chang et al., 2006; Clark et al., 2009). Such an appreciation of the physiological processes associated with pregnancy have an effect on their body image, allowing for increased acceptance and adjustment to the physical changes (Earle, 2003). Johnson et al. (2004) revealed that although pregnant women did not express much satisfaction with their appearance, they felt that their physical health was more important than their body image.

Research has also revealed that pregnant women continue to be concerned with their appearance after birth in relation to their pre-pregnancy standard for appearance and equally important, their post-delivery standard (Johnson et al., 2004). Furthermore, body image dissatisfaction not only occurs during pregnancy, but may be more pronounced during the postpartum period as women endeavor to return to their pre-pregnancy appearance. Such dissatisfaction may cause them to experience physical and emotional challenges (Rallis et al., 2007).

In essence, the literature has shown that it is difficult to make conclusions on how women perceive their body image during pregnancy. The intention of the current study was to shed light on women's experiences of their body during pregnancy.

2.3.2 The “thin ideal”

The “thin ideal” is a concept in society in which a message regarding the standard for appearance and beauty is conveyed. The mass media and pressure from friends and family can place a pregnant woman under tremendous pressure to live up to the standard of the “thin ideal”. The pregnant woman may find it particularly challenging to attain this standard as she experiences significant physical changes (Deighton-Smith, 2014). Pregnant women who perceive the “thin ideal” to be an important part of who they are will endeavour to realise a physical appearance that is impossible during pregnancy.

In their exploration of a woman's experience of her body during pregnancy, Hodgkinson et al. (2014) revealed that body image is a consequence of socially constructed ideals. The women in the latter study regarded the physical pregnancy-related changes as a violation of these socially constructed ideals, which resulted in their body image being impacted. The pregnant body is often viewed as a body over which the pregnant woman has lost control in that it deviates strongly from the “thin ideal” (Johnson, 2001). Women protect their body image by making a distinction between pregnancy and fatness. Thus, they believe that because they are pregnant, they are released from the “thin ideal” requirement. However, Nunez and Dunn (2016) found that women who strive to attain the “thin ideal” are more likely to engage in self-objectification, which is associated with a negative body image.

Young (1990) suggested that society separates sexuality and pregnancy because of society's ideas of feminine beauty that focus on the “thin ideal”. Consequently, many women experience pregnancy as unattractive and foreign. According to Zeighami and Mojdeh (2012), present-day society regards being slim as an important feature of

beauty and sexual attraction and thus, the profound changes in appearance that occur during pregnancy may lead to body dissatisfaction.

2.3.3 Media influence

Present-day society has made it easy for women to compare their bodies with the “thin ideal” because of the over-exposure of images of pregnant celebrities in the media (Deighton-Smith, 2014). Well-known celebrity mothers, Angelina Jolie and Kim Kardashian, have been admired on social media for their attractive bodies. Social media platforms further perpetuate the idea of the “thin ideal” (Nunez & Dunn, 2016). This may place pregnant women under pressure as their bodies are not the same as those of celebrity mothers. This may result in them experiencing a sense of dissatisfaction with their bodies (Nunez & Dunn, 2016).

The social comparison theory posits that when a woman compares her body to that of another woman, this may lead to body dissatisfaction (Wertheim et al., 2004; Wertheim et al., 2004). Similarly, Van der Berg et al. (2002) demonstrated that body dissatisfaction is the result of body comparisons. In accordance with social comparison theory, Coyne et al. (2017) found that pregnant women compare their bodies with women similar to themselves such as other pregnant women they see in magazines. Coyne et al. also revealed that five “minutes” exposure to pregnancy images in celebrity magazines influenced women to experience an inferior body image post-exposure in comparison to participants in a control group. Consequently, exposure to such leads to women engaging their pregnant bodies in self-objectification, which results in body image inferiority. In the next section, the impact family and intimate partners’ comments on body image is explored.

2.3.4 The influence of family and partners’ comments on body image

Family members as well as the pregnant woman’s partner may perpetuate the standard of the “thin ideal”. Watson et al. (2016) revealed that pregnant women experienced people openly commenting on their pregnant bodies. Such social

commentary feedback on their bodies would have been considered inappropriate prior to pregnancy (Watson et al., 2016). Hodgkinson et al. (2014) found that pregnant women experienced husband's comments about their changing appearance to be indicative of their unattractiveness.

Watson et al. (2016) also found that greater body satisfaction is associated with positive feedback from pregnant women's partners. In addition, Deighton-Smith (2014) revealed that when pregnant women were the recipients of positive feedback from their partners, the fears they experienced about their changing bodies were less severe and this assisted in boosting their self-esteem. Hodgkinson et al. (2014) demonstrated that when women received support from their partners, they experienced greater satisfaction with their appearance, but were less secure when they experienced their partners as critical.

Nunez and Dunn (2016) found that when women who experienced increased pressure from their romantic partner or spouse to live up to the standard of the "thin ideal", this lowered their self-esteem and was associated with greater anxiety related to their appearance, which had the potential to further lead to a negative body image.

2.3.5 Body image and psychological well-being during pregnancy

Pregnancy and the physical changes thereof affect various dimensions of a woman's life including her psychological well-being (O'Leary, 2015). Pregnancy-related changes may cause anxiety, depression and stress both during and after pregnancy and thus, may have an adverse effect on women's mental health and psychological well-being (Liu et al., 2013). Garrusi et al. (2013) found that 48.7% of 255 pregnant women experienced body image dissatisfaction. The study also revealed both a positive and significant relationship between depression and dissatisfaction with one's body image. Furthermore, dissatisfaction with one's body image may lead to depression, anxiety, social isolation and a poor self-concept (Wilson et al., 2013). On the contrary, Dotse (2015) found that there was a significant and positive correlation between body image satisfaction and psychological well-being. A positive body image

in pregnant women has the potential to create positive emotions and positive relationships with significant others, resulting in an increase in psychological well-being (Fahami et al., 2018).

According to the findings by Asgari and Shabaki (2010), body image is an essential component of a person's personality and self-concept which in turn impact on a person's mental life and perspective. Body image, can be either positive or negative and influences the person's psychological well-being and can lead to the experiencing of either positive or negative emotions, ultimately impacting the person's quality of life.

A negative body image may result from the rapid physical changes women experience during pregnancy, which may in turn lead to low self-esteem and self-worth, as well as a depletion in self-acceptance and self-belief (Fahami et al., 2018). Body image disturbances can manifest in different forms. It may include an extreme dissatisfaction with one's appearance, perception of fatness, frequently checking one's appearance as well as the fear of one's appearance being judged (Jarry & IP, 2005). Such body image disturbances are associated with psychological consequences such as depression, eating disorders, obesity and poor self-esteem (Fuller-Tyszkiewicz et al., 2012a).

Body image disturbances are not only associated with adverse health outcomes for the mother, but for the unborn child as well. The mother-to-be that is experiencing body image disturbances may run into impairments in her attachment to her foetus and can also experience physical health problems such as obesity and excessive gestational weight gain. Obesity and unhealthy eating behaviours on the part of the mother can in turn negatively impact the baby's development and overall health (Fuller-Tyszkiewicz et al., 2012a).

2.3.6 Social challenges of pregnant women with body image disturbances

Pregnant women who experience body image disturbances are faced with various social challenges. A review of the literature demonstrates societies mixed feelings towards a pregnant woman's body, including both favourable feelings and feelings of disgust (Hodgkinson et al., 2014). A number of studies (Nash, 2012; Chang et al., 2006) reported that pregnant women experience anxiety when they feel that they are failing to meet other people expectations regarding the required weight that they were to gain, with many women feeling that they were either gaining too little weight or too much weight. Pregnant women report experiencing pressure from society to maintain an unrealistic degree of control over their changing bodies, especially their weight. Furthermore, pregnant women feel that society perceives them as being less attractive, leading to women feeling that their adoption of the role as mother, is incompatible with being a sexually attractive women or being a woman with a career (Hodgkinson et al., 2014).

Body image disturbances impact the pregnant woman's relationships, including familial, marital and social relations. In addition to the aforementioned, such disturbances may also have an influence on the pregnant woman's daily activities and interpersonal communications. These factors are all important components of the pregnant woman's quality of life (Fahami et al., 2018).

2.3.7 Strategies in dealing with body image disturbances

Women employ various strategies in order to deal with body image disturbances during pregnancy. One such strategy was found to be used in the study by Fox and Yamaguchi (1997), where participants regarded themselves as being excused from having to adhere to body image ideals as they prioritised and embraced their new identity as a mother. In addition to the aforementioned, pregnant women view their ever expanding stomach as an indication of their baby's growth and overall health, allowing them to cope with the increases in size and weight (Bondas & Eriksson, 2001). Although women perceive pregnancy as violating the socially constructed "thin ideal", they protect their body image by differentiating between being fat and being

pregnant. Such a differentiation allow them to feel excused from having to comply with the “thin ideal” as they viewed pregnancy as being accepted within society as opposed to the social rejection of being fat (Fox & Yamaguchi, 1997).

2.4 Summary

In this chapter the two theoretical frameworks, namely, objectification theory and social comparison theory which guided the study, were discussed. The literature on body image and pregnancy has revealed that pregnancy-related changes have an impact on a woman’s body image. While some women experience dissatisfaction with their bodies, others experience increased positive emotions about their changing bodies. Furthermore, research has demonstrated that during pregnancy a woman’s body recedes further from the “thin ideal” standard. This has an effect on her perception of her appearance. Some women feel dissatisfied with their bodies. However, the literature has also indicated that women use pregnancy as a justification for their changing bodies, which, in turn, affords them freedom from the “thin ideal” standard. The media appears to have a strong impact on a woman’s body image during pregnancy because she may compare her pregnant body with those of celebrity mothers. In addition, the literature has revealed sociocultural pressures including exposure to unrealistic portrayals of the pregnant body in the media, which may lead to women experiencing feelings of body inferiority. Research has shown how body image is affected by the pregnant woman’s family members and partner’s comments. The literature has also revealed how body image satisfaction and dissatisfaction may have significant psychological consequences for pregnant women. In the next chapter, there is an in-depth explanation of the research design and methodology employed in the study.

Chapter 3: Research Methodology

3.1 Introduction

A thorough overview of the methodology employed in the study is explained in this chapter. The research design and approach as well as the benefits thereof are highlighted. The various processes of obtaining participants, collecting data and analysing the data are discussed. Finally, the application of ethical principles is outlined.

3.2 Research design and approach

A qualitative research design using an interpretive phenomenological approach was employed. Qualitative research allows the researcher to realise an in-depth understanding of the topic under investigation from the research participants' perspectives (Merriam & Tidell, 2015). The qualitative researcher focuses on using naturalistic data and is concerned with the participants understanding and experiences of their world (Willig, 2013). The qualitative research design is appropriate for the aim of this study, as the focal point is the subjective experiences of body image issues of women during pregnancy. Furthermore, the study is concerned with developing a comprehensive understanding of the lived experiences of women during pregnancy. Qualitative research enjoys certain advantages including affording the researcher the opportunity to interact with the participants in such a way that detailed data are generated because of the in-depth exploration of relevant issues (Nykiel, 2007). As pregnancy is a sensitive and immensely intimate encounter, qualitative research allows for the exploration of such sensitive and intimate topics (Griffin, 2004).

The interpretive paradigm is supported within qualitative research. Prominent within the interpretive paradigm is the phenomenological approach. The interpretive phenomenological approach is fundamental in qualitative research (Davidsen, 2013). According to Creswell (2013), the interpretive phenomenological approach is

mainly concerned with describing people's lived experiences without trying to explain these experiences. The interpretive phenomenological approach is therefore appropriate for the aim of this study as it focuses on the pure descriptions of the essence of participants lived experiences of body image during pregnancy.

3.3 Study population and sampling

In this study, the population of interest included both primiparous and multiparous women between the ages of 25 and 36 years. The first participant was identified by the researcher approaching Midwives Exclusive in the suburb of Rietondale, Pretoria. A pregnant woman who works as a midwife at Midwives Exclusive agreed to participate in the study. After agreeing to participate in the study, snowball sampling was then employed to obtain further participants. Snowball sampling allowed for the first participant to identify and refer other individuals that were relevant to the study. Snowball sampling was employed to allow the sample to accumulate through contacts and references. It purposes to collect information when convenience sampling is not suited for the research and when probability sampling is not realistic. According to Alase (2017), snowballing is effective in attracting more participants to the study as it is possible to engender the assistance of participants who have already agreed to participate and to ask additional potential research participants to also participate in the study.

The final sample included eight participants who resided in the suburbs of Garsfontein and Menlyn in Pretoria as well as participants in the suburbs of Roodepoort and Krugersdorp in Johannesburg. Pietkiewicz and Smith (2014) noted that between six and eight participants are sufficient when conducting IPA to enable the researcher to compare similarities and differences between narratives without the data becoming overwhelming. There was a distinct overrepresentation with regard to ethnicity and socio-economic status in that all the participants were white and regarded as middle class.

The demographics of the selected participants were motivated and determined in conversation with the Turfloop Research Ethics Committee (TREC) committee in 2019. The researcher proposed obtaining a diverse socioeconomic and ethnic sample. However, the committee noted the extreme disparity of available resources between females from the lower and middle socioeconomic classes in South Africa. They suggested that pregnant women of a lower socioeconomic status may attach little importance to their physical appearance during pregnancy and be less susceptible to social and media influences on self-appraisal. This concurs with Maslow's (1954) theory of a hierarchy of needs.

According to Maslow's (1954) theory of a hierarchy of needs, individuals are motivated by five levels of needs: physiological needs, safety needs, love and belonging needs, esteem and prestige needs and self-actualization needs. Two additional levels of needs have since been added, namely, understanding needs and aesthetic needs. Maslow posited that people are motivated to fulfill their basic needs before they are able to address their higher needs. Middle class women who were more likely to have had their lower needs on the hierarchy met were included in the sample as this would allow them to address their higher needs such as aesthetic needs.

3.4 Data collection tool

Individual semi-structured interviews were conducted to collect data.

3.4.1 Semi-structured interviews

The interview guide for the semi-structured interviews was formulated after considering and evaluating the literature in an attempt to answer the research question. The guide included a total of ten questions. The interview guide elicited the demographic information of the participants. The demographic factors of the participants that were utilised included ethnicity, age, pregnancy term and parity.

Semi-structured interviews allow emerging and unanticipated issues to be explored in greater depth (Deighton-Smith, 2016). However, when semi-structured interviews are employed, adequate structure to attend to the complexity of the research questions is provided. Semi-structured interviews give research participants the chance to provide new perspectives and further afford the researcher the opportunity to probe the participants' answers for meaning and clarification (Galetta, 2013).

The funneling technique, which is frequently used in IPA, was employed as it allowed the researcher to evoke both general and more precise responses. These techniques allowed the researcher to move from general questions pertaining to the topic to more specific questions.

3.4.2 Interviewing procedure

The very first step in the interviewing procedure was to establish rapport with the research participants. The researcher achieved this by being kind and warm. As the researcher conducted the interviews in the participants' homes, they selected the room in which it was conducted.

The researcher ensured the dignity of each participant by providing her with an informed consent form prior to the interview in which the nature and purpose of the study as well as the method of obtaining data were outlined (Appendix 3a). Prior to signing the form, the participants were given the opportunity to read and ask questions pertaining to the form. It was noted in the informed consent form and participation information letter that the participants were free to withdraw from the study at any time, without punishment or retribution. The participants were encouraged to be as open as possible.

The researcher used reflection and paraphrasing throughout the interview process to allow the participants to express themselves fully. Furthermore, the researcher honoured the ethical principle of justice. Justice as an ethical principle is regarded as the fair and equal treatment of individuals without any form of favouritism (Allan, 2011). Participation was voluntary. The researcher asked all the participants the same questions and they, in turn, were given the opportunity to ask questions. The researcher accepted the views expressed by the participants.

While an electronic voice recording device was used to record the data, the researcher also made written notes of important observations during the interviews. Note-making allowed for confirmability so as to ensure the trustworthiness and rigour of the study (Morrow, 2005). Confirmability is related to the acknowledgement that although data emanating from qualitative research can never be regarded as absolutely objective, the researcher remains committed to presenting her results objectively (Morrow, 2005). Furthermore, throughout the interviews, the researcher engaged in an ongoing process of reflection, which further served to ensure confirmability. After each interview was concluded, the researcher thanked the participant for her willingness to participate. The duration of the interviews varied between 18 and 45 minutes.

To further establish the trustworthiness of the study, the researcher applied the principles of credibility, dependability and transferability (Willig, 2013). Credibility was achieved in this study by means of using an established research method (Willig, 2013). Essentially, having credibility shows that the research findings accurately depict the participants experiences (Anney, 2014). Dependability was ensured by means of the researcher including all information regarding the actions and decisions as pertaining to the research. According to Anney (2014) dependability is achieved by the researcher showing the processes of data collection, data recording and data analysis. In this study, attention was given to make certain that research processes and the context was sufficiently explained. In order to secure transferability, the researcher ensured that she had a

comprehensive understanding of the phenomena being investigated as well as previous findings and the particular context in which they occurred both prior to and during the process of drawing comparisons with her own observations and findings related to the distinctive setting and context. Transferability can be viewed as the extent to which the findings of this particular study can be applied to other studies. Bassey (1981) indicated that should a researcher regard their area of exploration as being akin to that of other studies, they may relate the findings to their own position.

In order to protect the participants from harm, the researcher maintained their anonymity and confidentiality throughout the course of the study. Pseudonyms were used to ensure the participants' anonymity. Information related to the participants including the taped interviews and transcripts has been securely stored and held exclusively by the researcher. The taped interviews were recorded on an encrypted electronic device. The electronic copies of the transcripts have been stored in a password-protected file space on the server of the University of Limpopo.

3.5 Data analysis

The generated data were analysed by employing interpretive phenomenological analysis (IPA) (Biggerstaff & Thompson, 2008; Smith & Osborn, 2003; Willig, 2013). IPA was considered suitable because similar to IPA, the aim of this study was to explore body image issues experienced by women during pregnancy and accordingly, develop a comprehensive understanding of pregnant women's lived experiences of body image. Interpretive phenomenological analysis (IPA) is a method of data analysis aimed at exploring the manner in which research participants make sense of their personal experiences (Biggerstaff & Thompson, 2011). The aim is not to describe the phenomena being investigated from a pre-decided scientific approach. Rather, the emphasis is on studying the perceived experience of the research participants (Pietkiewicz & Smith, 2014). It was imperative for the researcher to put herself in the shoes of the research participants. IPA allowed the researcher to explore the experience of pregnancy from the

perspective of the pregnant women. Furthermore, through the use of IPA, which is an established research method, the researcher was able to achieve credibility (Willig, 2013). Credibility ensures the trustworthiness and rigour of the study (Anney, 2014).

IPA focuses on obtaining the subjective narratives of the research participants and subsequently, analysing these narratives by identifying, discussing and interpreting themes (Pietkiewicz & Smith, 2014; Willig, 2013). The exploration of each individual case before proceeding to produce any general statements lies at the core of IPA, which may be considered to be an idiographic approach (Pietkiewicz & Smith, 2014).

The semi-structured interviews were transcribed verbatim in order to obtain data. The researcher evaluated each individual case and immersed herself in the data by stepping into the participants' shoes. The participants' subjective reality was valued, and the researcher recognized that she played an important role in the interpretation of the participants' lived experiences.

During the process of data analysis, the researcher engaged in self-reflection continuously and contemplated on her personal preconceived ideas pertaining to the topic under investigation. The researcher reflected on the setting and atmosphere of the various interviews. The researcher listened to the recorded interviews and read the transcripts numerous times, which allowed for new insights to emerge (Biggerstaff & Thompson, 2008; Pietkiewicz & Smith, 2014). The researcher paid particular attention to each participant's thoughts, responses, language, emotions and experiences. Consequently, the researcher was able to present her results as accurately as possible to allow her to examine the participants' lived experiences and ideas. Through this process, confirmability was achieved (Morrow, 2005).

Subsequently, the researcher proceeded to transcribe the notes she made by identifying themes, which emerged from the participants' experiences, that were

linked to the lived experience of body image. The themes were representative of the recurring patterns of meaning and included the participants' ideas, thoughts and feelings (Willig, 2013). The researcher focused more on her personal notes than the transcripts.

During the third step, the researcher sought to find connections between the emerging themes and proceeded to cluster the themes. Emergent individual experiences descriptive of a shared experience, emotion and/or attitude were described as subordinate themes. These subordinate themes were used to generate superordinate themes. Superordinate themes may be defined as the thematic cluster of relevant subordinate themes that strongly capture the participants' experiences of the phenomena under investigation (Willig, 2013). The researcher proceeded to describe the superordinate and subordinate themes that were identified. These are presented in Table 2 in Chapter 4.

The relevant subordinate themes that supported the generation of the superordinate themes, which focused on different aspects of body image during pregnancy consistent with the aims of the research, are presented in Table 2. This table serves as a graphic representation of how the results were structured in relation to the superordinate and subordinate themes. The findings of the analysis are described in Chapter 4.

3.6 Ethical considerations

Authorisation to conduct this study was obtained from the University of Limpopo Research Ethics Committee (Appendix 4). Permission was also obtained from Midwives Exclusive in order to identify the first participant in the sample. (Appendix 2).

3.7 Summary

In this chapter, the qualitative research approach that was employed in this study was explained. The benefits of the chosen approach were discussed. In order to achieve dependability, the selection of participants, data collection methods, data recording and data analysis processes were elucidated. The process of IPA was delineated. Attention was given to the ethical considerations of the study as well as how these ethical principles were adhered to and maintained thus ensuring the participants' security and dignity. The findings of the data analysis are presented and discussed in the following chapter.

Chapter 4: Results

4.1 Introduction

In this chapter, the findings derived from the study are presented. In the first section, the participants' demographic information is presented in Table 1. The various superordinate themes and their related subordinate themes that emerged from the participants' interviews are displayed in Table 2. The superordinate themes that emerged are as follows: pre-pregnancy preparation; experiencing the physical changes associated with pregnancy; emotional experience of physical changes associated with pregnancy; and the social experience of pregnancy.

In this chapter, each superordinate theme is introduced and defined. An in-depth description of the related subordinate themes follows. Illuminating quotations from the interviews are provided in order to illustrate the themes. To remain faithful and true to the lived experiences and voices of the participants and to ensure confirmability and credibility, verbatim quotations are provided in italics to substantiate the themes. After each quotation, the pseudonym, age, pregnancy term and parity of the particular participant are provided after the quotation.

4.2 Demographic information

In this section, the participants' demographic information is provided. The participants' demographic factors that impacted their body image and body satisfaction including differences in parity, age, ethnicity and stage of pregnancy when interviewed are considered. This demographic information is displayed in Table 1. Because all the participants were white, ethnicity was not a factor in relation to the women's experiences of their physical changes associated with pregnancy. Of the eight participants, six were primiparous, that is, first time mothers. Five of the latter were still pregnant. The other two participants were both multiparous and post birth. The participants were between the ages of 25 and 36 years.

Table 1: Demographic information of the participants

Pseudonym:	Ethnicity	Age	Pregnancy Term	Parity
Chantelle	White	35	Four months post birth	Primiparous
Brene	White	28	22 weeks pregnant	Primiparous
Janet	White	32	Two months post birth	Primiparous
Lilly	White	35	Two years post birth	Multiparous
Rachel	White	25	16 weeks pregnant	Primiparous
Lara	White	36	22 weeks pregnant	Primiparous
Valery	White	28	16 weeks pregnant	Primiparous
Gail	White	32	Three months post birth	Multiparous

4.3 Superordinate and subordinate themes

In this section, the analysis of the superordinate and subordinate themes of the participants' experiences of body image issues during pregnancy is delineated. The superordinate themes include the cluster of subordinate themes, which express the participants' experiences most accurately. The superordinate and subordinate themes are displayed in Table 2.

Table 2: Summary of the superordinate and subordinate themes

Superordinate theme:	Subordinate Theme
1. Pre-pregnancy preparation	1.1 Planning and Preparation
	1.2 Consequences as a result of a lack of preparation
2. Experiencing the physical changes associated with pregnancy	2.1 The <i>in-between</i> phase of pregnancy
	2.2 Types and extent of physical changes
	2.2.1 Positive physical changes
	2.2.2 Negative physical changes
	2.3 Experience and perception of control pertaining to pregnancy-related changes
	2.3.1 Relinquishing control over pregnancy-related changes
	2.3.2 Attempts to control the physical changes

- 3. Emotional experience of physical changes associated with pregnancy
 - 3.1 Positive and negative emotions in response to pregnancy-related changes
 - 3.2 Social Support
 - 3.3 Health of the foetus

- 4. Social experience of pregnancy
 - 4.1 Social reaction to physical changes
 - 4.2. Positive and negative social responses
 - 4.3 Media portrayals of the pregnant body
 - 4.4 Social Comparison
 - 4.5 The experience of the “thin ideal”
 - 4.5.1 Released from the “thin ideal”
 - 4.5.2 Importance of the “thin ideal”
postpartum

The superordinate and subordinate themes are introduced and explained in the following section. They are elucidated in relation to the participants' demographic information and substantiated by quotations from the interviews.

4.3.1 Superordinate theme 1: Pre-pregnancy preparation

The first superordinate theme identified was related to whether the pregnant women were prepared and had planned for the pregnancy-related changes by obtaining information about the physical changes, the purpose of these changes during pregnancy and the consequences of a lack of pre-pregnancy preparation. Two subordinate themes were identified: planning and preparation, and consequences as a result of a lack of preparation.

4.3.1.1 Planning and preparation

Five (62.5%) of the research participants (Lilly, Chantelle, Lara, Gail and Brene) emphasised the importance of preparing for the pregnancy-related physical changes by acquiring relevant information. Both the primiparous and multiparous participants agreed that pre-pregnancy preparation is imperative to prepare women for the pregnancy-related physical changes, which may have an impact on their body image. The multiparous participants were better prepared and had more realistic expectations of the pregnancy-related physical changes in comparison to their primiparous counterparts as they had previously transitioned through pregnancy. The findings further revealed that the participants' age influenced their expectations and preparedness for the physical changes associated with pregnancy. The oldest participant was the best prepared.

The participants also shared that it became easier to tolerate the pregnancy-related changes when they had prepared for the changes beforehand and understood the purpose and function of the changes. Gail stated, "*I think, being prepared, in terms*

of knowing what to expect, helps you to adjust mentally...” (32 years old, three months post birth, multiparous).

The participants further noted the potential negative consequences that result from a lack of preparation for the pregnancy-related changes. Gail shared *“But, I think, anything that you are unprepared for, can be a bit more of a shock.”* (32 years old, three months post birth, multiparous). The negative consequences resulting from a lack of preparation was further emphasised by Brene: *“...it just, kind of, hit you...this change is happening, and I wasn’t prepared for it...”* (28 years old, 22 weeks pregnant, primiparous).

4.3.1.2 Consequences of a lack of preparation

A lack of preparation for the changes may have a negative impact on the mother to be. Brene suggested that being unprepared may have an impact when she related:

“...I didn’t quite conceptualise how much your body changes...I wasn’t prepared for it...” (28 years old, 22 weeks pregnant, primiparous).

Planning and preparing for the pregnancy-related changes may have an impact on the woman’s emotional reaction to the physical changes associated with pregnancy. The findings revealed that multiparous women were better prepared for the pregnancy-related changes given that they had previously experienced the changes. Lilly shared *“It’s a natural thing to grow during pregnancy. I mean your whole body...your feet get bigger...the fatty deposits and stretch marks, I expected them, given my previous pregnancies and mentally prepared myself...”* (35 years old, two years post birth, multiparous). Such prior experience of the physical changes contributes to a positive emotional reaction to the pregnancy-related physical changes. The findings related to women’s experiences of the physical changes that accompany pregnancy are elucidated in the section that follows.

4.3.2 Superordinate theme 2: Experience of physical changes

The superordinate theme that was identified during the data analysis reflected the participants' lived experiences of the physical changes associated with pregnancy. Three subordinate themes related to this superordinate theme were identified: the *in-between* phase of pregnancy, which involved a concern that others would misperceive their physical changes; the types and extent of positive and negative physical changes; and the perception and experience of control related to these changes.

4.3.2.1 The *in-between* phase

This theme reflects the difficulties women experienced during early pregnancy, more specifically, the early first trimester when they are undergoing and exhibiting physical changes that cannot objectively be perceived as pregnancy related. Brene shared, “...*you don't look pregnant so...you also just look chubby*” (28 years old, 22 weeks pregnant, primiparous). This revealed the concern they experienced during the *in-between* phase when others in their social environment did not recognise that they were pregnant. Thus, they could not use pregnancy to justify their larger bodies. Valery thus explained this phase:

“...that part where people are not sure if you're pregnant...they can't differentiate whether it's fat or if it's a baby” (28 years old, 16 weeks pregnant, primiparous).

The participants' experiences of the physical pregnancy-related changes were further affected by the type and extent of their positive and negative physical changes. Valery shared “*I have noticed changes to my nipples...so that is something that I am not enjoying...your boobs...lose its aesthetic value*” (28 years old, 16 weeks pregnant, primiparous).

4.3.2.2 Types and extent of physical changes

The majority of the participants reported experiencing both desirable and undesirable physical changes during pregnancy. In this regard, there was no difference between the multiparous and primiparous participants and their experience of pregnancy-related physical changes. The participants' age had no influence on the experience of positive and negative physical changes.

4.3.2.2.1 Positive physical changes

Most (62.5%) of the participants (Janet, Lara, Lilly, Brene and Chantelle) acknowledged experiencing desirable changes. Specific changes that they welcomed included changes in their hair and nails: *"My hair was amazing...My nails grew healthy, and strong"* (Janet, 32 years old, 2 months post birth, primiparous). An increase in breast size was also appreciated: *"I obviously enjoyed the bigger, fuller breasts"* (Lilly, 35 years old, two years post birth, multiparous).

The increase in breast size may be interpreted as possibly increasing the participant's overall body satisfaction because the women moved closer to the "thin ideal". Despite mentioning various desirable and welcomed changes, most of the participants also noted that they experienced certain undesirable changes.

4.3.2.2.2 Negative physical changes

The majority (75%) of the participants (Janet, Lara, Lilly, Valery, Brene and Chantelle) mentioned specific undesirable bodily changes including pigmentation, weight gain and physical limitations, which restricted their movement and ability to exercise. Chantelle related:

"...I started waddling...you can't breathe because your lungs are squashed...From a physical and exercise point of view, it is frustrating..." (35 years old, four months post birth, primiparous).

The desirable and undesirable changes reported by the participants are significant as their experiences of the physical changes may have an effect on their degree of body satisfaction or dissatisfaction.

Furthermore, the desirable and undesirable changes that the participants acknowledged experiencing as something over which they did not have control affected their emotional experiences of the physical pregnancy-related changes. Lara shared “...So I thought well that’s unfair, I am not eating this and this but I am still picking up weight...I felt disappointed” (36 years old, 22 weeks pregnant, primiparous).

4.3.2.3 Experience and perception of control of pregnancy-related changes

Differences in relation to experience of control during pregnancy were reported by the participants. While some accepted the loss of control, others endeavoured to control the degree of physical changes experienced.

4.3.2.3.1 Relinquishing control of pregnancy-related changes

The majority (62,5%) of the participants (Janet, Gail, Chantelle, Rachel and Vallery) related that they perceived their pregnant bodies as a body over which they had lost control in the sense that they were not in a position to control the physical changes associated with pregnancy. Chantelle shared, “I was picking-up too much, but there is nothing you can do about it....” (35 years old, four months post birth, primiparous).

By accepting the reality of limited control over physical pregnancy-related changes, it becomes easier to accept these and relieves the anxiety associated with body image. Despite recognising the inability to control the physical changes, some participants attempted to control them.

4.3.2.3.2 Attempts to control physical changes

Although some of the participants related that they did not have control over the physical changes experienced during pregnancy, five (62,5%) of the participants (Janet, Valery, Rachel, Lara and Lilly) shared their various attempts to control the changes. Valery attempted to control the weight gained by exercising: *“...I train with a trainer just to kind of limit the weight gain...”* (28 years old, 16 weeks pregnant, primiparous). On the contrary, Lilly used skin ointments to control the changes to her skin: *“...with the first pregnancy I put on tissue oil head to toe”* (35 years old, two years post birth, multiparous).

Lilly acknowledged that although she attempted to control the extent of the changes during her first pregnancy, with subsequent pregnancies she relinquished control. She shared:

“With the second I would skip every second day and with the third I never put on any body lotion or scar treatment” (35 years old, two years post birth, multiparous)

The findings of the study revealed that parity influenced attempts to control the pregnancy-related physical changes. Primiparous women attempted to control their physical changes far more than multiparous women. The findings further demonstrated that age did not influence any attempts to control the physical changes as regardless of age, the participants sought to control their pregnancy-related changes.

In essence, the lived experiences of the physical changes associated with pregnancy including the *in-between* phase of pregnancy, the desirable and undesirable pregnancy-related changes and the experience of control had a significant emotional impact on the participants. The emotional reactions they experienced are explored in the next section.

4.3.3 Superordinate theme 3: Emotional experience of physical changes

The third superordinate theme is related to the emotions the participants experienced in response to their pregnancy-related changes. The following three subordinate themes were identified: the positive and negative emotions experienced in response to the physical changes; the nature of social support received from significant others; and the health of the foetus.

4.3.3.1 Positive and negative emotions

The participants related that they experienced both positive and negative emotions in response to their pregnancy-related changes. The positive emotions included a sense of amazement as reflected by Chantelle: *“I was impressed...I think I was amazed by the changes”* (35 years old, four months post birth, primiparous). Similarly, Lilly experienced contentment: *“Even with the weight gain in the second one, I was still content with it”* (35 years old, two years post birth, multiparous).

In addition to the respondents perceiving the physical changes that they were undergoing in a positive light, the experience of pregnancy allowed for overall body satisfaction. Gail shared, *“...And, I must say, I was very happy with the way I looked when I was pregnant”* (32 years old, three months post birth, multiparous). Furthermore, overall body satisfaction perpetuated a positive emotional experience.

Although all the participants experienced positive emotions, they also related they had experienced negative emotions. This is substantiated by the following excerpts:

“That upset me...my face goes round quickly so, that irritated me...nothing fits you get frustrated...you feel uncomfortable...” (Chantelle, 35 years old, four months post birth, primiparous).

“Oh my butt used to do this but now it does this...my thighs, right now they are rubbing...I am disappointed because I thought I could do better” (Lara, 36 years old, 22 weeks pregnant, primiparous).

It appears that the participants' experiences of positive and negative emotions associated with physical changes and subsequently, body image perception may be attributed to the nature of physical changes associated with the progression of pregnancy; this was elucidated in superordinate theme 2. The findings revealed that the particular stage of pregnancy in which a participant was during the interview process influenced her experience of and subsequent emotional responses to her pregnancy-related physical changes. Both the multiparous and primiparous participants experienced positive and negative emotional reactions to their physical changes.

In addition to the influence of physical and self-image appraisals of the participants' emotional experience, the presence or absence of the emotional support they received from their partners also influenced their experience.

4.3.3.2 Social support

The majority (75%) of the participants (Lara, Gail, Brene, Chantelle, Lilly and Janet) noted that a supportive partner played an important role in their endeavours to experience greater satisfaction with their appearance. The positive feedback these participants received from their partners assisted them in experiencing more positive emotions in response to the physical changes that accompany pregnancy. This is reflected in the following quotations:

“He will tell me you look beautiful in that and I really like you in that...He is very loving...So yes, he makes good comments and he makes me feel good...” (Lara, 36 years old, 22 weeks pregnant, primiparous).

“My husband was so accepting of it. So, I think that also goes a long way, in making it a positive experience, as opposed to a negative one” (Gail, 32 years old, three months post birth, multiparous).

Furthermore, the mere presence of significant others in the pregnant woman’s life appeared to play an important role in relation to how she perceived her appearance during pregnancy as well as her emotional responses to the pregnancy-related changes. Brene related, *“...whenever I was with family and friends, I didn’t, actually, feel those things at all...I was proud and happy...the reassurance from the people around me did help a lot”* (28 years old, 22 weeks pregnant, primiparous).

In addition to their positive emotional experiences being affected by the presence of social support, valuing and prioritising the health of the foetus had a significant impact on their emotional experiences of their pregnancy-related physical changes.

4.3.3.3 Health of the foetus

Five (62,5%) of the participants (Chantelle, Janet, Brene, Rachel and Lara) were more accepting of the pregnancy-related changes because they were aware that they needed to undergo certain changes that were in the foetus’ best interests. They were willing to endure both the positive and negative physical changes for the sake of their growing foetus’ health. Therefore, their appearance assumed less importance to them as they prioritised the functioning and health of their bodies. This is substantiated by the following excerpts:

Referring to a pregnant celebrity she had met, Chantelle asserted, *“You can be conscious of your weight and your body, and you can put your child in jeopardy...And, I looked at her, and I thought you are too thin”* (35 years old, four months post birth, primiparous).

Lara related, *“I would hate to...diet and exercise so much that I lose that weight, that one it can harm baby or two I don't have milk when baby comes...I choose baby...I think it's important to have an understanding of health, not size, health because you need certain nutrients, your baby needs certain nutrients...”* (36 years old, 22 weeks pregnant, primiparous).

Gail's response was of particular interest. She explained that her body image was of less importance to her in comparison to the health and functioning of her body:

“The function of your body would be more important than how it looks...” (32 years old, three months post birth, multiparous).

In conclusion, the majority of the participants reasoned that their bodies were undergoing changes that were necessary for their unborn child thus allowing them to experience positive attitudes towards their pregnant body.

The emotional experience of their pregnancy-related changes was further impacted by the unique social response the participants encountered. This is elucidated in the following section.

4.3.4 Superordinate theme 4: The social experience of pregnancy

The fourth superordinate theme identified during the data analysis was the social experience of pregnancy. Four subordinate themes were identified: social reactions to the physical changes; media portrayals of the pregnant body; social comparison; and the experience of the “thin ideal”.

4.3.4.1 Social reactions to physical changes

Both positive and negative social reactions to physical changes emerged during the data analysis.

4.3.4.2 Positive and negative social responses

Half of the participants (Rachel, Brene, Lara and Chantelle) reported that they were the recipients of positive social responses to the physical changes they experienced. Some of the participants noted that these positive social responses had a positive impact on their body image. These positive social responses are illustrated by the following excerpts:

“So all our responses have been positive...it makes you enjoy it and appreciate it even more...” (Rachel, 25 years old, 16 weeks pregnant, primiparous).

“...everyone that has commented on it...has been very complimentary...one that stuck out was my gynae said to me; pregnancy suits me...I felt better about my body...the validation of others, just did make me feel a lot better” (Brene, 28 years old, 22 weeks pregnant, primiparous).

However, besides experiencing positive social reactions to her changing appearance, Brene also shared negative social responses, which had influenced her appraisal of her body:

“I think that might have tainted my responses to how I felt about my body. I sometimes felt I needed to hide it; I need to cover up....” (28 years old, 22 weeks pregnant, primiparous).

Furthermore, Lilly experienced the negative social responses as eliciting feelings of self-consciousness:

“Generally, through all the pregnancies there was a lot of pressure to not pick up weight...It made me self-conscious...having the society pressures of you still need to

look good for your husband even during a pregnancy” (35 years old, two years post birth, multiparous).

In contrast to the positive and negative social responses that affected the participants’ appraisals of their bodies, they perceived the media’s portrayal of the pregnant body failed to have an impact on their evaluation of their bodies.

4.3.4.3 Media portrayals of the pregnant body

Some of the participants acknowledged that their pregnant bodies were unlike celebrity mothers’ bodies. Despite this acknowledgment, they felt that the media’s portrayal of the pregnant body was unrealistic. They expressed the belief that the celebrity mothers the media portrayed had considerably more resources than them. They asserted that these resources ensured pregnant celebrity mothers had far more attractive pregnant bodies than them.

Three of the participants (Gail, Rachel and Brene) noted the media’s unrealistic portrayal of the pregnant body. Gail debated:

“... in the media you see...these perfect pregnancies...it is very unrealistic...very glamourized... Bounce back after...two weeks, or something ridiculous...It is a very different world, to what our reality is for the average woman” (32 years old, three months post birth, multiparous).

In contrast to Gail, Rachel and Brene who perceived that the media’s portrayals of the pregnant body were unrealistic, Chantelle believed that the images presented on social media platforms were extreme. She explained:

“In social media you see everything as extremes – you see really skinny people with these bumps, and then you see really huge people with cankles, and

massive stomachs...there doesn't seem to be a balance in social media” (35 years old, four months post birth, primiparous).

The participants did not believe it was important to measure up to the idealised pregnancy images portrayed in the media as they perceived the images to be unrealistic because of their awareness that they could not compare their access to resources to those of the celebrity mothers. They asserted that the pregnant women the media portrayed had access to greater resources, which contributed to their unrealistic physical appearance. Chantelle thus explained this:

“She has the time, the money, the people –to look like that. Foodwise, training wise, etcetera...I didn't feel bad next to her (referring to a pregnant celebrity she had met at an event) because, realistically, I don't have the same” (35 years old, four months post birth, primiparous).

As illustrated by the quotation, the majority of the participants emphasised that celebrity mothers have significantly greater access to resources, which empowers them to look beautiful and have attractive bodies during pregnancy. They were able to protect their body image from being adversely affected because of this recognition. On the contrary, the participants noted the significant impact social comparison had on their body image.

4.3.4.4 Social comparison

Although the majority of participants did not compare their pregnant bodies to the socially constructed “thin ideal”, five (62,5%) of the multiparous and primiparous participants (Gail, Rachel, Valery, Lilly and Lara) acknowledged that they had compared their bodies to other pregnant women in their social circle. Gail related:

“Some friends who have had babies in the same time, and I think, that is harder to look at...But, they are looking so amazing. They've...bounced back so

quickly. So, I think, that, maybe, I would compare more" (32 years old, three months post birth, multiparous).

Gail tended to compare her body to those of her friends, particularly during the post-delivery period.

Some (37,5%) of the participants (Valery, Lilly and Lara) related that engaging in comparisons had had a negative emotional impact on them. Valery thus shared her feelings of anxiety as a consequence of comparing her body to her pregnant friends: *"It makes me feel quite anxious"* (28 years old, 16 weeks pregnant, primiparous).

Lily, on the other hand, cited feelings of inadequacy. She related, *"Inadequacy, definitely that I wasn't good enough as a mom, that I wasn't good enough as a wife..."* (35 years old, two years post birth, multiparous).

Lara disclosed the negative emotional impact of comparing herself to others: *"It was making me feel disappointed that I wasn't able to pull this off"* (Lara, white, 36 years old, 22 weeks pregnant, primiparous).

As suggested by these quotations, such comparisons had a negative impact on participants' body image as they engaged their bodies in self-objectification. The concept of the experience of the "thin ideal" is related to the social experience of pregnancy.

4.3.4.5 The experience of the "thin ideal"

4.3.4.5.1 Release from the "thin ideal"

The majority (75%) of the participants (Chantelle, Brene, Janet, Lara, Gail and Rachel) did not compare their pregnant bodies to the socially constructed "thin ideal", as they felt that it was not important and/or relevant during pregnancy. Chantelle explained,

“No. Because, they are not pregnant...There wasn’t a comparison...” (35 years old, four months post birth, primiparous). Chantelle related that during her pregnancy she had not compared herself to attractive and slim women as they were not pregnant. Thus, she perceived that it was senseless to compare herself to these women.

The participants noted that pregnancy places one in a different category and releases one from the requirements of the “thin ideal”. Pregnancy was viewed as a reason to deviate from the “thin ideal”. Furthermore, the participants felt that they were no longer obliged to conform to the socially constructed ideal. In this regard, there were no differences between the multiparous and primiparous participants. Furthermore, regardless of age, the participants were of the view that because of pregnancy they they did not have to meet the “thin ideal”.

The lack of regard for the “thin ideal” during pregnancy may be due to their prioritisation of the foetus’ health and their bodies’ functioning and health. However, the findings revealed that the “thin ideal” became more relevant post pregnancy.

4.3.4.5.2 Importance of the “thin ideal” postpartum

The findings also revealed the concern the participants experienced over the loss of their pre-pregnancy bodies. They were concerned with their appearance after birth as they felt they needed to conform to the “thin ideal”. Body image concerns tended to appear during the postpartum period in their endeavours to return to their pre-pregnancy appearance. The findings revealed that parity had no influence on the “thin ideal” during this period as both the primiparous and multiparous participants reported being concerned with their appearance after birth and desired to meet the “thin ideal” standard. Furthermore, regardless of age, the participants were concerned with their body image during the postpartum period.

The majority (62,5%) of the participants (Brene, Rachel, Lilly, Valery and Gail) were preoccupied with their potential body image postpartum and expected or hoped to return to their pre-pregnancy appearance. Valery shared, *“I think I would like to go back and just be me again and fit into my old clothes”* (28 years old, 16 weeks pregnant, primiparous). They regarded the pre-pregnancy standard for appearance as important even after having given birth. Brene thus related her thoughts:

“I think I will struggle once I am not pregnant again, to understand that my body is probably not going to do what it did...might struggle trying to find my new body image...And, I am hoping, possibly, after pregnancy, I can...get back to that ideal body image I had” (28 years old, 22 weeks pregnant, primiparous).

Gail acknowledged that her body image dissatisfaction became more pronounced during the postpartum period. She further related that she experienced physical and emotional challenges when she was no longer pregnant, which she no longer attributed to pregnancy-related changes. She explained:

“I think, afterwards...you feel more...frustrated, and you see the long-lasting effects. Because...you don't look pregnant anymore...Like you need to get back to your weight before you were pregnant” (32 years old, three months post birth, primiparous).

Although Janet demonstrated a preoccupation with pre-pregnancy appearance, in contrast to other participants (Brene, Rachel, Lilly, Valery and Gail), she was not concerned that she would not be able to realise her pre-pregnancy appearance. She thus expressed her confidence that she would be able to return to her pre-pregnancy body:

“...I know I would have been able to achieve my pre-pregnancy weight soon after my pregnancy...” (32 years old, two months post birth, primiparous)

The participants' perceptions reflected in the *in-between* phase of pregnancy was mirrored in their construction and experience of their postpartum body as they perceived that once they had given birth, they did not have an excuse not to conform to the "thin ideal."

4.4 Summary

The findings of the study were described in this chapter. Preparation for pregnancy-related changes in the form of knowledge of the physical changes to be expected had a positive effect on the experience of these changes. Furthermore, the results revealed that the participants experienced the pregnancy-related changes as both desirable and undesirable. Despite relating specific undesirable changes, they experienced overall body satisfaction during pregnancy. The presence of social support was a significant factor in the impact on the participants' appraisals of their pregnant bodies. The participants further noted a definite social response in reaction to their changing appearance. The media's unrealistic portrayal of the pregnant body and the irrelevance of the "thin ideal" during pregnancy were discussed. Finally, the preoccupation with appearance post pregnancy was explored as the participants related a strong hope to return to their pre-pregnancy appearance.

In the next chapter, the findings are discussed in relation to the existing literature in the field.

Chapter 5: Discussion

5.1 Introduction

In this chapter, the findings are discussed and conclusions are drawn. The discussion is structured in accordance with the identified superordinate themes. The findings are discussed by considering the context and aims of the study, namely, to explore body image issues experienced by women during pregnancy and develop a comprehensive understanding of their lived experiences. Furthermore, the findings are discussed in relation to the existing literature. Issues that require further investigation and research are highlighted. Finally, a summary of the study is provided and the limitations of the study and recommendations for future research are outlined.

5.2 Impact of demographic factors on body image

Various demographic factors have an effect on body image. Literature has revealed that cultural factors affect body dissatisfaction and body ideals (Dittmar, 2007). It is imperative to consider the demographic variable of ethnicity as a possible variable that had an impact on body dissatisfaction. Mciza et al. (2005) found that white women in South Africa were more likely to be dissatisfied with their bodies than their black counterparts. This was possibly because western media does not always encourage black South African women to achieve the “thin ideal” as black South Africans have different perceptions of ideal beauty (Mwaba & Roman, 2009). White women may view their bodies differently because of their cultural environment. Although all the participants in this study were white, the media’s portrayal of pregnant bodies resulted in body dissatisfaction among the participants.

Parity may also have an impact on body image and the emotional experiences related to physical changes during pregnancy. Multiparous women may have more realistic expectations of bodily changes and may be better prepared for the pregnancy-related changes in comparison to primiparous women (Watson et al., 2016). Multiparous

women and those who had already given birth were better equipped with knowledge of the bodily changes they experienced during pregnancy.

Consequently, the participants' demographic information has to be considered when interpreting the findings of this study.

5.3 Pre-pregnancy preparation

Pre-pregnancy preparation in the form of educational information related to the changes a woman can expect during pregnancy may be a contributing factor for both a woman's experience of and her emotional responses to the physical changes. The findings of this study revealed the participants suggested the importance of being educated and prepared for the changes that one can expect during pregnancy. The findings concur with Clark et al. (2009) who found that participants requested information about the bodily changes they could expect postpartum.

Preparation in the form of educational information may assist women to accept the pregnancy changes. Fuller-Tyszkewics et al. (2012b) demonstrated that women may be advantaged by educational guidelines of what can be expected pertaining to bodily changes both during and after pregnancy. It would be best to provide this information either during antenatal classes or possibly even prior to pregnancy in order to furnish them with information of the changes and to assist them to understand the purpose of such changes. This may help them to view the changes in a more positive light.

5.4 Experience of physical changes

Three subordinate themes that give expression to the participants' experience of the physical pregnancy-related changes emerged from the findings. First, the findings revealed that the participants experienced the *in-between* phase of pregnancy as uncertain. This was possibly because they were concerned that the physical pregnancy-related changes were misperceived by others in their social environment.

Similarly, in Nash's (2012) study, the respondents referred to the *in-between* phase of pregnancy as an anxiety provoking time. Nash added that during this time society may not recognise that the woman is pregnant and accordingly, misperceive her bodily changes, viewing them as fat rather than attributing the changes to her pregnancy. In addition to reporting feelings of uncertainty, the participants in the current study indicated that the anxiety experienced during the *in-between* phase of pregnancy was alleviated when their partners made positive comments about them.

Second, the types and extent of physical changes the participants in the present study experienced were both desirable and undesirable. They welcomed certain desirable changes including an increase in breast size. This is in accordance with Earle (2003) who found that the majority of women welcomed the enlargement of their breasts. Similarly, Chang et al. (2006) demonstrated that pregnancy enlarged breasts led to enhanced body satisfaction as it concurred with the "thin ideal" standard for appearance. The increase in breast size viewed as a positive attribute may be explained by the dominant culture in society in which feminine beauty is characterised by large breasts. However, the participants also related undesirable physical changes.

The undesirable bodily changes the participants experienced included physical limitations, which restricted their movement and ability to exercise. These findings are consistent with existing literature. The participants in Johnson et al.'s (2004) study reported feelings of frustration due to discomfort, an inability to engage in sports and physical restrictions such as physical slowness and becoming easily fatigued. Furthermore, changes in skin were perceived negatively by the participants in the current study. Skin changes such as pigmentation and stretch marks moved the participants further away from the ideal standard for appearance and resulted in them experiencing feelings of self-consciousness. This affected the participants' self-esteem and their perception of their body image. Similarly, Harper and Rail (2011) and Chang et al. (2006) revealed participants experienced changes to their skin due to pregnancy as undesirable, which, in turn, had an impact on their body dissatisfaction and image.

The concept of control, which the participants experienced when they recognised they had little control over the bodily changes associated with pregnancy, is related to the experience of both positive and negative physical changes. Accordingly, they felt compelled to accept the physical changes. The participants echoed similar experiences as the women in Carter's (2010) study who, reported a perceived loss of control over their pregnancy bodies, which led to distress. Carter further revealed that the recognition and acceptance of the loss of control may have an impact on the experience of the physical changes associated with pregnancy as well as the emotional experiences of pregnancy-related changes. The participants in the current study experienced the acceptance of limited control relieved them of the anxiety associated with body image. This is contrary to the distress reported by the women in Carter's study.

Despite the recognition and acceptance of an inability to control their experience of physical changes, the findings of the present study revealed that the participants used exercise and skin ointments as a mechanism to retain control over their changing appearance. This concurs with existing literature. Deighton-Smith (2014) found that pregnant women exercised for the purpose of weight management and control. Similarly, Mills et al. (2013) found that women attempted to control their weight during pregnancy. The results of the present study demonstrated that parity had an impact on attempts to control pregnancy-related bodily changes. Attempts to control pregnancy-related physical changes were particularly prevalent amongst the primiparous participants as opposed to the multiparous participants. The multiparous women and those who had already given birth had a greater awareness of the futility of attempting to control changes and were more tolerant of the physical changes given that they had previously transitioned through pregnancy.

The participants' lived experiences of the physical pregnancy-related changes affected their emotional experiences.

5.5 Emotional experience of physical changes

The findings of the present study reflected the participants' descriptions of the emotional experiences of their physical changes.

The participants explained that they experienced both positive and negative emotions because of the specific physical changes they underwent. Their enlarged breasts and enhanced health of their hair were perceived as positive. Accordingly, they experienced happiness and excitement in response to these changes. Similar findings were observed in existing literature. Earle (2003) found that pregnant women experienced positive emotions in relation to their enlarged breasts.

Weight gain, skin changes and physical restrictions perpetuated negative emotions such as frustration, discomfort and embarrassment. The frustration experienced because of the physical limitations associated with pregnancy was highlighted by Harper and Rail (2011). Johnson et al. (2004) found that the pregnant body was experienced as uncomfortable thus perpetuating poor self-image and body dissatisfaction.

Furthermore, the findings revealed that the emotional experiences of pregnancy-related changes were influenced by the particular stage of pregnancy. During the early phase of pregnancy or *in-between* phase when the physical changes experienced could not be objectively ascribed to pregnancy, negative emotions were more prominent. Nash's (2012) sample of women perceived this early phase as a fearful time because of the possibility of others failing to attribute the changes in their appearance to pregnancy. Positive emotions are more likely to be experienced after the *in-between* phase of pregnancy because those in the pregnant women's environment can clearly identify the physical changes as being pregnancy related. Mills et al. (2013) revealed that the participants in their study were pleased when others recognised that they were indeed pregnant rather than fat. Once a women

reaches this stage, the stress and body dissatisfaction experienced during the *in-between* phase is eased and self-image is enhanced.

The findings of this study revealed that the majority of the participants experienced overall body satisfaction and were in awe of what their bodies were able to achieve. These findings concur with Harper and Rail (2011). Boscaglia et al. (2003) found that pregnant women demonstrated a positive evaluation of their pregnant bodies. Similarly, Loth et al. (2011) found that the experience of pregnancy led to greater body satisfaction.

The majority of the women in the present study viewed the physical changes in a positive light and experienced the changes as natural, which allowed them to experience satisfaction with their body image. Asgari and Shabaki (2010) revealed that an important component of an individuals' self-concept is body image. Body image can either be positive or negative and may influence an individual's psychological well-being and positive and negative emotions. Satisfaction with body image is important for pregnant women as it affords them an increase in positive emotions and self-confidence. Positive emotions and greater self-confidence, in turn, is associated with better positive relations with others, self-acceptance and thus, enhanced psychological well-being (Fahami et al., 2018).

The findings of the study also demonstrated the importance of emotional support and positive feedback received from partners as a significant factor that affected the participants' emotional experiences of the physical changes. They related greater satisfaction with their appearance when provided with positive feedback from their partners. These findings are in accordance with those of Watson et al. (2016) who found enhanced body satisfaction among women who received positive feedback from their partners. Similarly, Hodgkinson et al. (2014) demonstrated that perceived support from one's partner assisted the woman to experience greater satisfaction with her appearance during pregnancy.

In addition to social support, the participants' emotional experiences were also determined by the prioritisation of the health of the foetus and the functioning of the woman's body. The findings reflected that the participants were more open to accept the pregnancy-related changes as they regarded these changes as imperative for the health of the growing foetus. Existing literature has supported the importance of the health and functioning of the pregnant woman's body over her body image. Johnson et al. (2004) emphasised that despite experiencing less body satisfaction during pregnancy, women tended to value the health and functioning of their bodies. Furthermore, Clark et al. (2009) established that the participants in their study perceived the bodily changes as vitally important for the unborn child.

The findings of the present study revealed that the emotional experience of the physical changes associated with pregnancy was affected by the social experience of pregnancy.

5.6 Social experience of pregnancy

The findings of the current study revealed that social commentary, media portrayals of the pregnant form, social comparison and the experience of the "thin ideal" were important subordinate themes in the social experience of pregnancy.

The results of the study reflected the communal nature of pregnancy as the majority of the participants reported positive and negative comments from society. Although the consequences of these comments had an impact on some of the participants' body image, this was not true for all the participants.

Frederickson and Roberts' (1997) objectification theory provides a possible explanation for the impact of social commentary on body image. One may hypothesise that the participants in the present study whose body image had been affected by social comments had engaged in self-objectification by internalising others' evaluations of their body. Similarly, Johnson et al. (2004) revealed that pregnant

women perceived various members of society as being a part of their pregnancy because they made comments about their pregnant bodies. The women further noted that their bodies had become publicly owned.

The findings of this study further illustrated the role of the media in the social experience of pregnancy. The participants recognised that the media's portrayal of the pregnant body was unrealistic. Consequently, they did not compare their pregnant bodies to media depictions of the pregnant body. This recognition led to the resistance of upward-comparisons, which occur when a pregnant woman compares herself to someone who is close to her ideal. The participants indicated that media portrayals of pregnancy employ unrealistic "thin ideal" celebrity bodies to accentuate the positive aspects of pregnancy. The women were also able to recognise that celebrity mothers had far greater resources, which allowed them to appear a particular way during pregnancy. The social comparison theory is especially useful in understanding the findings of the study. The theory posits that women who compare their bodies to the pregnant images presented in the media are more likely to experience body dissatisfaction. On the contrary, the findings of the current study revealed that the participants did not compare their bodies to the pregnant images presented in the media thus protecting them against potential body dissatisfaction.

Pregnant women who compare themselves to women they regard as similar to themselves and whom they know such as their pregnant friends may experience fewer body image concerns than those who choose to compare themselves to celebrities. Coyne et al. (2017) revealed that women who were exposed to images of pregnancy in magazines were inclined to have a more adverse negative body image because they self-objectified their bodies because of this exposure. Research has demonstrated that women who are sceptical of media communications are more likely to experience a positive body image (Pope et al., 2014). These findings may explain the overall body satisfaction and positive body image that was reported by the women in the current study because they viewed the media's portrayal of pregnancy with scepticism because of its unrealistic nature.

The finding that the majority of the participants compared their pregnant bodies to those of other pregnant women in their social circle in contrast to comparing themselves to celebrities or other media portrayals of pregnancy is related to the previous point. Some of the participants experienced negative feelings about themselves because of such comparisons. Similarly, Hicks and Brown (2016) revealed women felt negative about their bodies after comparing their bodies with those of other pregnant women. Comparing themselves to other pregnant women known to them had an impact on their perceptions about their appearance during and after pregnancy. These findings are in accordance with Deighton-Smith (2014) who demonstrated that participants felt great pressure to measure up to other pregnant women that they knew. They also experienced insecurity and found themselves engaged in self-evaluation of their appearance.

The social comparison theory may be employed to contextualise the findings. This theory proposes that pregnant women use other pregnant women in their social circle with whom to compare themselves. As the women engage in the social comparison and resulting self-objectification, they experience poorer body image and appearance anxiety. By engaging in social comparison, the participants experienced a negative impact on their body image. This finding is consistent with that of Skouteris et al. (2005) who found that social comparison with others leads to body image concerns during pregnancy.

The women in the present study did not view the “thin ideal” standard as important to strive for during pregnancy. They perceived themselves as being excused from adhering to the “thin ideal” standard. The participants in the current study echoed the experiences of the participants in Fox and Yamaguchi’s (1997) study who related that they were excused from the “thin ideal” during pregnancy.

Nunez and Dunn (2016) found that women who valued and sought to achieve the “thin ideal” experienced a negative body image as a result of engaging in greater self-

objectification. The participants' rejection of the "thin ideal", based on their attribution of physical changes associated with pregnancy, resulted in less self-objectification and explained the overall body satisfaction they experienced.

Furthermore, the participants in the current study were concerned with their appearance after birth as they felt they needed to conform to the "thin ideal". The results of the study revealed that women of all ages desired to meet the "thin ideal" standard post-delivery. Similarly, Coyne et al. (2017) found that the general portrayals of the "thin-ideal" influence women of various ages. The participants' perception reflected during the "in-between" phase of pregnancy was mirrored once they have given birth because they could no longer use pregnancy as an excuse to meet the "thin ideal". Some of the participants in the current study also held high expectations for their postpartum body.

The participants in the current study echoed similar experiences to those in Upton and Han's (2003) study who found that once the baby had been born, women felt obliged to conform to the socially constructed body ideal as they no longer had a reason or explanation to justify failing to adhere to the "thin ideal".

Adjusting to their body in the postpartum period was challenging for those participants who held high expectations for their postpartum body. Clark et al. (2009) found that their respondents who had unrealistic or particularly high expectations for their postpartum appearance experienced greater challenges in adjusting to their body image. Furthermore, they also felt as though they could no longer justify failing to transition their bodies back to their pre-pregnancy appearance.

5.7 Summary

The aim of the study was to develop a comprehensive understanding of how body image is experienced during pregnancy. The sample comprised eight women who were pregnant or had recently given birth. The sample was homogenous in terms of

ethnicity and socio-economic status. Through the process of IPA, four superordinate themes were identified.

The findings revealed that the participants advocated for information on the pregnancy-related physical changes that they could expect so as to prepare them more for these changes and allow for realistic expectations. The findings revealed the lived experiences of body image during pregnancy are complex and cannot only be described in terms of satisfaction and dissatisfaction. Even though the majority of the women in the study reported overall body satisfaction, they also related specific physical changes that they experienced as undesirable. Body satisfaction also varied throughout pregnancy as the women experienced the *in-between* phase to be an uncertain time because of the possibility of the physical changes being misperceived by those in society.

The findings also shed light on the importance of support from a woman's partner because it has a positive effect on body satisfaction. It allows for a positive experience of the pregnancy-related changes. In addition, the participants viewed the health of the foetus as paramount thus assisting them to be more receptive of the physical changes.

In relation to the social experience of pregnancy, the participants related an understanding of the unrealistic manner in which the media presents the pregnant body. Consequently, the women in the study did not compare their bodies to those of pregnant celebrities in the media. Rather, they were more likely to compare their bodies to those in their immediate social environment including their pregnant friends. Furthermore, the participants perceived the "thin ideal" standard as irrelevant during pregnancy. However, post pregnancy, the "thin ideal" assumed its importance.

From the above findings it becomes clear that there are various clinical implications of pregnant women's experience of body image for health professionals. Health professionals in particular need to be sensitive in their interactions with pregnant

women, demonstrating an awareness that pregnant women have limited control over their bodies and their weight. Health practitioners should be aware of the emotional consequences women experience as a result of being unable to fully control the pregnancy-related physical changes. A woman's adjustment to the pregnancy-related changes should be closely monitored by health professionals, as the process of adjustment may be indicative of a woman's overall transition to motherhood (Hodgkinson et al., 2014). Those women who are experiencing significant difficulty to accept the pregnancy-related changes, should be provided with counselling and support, as such difficulty may negatively impact the woman's ability to form a secure attachment relationship firstly with her foetus and then her baby. Healthcare professions have a responsibility to support women to form a bond with their foetus and eventually their baby (Watson et al., 2016).

In addition to the above mentioned, health professionals should have sufficient knowledge of the pressures that society places on women to attain the "thin ideal" standard for appearance, leading to many pregnant women overinvesting in attempts to control the changes to their body. Health professionals are to attend to the pregnant woman's narrative around pregnancy-related changes such as weight gain and stretch marks and engage pregnant women in a discussion about their adjustment to pregnancy and the associated physical changes. Appropriate communicating training should be provided to health professionals so that they may be able to confidently explore pregnant women's body image dissatisfaction and so provide the necessary support to pregnant women to improve their relationship with their body image.

It is imperative for mental health professionals to alert pregnant women to the unrealistic portrayal of the pregnant body within the media. This may serve the purpose of lessening the anxiety that pregnant women experience in relation to their appearance. In order to both create and maintain a positive body image during pregnancy maternity healthcare provision should incorporate in their services accurate education information on the physical changes that are to be expected both during pregnancy and after childbirth as this may prepare women to better accept the

physical changes and may serve as a preventative measure against the formation of unrealistic expectations during pregnancy and after childbirth (Watson et al., 2016). The aforementioned may also serve as a buffer against the emotional impact of the pregnancy-related changes. Furthermore, maternity healthcare provision should focus on educating the significant persons within the pregnant women's social support network, in particular the woman's partner, on the importance of positive comments on the pregnant woman's changing appearance and overall support, which may have a positive effect on the woman's body satisfaction.

5.8 Limitations of the study

The principal limitation of this study was that the sample comprised white women and did not include women of other ethnicities. A comparison of the views of white and black women from various sociocultural backgrounds would have been interesting. Tiggemann (2004) stated that ethnicity is an important variable that affects body image. Therefore, the findings of the study cannot be generalized to all pregnant women. The findings of the study are culture- and context-bound and thus, cannot be generally applied to other cultures and contexts. Richer data may have been obtained if the sample had been more diverse in terms of ethnicity, age and socioeconomic status. The majority of the women in the study were either in a de facto relationship or were married and this too may have influenced the findings.

The researcher's limited experience in conducting academic research may also be considered a limitation. Furthermore, the analysis and findings may have been influenced by the researcher and thus, could not be viewed as objective as other researchers may have analysed the data differently. The specific questions that were posed to the participants may have influenced the data that were collected. The researcher may also have missed opportunities to ask follow-up questions. Finally, the interviews were not all the same length; thus, while some yielded irrelevant data, others may have lacked data.

5.9 Recommendations

It is recommended that further research be conducted on the experience of body image of pregnant women within the context of their culture, ethnicity and unique demographics given that culture influences ideas about ideal body shape and size. Furthermore, it is recommended that future studies include a more diverse sample that considers variables such as educational level and socio-economic status to ascertain whether body satisfaction or dissatisfaction is influenced by environmental factors that were not considered in the current study.

As extensive pre-existing body image concerns influence the degree of impact that the media portrayals of pregnancy may have on body image, it is recommended that future research includes women of this particular group so as to examine the variable of body image concerns prior to pregnancy. Furthermore, moderating variables in the relationship between body image and the media such as the degree of internalisation of the “thin ideal” and social comparison should be explored in future research.

5.10 Concluding remarks

The purpose of the study was to develop a comprehensive understanding of the lived experiences of the body image of pregnant women. It sought to shed light on the various processes that have an influence on the body image in pregnant women. In this chapter, the findings were discussed in relation to the literature. Furthermore, the strengths and limitations as well as recommendations for future studies were outlined. This study contributes to the body of research on body image experienced during pregnancy.

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Appendices

Appendix 1: Interview Guide

1. What are your thoughts and feelings about your body during pregnancy?
2. Which changes in your appearance have you been particularly aware of? This may include changes in the size of your breasts, changes to your skin or hair etc.
 - a. What has been your emotional/psychological reaction to these changes?
 - b. Is there a perceived or actual social response/reaction to your physiological changes and how has this impacted your appraisal of yourself?
 - b. Do you make comparisons between your pregnant and non-pregnant self and if so, what reaction does such comparisons elicit?
3. Have there been any particular physical changes that you experienced during pregnancy that you particularly enjoyed or disliked?
4. What is your perception of your pregnant body compared to the manner in which the pregnant body is represented in the media (social media, journalism, pop culture figures, etc...)?
5. How do you feel about yourself when you compare your pregnant body with the bodies of attractive and slim women?
6. How have the slim bodies often portrayed in the media influenced the way you regard your body during pregnancy?
7. Can you tell me what kind of comments people have made about your pregnant body? What have people said to you regarding the physical changes that you have experienced due to pregnancy?
8. Have the comments that people have made about your body during pregnancy affected how you think and feel about your body during pregnancy?
9. Overall, how do you feel about your pregnant body?
10. Is there any further information that you would like to add to what you have said so far?

Appendix 2: Permission letter to conduct research

Midwives }
Exclusive

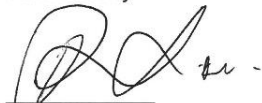
21 October 2019

To:
Gizella Harding
Department of Psychology
University of Limpopo
Private Bag X1106
Sovenga
0727

PERMISSION TO CONDUCT RESEARCH

I Sr.Heather Pieterse,midwife in independent/private practice (Midwives Exclusives) hereby grants you permission to conduct research on Body Image Issues During Pregnancy at my private practice.

Yours sincerely



Sr.Heather Pieterse

Midwife/Manager

Appendix 3a: Participant consent letter and form

Department of Psychology
 University of Limpopo
 (Turfloop campus)
 Private Bag X1106
 Sovenga, 0727

Date: _____

Dear participant

Thank you for demonstrating interest in this study that focuses on the factors that influence body image in pregnant women.

Your responses to this individual interview will remain strictly confidential. The researcher will not attempt to identify you with your responses to the interview questions or to disclose your name as a participant in the study.

Please be advised that participating in this study is voluntary and that you have the right to withdraw your participation at any time.

Kindly answer all the questions and reflect your true reaction. Your participation in this research is very important.

Thank you for your time

Sincerely

Gizella Harding

Masters Student

Prof S Mashegoane

Supervisor

Date

Date

Appendix 3b: Consent form for participants

Consent form

I _____ hereby agree to participate in a Masters Research project that focuses on the factors that influence body image in pregnant women.

The purpose of the study has been fully explained to me. I further understand that I am participating freely and without being forced in any way to do so. I also understand that I can withdraw my participation in this study at any point should I not want to continue and that this decision will not in any way affect me negatively.

I understand that this is a research project, whose purpose is not necessarily to benefit me personally. I understand that my details as they appear in this consent form will not be linked to the interview schedule and that my answers will remain confidential.

Signature: _____

Date: _____

Appendix 4: Ethical clearance certificate



University of Limpopo
 Department of Research Administration and Development
 Private Bag X1106, Sovenga, 0727, South Africa
 Tel: (015) 268 3935, Fax: (015) 268 2306, Email: anastasia.ngobe@ul.ac.za

TURFLOOP RESEARCH ETHICS COMMITTEE
ETHICS CLEARANCE CERTIFICATE

MEETING: 6 August 2019

PROJECT NUMBER: TREC/216/2019: PG

PROJECT:

Title: Body Image Issues During Pregnancy: An Interpretative Phenomenological Analysis.

Researcher: G Harding

Supervisor: Prof S Mashegoane

Co-Supervisor/s: Dr M Setwaba

School: Social Science

Degree: Master of Arts (Clinical Psychology)


 PROF P MASOKO
 CHAIRPERSON: TURFLOOP RESEARCH ETHICS COMMITTEE

The Turfloop Research Ethics Committee (TREC) is registered with the National Health Research Ethics Council, Registration Number: REC-0310111-031

Note:

- i) This Ethics Clearance Certificate will be valid for one (1) year, as from the abovementioned date. Application for annual renewal (or annual review) need to be received by TREC one month before lapse of this period.
- ii) Should any departure be contemplated from the research procedure as approved, the researcher(s) must re-submit the protocol to the committee, together with the Application for Amendment form.
- iii) PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES.