Walden University
ScholarWorks

Walden Dissertations and Doctoral Studies

Walden Dissertations and Doctoral Studies Collection

2021

Nutrition Practices and Obesity Standards Among Obese, African American Women

Martina Peterson
Walden University

Follow this and additional works at: https://scholarworks.waldenu.edu/dissertations

Part of the African American Studies Commons, and the Public Health Education and Promotion Commons

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact ScholarWorks@waldenu.edu.

Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral dissertation by

Martina W. Peterson

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee
Dr. Sarah Matthey, Committee Chairperson,
Human and Social Services Faculty

Dr. Tammy Totten, Committee Member,
Human and Social Services Faculty

Dr. Avon Hart-Johnson, University Reviewer,
Human and Social Services Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2021

Abstract

Nutrition Practices and Obesity Standards Among Obese, African American Women

by

Martina W. Peterson

MA, Walden University, 2018

MA, Liberty University, 2012

BS, Morris College, 2006

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Human and Social Services

Walden University

May 2021

Abstract

Obesity in the United States has been labeled a national pandemic. Obesity occurs across all populations, regardless of age, sex, race, ethnicity, socioeconomic status, education level, or geographical region; however, it has disproportionately affected African American women. The purpose of this phenomenological study was to gain an understanding of African American women's behaviors that are preventing them from conforming to nutrition and obesity standards of the body mass index (BMI) guidelines. The targeted population for this study was 10 obese or morbidly obese African American women, ages 30 to 45. The data were collected using telephone interviews due to the COVID-19 virus. The PEN-3 model was used to frame this study. The data were analyzed using interpretative phenomenological analysis based on a 6-stage process for analyzing phenomenological interviews. The findings from this study indicated that African American women struggled with obesity. There were 10 themes developed from the interviews that included BMI, weight loss support system, eating healthy, exercise and diet, lack of resources to access healthy eating, fruits and vegetables, embarrassment, culture, curvy, and lack of education. The participants needed support on all levels from friends, family, coworkers, and the community to stay committed to a healthy eating and exercise lifestyle. This study was significant because it provided knowledge that could be incorporated into culturally specific programs to reduce obesity, enhance physical wellness, and improve the quality of life for African American women.

Nutrition Practices and Obesity Standards Among Obese, African American Women

by

Martina W. Peterson

MA, Walden University, 2018

MA, Liberty University, 2012

BS, Morris College, 2006

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Human and Social Services

Walden University

May 2021

Dedication

To my mom, Louise Peterson, your encouragement, and never-ending support molded me to be the woman I am today. Thank you for always reminding me that I should never settle for anything less than my very best.

To my children, Tyrek Morgan and the late Taraji Morgan, you will forever be my inspiration to strive for excellence because I work hard daily to pave the way for lifetime achievements for our family.

Acknowledgments

I want to acknowledge that this dissertation would not be possible without the hard work of my committee. I want to specifically acknowledge my committee Chair, Dr. Matthey, because she provided the persistent guidance that I needed to focus academically throughout this journey. I want to acknowledge my best friend, Evelyn, as she was always the one that I could count on to celebrate all the success milestones within this journey even when no one else noticed or understood. She was there when I cried and wanted to give up, but she pushed me through the next step by believing in me even when I struggled to believe in myself. Lastly, I would like to thank God for continuing to bless me with my health, strength, and vision to achieve this goal.

Table of Contents

Chapter 1: Introduction to the Study....................1

Background....................1

Problem Statement....................3

Purpose of the Study....................4

Research Question....................5

Conceptual Framework....................5

Nature of the Study....................5

Definitions....................6

Assumptions....................7

Scope and Delimitations....................8

Limitations....................8

Significance....................9

Summary....................10

Chapter 2: Literature Review....................12

Literature Search Strategy....................12

Conceptual Framework....................13

Cultural Identity Domain....................14

Relationship and Expectations Domain....................15

Cultural Empowerment Domain....................15

Previous Applications of the PEN-3 Model....................16

Literature Review....................17

Definition of Obesity 17
Female Obesity 17
Social Consequences of Obesity 18
Health Consequences of Obesity 19
Nutrition Practices 23
Early Childhood Nutrition Practices 23
Fruit, Vegetable, and Drink Intake 24
Nutrition Education 26
Health and Nutrition Education from Physicians 27
Portion Control 28
Culture and Obesity in African American Women 30
Physical Activity Levels in African American Women 31
Accessing Safe Physical Fitness Environments 32
Negative Social Factors That Contribute to Obesity 33
Racial Discrimination, Sexism, and Obesity 34
Accessing Proper Food in Grocery Stores 34
Body Image and Obesity 35
Summary 36
Chapter 3: Research Method 39
Introduction 39
Research Design and Rationale 39
Role of the Researcher 42

Methodology 43
Participant Selection Logic 43
Instrumentation 45
Field Test of Instrument 46
Procedures for Recruitment, Participation and Data Collection 47
Data Analysis 49
Issue of Trustworthiness 50
Credibility 50
Transferability 51
Dependability 51
Confirmability 52
Ethical Procedures 52
Summary 53
Chapter 4: Results 54
Introduction 54
Research Question 54
Setting 54
Participant Demographics 55
Recruitment 56
Data Collection 56
Data Analysis 58
Evidence of Trustworthiness 58

Credibility 59
Dependability 59
Transferability 60
Confirmability 60
Results 61
Theme 1: Body Mass Index 61
Theme 2: Weight Loss Support System 63
Theme 3: Eating Healthy 66
Theme 4: Exercise and Diet 68
Theme 5: Lack of Resources to Access Eat Healthily 70
Theme 6: Fruits and Vegetables 71
Theme 7: Embarrassment 73
Theme 8: Culture 75
Theme 9: Curvy 79
Theme 10: Lack of Education 82
Summary 84
Chapter 5: Discussion, Conclusions, and Recommendations 86
Introduction 86
Interpretation of the Findings 86
Theme 1: Body Mass Index 87
Theme 2: Weight Loss Support System 88
Theme 3: Eating Healthy 89

Theme 4: Exercise and Diet 91
Theme 5: Lack of Resources to Access Healthy Eating 92
Theme 6: Fruits and Vegetables 93
Theme 7: Embarrassment 93
Theme 8: Culture 94
Theme 9: Curvy 95
Theme 10: Lack of Education 95
Limitations of the Study 96
Recommendations for Future Research 97
Implications for Positive Social Change 98
Conclusion 99
References 101
Appendix A: Recruitment Flyer 123
Appendix B: Invitation to Participate in the Study 124
Appendix C: Interview Protocol 125

Chapter 1: Introduction to the Study

Background

Obesity is a major health concern among African American women. Some African American women are generally larger in body size, and they are targeted for weight loss interventions but are generally not as successful in weight loss as European American women. Some African American women have resisted being labeled as obese and have provided arguments that the body mass index (BMI) guidelines of health are European American norms and are oppressive (Cameron et al., 2018). African Americans place priority on both their ethnic and mainstream culture as influences on their health behaviors to include food intake and physical activity (King et al., 2017). Some factors that make it difficult for African Americans to eat healthy are lack of time, lack of fresh food, culture, and cost associated with healthier food options (Darensbourg et al., 2018). Some of the factors that make eating healthier easy are preparing for meals in advance and healthy meal options that are already apart of one's culture and traditions (Darensbourg et al., 2018). It is also easier to make healthier food choices when people have access to food stores, affordable food costs, healthier dining out options available, and previous education on what foods are considered healthy (Darensbourg et al., 2018). Understanding why culture is relevant to the resistance and acceptance of nutrition practices and obesity standards among African American women may lead to explaining why African American women are generally not as successful in weight loss as European American women.

The perceptions of cultural and medical definitions of body size may serve as a barrier between patients and providers of health education. The culture of African American women has taught them to identify with their own perception of what is considered obese as opposed to what is categorized as obese by the Centers for Disease Control and Prevention (Kane & Lynch, 2014). Cultural beliefs and practices that are related to dietary habits and body image may pose a barrier to weight loss within African American women (Chandler et al., 2017). African American women**'s** body image has largely been devalued and rejected by mainstream culture, and it also overvalues the European American aesthetic and undervalues the esthetic of other racial groups (Awad et al., 2015). Many African American women are resisting BMI standards that were set to be used as a guideline for health. If African American women are not adapting to the guidelines, they are putting themselves at risk for health concerns that can affect their quality of life.

The lack of research in the area of culture resistance to nutrition and obesity norms makes it difficult to develop effective intervention programs and government policies to specifically target obese African American women. This study was needed to understand why some African American women are not choosing to change health behaviors that contribute to a risk of obesity because of their resistance to accept and implement the standards that are considered a healthy nutrition practice according to the BMI guidelines.

Problem Statement

Understanding obesity is essential for the promotion of good health in the United States. Obesity in the United States has been labeled a national pandemic (Brewis et al., 2018; Knox-Kazimierczuk & Shockly-Smith, 2017). Obesity has been associated with several health issues, such as diabetes, hypertension, cardiovascular disease, and some cancers (Fitzpatrick et al., 2018; Levine et al., 2019). Obesity occurs across all populations regardless of age, sex, race, ethnicity, socioeconomic status, education level, or geographical region; however, it has disproportionately affected African American women (Banerjee et al., 2018; Hamilton, 2017). African American women in the United States have the highest rate of overweight or obesity, with an estimated 82% being overweight and 56.9% being obese (Benjamin et al., 2017). The United States has seen an increase in obesity within the recent decades, especially among African Americans, and it has become a public health crisis.

Although many researchers have established that obesity among African American women is disproportionately increasing, researchers have not identified why African American women's obesity rates are increasing. Within African American culture, a larger body frame symbolizes strength and power to combat their experiences of pain and weakness (Cachelin et al., 2019). African American women's pain and perceived weakness extends back to their struggles as slaves in the United States. During slavery, African American women were subjected to separation from their families, rape, and verbal and physical abuse. These stressors placed on African American women may have triggered generational oppression (Assari, 2017). African American women are still

struggling with experiences of discrimination, racism, sexism, lack of medical care, and unequal pay (Assari, 2017; Hunter &Watson, 2015a, 2015b; Lewis & Szymanski, 2016). These stressors may have contributed to the onset of obesity among African American women and the development of the stereotypical "strong Black woman," which was developed out of the necessity to survive within society.

There is a gap in the literature on the lived experiences of obese, African American women who do not adhere to the nutrition and obesity standards of the BMI guidelines. Researchers have not addressed how African American women engage in behaviors and lifestyle choices that can affect their views about body image and health that do not adhere to the obesity standards of the BMI guidelines (Awad et al., 2015; Cameron et al., 2018). In this study, I aimed to fill the gap in the literature about African American women's behaviors and lifestyle choices that do not adhere to the nutrition and obesity standards of the BMI guidelines. The findings of this study provide knowledge needed to address the disproportionate incidence of obesity among African American women.

Purpose of the Study

The purpose of this qualitative, phenomenological study was to gain an understanding of African American women's behaviors that may prevent them from conforming to nutrition and obesity standards of the BMI guidelines. To address this gap, I explored factors associated with the social resistance of African American women. Specifically, I explored the cultural, social, and lifestyle behaviors of obese African American women. This study is significant because it provides knowledge that can be

incorporated into culturally specific programs to reduce obesity, enhance physical wellness, and improve the quality of life for African American women.

Research Question

Research question: What are the lived experiences of obese, African American women, aged 30 to 45, who do not adhere to the nutrition and obesity standards of the BMI guidelines?

Conceptual Framework

In this phenomenological study, I used the PEN-3 model as the conceptual framework. Airhihenbuwa (1989) developed the PEN-3 model to address the absence of culture in explaining health outcomes in existing health behavior theories and models. The PEN-3 model is effective with discovering not only how cultural context shapes health beliefs and practices, but also how family structures play a role in enabling or nurturing positive health behaviors and health outcomes (Airhihenbuwa, 1989, 1995). The PEN-3 model can be used to centralize the culture within a study of health beliefs, health behaviors, and health outcomes (Airhihenbuwa, 1989; Airhihenbuwa et al., 2014). This model provided a framework to understand the cultural beliefs and practices that are a part of the participants' lived experiences with resisting nutrition and obesity standards that do not incorporate the African American culture.

Nature of the Study

In this qualitative study, I used a phenomenological approach. A phenomenological design provides an opportunity for the researcher to explore the core of a situation through the consciousness of the participants by allowing them to

discuss their lived experiences and letting the concepts surface (Brown et al., 2018). A phenomenological researcher explores a phenomenon and makes sense of its invariant structure across participants' lived experiences (Brown et al., 2018). The phenomenological design was appropriate for this study because it allowed an exploration of the testimonials of African American women about events and behaviors that have already occurred through their lived experiences of resisting nutrition and obesity standards of a dominant norm without any preconceived assumptions. This approach was used to identify the reason for resistance among this population. Using the PEN-3 model was sufficient as it focuses on placing culture at the forefront of health promotion. The PEN-3 model consists of the constructs of cultural identity, relationships and expectations, and cultural empowerment (Airhihenbuwa, 1989).

Ten participants were selected through purposeful sampling who met the following criteria: female, African American, ages 30 to 45, residing in South Carolina, and diagnosed as obese by a medical professional. The participants took part in a semistructured, one-on-one interview. In the interviews, I explored the participants' lived experiences with resisting nutrition and obesity standards of a dominant norm.

Definitions

Body mass index (BMI): A screening tool for weight categories (Centers for Disease Control and Prevention [CDC], 2020c).

Dominant norm: Dominant norms are prevalent measures of BMI healthy weight standards (CDC, 2020b; Cameron et al., 2018).

Morbid obesity: Morbid obesity is a serious health condition that results from an abnormally high body mass that is diagnosed by having a BMI greater than 40, a BMI of greater than 35 with at least one serious obesity-related condition or being more than 100 pounds over ideal body weight (Obesity Medicine Association, 2019).

Obese, African American Women: Obese, African American women are African American women who fall above the standard BMI weight index.

Obesity: Obesity is a weight category where a BMI is 30.0 to 39.9 (CDC, 2020c).

Overweight: Overweight is a weight category where a BMI is 25 to 29.9 (CDC, 2020c).

Resistance: Resistance is the rejection of standards (Cameron et al., 2018).

Strong Black woman: A strong Black woman is a prominent cultural ideal of the African American woman that emphasizes self-reliance, emotional containment, perseverance, and competence as a caretaker while minimizing vulnerability or weakness (Davis et al., 2018).

Assumptions

In this study, I assumed that obese African American women would value their culture when resisting obesity and nutrition norms. In addition, I assumed that the participants would have a genuine interest in the study. I also assumed that I would gain the trust of the participants so they would be truthful and accurate in describing their experiences with resisting nutrition and obesity standards of a dominant norm. Finally, I assumed that within the screening criteria listed for sampling, each participant would have had experiences in the phenomenon considered/examined within this study.

Scope and Delimitations

The 10 participants for this study were be delimited to obese, African American women, ages 30 to 45. The age range 30 to 45 was selected because that is normally the age when muscle mass starts to decline, and the body starts to store more fat (see Bonewald, 2019). Selecting this age demographic provided more potential participants who fall within this phenomenon. This study was delimited to participants who resided in South Carolina. This study did not include males. This study also did not include females who are not African American. I explored this populations' lived experiences with not adhering to nutrition practices and BMI guidelines.

I chose to use the PEN-3 model because it provides a perspective of how culture or the lack of culture impacts health behaviors. I chose not to use the health belief model because it is comprised of additional constructs that were unnecessary for this study, including perceived susceptibility, perceived severity, perceived benefits, and barriers to engaging in a behavior, cues to action, and self-efficacy (see Champion et al., 2015). My primary goal was to focus on the construct of culture; therefore, the PEN-3 model was more appropriate for this study.

Limitations

This study included some limitations related to method, design, and data collection. This was a qualitative, phenomenological study with a small sample size. A limitation of this study includes generalizability. There was a limited number of people to gather experiences from within this study, so the outcomes may not be considered as typical experiences of all obese African American women, but they do represent the

experiences of the participants within the study. The participants may also have had unknown biases before providing responses that could have influenced their understanding of the questions during the interview process.

Another limitation to this study is researcher bias. I am an obese, African American woman living in South Carolina, and my relatedness to the topic could have affected how the interviews were conducted and perceived, as well as how the transcripts were analyzed. Due to my shared relatedness, I may have had personal experiences that aligned with the experiences of the participants, which may have allowed a greater level of empathy for the research participants. It is important to recognize a researcher's personal view of the world and to discern the presence of a personal lens to be able to accurately listen and analyze the reflections of the participants within the data collected during the study (Fields & Kafai, 2009; Fusch & Ness, 2015). I maintained a researcher journal to bracket my preconceived ideas about the topic before conducting the interviews. To minimize personal bias, the interview questions were created prior to the interview process so they were delivered within the interview to all participants verbatim to avoid the possibility of any personal influences. Finally, all interviews took place in a safe and confidential location that was comfortable for the participants to share their lived experiences.

Significance

Overweight and obesity has the potential to contribute to increased health risks. The results of this qualitative, phenomenological study may lead to positive social change in the community intervention and human services field. This study may provide more

African American women with the awareness of the importance of the incorporation of standard nutrition practices within their lifestyle. The results may also be used to improve how health educators, nutrition and weight loss programs, and medical practitioners educate or provide information to African American women about nutrition and dietary standard practices. The results of the study may also be used to advance current government practices by providing knowledge to government entities on nutrition policy making and nutrition/food marketing. This study could also provide knowledge to promote healthier food choices through interventional programs that could change the curriculum of school programs designed to teach healthy dietary habits among African American school-aged girls.

Summary

The purpose of this phenomenological study was to understand the lived experiences of overweight and obese African American women who do not adhere to the nutrition practices and the obesity standards of the BMI guidelines. African American women are diagnosed with overweight and obesity at high rates. There are various factors that contribute to overweight and obesity among African American women who do not adhere to the nutrition practices and the obesity standards of the BMI guidelines. African American women may have been provided education and interventions and obesity standards; however, this population’s obesity rates continue to grow. It is crucial to shed light on the participants’ experiences to understand the reason for resistance of nutrition practices and obesity standards among African American women. This research could

provide new knowledge that could be used to improve African American women's health by assisting in behavior modification.

In Chapter 2 of this dissertation, I present the relevant literature. The literature review includes the definitions of obesity, and I explore how overweight, and obesity contributes to health problems among African American women. I also explore resistance behaviors related to culture among African American women that may be contributing to obesity. Furthermore, I review previous phenomenological studies that have used the PEN-3 model framework.

Chapter 2: Literature Review

Obesity is a growing problem among African American women, and researchers have not identified why African American women's obesity rates have continued to increase. African American women have the highest prevalence of obesity in the United States (Beydoun et al., 2020). African American women represent 82% of the overweight and obese population in the United States (Gross et al., 2017). The CDC (2020b) reported that 56% of African American women are classified as obese in comparison to 39% of European American women in the United States. Obesity among African American women in the United States is increasing at a disproportionate rate.

To begin the chapter, I review the literature search strategies and present the conceptual framework for this study. I explore the PEN-3 model, and I provide a rationale as to why the PEN-3 model was the appropriate framework to be used for this study. I review the PEN-3 model's main domains of cultural identity, relationship expectations, and cultural empowerment. I review the definition of obesity, health outcomes, social factors, and nutrition practices. Finally, I review culture, physical activity, and body image among obese African American women, and I outline social factors that contribute to obesity.

Literature Search Strategy

This literature review was conducted to examine the recent and empirical knowledge base regarding obese African American women's resistance to nutrition and dietary practices of a dominant norm. I conducted a search of literature using the following sources: EBSCO, ERIC, PubMed, PsycINFO, Medline, Google Scholar, and

the ProQuest database. I used following key terms: *overweight, African American women, Black women, eating practices, obesity, statistics, resistance, compliance, dominant norms, prevention, sociocultural, nutrition, health promoting behaviors, social comparison, weight perception, social determinants, phenomenological, qualitative, ethnic difference, PEN-3 Model,* and *BMI.* These key terms were used in studies that shared themes related to the problem presented within this research study. The articles used for this literature review were within the last 5 years.

Conceptual Framework

The conceptual framework that grounded this study is the PEN-3 model. The PEN-3 model was developed by Airhihenbuwa (1989) in a response to the absence of culture in the explanation of health outcomes. The PEN-3 model centralized culture within the study of health behaviors, beliefs, and health outcomes (Airhihihenbuwa, 1995). Airhihenbuwa (1989) designed the PEN-3 model so that it places culture at the forefront of the development, implementation, and evaluation of public health interventions in an individual's life. The PEN-3 model places an emphasis on the role that culture plays in understanding an individual's perceptions and actions about their health issues (Airhihenbuwa, 1989). The perceptions of health actions are building blocks in determining health beliefs that are replicated to express cultural beliefs (Airhihenbuwa, 1989,1995). Furthermore, the PEN-3 model offers a framework that defines health issues and problems while framing solutions to their health problems and issues in their lives (Airhihenbuwa, 1989, 1995). The PEN-3 model includes rewards and positive values rather focusing on negative aspects of cultural values (Airhihenbuwa, 1989, 1995). The

PEN-3 model was effective for this current study because it provided an opportunity to examine cultural and health practices among African American women.

The PEN-3 cultural model consists of three primary domains. These domains include cultural identity, relationship and expectations, and cultural empowerment (Airhihenbuwa, 1989, 1995). Each of these domains includes three factors that form the acronym PEN. The first domain under neighborhood consists of person and extended family (Airhihenbuwa, 1989, 1995). The relationship and expectations domain consist of perceptions, enablers, and nurtures (Airhihenbuwa, 1989, 1995). The cultural empowerment domain consists of positive, existential, and negative (Airhihenbuwa, 1989, 1995). Identifying health issues from the perspective of each domain provides insight on the importance of culture within health issues.

Cultural Identity Domain

The cultural identity domain is included in the intervention aspect of the model. This domain involves interaction with persons such as the mother or health care workers, the extended family members such as grandparents or cousins, or the neighborhoods such as the communities at large (Airhihenbuwa, 1989). Airhihenbuwa (1989) reported that the cultural identity domain defines the person, the extended family, and the neighborhood that a person lives within. The extended family component within this domain can also include the degree to which the family members can work together as a positive unit to make decisions (Airhihenbuwa, 1989). This domain is important because a person comes to know who they are in the context of relationships in which they

develop with other people. Therefore, including the person, extended family, and neighborhood in the framework was appropriate for this study.

Relationship and Expectations Domain

The relationship and expectations domain provide focus on the perceptions and attitudes about the health problems of an individual. This domain also focuses on societal and structural resources, such as health care services, that promote and discourage effective health seeking practices (Airhihenbuwa, 1989). Furthermore, the relationship involves the influence of the family members in nurturing decisions surrounding the management of an individual's health problems and health care (Airhihenbuwa, 1989; Airhihenbuwa et al., 2014). Perceptions within this domain are described as belief, knowledge, and values in making decisions individually or within the entire group, which highlight the complementarity of emotion and rationality in the behavioral outcomes with respect to culture and health (Airhihenbuwa, 1989, 2014). Airhihenbuwa (1989) noted that knowledge molds a person's perceptions and reality as it rates to their health and cultural beliefs. Enablers within this domain can refer to resources, support, and wealth such as assists and liabilities as a measure of different resources, power, and the cost of services such as health care treatment (Airhihihenbuwa, 1989). The influence of family in nurturing decision making among individuals is an aspect of this model that makes it effective in address the problem within this study.

Cultural Empowerment Domain

The cultural empowerment domain provides encouragement within the process of health issues. The cultural empowerment domain focuses on health problems and issues

with identifying beliefs and practices that are positive by emphasizing the values and beliefs that are positive (Airhihihenbuwa, 1989; Airhihenbuwa et al., 2014). The solutions that are harmless are acknowledged before addressing behaviors that are harmful to the person and have negative effects on a person's health (Airhihihenbuwa, 1989; Gross et al., 2017). From the lens of this domain, cultural beliefs and practices are explored to find solutions to health problems.

Previous Applications of the PEN-3 Model

The PEN-3 model has been effective when applied as a framework for studies that have addressed obesity and hypertension. Bergren et al. (2016) conducted a study using the PEN-3 model as the framework to review obesity prevention interventions for African American youth. Bergen et al. used the PEN-3 model to highlight the importance of designing interventions that emphasized healthy activities that the youth favored, joint parent interventions, and interventions that support the relationship between African American youth and mentors. The application of the PEN-3 model has also provided direction to the development of a culturally appropriate obesity intervention programs for African American youth (Addison et al., 2019). Addison et al. (2019) used the PEN-3 model to understand a patient's perception of hypertension. Using the PEN-3 model, Addison et al. identified nurturers, enablers, and barriers within hypertension management and identified factors that could help or hinder the ability for the patients to manage their hypertension (Addison et al., 2019). Scholars have effectively used the PEN-3 model as a framework to explore the phenomenon of childhood obesity and hypertension in order to develop a plan of action to manage it.

Literature Review

Definition of Obesity

It is important to know how to identify obesity. Obesity is measured by determining an individual's BMI (CDC, 2020c; Lidgren et al., 2020; Obesity Medicine Association [OMA], 2019). BMI categorizes weight in different classes that include overweight, obesity, and morbid obesity. Overweight is a weight category where a BMI is 25 to 29.9 (CDC, 2020c; Lidgren et al., 2020; OMA, 2019). Obesity is a weight category where a BMI is 30.0 or higher (CDC, 2020c; Lidgren; OMA, 2019). Morbid obesity results from an abnormally high body mass that is diagnosed by having a BMI greater than 40, a BMI of greater than 35, and having at least one obesity-related condition or being more than 100 pounds over ideal body weight (CDC, 2020c; Lidgren; OMA). The BMI is a common tool that is used to measure body fat and categorize the weight of a person.

Female Obesity

African American women continue to be at a high risk for obesity. The obesity rates are disproportionately higher among African American women as opposed to European American women (Bandera et al., 2020; CDC, 2017a; Knox-Kazimierczuk & Shockley-Smith, 2017). African American women have the highest obesity rates, and they also have the lowest breastfeeding rate among all other ethnicities in United States (Cubbin & Vazquez, 2019; Hess et al., 2015). There is a positive correlation between breastfeeding and a reduction in obesity among children and mothers (Cubbin & Vazquez; Hess et al., 2015). African American women's obesity rate continues to

increase, even with the involvement of some previous organized weight loss intervention methods (Adams et al., 2018; Knox-Kazimierczuk & Shockley-Smith, 2017). The increasing obesity rates among African American women continue to be a problem.

African American women are more likely to be obese, starting at youth. The rate of obesity among African American girls increases during school-age years (Hsu et al., 2017; Khoury et al., 2020). In the United States, 21% of African American young girls ages 6 to 11 are obese in comparison to 14% of European American young girls (CDC, 2017b). In looking at a wider age range, 22% of African American, young girls ages 6 to 17 are obese in comparison to 17% of European American, young girls (CDC, 2017b). African American girls have disproportionate rates of obesity in the United States.

Social Consequences of Obesity

Women continue to experience negative workplace discrimination due to obesity. Society has created a stigma associated with obese workers in which they are perceived as less productive, less knowledgeable, and unorganized (Baker et al., 2017; Campos-Vazquez & Gonzalez, 2020; Crimarco et al., 2020). Campos-Vazquez and Gonzalez (2020) conducted a study about obesity and hiring discrimination and revealed that the job interview callback rate for nonobese women was 29%, whereas obese women had a 21% call back rate. Widespread negative workplace stereotypes characterize people with obesity as lazy, less competent, lacking in self-discipline, noncompliant, sloppy, and worthless (Jackson, 2016). Occupational discrimination because of weight stigma leads to psycho-physical discomfort, which exacerbates overeating and obesity (Obara-

Golebiowska, 2016). Obese individuals face obstacles within workplace settings due to social stigmas associated with obesity.

Individuals who are obese also experience stigma within public settings. The experiences associated with obesity□related stigma can be psychologically stressful and damaging to a person's mental health (Brewis et al., 2017; Knox-Kazimierezuk & Shockey-Smith, 2017). The stigmatization of obese individuals is displayed in the media through television shows, movies, and the media (Brewis et al., 2018). Obese individuals may also be unable to find medical equipment to accommodate their size (Brewis et al., 2017). Some obese individuals are not able to fit comfortably into seats in public spaces and on airplanes (Brewis et al., 2017). Moreover, several public locations fail to have oversized seats to accommodate people who are obese (Brewis et al., 2017). Obese individuals may also experience difficulty finding clothes that fit (Brewis et al., 2017). Some other stigmatizing experiences for obese people include being mocked and publicly shamed by strangers because of their size (Brewis et al., 2017). Obese individuals also may experience bullying (Campos-Vazquez & Gonzalez, 2020). Obesity-stigma-related treatment in public settings can cause negative social consequences for an obese individual.

Health Consequences of Obesity

African American women are negatively affected by obesity and overweight across almost every health indicator. Obesity among African American women is closely linked to depression, anxiety disorders, sleep disorders, and neurodegenerative diseases (Bentley et al., 2018). African American women have the highest rate of obesity, and

they are at a higher risk for chronic health diseases (Adams et al., 2018; Ballentine et al., 2019; Bentley et al., 2018; Crimarco et al., 2020). Hefner et al. (2019) noted that African American women are more likely to develop chronic diseases such as heart disease, Type 2 diabetes, hypertension, and stroke. Obese African American women are also more likely than any other ethnic group of women to die from breast and cervical cancer, as well as cardiovascular disease (Abrams & Belgrave, 2016; Hefner et al., 2019; Knox-Kazimierezuk & Shockey-Smith, 2017). African American women experience adverse health consequences due to obesity.

African American women's disproportionate rate of obesity also puts them at risk for heart disease. In fact, obesity has been considered one of the leading causes of heart-disease-related deaths that accounts for nearly 50,000 African American women annually in the United States (Greene et al., 2019). Heart disease refers to several types of heart conditions, but the most common type of heart disease in the United States is coronary artery disease (CDC, 2018). Coronary artery disease is caused by a plaque buildup in the walls of the arteries that provide blood to the heart and other body parts (CDC, 2018). The plaque that builds up in the arteries leads to a potential heart attack (CDC, 2018). Coronary artery disease risk factors are being overweight, physical inactive, eating unhealthy, smoking tobacco, and family history of heart disease (CDC, 2018). Obese African American women in the United States experience higher heart disease mortality compared to European American women (Barnett et al., 2019). Heart disease is a severe potential health consequence of obesity that is a life-threatening disease.

Obese African American women are also at risk for Type 2 diabetes. African American women in the United States have higher rates of Type 2 diabetes than European American women (Allister-Price et al., 2019). Type 2 diabetes is a condition in which a person's body does not use insulin in the proper way (American Diabetes Association [ADA], n.d.). The symptoms of Type 2 diabetes include hunger, frequent urination, fatigue, thirst, blurred vision, numbness or tingling in hand or feet, and dark skin patches (ADA, n.d.). A vital factor in managing Type 2 diabetes is maintaining a healthy diet (ADA, n.d.). Fitness is also an essential factor in managing Type 2 diabetes among African American women (ADA, n.d.). People diagnosed with Type 2 diabetes spend more on health care expenses, and they miss more days of work compared to a nondiabetic (CDC, 2020a). In addition, 1 in every 8 African American women has been diagnosed with diabetes (CDC, 2020a). Although African American women are at higher risk for diabetes, it can be managed or prevented through maintaining a healthy diet and fitness plan.

Hypertension is a serious health condition. Hypertension is known as a silent killer because most people do not know they have an elevated blood pressure if they are not having their blood pressure checked by a medical professional (American Heart Association [AHA], 2020). Hypertension or high blood pressure is the high constraint of blood pushing through the walls of a person's blood vessels (AHA, 2020; CDC, 2020d). A normal blood pressure reading is 120/80, and if a blood pressure rises over 130/89, it is considered high blood pressure stage one (AHA, 2020). When a blood pressure level is 140/90, it is considered Stage 2 and when its above 180/90, it is considered hypertension

crisis stage (AHA, 2020). At the crisis stage, a person may experience numbness, weakness, chest pain, shortness of breath, and potential organ damage (AHA, 2020; CDC, 2020d). Hypertension is a health condition that can lead to death.

African American women obesity rates put them at high risk for hypertension. African American women have the highest hypertension rates and are also less likely than any other ethnic group to adhere to the medication to combat hypertension (Dunbar et al., 2019). In the United States, more than 42% of African American women have high blood pressure (AHA, 2020; CDC, 2020d; OMH,2020). African American women are 60% more likely to have high blood pressure in comparison to any European American women (OMH, 2020). Researchers have found a gene that makes African Americans more sensitive to the effects of salt, which also increases their risk of having high blood pressure (CDC, 2020d). High blood pressure is usually developed early in life for African Americans and becomes more severe (CDC, 2020d). African American women are at higher risk for hypertension problems than women of any other ethnicity.

Obese African American women are also at risk for stroke. A stroke happens when a blood vessel that distributes oxygen and nutrients to a person's brain is either blocked by a clot or bursts, potentially causing brain damage (ASA, 2020). Obesity and hypertension are the top risk factors in causing a stroke (CDC, 2020d). African American women are at high risk for stroke because more than 3 in 5 African American women are obese, and more than 2 in 5 of them have been diagnosed with hypertension (CDC, 2020d). African American women also have more severe damage from strokes and are

more at risk for them at an early age (CDC, 2020d; ASA, 2020). African American women's obesity and hypertension put them at high risk for a stroke.

Nutrition Practices

There are various nutrition practices that may contribute to obesity among African American women. Early childhood nutrition practices, fruit, vegetable, and drink intake, nutrition education, portion control, and calorie consumption are components of nutrition practices that may influence obesity (Kasole et al., 2019). Obese African American women generally have poor diet quality and nutrition practices (Adams, 2019; Perkins, & Stephens, 2019). The adoption of unhealthy nutrition practices among African American women is contributing to the obesity pandemic in the United States.

Early Childhood Nutrition Practices

African American women who learn unhealthy nutritional habits as a child may choose to eat unhealthy as an adult. Early childhood is an important time to implement nutrition habits to prevent obesity (Bouras et al., 2019). Eating habits among African American girls have been associated with the increased rate of obesity and other health-related issues (ADA, n.d.; Appiah et al., 2019; Bouras et al., 2019). African American girls consume foods that have high cholesterol and excessive amounts of salt, which also leads to obesity and high blood pressure (ADA, n.d.; Bouras et al., 2019). Early education and exposure to better food options and guidance on meal selections during early childhood may equip African American girls with more knowledge to make healthier food choices.

African American girls who attend schools that participate in the Nation School Lunch Program are given the opportunity to receive healthy meals provided by the school during mealtimes. African American girls are provided the option of healthy meals and unhealthy meals during school lunch (Adams-Wynn et al., 2018). However, African American girls also have access to unhealthy snacks in the vending machines at school and various unhealthy fast food chains within walking distance around the school (Adams-Wynn et al., 2018). The National School Lunch Program (NSLP) is a federal program that seeks to promote nutritious meals and children's health and wellbeing (NSLP, 2019). This program also provides children in school with low cost or free nutritionally balanced meals (NSLP, 2019). The federal government allows the state and local leaders to have control over the lunch programs within the schools (Linder, 2019). School administrators and parents should also reinforce the factors that drive food choices among children to maintain healthy eating habits (Greene et al., 2019). African American girls are provided an opportunity to obtain a healthy meal during school, but they still have other unhealthy meal choices available.

Fruit, Vegetable, and Drink Intake

African American women's accessibility to consume fruits and vegetables plays an essential role in nutrition because they consist of important vitamins and minerals. Fruits and vegetables also contain important fibers that the body needs to function in everyday life (National Cancer Institute [NCI], 2019). Individuals with a diet that is high in fruits and vegetables have increased prevention against diabetes, cancer, and heart disease (NCI, 2019). Fruits and vegetables provide health benefits such as the ability to

reduce blood pressure, assist with weight loss, prevent certain diseases, assist with energizing the body, and improve a person's vision (NCI, 2019). Adults should, on average, eat at least 1.5 to 2 cups of fruits and 2 to 3 cups of vegetables a day (CDC, 2017c). Only 1 in 10 individuals consume the appropriate amounts of fruits and vegetables (CDC, 2017c). African American women who reside in low-income neighborhoods have limited access to fresh fruits and vegetables because there are not as many grocery stores (Bodnar et al., 2018; Bruckner & Gailey, 2019). African American women have lower fruit and vegetable intake in comparison to Non-Hispanic and European American women (Knox-Kazimierczuk & Shockly-Smith, 2017). African American women should include more fruits and vegetables in their daily diet to reduce the chances of obtaining diseases and illnesses such as diabetes and heart disease (Bowen & Sterling, 2019; Ndayi, 2019). African American women have limited access to many grocery stores and limited selections within the grocery stores, may be a factor as to why they do not consume enough fruits and vegetables in their daily diet, which can lead to them becoming overweight or obese.

High levels of sugary drinks are also not a healthy part of a daily diet. The amount of sugar consumed within drinks has increased in the diet for all people living in the United States due to the increase in fast food establishments (Gordon et al., 2019). This increase in sugary drink consumption has contributed to the amount of overweight and obesity among African American women (Gordon et al., 2019). African American communities are the target for marketing high sugar drinks that are contributing to poor nutrition choices for African American women (Affuso et al., 2019; Gordon et al., 2019).

Sugary drink consumption also leads to several adverse health problems (Zupanic et al., 2020). The impact of sugary drinks is severe on a person's health that it has created a trend of countries placing taxes on the products to reduce consumption (Mis et al., 2020). Consumption of sugary drinks without moderation can influence an individual's ability to manage his or her weight.

Nutrition Education

Many obese African American women have learned about nutrition in a variety of methods. Nutrition education is the process of learning about food, food preparation and the influence that nutrition has on one's health (Abel et al., 2018). Learning about a person's nutrition education experiences will help to understand their eating behavior (Velardo, 2015). The method in which nutrition education is delivered to African American women may influence their willingness to conform to nutrition standards of dominant norm (Bessesen et al., 2018). Some African American women learn about nutrition through family traditions, school and community nutrition programs (Bessesen et al., 2018). Nutrition education programs that are equipped with the right knowledge maybe able to create positive social change among obese African American women (Bessesen et al., 2018). Community based nutrition education interventions have shown to enhance healthier eating outcomes among African American improving (Adegoke et al, 2016). The primary care physician providing nutrition education counseling to African American women is an important part of promoting nutrition education and weight loss (Banerjee et al., 2018). The effectiveness of the delivery method of nutrition education may be a contributing factor to obesity among African American women.

Health and Nutrition Education from Physicians

Active engagement between African American women and their physicians about nutrition education would be considered a proactive intervention to prevent obesity. The ideal nutrition education delivery from a physician would entail community-based, gender-specific, culturally specific methods to teach the target audience the best practices to help reduce the burden of obesity (Bhadane et al., 2019). The United States Preventive Services Task Forces (USPSTF, 2020) recommended that all physicians make referrals or offer weight management information. However, there are many obese individuals not receiving any counseling (USPSTF, 2020.) Some physicians have inadequate training and negative attitudes about obese patients and that may be a reason why physicians fail to provide appropriate weight management and nutrition education counseling on a consistent bases to their patients (Bessesen et al., 2018). Besesesen et al. (2018) revealed that most physicians make recommendations for obesity based on their personal experiences with weight loss. Physicians are more commonly recommending physical exercise to combat obesity and not stressing the importance of lifestyle changes with nutrition (USPSTF, 2020). However, physical activity alone reduces the effectiveness of weight loss for African American women if they do not have any effective nutrition plan to accompany weight loss efforts (Barth et al., 2017). Effective interventions by doctors could offer nutrition education along with physical activity for African American women, which would serve as a significant step towards reducing obesity (USPSTF, 2020). The culturally insensitive recommendations from physicians may be ineffective with obese, African American women.

There are few African American physicians who obese African American women may be able to self-identify with in the medical field. Obese African American women may prefer to be seen by an African American doctor (Cutler et al., 2019). African American women are limited in their options of choosing an African American primary care physician (Capodilupo, 2015). African American women have indicated that they feel more comfortable with an African American doctor (Cuevas et al., 2016; Cutler et al., 2019). African American women have difficulty trusting and building relationships with European American male physicians because they feel an African American doctor can better relate to their issues and concerns and take them more seriously (Cuevas et al., 2016; Cutler et al., 2019). African American women are also better able to build a relationship and trust the recommendations of an African American physician (Cuevas et al., 2016; Cutler et al., 2019). However, only 5% of physicians are African American in the United States, which totals 53,526, and only 24,143 of those are African American women (Association of American Medical Colleges [AAMC], 2019). African American women will rarely be able to be seen by an African American or African American female doctor because they are a minority in the medical field. Obese African American women may not adhere to the recommendations of European American, male physicians because they do not trust that they can recommend what is best for them because they are not able to self-identify with them as an African American woman.

Portion Control

It is important for obese African American women to understand portion control and be aware of the calories that are consumed in meals. Poor knowledge and use of

portion size are contributing factors to obesity among African American women (English et al., 2015). The CDC provides guidelines on the appropriate amount of calorie intake that men and women should consume per day. The CDC (2020a) recommended that adults should consume 1,600 to 3,000 calories per day. For adult women, the CDC recommended that they should, on average, consume from 1,600 to 2,400 calories per day. The CDC recommended that men should eat 2,000 to 3,000 calories per day. Although these are general guidelines, the low end of the recommended calories is for men and women who are sedentary (CDC, 2020a). The high end of the range is for men and women who are active in their daily lives (CDC, 2020a). When reviewing these CDC guidelines, the weight and height of men and women is also taken into consideration on the number of calories determined that a person should consume per day (CDC, 2020a). Men and women should eat the recommended number of calories each day to maintain a healthy weight.

Understanding the number of calories that an individual should consume can assist in weight management. Managing weight through the recommended guidelines will assist in portion control for individuals. If African American women are not adhering to standard guidelines such as the calorie intake guidelines issued by the CDC, they may not be aware of the appropriate portions of food to consume per day. African American women have problematic eating behaviors such as overeating and loss of control over consumption (Levine et al., 2019). African American women not knowing the appropriate portion size and the amount of the calories consumed in meals may put them at risk for overeating and contribute to the risk of becoming obese.

There are specific serving sizes that African American women should follow to maintain a healthy diet. Serving sizes will vary among different food types. The CDC (2020a) recommended servings per day and servings per week for different food groups. These include (a) vegetables should be five servings per day; (b) fruits should be four servings per day; (c) grains should be three servings per day; (d) dairy should be three servings per day; (e) poultry, meats, and eggs should be eight to nine servings per week; (f) fish and other seafoods should be two to three servings per week; (g) nuts, seeds, beans, and legumes should be five servings per week; and (h) fats and oils should be three servings per day (CDC, 2020, p. 32). Many African American women are not adhering to the portions of a daily diet as recommended by the CDC. Adams et al. (2019) noted that African American women were more likely than other groups to report the intention of following a diet but continuing to consume high amounts of foods that are saturated in fats and sugar, which increases their chances of being obese. African American women reported that they lack self-control with eating food, and they would often eat food although they were not hungry (Adams et al., 2019). It is important to understand the cultural competencies, emotional issues and barriers that are causing African American women not to adhere to dominant guidelines such as portion sizes (Adams et al., 2019; Burke et al., 2018). African American women may require eating interventions on their dietary habits to reduce eating unhealthy portion sizes of food.

Culture and Obesity in African American Women

African American women's culture may affect their eating habits. Food culture refers to the practices, attitudes, and beliefs of the types of food people eat in their

surroundings (Knox-Kazimierckuk & Shockey-Smith, 2017). When considering cultural eating norms, it is important to incorporate social identity as a part of a person's cultural perspective because it can influence how weight stigma contributes to weight gain or weight loss among obese individuals (Blodorn et al., 2015). African American women are embracing extra weight and indulging in unhealthy eating habits as a part of accepting their cultural identity (Blodorn et al., 2015). It is important to understand what types of food are important to African American women's culture. African American women have difficulty in making dietary modifications when needed because of health issues, personal food preferences, food preferences of family members, and their emotional attachment to traditional cultural food practices passed down from previous generations (Brown & Sumlin, 2017). Understanding cultural food choices may provide more knowledge about approaches that may or may not trigger African American women to be more accepting of dominant nutrition education norms and potentially reduce obesity among African American women.

Physical Activity Levels in African American Women

The lack of physical activity among African American women is a problem. In fact, the lack of exercise among African American women is a contributor to their obesity (Ansa et al., 2018; Doldrum et al., 2016). Physical activity is important for good health; however, it is especially important for African American women in the United States because they are most unlikely to be physically active (Jenkins et al., 2017). African American women's participation in physical activity is less than any other racial groups in the United States (Doldrum et al., 2016). Only 51% of African American women

participate in some level of exercise, whereas 66% of European American women participate in the same level of exercises (Doldrum et al., 2016). Only 16% of African American women participate in strength exercise as compared to 26% participation of European American women. African American women are not as physically active as women of other ethnicities and that contributes to their risk for obesity.

African American women face sociocultural barriers to participate in physical activity. One of the barriers to physical activity for African American women is their hair (Ainsworth et al., 2018; O'Brien-Richardson, 2019). Hair is an important part of an African American woman's image and they place high value on hair appearance (Ainsworth et al., 2018; O'Brien-Richardson, 2019). An African American woman is 2.9 times less likely to engage in physical activity if it negatively impacts their hairstyle (Ainsworth et al., 2018). Some African American women who participate in physical activity state that they sweat out of certain hair styles, which can cost them additional time and money to restyle their hair after perspiration (Hefner et al., 2019). Physical activity becomes a financial burden on African American women's hair, especially the lower income African American women (Ainsworth et al., 2018). It may be important to learn how to incorporate African American women concerns for their hairstyle image with a physical activity program so that they are able to achieve their recommended amount of physical activity while still placing value on the style of their hair.

Accessing Safe Physical Fitness Environments

Access to safe neighborhoods is important for individuals to be more physically active. African American women were 80% less likely to have a safe neighborhood in

which they could participate in physical activity (Beagan et al., 2017). Additionally, African American women have less access to public parks and public pool as an outlet to exercise (Chavez et al., 2018). The sidewalks that are in the African American communities are 38 times more likely to be in poor condition when compared to European American neighborhood (Ainsworth et al., 2015; Chavez et al., 2018). African American women may live in neighborhoods that restrict their outdoor time for fear of violence and crime in the area (Ainsworth et al., 2015; Chavez et al., 2018). African American women live in restricted neighborhoods that are not accommodating to physical activity, which may lead to avoiding engaging in physical activity.

Negative Social Factors That Contribute to Obesity

There are several social factors that place African American women at more risk for obesity. Overweight and obese African American women experience minimal social support from family and friends for healthy eating and exercising (Gittelsohn et al., 2016). Social support promotes healthy behaviors such as co-participating in exercise, providing nutrition education, using positive reinforcements, and avoiding criticism (Gittelsohn et al., 2016). Social support is important because African American women continue to struggle with experiences of discrimination, racism, sexism, lack of medical care, and unequal pay (Assari, 2017; Hunter &Watson, 2015a, 2015b; Lewis & Szymanski, 2016). The negative social factor experiences become contributors to obesity for African American women in the United States (Gittelsohn et al., 2016). Social support systems are beneficial to help African American women cope with negative social factors and to encourage healthy lifestyle behaviors.

Racial Discrimination, Sexism, and Obesity

The negative effects of racism and sexism may contribute to obesity for African Americans. Racism is defined as a hierarch of inferiority, superiority, and discrimination among humans of someone of a different race or belief (Grosfoguel, 2016; Levine et al., 2019). Racism can stem from religion, culture, color, ethnicity, or language (Grosfoguel, 2016; Levine et al., 2019). African American women's experiences of perceived racism can negatively affect both their mental and physical health outcomes (Bently et al., 2018; Lewis et al., 2017). Racism can cause stressors that influences the BMI of African American women (Lewis et al., 2017). Discrimination, racism, and sexism can lead to depression in obese, African American women (Bentley et al., 2018; Hall, 2018). Without adequate methods to cope with these stressors, the accumulative and persistent stress can lead to poor chronic mental health and physical health outcomes (Hall, 2018). African American women's exposure to negative social factors creates unhealthy stress levels that contributes to an unhealthy BMI and places African American women at more risk of becoming obese.

Accessing Proper Food in Grocery Stores

Access to appropriate groceries stores is important for African American women to be able to access healthy food items. Many African American women rely on local fast food chains and convenience stores for food (Brucker & Gailey, 2019). In fact, their limited access to appropriate grocery store options also limits their healthy food choices if they live in a geographical location that is considered a food desert (Brucker & Gailey, 2019; Chavez et al., 2018; Jackson & Testa, 2019). The lack of stores that offer fresh

fruits and vegetables in African American community contributes to health disparities among the African American population (Brucker & Gailey, 2019; Chavez et al., 2018). Some African American women lack access to appropriate grocery stores and that influences their buying selections.

Body Image and Obesity

African American women's attitudes about cultural norms is important in understanding their nutrition practices and weight loss behaviors. Some women are not aware their health is at risk when they are obese because they do not view their weight as being a problem (Daquin et al., 2017). African American women within the African American community have greater body satisfaction with being overweight and obese (Daquin et al., 2017; Lewis et al., 2019). As a result, African American women are less likely to engage in healthier eating practices because they are more accepting of their body image (Capodilupo, 2015; Daquin et al., 2017; Peters & Pickett, 2017). African American women's perception of their body image is an influential factor in how they identify with their health (Capodilupo, 2015; Daquin et al., 2017; Peters & Pickett, 2017). If African American women do not have concerns about their body image or health, they become less likely to focus on strategies to manage obesity because they do not consider them being overweight or obese as a health problem.

The ideal body image may vary among women of a different race. The ideal body image for women of the dominant norm in the United States is a thin and tall woman (Cameron et al., 2018; Capodilupo, 2015; Lewis et al., 2019). Thinness does not represent the ideal body image for most African American women (Cameron et al., 2018;

Capodilupo, 2015; Lewis et al., 2019). African American women are more likely to compare themselves to other African American women and reject the European American dominant norm as a valid source of comparison (Capodilupo, 2015; Dunn et al., 2019). African American women's cultural identity places priority on the African American culture, heritage, and acts of belonging to that group (Capodilupo, 2015; Dunn et al., 2019). African American cultural identity has significance in how an African American woman compares herself to the ideal image of a dominant norm (Capodilupo, 2015; Dunn et al., 2019). African American women who align with an African American cultural identity are not likely to compare themselves to the European American body image because they relate to a body structure that is embraced by their culture (Capodilupo, 2015; Dunn et al., 2019). African American women who are less African American culturally aware or do not self-identify with the culture are more negative about their body image (Capodilupo, 2015). Most African American women embrace the qualities that are more representative of the African American race and ethnicity (Bauer et al., 2017; Capodilupo, 2015; Dunn et al., 2019). African Americans women's acceptable body image involves having a body that does not make them feel invisible and a body that is appealing to African American men (Bauer et al., 2017; Capodilupo, 2015). African American women are embracing a body image that they are confident reflects their cultural identity and will attract African American men.

Summary

In the literature review, I presented scholarly literature on themes related to obesity, African American women resisting dominant nutrition norms, and obesity

standards. The conceptual framework that grounds this study is the PEN-3 model. The PEN-3 model was developed by Airhihenbuwa (1989) in a response to the absence of culture in the explanation of health outcomes. The PEN-3 model places an emphasis on the role that culture plays in understanding an individual's perceptions and actions about his or her health issues. I presented the current trend of obesity as an ongoing concern among African American women. I explored the nutrition practices and nutrition education experiences for obese African American women. I also reviewed literature about the negative social and health consequences of obesity for African American women. I explored the research on body image among obese African American women. Many obese African American women are not adhering to the dominant nutrition standards and obesity norms as they continue to battle disproportionate rates of obesity.

The cultural aspects of African American women lifestyles have rarely been explored to identify if there are cultural factors that may be contributing to why obese African American women are resisting practicing dominant nutrition norms (Knox-Kazimierczuk & Shockly-Smith, 2017). Researchers have recommended that culture adaptions should be further explored to understand African American women's skepticism about dominant nutrition and obesity standards (Baskin et al., 2018; Cathelin et al., 2019). Because little is known about the cultural factors that may be causing obese African American women to resist dominant nutrition norms and obesity standards, this study will fill the gap in literature. This study may also provide knowledge to assist with disciplines related to obesity among African American women.

In Chapter 3, I explained the study process and methodological approach that will be used for this study.

Chapter 3: Research Method

Introduction

The purpose of this qualitative, phenomenological study was to gain an understanding of obese, African American women's experiences who do not adhere to the nutrition and obesity standards of the BMI guidelines. This study included 10 participants who were interviewed to share their experiences of resisting nutrition and dietary standards of the dominant norm. This study was needed because understanding such experiences may provide knowledge that can be incorporated into culturally specific programs to reduce obesity and improve the quality of life for African American women. This chapter consists of the purpose of the study, research question, research design, research methods, ethical considerations, and summary.

Research Design and Rationale

The research method used in this study was qualitative. Qualitative methods, according to Kawamura (2020), are the process of studying participants in a way to obtain an in-depth understanding of phenomena in their natural setting. Qualitative scholars usually focus on the "what" and the "why" in seeking participants' experiences in their everyday lives (Kawamura, 2020; Kostere et al., 2015). Qualitative research is used to understand the perceptions, feelings, and values in human behavior (Baxter & Jack, 2008). I chose a qualitative method for this study because it allowed for a more in-depth understanding of the phenomena from the experiences of the participants.

The following research question guided this qualitative phenomenological study: What are the lived experiences of obese, African American women, aged 30 to 45, who do not adhere to the nutrition and obesity standards of the BMI guidelines?

The quantitative method was not well suited for this study. Quantitative methods are a systematic investigation of gathering data and performing statistics and computational techniques, such as corrections and causality, for study (Mertens, 2014). Quantitative researchers seek to achieve reliable and accurate quantifiable measurements that are demonstrated through statistical analysis (Almeida et al., 2017). In my study, I did not collect numerical data from the participants but collected data in the form of narrative and words in the participants' interviews.

I did not choose a mixed-methods approach for my study. Mixed-methods research involves the combining or mixing of qualitative and quantitative research language techniques, approaches, concepts, or language into a single study (Castellan, 2010). A mixed method is used when the researcher wants to achieve greater triangulation by obtaining quantifiable data in addition to the qualitative data (Brannen, 2017; Mertens, 2014). A mixed-method approach can provide more rigor and validity in some studies because of the data collection from both a qualitative and quantitative source (Abowitz & Toole, 2010). However, a mixed-method study is more expensive than a single method approach, in terms of time, money, and energy (Abowitz & Toole, 2010). Although the mixed-method design uses both quantitative and qualitative data, I did not include a quantitative component to my study; therefore, I did not choose this method.

In this qualitative study, I used an interpretive phenomenological analysis (IPA) design. The phenomenological design provides a foundation for the researcher to explore the core of a phenomenon through the consciousness of the participants by allowing them to share their lived experiences and letting the concepts surface (Brown et al., 2018). Scholars use an IPA design to explore, in detail, how participants are making sense of their personal experiences and the world around them (Eatough & Smith, 2008). An advantage of the IPA is the relationship that the approach allows for the researchers to create with the participants within the study (Alase, 2017). A face-to-face opportunity to build a relationship is possible between the participant and the researcher. The interactions with one another can build a more personal relationship throughout the process of recruitment to conducting interviews and event through member checking. I chose an IPA design because it helped me in understanding the meanings of the participants' experiences.

Other qualitative research designs were considered for this study, such as case study, grounded theory, and ethnography. A case study has several research objectives, including description, explanation, prediction, and control of the participants within a study (Woodside, 2010). A case study is designed to answer who, what, where, when, why, and how questions (Woodside, 2010; Yin, 2014). Researchers usually choose case study research when they have little or no control of the behavioral events, and when they are exploring a contemporary phenomenon (Yin, 2014). A case study was not needed to gain an understanding of the lived experiences of the participants within this study because their experiences already occurred before the study. Grounded theory is used to

test a theory and determine how it relates to the phenomenon being considered in a study (Percy et al., 2015). I did not test a theory or determine how it related to this study but obtained the perceptions of African American women resisting nutrition and obesity standards of a dominant norm. Ethnography focuses on empowerment, power, and inequality with respect to learning about ethnic groups and their culture (Percy et al., 2015). I was not interested in ethnography because I did not want to limit my study to understanding solely the cultural aspects of why African American women resist nutrition and obesity standards of the BMI guidelines. Although other designs were considered, a qualitative IPA design was the most appropriate for this study.

Role of the Researcher

While conducting a study, a qualitative researcher has many roles. A qualitative researcher's role is to create an opportunity to interview the participant in a natural setting (Clark & Vealé, 2018). The researcher is also the main instrument within the study (Clark & Vealé, 2018). A qualitative researcher is not only an observer but also someone who interacts in various task within the interview process (Babchuk, 1962). My role as qualitative researcher involved divulging in recent literature pertaining to my study and recruiting participants to conduct interviews.

Another role of the researcher is to recruit research participants who fit the identified criteria for the study. I did not recruit any participants with whom I had any prior relationships. The participants recruited met the study participation criteria. I then conducted the interviews with the participants. To ensure integrity, a qualitative researcher must address their bias while collecting and analyzing the data. Scientific

bracketing within qualitative research is a process in which a researcher suspends their presuppositions, biases, assumptions, theories, or previous experiences to see and describe the phenomenon (Åstedt-Kurki et al., 2015; Newman & Tufford, 2012). Bracketing allows researchers to become aware of their feelings and put aside their own presuppositions to capture the authentic lived experiences of the participants within the study (Åstedt-Kurki et al., 2015; Newman & Tufford, 2012).

I provided an incentive for participating in the study. As a token of appreciation, the participants received a $10 Walmart gift card for volunteering, participating, and sharing vivid life experiences about resisting nutrition and obesity standards of the BMI guidelines. After concluding the semistructured interviews, I sent a letter to each participant thanking them for their participation within the study.

Methodology

Participant Selection Logic

The targeted population for this study were obese and morbidly obese African American women, ages 30 to 45. The participants were residents of South Carolina. The participants were asked to participate in a semistructured interview. Purposeful sampling and snowball sampling were used for this IPA study. The purposive sampling technique is the deliberate choosing of participants due to the identified qualities that the participants possess (Nechval & Nechval, 2016). A key element of purposeful sampling is selecting candidates across a broad spectrum relating to the topic of study (Nechval & Nechval, 2016). Snowballing sampling is a technique that is used to recruit participants who may be hard to locate by using the participants who have already participated to

assist in recruitment (Abubakar et al., 2016). Snowball sampling starts with a small sample of participants with a set of characteristics and expands the sample by asking the initial participants to identify others to participate in the study who fit the criteria (Abubakar et al., 2016. I chose purposeful sampling to identify participants who met the criteria for the study, and once I had those participants, I then performed snowball sampling to see if they knew any others who met the study criteria and who were interested in participating in the study.

A targeted approach was used to select the participants for this study. This ensured that participants for this study would have direct knowledge of obesity and could provide data to address the topic of obese and morbid obese African American women, ages 30 to 45. All participants for this study possessed the following criteria: resided in a Southern state, were between the ages of 30 to 45, were African American women, and had a history of obese and morbid obesity. These criteria were selected to understand obese, African American women's resistance to nutrition and obesity standards of a dominant norm. The goal was to provide a holistic view of the participants' viewpoints. The interviews were conducted at an appropriate time and location for each of the participants. Merten (2017) reported that researchers should use an interview site that has little distractions and is a place where the participants feel confrontable providing information. Thus, the interviews were conducted via Zoom or telephone.

The number of participants for this study was 10. Merten (2017) noted that a sample size of five to 20 participants is sufficient for IPA designs. Merten noted that a sample size of at least six participants is sufficient for IPA designs. The participants'

sample size should reflect and represent the homogeneity of the phenomenon that exists among the participants, so it is essential that all participants have similar lived experience of the phenomenon being studied (Alase, 2017). The interviews with the participants were conducted until saturation is reached. Yin (2014) noted that saturation is reached when the participants provide the researcher no new knowledge or themes about the topic. In addition to conducting interviews with the participants, I used member checking with the participants to ensure that the interview data collected were accurate. Yin reported that member checking is used to verify and confirm the data are accurate. After I transcribed the interviews, I provided the participants with the transcribed interview data to review. I then asked the participants to verify the accuracy of their data collected through the interview. I also asked the participants to provide additional feedback, if needed, to their interviews. The participants were asked to send the transcribed data back after 1 week. To recruit the participants for the study, I first gained institutional review board (IRB) approval. I posted flyers on social media with a detailed summary of the study.

Instrumentation

In qualitative research, the researcher is considered the instrument because they emerge themselves in the data collection process (Patton, 2015). Patton (2015) reported that researchers who conduct face-to-face interviews are able to insert themselves in the interview process. I used semistructured, open-ended interview questions in order to provide the participants a chance to share their perceptions to gain an understanding of obese African American women's resistance to nutrition and obesity standards of a

dominant norm. Neuman (2015) reported that open-ended questions allow the researcher to as questions without predetermined answers. The open-ended interviews in this study allowed the participants to communicate their lived experiences nutrition and obesity. I took notes during the interview process to record nonverbal expressions from the participants in this study.

I used an interview protocol to collect data consisting of 14 items (see Appendix B). Patton (2015) suggested that before conducting qualitative interviews with participants, the researcher should create an interview protocol with open-ended questions to guide the interview process with the participants. I created a standard set of interview questions to be used for each participant (see Appendix C). Before the interviews took place, I explained the interview process and the purpose of the interview, and I answered any general questions the participants had concerning the interview process. The participants reviewed and signed an informed consent form noting their rights and responsibilities before the interviews took place. Each interview lasted from 45 minutes to 60 minutes in length, depending on the flow of the conversation with the participants. The interviews were recorded using a digital recorder that I transcribed at a later date. Following each interview, I reviewed the interview data to make sure they were recorded. I also transcribed the interview data to send the data back to each participant to conduct member checking.

Field Test of Instrument

To increase the credibility and reliability of this qualitative study, a field test was conducted with an expert panel to review the interview questions to ensure that the study

had rigor. Field testing an instrument involves the researcher strategically selecting three to five people who have expert knowledge about the population and research topic to provide feedback on the appropriateness of the proposed questions that will be asked during the interview process (Patton, 2015). Feedback from the field test is used to improve the interview questions before using them in the actual study. In addition, field testing aids in determining whether the interview questions had flaws or limitations (Patton, 2015). Field tests provide the researcher with a chance to revise the interview questions prior to conducting the study. I field tested the interview questions by using experts in the field of nutrition, health education, and the field of qualitative research methods. The experts reviewed the interview questions to determine the credibility of the questions. The experts reviewed the interview questions and provided feedback. The feedback on the interview questions helped in determining what questions to change, to combine, to eliminate, or to reword. I made changes to the questions based on the feedback from the experts.

Procedures for Recruitment, Participation and Data Collection

I developed a recruitment flyer to recruit participants and post it on social media (see Appendix A). I created an invitation letter to participate in the study. After potential participants respond to the recruitment flyer, I sent them an invitation letter (see Appendix B). After gaining consent and explaining the research protocol to each participant, I used a set of interview questions to interview each participant (see Appendix C). All participants were asked the same questions, but I did ask additional probing questions based on the participants' responses. Once the process had been

explained to the participants, I then advised the participants that they had the option to withdraw from the study at will at any time. Before I conducted the interviews, I ensured that I had collected all consent forms from the participants. Once recruitment was achieved, I conducted a phone or Zoom interview. I ensured that all instruments were used in an ethical way to not cause harm to the participant.

I collected data through semistructured phone or Zoom interviews. The semistructured interviews were conducted within a 3-week period. Interviews for each research participant is anticipated to last up to 1 hour. Patton (2015) reported that interviews are an important way of obtaining the views and perceptions of participants in a study. I began the interview process by making sure the participants were relaxed and felt that they would be able to express themselves freely during the interview process. I used an interview protocol to conduct each interview with the participants. Each interview was recorded using a digital recorder with the participants' permission. I took notes to record nonverbal communication during the interview process. All of the interviews were transcribed, and I sent the transcribed interview data back to each participant to conduct member checking. The participants had 1 week to return the interviews back to me. I used an USB drive to store the data from the transcripts.

A follow-up plan if the recruitment of participants yields too few of participants for this study will be to extend the recruitment plan from 3 weeks to 6 weeks to provide more time to collect the data. I post the flyer on social media for 6 weeks to seek more participants. The snowball sampling method will also be used to gather participants. The

snowball sampling will assist in more homogenous unity because participants will be referring potential participants similar to them.

A debriefing session was conducted with each of the participants for this study. Debriefing is a procedure that is conducted after completing a study. I thanked the participants for their time and effort in being interviewed. Also, I provided each participant with my name and contact information for follow-up questions they may have concerning the study. In addition, I provided each participant with the overall results from this study.

Data Analysis

Qualitative data analysis is an important part of qualitative research. Analyzing the data is a way to share the outcomes of a research project to other audience (Shinebourne, 2011). In this study, I used IPA. IPA is a data analysis process that uses the analysis process to ascertain patterns, trends, and thematic content of a central to the research questions (Shinebourne, 2011). I used this strategy to analyze the interview data based on a 5-stage process for analyzing phenomenological interviews. These include (a) comprehensive reading, (b) tertiary note taking, (c) identifying themes, (d) categorizing the text into integral units, (e) abbreviating understanding across participant experiences, and (f) establishing narratives for each theme to formulate the tenets for emergent definitions and perceptions (Shinebourne, 2011).

The first step, comprehensive reading, was done by initially reading the transcripts to gain a thorough understanding of the information. This may have to be repeated several times. The second step, tertiary note taking, includes examining the

words used by the participants. This step allows for an opportunity to further look at the contents of the transcript in a way that will lay the groundwork for the emergence of themes. This aided in obtaining the perceptions of participants in the study and will add meaning to their responses. The third step, identifying themes, will be done by a thorough examination and sense making session of the transcript to obtain emergence of themes. This was accomplished by coding the transcripts based on themes. The fourth step, categorizing the text into integral units, was accomplished by sorting themes by categories their perceptions through classifying the interpretation of their experiences. The fifth step, abbreviated understandings across cases, allowed the development of patterns and themes in the analysis of the data collected to guide in the understanding of the phenomenon within a narrative context. The sixth step will be establishing narratives for each theme to formulate the tenets for emergent definitions and perceptions. In addition, I hand coded to organize and code the data for accuracy.

Issue of Trustworthiness

Credibility

Credibility assures that the findings of the study can be trusted and reflects a real-world situation within the results of the study. Credibility is vital because it ensure that the findings are trustworthy (Connelly, 2016). Some strategies that are used to enhance credibility include transparency, peer-debriefing, continued engagement with research participants, tenacious observation when appropriate to the study, reflective journaling, and member checking (Connelly, 2016). To strengthen credibility within thin this study, I used triangulation, member checking, and journaling throughout the study. I triangulated

the data my using several sources of data collection such as interview, journaling, and member checking the accuracy of the data collected by sending the transcribed data back to the participants to check the data for accuracy.

Transferability

Transferability refers to the study's ability to be generalized to other settings (Connelly, 2016). This step was achieved by a qualitative researcher's transparency in providing the reader with an in-depth description of the context, location, and participants (Connelly, 2016). A qualitative researcher must provide a clear and concise iteration of the research steps and process to the reader (Herzog et al., 2019). I provided a detailed description of all findings developed from the study. I also recorded the interviews and create detailed notes from the interviews with the participants. Transferability will be obtained within this study so that it can be replicated if needed.

Dependability

Dependability refers to whether the evaluation of the findings, the interpretation, and the recommendations of the study are supported by the data collected from the participants (Abowitz & Toole, 2010). To ensure the dependability of a study, a consistent analog of all the research findings, consistent with the current literature, and with the deliberate consent of the participants, should be documented (Abowitz et al, 2019). To ensure dependability within the research, I explained the steps of data collection and analysis, and make sure that there is truthfulness in reporting the research findings.

Confirmability

Confirmability refers to the extent to which the results of the study can be confirmed or corroborated by other researchers (Connelly, 2016). I created a sample size according to the guidelines of qualitative method that will support the findings for the study. Moreover, the avoiding of personal bias in the establishment of valuable data will be of utmost importance for me. Confirmability is the ability for other researchers to confirm the findings within the research (Connelly, 2016). Confirmability is a part of trustworthiness in a study, and it has to do with the confidence researchers place on making sure the findings are reported accurate (Anney, 2014). I conducted self-reflection throughout the study to prevent my personal values and beliefs and assumptions. This ensured that the findings are shaped by the participants and not bias of the researcher. Also reported the research findings will be done in a transparent and accurate manner that doesn't harm the confidentiality of the participants within the study.

Ethical Procedures

Qualitative researchers who are conducting interviews are provided with personal information from the participants. The researcher should use proper ethical procedures to complete the study to protect the participants' private information. Informed consent is one of the fundamentals of research ethics. Participants were required to sign an informed consent form before participating in the study to acknowledge they are agreeing to participate in the study willingly (Abowitz & Toole, 2010). The participants within this study completed informed consent forms to participate in the study, and they were informed of their option to be removed from the study at any time, with no penalty. The

participants within the study were protected from any harm. Obtaining IRB approval was one proactive way to protect participants. The approval to conduct this study was obtained from Walden University IRB committee before any contact with the participants and the data collection took place. The IRB approval number is 10-30-20-0664131. The participants' data were protected as no names will be on the transcripts. Numbers will be on the transcript in place of the participants' name. The information from the interviews were recorded on a tape and typed on a Word document and secured on memory stick in a locked cabinet. The participants' identity was always protected throughout this study.

Summary

The purpose of this qualitative, phenomenological study was to gain an understanding of obese, African American women's experiences who do not adhere to the nutrition and obesity standards of BMI guidelines. This study included 10-15 participants who were interviewed to share their experiences of resisting nutrition and obesity standards of the BMI guidelines. This study was needed because understanding such experiences may provide knowledge that can be incorporated into culturally specific programs to reduce obesity and improve the quality of life for African American women.

In this IPA study, I explored the lived experiences of a sample of obese, African American females who do not adhere to the nutrition and obesity standards of the BMI guidelines. This chapter contained the purpose of the study, research question, research methods, issues of trustworthiness, and summary. Chapter 4 of this study included the data collection process, and the data analysis results.

Chapter 4: Results

Introduction

In this chapter, I present the findings associated with this qualitative study. The purpose of this qualitative, phenomenological study was to gain an understanding of African American women's behaviors that may prevent them from conforming to nutrition and obesity standards of the BMI guidelines. To address this gap, I explored factors associated with the social resistance of African American women. Specifically, I explored the cultural, social, and lifestyle behaviors of obese African American women. This study is significant because it may provide knowledge that can be incorporated into culturally specific programs to reduce obesity, enhance physical wellness, and improve the quality of life for African American women. In this chapter, I explain the research settings, participants, demographics, data collection, and the data analysis process of this study. This chapter also provides evidence of the study's trustworthiness, ethical considerations, the results from the findings, and a summary of this chapter.

Research Question

What are the lived experiences of obese African American women aged 30 to 45 who do not adhere to the nutrition and obesity standards of the BMI guidelines?

Setting

The study was conducted in the state of South Carolina in the United States. The participants for this study were recruited from a posted flyer on social media and from referrals from other participants. The data were collected between November 2020 and December 2020. I changed the interviews from face-to-face to via telephone and the

Zoom online platform due to the COVID-19 pandemic as instructed by IRB. Each of the participants were interviewed individually to protect their identity. Once the participants agreed to participate in the study, I emailed the consent forms with information about the purpose of the study and the requirements for participating in the study. Each of the participants reviewed the consent form and returned it by email. I checked all consent forms to ensure that they were received before the interviews. The time for each of the interviews was set up based on participants' availability. All of the participants were eager to participate in the study. In addition, I ensured that I was in a safe and quiet area during the interview, and I asked all participants to find a safe and quiet area to use during the interview. There were 10 participants recruited who volunteered for this study.

Participant Demographics

The participants were recruited based on the criteria listed below. The 10 participants were African American women, aged 30 to 45, who had a history of obese and morbid obesity. In order to participate in this study, the African American women met the following criteria:

- African American women
- had a history of obese and morbid obesity
- must have been 30- to 45-years-old
- resided in South Carolina
- agreed to be audio recorded during the interview
- were available for an up to 60 minutes interview
- volunteered

All participants interviewed for this study were African American women aged 30 to 45 years. The African American women had a history of obese and morbid obesity and resided in a Southern state.

Recruitment

I used purposeful sampling and snowball sampling to recruit and select the African American women who met the criteria for this study. The first six participants were selected through purposeful sampling method. The other four participants were obtained through snowball sampling by being referred from other African American women. I created a detailed flyer and posted it on Facebook and LinkedIn to seek participants for this study. Within the first 3 weeks, I was able to recruit 10 potential participants for this study. I immediately scheduled interviews for the first four participants in late November 2020. I completed all interviews in November and December of 2020. There was a total of 10 interviews completed for the entire study. I completed the participant recruitment phase and data collection in December 2020.

Data Collection

I emailed the consent forms to each of the participants to review and sign before the interviews took place. I scheduled the interviews with each of the participants. Before beginning the interviews, I asked the participants if they had any questions or concerns before taking part in the interview. I also reminded the participants that they could withdraw from participating in the study at any time for any reason, with no penalty. In addition, I reminded the participants that the interview would last from 45 to 60 minutes.

I collected data from a total of 10 African American women. I collected data through semistructured phone or Zoom interviews due to the COVID-19 virus. The semistructured interviews were conducted within a 2-month period. Interviews for each research participant lasted from 45 to 60 minutes. Patton (2015) reported that interviews are an important way of obtaining the views and perceptions of participants in a study. I began the interview process by making sure the participants were relaxed and felt that they were able to express themselves freely during the interview process. I used an interview protocol with 14 open-ended questions to conduct each interview with the participants. Each interview was recorded using a digital recorder on an iPhone with the participants' permission. A debriefing session was conducted with each of the participants for this study. Debriefing is a procedure that is conducted after completing an interview (Patton, 2015). I thanked the participants for their time and effort in being interviewed. I also provided each participant with my name and contact information for follow-up questions they may have concerning the study. All 10 participants were recorded while the interview was conducted, and after the debriefing, I thanked each participant and gave them a $10 Wal-Mart gift card, which was approved by Walden IRB.

The interview recordings were transferred from the digital device, uploaded to my computer, and labeled with a code number (e.g., P1, P2, P3) to protect the confidentiality of the participants. I transcribed the data based on the recording from the iPhone recording. I sent the transcribed interview data back to each participant to conduct member checking. The participants had 1 week to return the interviews. None of the

participants provided changes to the transcribed interview data. The audio recordings and the transcriptions from the interviews are stored on my personal computer with password protection to maintain confidentiality.

Data Analysis

In this study, I was the instrument as I engaged in bracketing and I used IPA. Bracketing allowed me to monitor my own interpretations of the participants' experiences. I focused on the participants' experiences while being open minded to their responses free of judgement or biases. Bracketing allows the researcher to become aware of their personal feelings and put aside their own presuppositions to capture the authentic lived experiences of the participants within the study (Åstedt-Kurki et al., 2015; Newman & Tufford, 2012). I used the IPA data analysis process to ascertain patterns, trends, and thematic content of a central to the research questions (see Shinebourne, 2011). These include (a) comprehensive reading, (b) tertiary note taking, (c) identifying themes, (d) categorizing the text into integral units, (e) abbreviating understanding across participant experiences, and (f) establishing narratives for each theme to formulate the tenets for emergent definitions and perceptions (Shinebourne, 2011). I used IPA to analyze the interview data based on a 6-stage process for analyzing phenomenological interviews.

Evidence of Trustworthiness

Trustworthiness in research involves components of credibility, transferability, dependability, and confirmability within a study. Reflexivity is an integral part of ensuring the transparency and quality of qualitative research while credibility transferability, dependability and confirmability serves as quality criteria for qualitative

research (Korstjens & Moser, 2018). I was the primary instrument in collecting the data, typing the transcripts, and coding and analyzing the data within this study; therefore, I used all of the previously mentioned components to achieve trustworthiness within my study.

Credibility

Credibility is essential within a qualitative study. Credibility assures that the findings of the study can be trusted and reflect a real-world situation within the results of the study (Connelly, 2016). Credibility is vital because it ensures that the findings are trustworthy (Connelly, 2016). Some strategies that are used to enhance credibility include transparency, peer-debriefing, continued engagement with research participants, tenacious observation when appropriate to the study, reflective journaling, and member checking (Connelly, 2016). To strengthen credibility within this study, I used triangulation, member checking, and journaling throughout the study. I triangulated the data by using several sources of data collection such as interview, journaling, and member checking the accuracy of the data collected by sending the transcribed data back to the participants to check the data for accuracy. I maintained integrity and transparency throughout the process of this qualitative study to ensure credibility.

Dependability

Dependability was achieved within this study as I thoroughly documented the research steps involved while conducting this qualitative study. Dependability refers to whether the evaluation of the findings, the interpretation, and the recommendations of the study are supported by the data collected from the participants (Abowitz & Toole, 2010).

To ensure the dependability of a study, a consistent analog of all the research findings, consistent with the current literature, and with the deliberate consent of the participants were documented (Kornbluh, 2015). In addition, to ensure dependability within the research, I remained transparent and consistent in conducting the steps of data collection and analysis and ensured that there was truthfulness in reporting the research findings. I also maintained alignment for the research process for a phenomenological qualitative study.

Transferability

Transferability was achieved because I provided a rich description of the context, location, and the participants within the study. Transferability refers to the study's ability to be generalized to other settings (Connelly, 2016). A qualitative researcher must provide a clear and concise iteration of the research steps and process to the reader (Herzog et al., 2019). I provided a detailed description of all findings developed from the study. I also recorded the interviews and created detailed notes from the interviews with the participants. Transferability was obtained within this study so that it could be replicated if needed. The findings of this study may be used to advance current government practices by providing knowledge to government entities on nutrition policy making and nutrition/food marketing. The transferability ensured within this study can create the opportunity for it to be used in other settings.

Confirmability

Confirmability is the ability for other researchers to confirm the findings within the research (Connelly, 2016). In addition, confirmability is a part of trustworthiness in a

study, and it has to do with the confidence researchers place on making sure the findings are reported accurately (Anney, 2014). I conducted self-reflection throughout the study to prevent my personal values and beliefs and assumptions within my bracketing journal. This ensured that the findings were shaped by the participants and not the bias of the researcher. I reported the research findings in a transparent and accurate manner that did not harm the confidentiality of the participants within the study. I set aside my own perspectives during data collection within this study so that I could provide a transparent report and achieve confirmability.

Results

Theme 1: Body Mass Index

During the study, the African American women were able to share their thoughts and felling about the theme BMI. They also were able to provide their understanding the meaning of BMI and provided different definitions of BMI. Participant 6 stated, "BMI means weight, a person is in a healthy weight range or not." All participants noted that BMI had something to do with height and weight. For example, Participant 2 stated,

> I know it means, uh, what body mass index, but in my opinion, aside from that, I think it's just like the average suggested weight, healthy weight, or healthy body fat percentage of a person at a certain, I guess, height and age. I think it's important, but I think the standard isn't fixed or it shouldn't be any way you say it. I think it's important, but I don't think the standard should be fixed in the way it is, because I think it's different for different people. People carry weight different

> ways. If I am being honest, um, in my life right this moment. I can't say that it's a priority, so I mean, it's important, but it's not at the top of the list unfortunately.

Participant 4 said,

> The BMI standard means to me that my weight needs to match my height, and if that is off it could be a greater risk of disease for being overweight. I feel that is especially important with maintaining a healthy BMI, because BMI plays a major part in our health. Maintaining a good BMI requires me in let me know that I could live a long healthy life if I keep maintaining my BMI. Maintaining a healthy weight. For normal BMI, you likely have fewer health issues, such as joint and muscle pains. Having a healthy BMI, you have more energy, good controls with your blood pressure, less chances of having diabetes, high cholesterol. It just plays a major fact with maintaining that BMI and being healthy.

Participant 5 claimed,

> You mean, like how I feel about achieving what I'm supposed to achieve as well as my BMI? The BMI standard, I just know it's the body mass index, and that I should, you know, be within that range to be considered healthy. It is very important that I maintain a healthy BMI, but it is easier said than done. But I do try. Just having the time to do what it takes, maybe too such as like food prepping and having the time to do that so that I can eat better to have a better BMI. Just having the time to do all of that or to research, I don't really do it like I should. Maybe, because I don't have the time or exercising. Its's very important, because I

> do realize that eating healthier leads to you know, supposedly to a longer healthier life. So, I do want to be around a long time.

Participant 6 asserted,

> BMI standards means to me, basically, the indicator of whether or not you're in a healthy weight range or not. Honestly, it's not important because if I have a high BMI that doesn't mean I'm not healthy. At the moment, no, I don't. It's not important. It's very hard trying to go through your daily life, such as, work, home, family. It's hard trying to eat healthy and exercise. It's not easy at all.

The participants were able to provide various explanation as to what BMI means to them and acknowledge what level of importance it was for them to try to maintain a healthy BMI. Also, all of the African American women noted that BMI had something to do with height and weight and the need to maintain good BMI to live a healthy life. The African American women articulated their knowledge and weakness as it related to being able to maintain a good BMI in order to be healthy.

Theme 2: Weight Loss Support System

All of the African American women were able to share their thoughts and perceptions on needing more family member or community support to help stay motivated to lose weight. They were able to share their feelings about support systems that encourage them to maintain a healthy BMI within their home, work, and in the community. The participants were able to share their thoughts on the type of support needed to help them to overcome obesity. Several of the African American women noted that they needed more help from family members to exercise more often. Participants

also stated that it was hard at times to get enough support. It was important for the participants to have family, friends, and community support and encouragement to provide motivation to work towards weight loss and healthy lifestyle changes.

This theme emerged from the data as a result of the African American women noting that they received some support from family, work, and the community but they needed more support to reduce their level of obesity. In addition, many of the participants noted that they received some support from family and in the community, but they expressed that more resources were needed in the African American community to help African American women reduce obesity. For example, Participant 1 stated,

> The support system is nonexistent, there are no resources where in my community that will be able to help, you know, like if it's childcare schedules, you know, to be able to afford the resources for it, different things of that nature.

Participant 3 shared,

> I think my support is, I think I have a good support system um at home and at work. Um, at work I have ladies that you know um like to walk around our track at work on their lunch break for exercise. Um, so we occasionally do that whenever we have time to do it. And at home, we try to walk around the neighborhood. But that's when we have time and mostly that will be on the weekend. Um, when my, when my daughter is with my mom they will walk up and down the street that my mom live on. So, I think the support, my support system is pretty steady.

Participant 5 stated, “I think they're great and they provide getting encouragement, and I wish I had a solid support system. I think the most important factor is eating a healthy diet.” Participant 7 claimed,

> Well, I feel like it can be, there could be more support. Of course, at home, you know, like me, I'm a single parent, I have two teenage daughters. So, I mean there's really not, if I'm not the one that's making sure we're eating healthier, things like that, then it's not being done. Family I mean, I know in my family, with the kids or whatever you have kids come over or you send them over to your grandparent or send them to whoever's watching or whatever. When you're with your family, again, it's not really thought of about eating healthy. They ask for a snack or they ask for chips and you're giving it to them. I mean, so I guess there's really not a support. In the community, again, I guess I mean, that's really kind of, I guess it could be more support there. But when you think of your community, most people keep to themselves. So, you're, if you're not really a close-knit community, then it's really not even there at all. Of course, you have different gyms or things like that in the community that you could go to if you can afford to. I mean most of us, we don't even think about gym. We can't afford the gym or if you do have a membership at a gym, it's so much you have going on that you're not even using that support. So, I guess it's there but just had to use it.

Participant 10 asserted,

> A support system is much needed. I feel like your surroundings, I mean this should be something that follows you from household, workplace, and the family,

> especially if you are way above the average weight or whatever the case may be. I don't know I feel like the support should be there on all ends as far as eating habits and all that, because with my family I have that. We're all pretty much on the same page.

The participants shared the importance of having a support system to help with obesity among African American women. The need for social support was prevalent among the participants; there were only a few who were currently receiving social support. Some of the African American women noted that they had some support systems in their quest to reduce obesity in their lives, but they expressed the need for more support systems in their community.

Theme 3: Eating Healthy

The theme eating healthy emerged as an important element for most of the African American women. They noted that eating healthy was an important factor in maintaining a healthy weight. The African American women were able to express factors that they believed were important to them with respect to maintaining a healthy weight. Many of the African American women noted that an important element in maintaining a healthy weight is eating healthy meals. For example, Participant 2 stated,

> For me, being a parent, it's being able to be there for your kids. I need to eat healthier each day. There's a lot of things that my children can't experience because my weight hinders our ability to do certain things. Same with my husband. His weight became a hindrance because his unhealthy habits caused him

> to have a stroke. So, our unhealthy eating habits and weight problems affect our children.

Participant 4 said, “Good eating habits, exercising, just knowing what foods can cause the weight gain. Just trying to just stay on a consistency of a regimen of good eating habits can play a major role”. Participant 6 asserted,

> I believe being consistent with diet and exercise. You know, I believe that you know, that you have to know your health overall itself and what condition it needs to be able to maintain it, a healthy weight. You also need to eat healthy as much good food as you can to stay healthy.

Participant 7 shared,

> The most important factor maintaining a healthy weight I guess health issues. I mean that's the only thing that I could think about as far as maintaining a healthy weight, because what is a healthy weight? You know you have people telling you that you're not healthy at your weight. How can you say that because of what I weigh I'm not healthy? I mean, unless health issues come into play. I've never thought that I was at an unhealthy weight until I was told that and in certain health issues came into play.

The participants expressed their various personal descriptions of what they perceived to be eating healthy. The participants explained important factors associated with trying to maintain a healthy weight for them and described some of the various obstacles that are causing them not to adhere to proper eating and exercising to maintain a healthy body weight.

Theme 4: Exercise and Diet

All of the African American women were able to share their thoughts and feelings on the theme exercise and diet. Exercise and diet were important in order to maintain a healthy body weight. Pertaining to the implementation of exercise and diet, Participant 2 asserted,

> I have no idea how to maintain a healthy body weight. I've lost a significant amount of weight twice in my life. Um, one was right after high school because I was just really, really active and doing a lot of stuff. Um, but I didn't change my eating habits. I just was doing more physically. So, I was still eating unhealthily. I was just moving more so I was working it off. Um, but I wasn't in a, I didn't, it wasn't a really good lifestyle, you know, what was keeping me so active, but I was active. Um, and then before I got married, I, um, put myself on a diet. I created in my own head and lost a hundred pounds in nine months. Um, but when my doctor questioned me about how I was losing weight so quickly, and I told him what I was doing, he told me, you know, what you're doing is extremely unhealthy. So, like, I honestly don't know how to maintain a healthy body weight because I've never had a healthy body weight. I was like, I was a fat baby, a fat kid, a fat teenager, and I'm a fat adult.

Participant 5 stated,

> I believe being consistent with diet and exercise. Those are the key to maintain healthy body fat and can aid you in living a good life. Also, think you should exercise at least three times a week and watch what you eat all of the time. This is

> a hard thing to do, and I know what to do but I often need help in thinking about what to do. There need to be something to remind me to exercise.

Participant 8 stated,

> Well, right now I've cut back a lot with eating. I was told that it wasn't good because I may eat once or twice a day instead of my, I guess three small meals or whatever it is. I might just eat one large meal, and he said that that wasn't a good way to maintain.

Participant 9 asserted,

> The most important factor for me would be watching consumption, like the things that I eat, and I drink. I have started back working out but working out does no good if I'm not going to eat right. So, diet would be key for me.

Participant 10 claimed,

> I don't eat big portions. I intake a lot of smoothies. I'm not a heavy eater. I drink water, and my sugar intake is not high. I don't do the candy or sweets or whatever. That's pretty much it. I get my vegies, fruits, and I've backed away from a lot of meat. But I think one should eat good and exercise. That is something I try to do sometime but I really do not have the time to do it.

The participants shared various thoughts on how they viewed diet and exercise to be an essential component to maintaining a healthy body weight. Many of the African American women expressed the need to do better with their eating habits and to put forth more effort with respect to exercising more often. Some of the African American women expressed the need to add exercise in their daily schedule. In addition, some of the

African American women in this study noted that they needed more information on eating healthy foods. The ability to achieve proper exercise and diet can assist African American women with reducing obesity.

Theme 5: Lack of Resources to Access Eat Healthily

All of the African American women were able to express their thoughts and feelings concerning the theme of the lack of resources in order to be able to eat healthy and to exercise. Access to healthy eating is essential to maintain a healthy body. Participant 1 stated, “There are few resources out there to help me.” The participants felt that there was a need for more resources. For example, Participant 3 asserted,

> I don't feel like I have a lot of resources. Um, or I can say I don't know of any resources besides me googling. You know being online just trying to figure out how many calories you need for your weight size and stuff like that um. So, I don't think, I don't have a lot of support in that area unless I google something online.

Participant 4 shared,

> Oh, there are few resources out there now as for his own eating habits. I mean, we got Google, you can do Pinterest for good ideas on, you know, good eating habits as far as trying to lose weight or stay on just a consistent diet. You got things like keto that is, I feel is perfect. I mean, if you can stay on track and know what you want, when you go out looking for these resources and kind of, it gives you good ideas and get tips on certain foods to eat certain foods to stay away from.

Participant 7 said,

> Very slim to none, it's very expensive to eat healthy. People don't realize it, but it is a lot more expensive to go in the store and say we're only going to buy fruits and vegetables. That is a lot more expensive. It is a lot less expensive to just go buy the processed foods or to go and buy you know those things. Like, my girls actually like noodles or chips it’s a lot less expensive. So, you don't have the resources out there to help you pay for those things, I mean you just don't do it.

Participant 10 shared, “It’s needed, a lot of us don't have that. We turn over to Google to get educated on certain things, but the resources are needed so that they can guide you, I guess.” The participants expressed the need for resources in various capacities to educate them on food choices and resources that assist in paying for some of the nutritional items and food preparation that is needed to implement in a proper diet to support reducing or preventing obesity among African American women.

Theme 6: Fruits and Vegetables

All of the African American women provided their thoughts and feelings concerning them eating fruits and vegetables in their home to maintain healthy eating habits. Fruits and vegetables are an important part of person’s daily intake. Most participants felt eating fruits and vegetables can be costly. For example, Participant 1 stated,

> Well, mostly green items, such as greens, Spinach, fruits and stuff can be very expensive at times. And those are healthy items and stuff for you to eat, you know, the ingredients. So, what you put in it can be very expensive when it comes to eating healthy, you know?

Participant 2 claimed,

> I can tell you, there is absolutely nothing healthy about the way we eat. We are a meat and potatoes kind of family. Like we don't really enforce the vegetables. My son has literally a handful of things that he will eat. And he absolutely refuses to go outside of that restriction. He's put on his diet and those things are like pizza, cheeseburgers, chicken strips, like literally that's it. And he'll, defer out for like maybe French fries and mozzarella sticks every once in a while, but it's pretty much just that little selection of things. Our eating habits suck, but ideally, um, I've always been taught that a colorful plate as a healthy plate. I like vegetables. So, I wish I could get my family to explore more options. As far as vegetables, different types of vegetables, different types of greens, um, lean meats, not as much starch, um, because we do eat a lot of starch, but that, for me, that would be ideal, not so much fried stuff.

Participant 7 said,

> Healthy eating in my home, we personally don't eat pork. I guess I consider us not eating pork is healthy. We try not to eat as many fried foods, so we bake a lot of chicken or things like that we do a lot of baking instead of frying. That's probably the healthiest that we are here.

Participant 9 shared, “Healthy eating in my home would be more fruits and veggies, cutting back on carbs. Also, consumptions of drinks as well. Trying to bake and broil more food and staying away from fried foods.” The African American women provided views of healthy eating that expressed the knowledge of the importance of eating fruits

and vegetables, but it was also acknowledged that there is an increased cost as a factor in being able to obtain fruits and vegetables. Also, the African American women expressed concerns with the other household family members being open to eating more fruits and vegetables. Some of the participants felt the community leaders and businesses should do more in helping these African American women to gain access to more fruits and vegetables in order to change their eating habits.

Theme 7: Embarrassment

Many of the African American women were able to share their thoughts on the theme of have some embarrassment with being overweight. Some of the participants felt ashamed when discussing obesity with their doctor. In addition, all of the African American women provided several thoughts and feelings on discussing their weight and weight loss interventions strategies with their doctor. Participant 1 stated, "The doctor does not understand me." Participant 2 asserted, "I feel ashamed about my weight." Also, some of the participants were embarrassed to discuss obesity with their doctor. For example, Participant 1 said,

> When my doctors tell me that I'm overweight or obese, I am a little ashamed. I feels honestly like he doesn't understand how he can relate to that when he's not even in my situation, you know, it's easier for him to say, well, this is what I need you to do, or this is what needs to be done, or this is right. He'll help. Well, how would you know? I mean, we're from totally different cultures. What may help for your culture is not helping for mine, and it's hard to explain that right now. Cause a lot of people don't understand if they're not in that situation. I have been in that

> situation. So, when the doctor says that to me and I have a white doctor, I'm like, you really don't understand, you know, is easier said than done. It's easy for him to say, let's do this, let's do that. But on my end is hard. And he's telling me to do something that, you know, he was really never tried. So how could, you know, he understands what I'm going through and just telling me, you know, that I'm obese.

Participant 2 stated,

> It's kind of, kind of can be frustrating and some embarrassment, and you will feel a little disgust but also knowing that they're just doing their job to try and you on the straight and narrow knowing that your health is very important. Just go by some of the things that they bring forth to you to let you know what is needed, what you can do, what you shouldn't do. Just kind of go about what they say even though you know it could potentially make you feel like "oh my goodness, they are talking about weight" Yeah, I know I need to lose weight, but at the same time, you don't want to hear from them even though you know that you need to lose weight. So, I mean, they can go either way. It can be helpful, you know if you're ready to know and except that you need to lose weight but at the same time, you don't want to have to hear from them because you already know, but it could be challenging.

Participant 5 asserted,

> I used to feel some type of way and be sad; because you know when it gets hot, I want to look a certain way and then when it gets cold, I get okay with it. But now I kind of just done accepted that I'm fat, and I shouldn't.

Participant 7 claimed,

> Actually, makes me laugh because they don't understand or they don't get my lifestyle, and they try to discuss with your ways to lose weight or they want you to lose 10 pounds or to lose 20 pounds. First of all, it's not easy as a woman to lose weight light like that. Second of all, I don't want to lose like weight. Why do I have to lose weight if I don't feel that I'm overweight? How can you tell me that I need to lose weight when I feel perfectly fine? When I feel like I look perfectly fine.

Some of the participants felt ashamed about physicians addressing their obesity, and some also felt as if they are highlighting the obvious, but not providing solutions to the obesity. Some of the participants' resisted the physician's advice and felt that the physician could not relate to an obese African American woman. Some of the participants felt embarrassed when their physician talked to them about their obesity and the need to get it under control, and some felt that they needed that type of conversation coming from their physician.

Theme 8: Culture

The African American women were able to describe the theme of culture and how it affected their life with respect to being obese. They noted that obesity in their culture is normal and a way of life for some women. They also reported that they listen to the doctor, but the doctor lives a different life than they live. Also, the African American women reported that most doctors live in a different culture. The participants reported that African American family cultures are centered around eating, and most of them felt

that they do not eat healthy foods. Some of the participants felt that there was a need to eat more healthy foods in their culture, and they felt there are little weight loss interventions taught in their culture. For example, Participant 3 asserted,

> I see it a lot with our culture being obesity. Um, I think a lot of it is the genes and a lot of lot of it is the way we eat. We don't eat the healthiest food. We like fried food, um fatty food, red meats and stuff like that. I think if we can kind of tone that down it won't be in our culture as bad as being obesity. I think we need just need to implement a healthier lifestyle with our eating habits. Well, my doctor never discusses um weight loss intervention with me. I don't, I think I'm like 20 pounds over then what I supposed to be with my height. Um, and he just always tell me to make sure I'm implementing exercising in, um eating my vegetables, and eating small portion. So, he doesn't, we never discussed like a weight loss intervention.

Participant 4 stated,

> I feel like the African American culture and obesity, even though you know obesity in African American women is the highest. I mean, having you know a lack of knowledge of knowing the importance of you know health issues and you know certain things that can cause health issues. If it's not being taught, then you really don't know. So that goes back to just different families is being brought up different ways and if you don't know it, then how are you going to go forth to try and fix it? I feel that, you know, that could be necessary. I mean with the culture and just knowing that you got somebody that want to put you into a position to

> maybe potentially can help the next person. So, I feel like that could be something good, even though people may find a negative side to wanting to know why they feel the need to use African Americans, but again, that goes back to African American having a high obesity rate. So that could be a positive side of it and could potentially help somebody living, you know, a healthy life.

Participant 7 said,

> Well, our culture of course, when it comes to eating, we do eat a lot of fatty foods. We prepare, even preparing our food includes involving a lot of fatty foods. That's just the way we eat, that's the way we've always known to eat. And when it comes to working out, we don't work out to lose weight, we work out to look good. You know, we work out to enhance what we already have. So, we don't do a lot of working out to drop the pounds. Anybody I've ever talked to, just sitting around talking to friends, nobody ever says, I want to look want to get skinny or lose weight. It maybe I want to lose my stomach, but I want to keep my hips and my thighs. We don't work out to lose weight. So, we work out to look good. I mean, we don't feel like we're obese or overweight, and we don't try to fix it. Well, first of all, I don't feel like the BMI chart is based on African American women. The thing that they're implementing is not based on African American women. So, I feel like everything is just all out of whack, like it's not even for us. Honestly, I feel like me going into my doctor's office, and my doctor looking at me without even checking my weight or my height, but just physically looking at me, would never say you're overweight. But once they check my height and they check my

> weight, and then it's Oh, you're overweight. You need to lose weight just by going by those numbers. When I say those numbers are made for people that are just skinny, like other African American women, we don't want to look like what they feel like that standard is. That's not what we want to look like.

Participant 9 asserted,

> The African American culture, like I said, the way that we cook, we tend to use lots of fat, or put things that are high in sodium. So, if we could find a way to still get the, to not sacrifice the taste, but learn how to cook in a healthier way, then that would be key for me. Typically, we stray away from healthy foods, because we feel as if we're compromising taste. And if it doesn't taste, right, it's like, oh, we're not going to eat that. But we need to eat to live and not live to eat. So, I feel like food is definitely a comforting thing in the African American culture. I feel as if we are not represented well enough, honestly. When I see weight loss, or I think of weight loss commercials that I see things that I read, typically, it is going to be a white female. As far as being healthy and weight loss. I feel like we are not represented the way we should be.

Participant 10 claimed,

> As far as the culture I personally think nowadays, I don't see people creating their own image. We all come in different sizes, shapes. It could be better. It could definitely be better. Also, like as the African Americans, we should take ownership and take the necessary steps to get our BMI on the right track which will allow us to do better with self-esteem and enjoy everyday life. I think it

> would be nice if it could be implemented naturally on like non-GMO products. I think it would be nice naturally.

The African American women described being obese and having unhealthy eating practices as being a part of their culture, and they also did not identify with the BMI standards being a guide for African American women. The participants expressed that food was a part of cultural celebrations such as holidays and also food was a form of comfort in African American women homes.

Theme 9: Curvy

All of the African American women were able to provide their thoughts and feelings concerning the theme of curvy to describe how they felt about the type of body image African American men desire in African American women. Participant 2 asserted, “unrealistic, Barbie doll waist and Nicki Minaj behind.” The participants had various thoughts on what African American women thought African American men. For example, Participant 1 claimed,

> My first thought would be African American men look for Black American big bone women. Most of the time we think being big boned is healthy. That's our lifestyle. And someone else tell us different, you know, me, uh, African American men, adapt, most of the time will look for that. But as a child, as we started out, we would think, well, you know, you are having a big healthy baby. We didn't say obese. We like big healthy baby. I guess it’s actually being obese, but us as black people, you know, never thought of it that way.

Participant 2 stated,

> It’s unrealistic. They want you to have a Barbie doll waist and Nicki Minaj’s behind and that's almost impossible. So, I mean, of course they don't hold us to the same beauty standards that a white man might. But what they want from us is still sometimes unrealistic because they are looking at the Nicki Minaj’s, and people like the K Michelle, then the little Kim's with all this plastic in their behinds. And that's what they want women to look like. And I'm like, you know, it's like, sorry, we don't look like that. All of us don't look like that. Like a Coke bottle figure is not the norm, but not many women have a Coke bottle figure. There are different types of figures and black men will shame women for not having the shape that they think is the end all and be all for attractiveness. And we can't help that. Even a woman that's not overweight. Like we can't help the way we're naturally shaped. There's nothing we can do about that. So yeah, the, the standards that Black men these days put on Black women is its unrealistic, different body structure, and heavy hips.

Participant 4 said,

> With that I feel that that could be positive, and it could be negative as well. The positive side of it is, um, you know, they want their women to look a certain way. But at the same time, the negative part of it is, if you got a woman, that's 5’4” weighing almost 200 pounds, that’s not a good practice of BMI. Even though she may, you know, have the right curves, and heavy hipped, you know, thick, or however they describe it, I just still feel, you know, men may look at African American women's body structure different. But at the same time, it could not be

> healthy for somebody of a certain height and weight to maintain that body structure, which could lead to different types of diseases such as diabetes, again, high cholesterol. So, all of that stuff plays a major factor, even though they don't look at it that way, but it does.

Participant 5 asserted,

> They like the hourglass, and I do feel like it's messed up. But I do now want to achieve that look because that’s just what, not only because that's what they like but also because it really made me become something that I like.

Participant 7 shared,

> African American men love the typical African American woman’s body image. They like our hips and thighs and breasts. They like when we look, and that's one of the reasons that you don't see a lot of African American women working out or dieting to lose weight. Like I said, again, you see them working out or dieting to enhance what they have. That's our thought. Our thought is enhancing what we have not to get smaller, because African American Men like thicker women. They like the way we look. So, we want to adhere to what they like.

The African American women felt that they have bodies or desire to have bodies that are attractive to African American men. The women described that African American men want curvy women. In addition, the African American women felt that many African American men desired women with thicker hips, thighs, and breasts with a small waist.

Theme 10: Lack of Education

All of the African American women were able to provide their thoughts and feelings on the theme of lack of education. Many of the African American felt that they did not adhere to the obesity standards of the BMI guideline due lack of education. Knowledge of nutrition education can be helpful to obese African American women. The African American women were able to express their thoughts on the theme with respect to the need for more education. For example, Participant 2 stated,

> I think it is a lack of education and some people need to be educated on it. So, if the BMI is telling us that the white standard of health of a healthy body is what we should look like, but our men are telling us they don't want that. Then of course, we're going to satisfy our men because that's what, you know, not all of us, but many of us, we want husbands, we want boyfriends, we want families. So, you're going to try to make yourself attractive for the opposite sex or the same sex. I most, most same-sex couples. I know as far as, um, like a lesbian couple or what not, they want that too. So, like the, the standard of beauty for black women is not reflected in the BMI charts.

Participant 4 asserted,

> I feel the African American women as a whole may can just try and reach out to others through knowledge and education. Just giving some tips and pointers on what you can do, you know, as African American women, because that is a high obesity rate. And just help you know someone else along the way, just by giving a few tips on maybe you can go to this website, and it can tell you certain foods or

giving them some strategies and just things they can use throughout their life, their daily living, such as maybe trying to do exercise regiments or whether it is in intermittent fasting. I mean, I just feel like there are a lot of helpful resources and maybe, you know, we as women can help the next woman if she's needing that help.

Participant 6 claimed,

> Because I feel like that, we... Everybody is talking about BMI and the healthy norm, just because you're a certain way, a certain BMI, that doesn't mean that you're healthy. I think you need learn more about it to decide.

Participant 8 said,

> I'm okay with that, that being an African American woman, um, I'm okay with it, because they're talking about me. So, with me knowing that my health and weight is not what it should be in that it could start other diseases such as diabetes or things of that nature, I'm okay with them educating me on what I need to do.

Participant 9 shared,

> For me, I tend to not worry about it as much because genetically my build is so different. I come from a family of women that are very hippy. So, most of our weight is distributed below. So, I try to be sure that I watch some of the things that I eat. I also need to learn more about the BMI and what is best for me. I try to get my exercise in and now there is room for improvement. I just feel like I'll never be a five, six, it's just not in my DNA. However, that's not an excuse, I can always do better and try to make better choices.

Participant 10 stated,

> I would say self-esteem, lack of knowledge. I'm sure if there was like a course held for women that were educated and knew what will cause their bodies to be at a certain standpoint, and that healthy state that they would be eventually wanting to do it. Self-esteem basically, they're not happy with themselves. For instance, I may be what 300 pounds, but I used to be 160. It's almost like they're beating themselves up to make it seem as if it's impossible to get back to that weight. You can't fit the clothes that you used to fit, can't do things that you used to do. It's just the lack of self-esteem.

The African American women reported that they need more knowledge in food preparation and more instruction on exercises in order to reduce their weight. Also, many of the African American women felt that the BMI guidelines did apply to their body weight. The African American women also felt that they lacked resources for them on how the BMI guidelines applied to African American women. The participants felt that more resources should be available to teach more about BMI guidelines so African American women can make more informed food choices.

Summary

The African American women provided various degrees of understanding of BMI; they all noted that BMI had something to do with their height and weight and the need to maintain good BMI to live a healthy life. There were 10 themes developed from the interviews that included BMI, weight loss support system, eating healthy, exercise and diet, lack of resources to access healthy eating, fruits and vegetables, embarrassment,

culture, curvy, and lack of education. All themes included in this section were related to the research question, on "What are the lived experiences of obese African American women aged 30 to 45 who do not adhere to the nutrition and obesity standards of the BMI guidelines?" In addition, the African American women were able to express thoughts about the need for more education on meal preparation and food choices. In addition, several of the African American women expressed the need to receive more support from the community, friends and family members to reduce obesity and in making good food choices. The participants noted that they need more help learning exercises and motivational support to exercise. They needed a support system to help them that consist of family, friends, coworkers, and community support.

In Chapter 5, I provide the interpretation of the findings. I also address implications of the findings for social change and practical applications, limitations of the study, and recommendations for future research. I conclude with a summary of the findings of the study for African American women about some steps they can take on culturally specific programs to reduce obesity, enhance physical wellness, and improve the quality of life for African American women.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this qualitative phenomenological study was to gain an understanding of African American women's behaviors that may prevent them from conforming to nutrition and obesity standards of the BMI guidelines. I addressed the gap in the literature by exploring the factors associated with the social resistance of the BMI guidelines among obese African American women. I explored the cultural, social, and lifestyle behaviors of obese African American women. This study was significant because it provided knowledge that can be incorporated into culturally specific programs to reduce obesity, enhance physical wellness, and improve the quality of life for African American women. In the data analysis, I revealed 10 themes among the experiences of the African American women who were not conforming to nutrition and obesity standards of BMI guidelines. Those 10 themes were BMI, weight loss support system, eating healthily, exercise and diet, lack of resources to access eat healthily, fruits and vegetables, embarrassment, culture, curvy, and lack of education. In Chapter 5, I provide my interpretation of the findings, limitations of the study, recommendations, implications, and conclusion of this study.

Interpretation of the Findings

In this section, each theme is discussed within the broader context of the literature review in Chapter 2 and the conceptual framework of this study. I interpret the results to gain an understanding of African American women's behaviors that may prevent

them from conforming to nutrition and obesity standards of the BMI guidelines as well as how the themes aligned with the conceptual framework and the literature review.

Theme 1: Body Mass Index

The participants were able to provide various explanations as to what BMI means to them and acknowledge what level of importance it was for them to try to maintain a healthy BMI. The African American women were able to provide an appropriate definition of BMI. They also noted that a person would need to maintain a good BMI in order to life a healthy life. The African American women articulated their knowledge and weaknesses as they related to being able to maintain a good BMI in order to be healthy. In addition, several of the African American women reported that BMI had something to do with the amount of body fat, and this varied with a person's height. They also noted that a healthy BMI was important to reduce the risk factors of certain diseases.

The findings in this study align with current literature, confirming that BMI is critical for African American women in living a healthy life (see CDC, 2020c; Lidgren et al., 2020; OMA, 2019). BMI is used to categorize weight in different classes that include underweight, normal, overweight, obesity, and morbid obesity. Underweight range is a BMI less than 18.5 (CDC, 2020c; Lidgren et al., 2020; OMA, 2019). Normal range is a BMI between 18.5 and 25 (CDC, 2020c; Lidgren et al., 2020; OMA, 2019). Overweight range is a BMI that falls within 25 to 30 (CDC, 2020c; Lidgren et al., 2020; OMA, 2019). Obesity is a weight category where a BMI is 30.0 or higher (CDC, 2020c; Lidgren et al., 2020; OMA, 2019). Health problems are commonly experienced among those with obese levels of BMI (CDC, 2020c). The BMI is a common tool that is used to measure body fat

and categorize the weight of a person, and it is critical part of health guidelines for obese African American women.

The findings in this phenomenological qualitative study also align with the PEN-3 model. The PEN-3 model was effective with discovering not only how cultural context shapes health beliefs and practices but also how family structures play a role in enabling or nurturing positive health behaviors and health outcomes (Airhihenbuwa, 1989, 1995). The PEN-3 model can be used to centralize the culture within a study of health beliefs, health behaviors, and health outcomes (Airhihenbuwa, 1989, 1995; Airhihenbuwa et al., 2014). I found that some obese African American women do not believe that the BMI is a guideline that is appropriate for their culture. Most obese African American women wanted to achieve a good BMI but found that it was hard to achieve with their culture, environment, and lifestyle.

Theme 2: Weight Loss Support System

The African American women stated that they needed more support to reduce obesity in their life. They highlighted the need for social support and encouragement from members family members or friends. Several of the African American women noted that they received support to lose weight from their community by going to the local gym to exercise in order to lose weight. Some of the African American women noted that they had some support systems in their quest to reduce obesity in their lives, but they needed more support to reduce obesity from the community by having access to more exercising areas. They also noted that there was a need for more resources in the African American community to aid African Americans to lose weight.

There are several social factors that place African American women at more risk for obesity. The findings in this study confirmed the need for more support to reduce obesity, which aligned with the research on having social and family support from family and friends to aid in weight loss (Assari, 2017; Gittelsohn et al., 2016). Overweight and obese African American women experience minimal amount of social support from friends and family for healthy eating and exercising (Gittelsohn et al., 2016). Experiences with obtaining social support promotes healthy behaviors such as participating in exercise, providing nutrition education, and using positive reinforcements (Gittelsohn et al., 2016). Social support systems are beneficial to help encourage African American women to have healthy lifestyle behaviors.

The findings in this study regarding the needs more support to reduce obesity aligned with the conceptual framework. The PEN-3 cultural model consists of three primary domains: cultural identity, relationship and expectations, and cultural empowerment (Airhihenbuwa, 1989, 1995). The first domain under neighborhood consists of person and extended family (Airhihenbuwa, 1989). The relationship and expectations domain consist of perceptions, enablers, and nurtures (Airhihenbuwa, 1989). The cultural empowerment domain consists of positive, existential, and negative (Airhihenbuwa, 1989). Identifying obesity from the perspective of each domain provides insight on the importance of culture's influence within health issues.

Theme 3: Eating Healthy

The findings of this study regarding eating healthy foods aligned with the literature review on the need to eat healthy food and the role that culture plays in eating

healthy foods. It is important to understand the role that culture has on the nutrition practices of African American women (Darensbourg et al., 2018; King et al., 2017). Most African American women place priority on both their ethnic and mainstream culture as influences on their health behaviors, which includes food intake (King et al., 2017). Obese African American women can experience a hard time losing weight and maintaining a healthy weight because the foods they are accustomed to selecting are unhealthy food choices.

The findings of this study regarding eating healthily aligned with the PEN-3 model. The cultural identity domain is included in the intervention aspect of the model. This domain involves interaction with persons, such as the extended family members or the neighborhoods, and the communities at large (Airhihenbuwa, 1989). The PEN-3 model cultural identity domain defines the person, the extended family, and the neighborhood that a person lives within (Airhihenbuwa, 1989). The extended family component within this domain can also include the degree to which the family members can work together as a positive unit to make decisions (Airhihenbuwa, 1989). The PEN-model aligned with this study in highlighting that a person comes to know who they are in the context of relationships in which they develop with other people. Cultural habits make it difficult for African American women to eat healthily (Darensbourg et al., 2018). Obese, African American women need positive support systems to encourage eating healthy. Obese, African American women's inability to eat healthy and adhere to the nutrition practices and obesity standards due to cultural roles is a barrier for African American women to achieve weight loss.

Theme 4: Exercise and Diet

The findings of this study aligned with the literature review in Chapter 2 in regard to lack of exercise and proper diet among African American women. The lack of physical activity among African American women is a health problem. In fact, the lack of exercise among African American women is a contributor to their obesity (Ansa et al., 2018). Physical activity is important for good health; however, it is especially important for African American women in the United States because they are most unlikely to be physically active (Gross et al., 2017). In fact, African American women's participation in physical activity is less than any other racial groups in the United States (Ansa et al., 2018). I found that many of the African American women had good intentions to exercise and improve their diet, but they lacked the motivation to do it long term because of the other life priorities that they have, which they feel are more important than exercise and diet.

The theme of exercise and diet within this qualitative study aligned with the PEN-3 model. The cultural empowerment domain within the PEN-3 model provides encouragement with health issues. The cultural empowerment domain focuses on health problems with identifying beliefs and practices that are positive by emphasizing the values and beliefs that are positive (Airhihenbuwa, 1989; Airhihenbuwa et al., 2014). The solutions to these problems that are harmless are acknowledged before addressing behaviors that are harmful to the person and have negative effects on a person's health (Airhihihenbuwa, 1989; Gross et al., 2017). Obese, African American women continue to be culturally empowered by showing strength in carrying the burdens of the entire family

while neglecting their own health needs to ensure everyone else is taken care of (Davis et al., 2018). Many African American women may acknowledge the need to partake in healthier eating habits and exercise, but they choose not to make their own health a priority. Obese, African America women are not consistent with addressing obesity until it becomes a harmful health concern identified by a physician.

Theme 5: Lack of Resources to Access Healthy Eating

The theme of lack of resources to access healthy eating aligned with the literature review in regard to the need for more nutrition programs targeting African American women. Community-based nutrition interventions and education programs have been successful in enhancing healthier eating outcomes among African American (Adegoke et al, 2016; Bessesen et al., 2018). The findings in this study highlighted obese, African American women's need for resources in various capacities to educate them on food choices, as well as the resources that assist in paying for some of the nutritional items and food preparation that is needed to implement in a proper diet to support reducing or preventing obesity among African American women.

The theme of lack of resources aligned with the PEN-3 model. Airhihenbuwa (1989) noted that knowledge shapes a person's perceptions and reality as it relates to their cultural and health beliefs. Enablers within this domain refers to support, resources, and wealth, such as assists and liabilities, as a measure of different resources, power, and the cost of health care treatment (Airhihenbuwa, 1989; Airhihenbuwa et al., 2014). The ability to obtain resources are an integral part in decision making among African American women that contribute to the nutritional choices they make daily.

Theme 6: Fruits and Vegetables

The theme of fruits and vegetables aligned with the literature review in regard to the need for African American women to eat more fruits and vegetables in their diet. African American women's access to more fruits and vegetables is vital because they contain important vitamins and minerals (NCI, 2019). Individuals who consume a diet that is high in fruits and vegetables have increased prevention against diabetes, cancer, and heart disease (NCI, 2019). Implementing fruits and vegetables provides health benefits such as the ability to assist with weight loss, prevent certain diseases, assist with energizing the body, and improve a person's vision (NCI, 2019). African American women who reside in low-income neighborhoods have no or limited access to fresh fruits and vegetables because there are not as many grocery stores (Bodnar et al., 2019). There is a need for local governments to help community leaders and businesses develop strategies to provide more access to fruits and vegetables so that more African Americans women can access in their community. African American women need to gain access to more fruits and vegetables to change their eating habits.

Theme 7: Embarrassment

The theme of embarrassment aligned with research on the need for more African American having a conversation with their doctor on obesity. Active engagement between African American women and their physicians about nutrition education is a proactive intervention to prevent obesity. Delivery from a physician should entail community-based, gender-specific, culturally specific methods to teach the target audience the best practices to help reduce the burden of obesity (Bhadane et al., 2019).

The USPSTF (2020) recommended that all physicians make referrals or offer weight management information; however, there are many obese individuals not receiving any counseling. Some physicians have inadequate training and negative attitudes about obese patients and that may contribute to physicians failing to provide appropriate weight management and nutrition education counseling on a consistent bases to their patients (Bessesen et al., 2018). Some African American women feel that physicians do not understand them and cannot relate to them being obese and African American. There needs to be more training for physicians to help a greater number of African American women to receive more counseling services for them to change their eating habits and focus on strategies to reduce obesity in their lives.

Theme 8: Culture

The theme of culture aligned with the literature review in regard to African American women views of their culture and food. African American women's culture can affect their eating habits (Blodorn et al, 2015; Knox-Kazimierckuk & Shockey-Smith, 2017). Food culture refers to the practices, attitudes, and beliefs of the types of food people eat in their surroundings (Knox-Kazimierckuk & Shockey-Smith, 2017). It is important to incorporate social identity as a part of a person's cultural perspective because it can influence how weight stigma contributes to weight gain or weight loss among obese individuals (Blodorn et al., 2015). African American women embrace extra weight and indulging in unhealthy eating habits as a part of accepting their cultural identity (Blodorn et al., 2015). In order for African American women to make changes in

their weight, there needs to be a change in the culture aspect of accepting unhealthy eating habits as a normality.

Theme 9: Curvy

The theme of curvy aligned with the literature review in regard acceptable type of body images. It is important to understand why African American women embrace qualities that are part of their culture. Most African American women embrace the qualities that are more representative of the African American race and ethnicity (Bauer et al., 2017; Capodilupo, 2015; Dunn et al., 2019). African Americans women's acceptable body image involves having a body that is appealing to African American men (Bauer et al., 2017; Capodilupo, 2015). African American women feel that African American men desire women with thicker hips, thighs, and breasts with a small waist. African American women embrace a body image that they are confident reflects their cultural identity and will attract African American men.

Theme 10: Lack of Education

The theme lack of education aligned with the research in regard to the lack of education on nutrition education for African American women. Nutrition education includes the process of learning about food, food preparation, and the influence that nutrition has on a person's health (Abel et al., 2018). Learning about a person's nutrition education experiences will help to understand their eating behavior (Velardo, 2015). The method in which nutrition education is delivered to African American women may influence their willingness to conform to nutrition standards presented (Bessesen et al., 2018). African American women learn about nutrition through family traditions, school,

and community nutrition programs (Bessesen et al., 2018). Poor delivery method of nutrition education can contribute to obesity among African American women.

Limitations of the Study

This study included some limitations related to method, design, and data collection. This was a qualitative phenomenological study with a small sample size. A limitation of this study included generalizability. Because there was a limited number of participants to gather experiences from within this study, the outcomes may not be considered as typical experiences of all obese, African American women. The outcomes only represented the experiences of the participants within the study. The participants also may have had unknown biases before providing response that may have influenced their understanding of the questions during the interview process.

Another limitation to this study was researcher bias. I am an obese, African American woman living in South Carolina. Due to my shared relatedness, I may have personal experiences that align with the experiences of the participants, which may allow a greater level of empathy for the research participants. It was important to recognize a researcher's personal view of the world and to discern the presence of a personal lens to be able to accurately listen and analyze the reflections of the participants within the data collected during the study (Fields & Kafai, 2009; Fusch & Ness, 2015). I maintained a researcher journal to bracket my preconceived ideas about the topic before and throughout conducting the study to minimize personal bias. The interview questions were also created prior to the interview process so they were delivered within the interview to all participants verbatim in order to avoid the possibility of any personal influences in

changing the questions. Finally, all interviews took place in a safe and confidential location that was comfortable for the participants to share their lived experiences.

In addition, a limitation for this study was the inability to view the body language of the participants (nonverbal signals) accurately. In accordance with Walden University IRB guidelines, due to the COVID-19 virus, the interviews were changed from face-to-face meetings to telephone interviews. To mitigate the limitations of telephone interviews, I confirmed the accuracy of the data collected by performing member checking. Member checking is used by a researcher to determine the credibility of the data by ensuring the accuracy and the completion of the information received from the participants (Patton, 2015). I conducted member checking by sending the transcribed interviews to the participants to check the interviews for accuracy. I found no issues with trustworthiness, credibility, transferability, dependability, and confirmability as all of those components were considered while conducting the study.

Recommendations for Future Research

I conducted this study to gain an understanding of obese, African American women's behaviors that may prevent them from conforming to nutrition and obesity standards of the BMI guidelines. Recommendations for future research are needed to examine African American women who fit the same criteria as this study but reside in states other than South Carolina. I recommend conducting a quantitative study to measure the timeline for when African American women stop adhering to nutrition and obesity standards when they are on a diet plan. I recommend studies that provide obese, African American women with case management services to assist with managing priorities and

finding an affordable facility to exercise and an affordable program to teach healthy meal preparation. I recommend the coordination of a study that includes African American women hair care maintenance and obesity. I also recommend future research to explore why obese African American women do not place their own healthy lifestyle choices as a priority among other roles within their life. These studies might be completed to continue to provide a more in-depth understanding as to why obese African American women do not adhere to nutrition and obesity standards of the BMI guidelines.

Implications for Positive Social Change

This study promotes positive social change as it creates a better understanding as to why obese African American women do not adhere to nutrition and obesity standards of the BMI guidelines. The results of this study can be used in the community intervention and human services field. This study may provide obese, African American women with the awareness of the importance of the incorporation of standard nutrition practices as a priority within their lifestyle among whatever other priorities within their life. This study may also be used to improve how health educators, nutrition and weight loss programs, and medical practitioners educate or deliver information to African American women about nutrition and dietary standard practices. The results of the study may also be used to advance current government practices by providing knowledge to government entities on nutrition policy making and nutrition/food marketing. This study could also promote healthier food choices through interventional programs that could change the curriculum of school programs designed to teach healthy dietary habits among African American school-aged girls. The results may promote programs to find

curriculums to incorporate African American women's culture within intervention programs to show sensitivity and awareness to African American women's culture and their lifestyles during the process of reducing obesity.

Conclusion

The purpose of this qualitative phenomenological study was to gain an understanding of African American women's behaviors that may prevent them from conforming to nutrition and obesity standards of the BMI guidelines. African American women struggled with obesity, and they need support while working to overcome obesity. African American women need support on all levels from friends, family, coworkers, and the community to stay committed to a healthy eating and exercise lifestyle. Many African American women did not adhere to the obesity standards of the BMI guidelines due the lack of education and acceptance of the standard being appropriate for African American women's culture. Knowledge of nutrition education being incorporated in daily lifestyle choices can be helpful to obese, African American women by allowing them to understand what meals they can cook that are healthy for them. Also, it is important for African American women to understand what BMI is and how it is used as a tool that is important for measuring body fat. African American women are concerned about their hair care, cost of healthy foods, cost of gyms, and juggling their household duties. Specialized weight loss curriculums can be developed to consider what matters to African American women. Health professionals who work with or influence obese, African American women can learn how to incorporate culturally sensitive methods within interventions to encourage African American women to make

healthy lifestyle choices and conform to the obesity standards of the BMI guidelines. Identifying obesity and addressing obesity among obese African American women in a timely effective manner will help the African American women live healthier without being restricted by health issues plagued by obesity.

References

Abel, T., Beer-Borst, S., Krause, C., & Sommerhalder, K. (2018). Just a subtle difference? Findings from a systematic review on definitions of nutrition literacy and food literacy. *Health Promotion International*, *33*(3), 378-389. https://doi.org/10.1093/heapro/daw084

Abowitz, D. A., & Toole, T. M. (2010). Mixed methods research: Fundamental issues of design, validity, and reliability in construction research. *Journal of Construction Engineering & Management, 136*(1), 108-116. https://doi.org/10.1061/(ASCE)CO.1943-7862.0000026

Abrams, J. A., & Belgrave, F. Z. (2016). Reducing disparities and achieving equity in African American women's health. *American Psychologist*, *71*(8), 723. https://doi.org/10.1037/amp0000081

Abubakar, S., Alkassim, R., & Etikan, I. (2016). Comparision of snowball sampling and sequential sampling technique. *Biometrics and Biostatistics International Journal*, *3*(1), 55-65. https://doi.org/ 10.1177/0145482X1510900215

Adams, I., Figueroa, W., & Nickerson, M. (2018). Percent body fat and poor general health perception are strongly associated with appearance satisfaction in African American women. *Journal of the Academy of Nutrition and Dietetics*, *118*(10), A135. https://doi.org/10.1016/j.jand.2018.08.062

Adams, R. K. I., Figueroa, I., Hatsu, I., Huling, J., Joseph, J., Leson, S., Odei, J., & Sotos-Prieto, M. (2019). An examination of demographic and psychosocial factors, barriers to healthy eating, diet quality among African American adults.

Journal of Nutrition, *11*, 1-15. https://doi.org/10.3390/nu11030519

Adams-Wynn, A., Alhassan, S., Barr-Anderson, J., & Orekoya, O. (2018). Socio-cultural and environmental factors that influence weight-related behaviors: Focus group results from African American girls and their mothers. *International Journal of Environmental Research and Public Health*, *15*(7), 1354. https://doi.org/10.3390/ijerph15071354

Adegoke, O., Seo, M. W., Kato, T., Kawahito, S., & Park, E. Y. (2016). An ultrasensitive SiO2-encapsulated alloyed CdZnSeS quantum dot-molecular beacon nanobiosensor for norovirus. *Biosensors and Bioelectronics*, *86*, 135-142. https://doi.org/10.1016/j.bios.2016.06.027

Addison, A., Blackstone, S., Gyamfi, J., Iwelunmor, J., Ntim, M., Ogedegbe, G., & Quakyi, N. (2019). 'I believe high blood pressure can kill me:' Using the PEN-3 cultural model to understand patients' perceptions of an intervention to control hypertension in Ghana. *Ethnicity & Health*, *24*(3), 257-270. https://doi.org/1080/13557858.2017.1346178

Affuso, O., Baskin, M. L., Carson, T. L., Johnson, E. R., & Levaitan, E. B. (2019). Body image and dissatisfaction among rural Deep South African American women in a weight loss intervention. *Journal of Health Psychology*, *24*(9), 1167-1177. https://doi.org/10.1177/1359105317694489

Ainsworth, B. E., Coe, K., Joseph, R. P., Hooker, S. P., Keller, C., & Mathis, L. (2018). Hair as a barrier to physical activity among African American women: A qualitative exploration. *Frontiers in Public Health*, *5*, 367-380.

https://doi.org/10.3389/fpubh.2017.00367

Ainsworth, B. E., Dodgson, J. E., Joseph, R. P., & Keller, C. (2015). Barriers to physical activity among African American women: An integrative review of the literature. *Women & Health*, *55*(6), 679-699. https://doi.org/10.1080/03630242.2015.1039184

Airhihenbuwa, C. O. (1989). Perspectives on AIDS in Africa: Strategies for prevention and control. *AIDS Education and Prevention*, *1*(1), 57– 69.

Airhihenbuwa, C. O. (1995). *Health and culture: Beyond the Western paradigm*. Sage Publications.

Airhihenbuwa, C. O., Iwelunmor, J., & Newsome, V. (2014). Framing the impact of culture on health: A systematic review of the PEN-3 cultural model and its application in public health research and interventions. *Ethnicity & Health*, *19*(1), 20-46. https://doi.org/10.1080/13557858.2013.857768

Allister-Price, C., Craig, C. M., Cushman, S. S., McLaughlin, T. L., & Spielman, D. (2019). Metabolic markers, regional adiposity, and adipose cell size: Relationship to insulin resistance in African American as compared with Caucasian women. *International Journal of Obesity*, *43*(6), 1164-1173. https://doi.org/10.1007/s10900-019-00667-0

Almeida, F., Faria, D., & Queirós, A. (2017). Strengths and limitations of qualitative and quantitative research methods. *European Journal of Education Studies, 5(1),* 1-12. https://doi.org/10.5281/zenodo.887089

American Diabetes Association. (n.d.) *Life doesn't end with Type 2 diabetes.*

https://www.diabetes.org/diabetes/type-2

American Heart Association. (2020, December 16). *Understanding blood pressure readings*. https://www.heart.org/en/health-topics/high-blood-pressure/understanding-blood-pressure-readings

American Stroke Association. (2020, March 20). *Stroke risk factors*. https://www.stroke.org/en/about-the-american-stroke-association.

Anderson, C. (2010). Presenting and evaluating qualitative research. *American Journal of Pharmaceutical Education, 74*(8), 4-7. https://doi.org/10.5688/aj7408141

Anney, V. N. (2014). Ensuring the quality of the findings of qualitative research: Looking at trustworthiness criteria. *Journal of Emerging Trends in Educational Research and Policy Studies*, *5*(2), 272-281. https://hdl.handle.net/123456789/256

Ansa, B. E., Coughlin, S. S., Smith, S. A., Whitehead, M. S., & Yoo, W. (2018). Determinants of adherence to physical activity guidelines among overweight and obese African American breast cancer survivors: Implications for an intervention approach. *Ethnicity & Health*, *23*(2), 194-206. https://doi.org/1080/13557858.2016.1256376

Alase, A. (2017). The interpretative phenomenological analysis (IPA): A guide to a good qualitative research approach. *International Journal of Education and Literacy Studies*, *5*(2), 9-19. https://doi.org/10.7575/aiac.ijels.v.5n.2p.9

Appiah, O., Fleming-Milici, F., Frazier III, W., Grier, S., Harris, J., Hubert, P., & Rodriguez-Arauz, G. (2019). A qualitative assessment of US Black and Latino adolescents' attitudes about targeted marketing of unhealthy food and

beverages. *Journal of Children and Media*, *13*(3), 295-316. https://doi.org/10.1080/17482798.2019.1604394

Assari, S. (2017). Unequal gain of equal resources across racial groups. *International Journal of Health Policy and Management*, *7*(1), 1–9. https://doi.org/10.15171/ijhpm.2017.90

Association of American Medical Colleges. (2019, July 1). *Physician specialty data report.* https://www.aamc.org/data-reports/workforce/interactive-data/figure-18-percentage-all-active-physicians-race/ethnicity-2018

Åstedt-Kurki, P., Kiikkala, I., & Sorsa, M. A. (2015). Bracketing as a skill in conducting unstructured qualitative interviews. *Nurse Researcher*, *22*(4), 1-14. https://doi.org/10.7748/nr.22.4.8.e1317

Awad, G. H., Chapman-Hilliard, C., Jones, B., Martinez, M., McClain, S., Norwood, C., & Taylor, D. S. (2015). Beauty and body image concerns among African American college women. *Journal of Black Psychology*, *41*(6), 540–564. https://doi.org/10.1177/0095798414550864

Babchuk, N. (1962). The role of the researcher as participant observer and participant-as-observer in the field situation. *Human Organization*, *21*(3), 225-228. https://doi.org/10.7730/humo.213cv621531420405p5

Baker, E. H., Rutland, S. B., Sims, M., Simoni, Z. R., Stepanikova, I., Wilkinson, L. L., & Zhu, A. (2017). The role of perceived discrimination in obesity among African Americans. *American Journal of Preventive Medicine*, *52*(1), S77-S85. https://doi.org/10.1016/j.amepre.2016.07.034

Ballentine, S., Carson, M., Community-Based Participatory Research (CBPR) Team, Paniagua, D., Nieweglowski, K., Sayer, J., & Sheehan, L. (2019). Perspectives on diet and physical activity among urban African Americans with serious mental illness. *Social Work in Health Care*, *58*(5), 509-525. https://doi.org/10.1080/00981389.2019.1587662

Bandera, E. V., Bethea, T. N., Bertrand, K. A., Khoury, T., Rosenberg, L., Troester, M. A., & Palmer, J. R. (2020). Risk factors for estrogen receptor positive ductal carcinoma in situ of the breast in African American women. *The Breast*, *49*, 108-114. https://doi.org/10.1016/j.breast.2019.10.009

Banerjee, E. S., Herring, S. J., Hurley, K. E., LaNoue, M., Puskarz, K., & Yebernetsky, K. (2018). Overcoming obesity: A mixed methods study of the impact of primary care physician counseling on low-income African American women who successfully lost weight. *American Journal of Health Promotion*, *32*(2), 374-380. https://doi.org/10.1177/08090117117690853

Barnett, K. S., Felix, A. S., Nolan, T. S., Rhoades, J., Shisler, R., Warren, B. J., & Williams, K. P. (2019). High-effort coping and cardiovascular disease among women: A systematic review of the John Henryism hypothesis. *Journal of Urban Health*, *96*(1), 12-22. https://doi.org/10.1007/s11524-018-00333-1

Barth, T., Eide, G. E., Meland, E., Samdal, G. B., & Williams, G. (2017). Effective behavior changes techniques for physical activity and healthy eating in overweight and obese adults: Systematic review and meta-regression analyses. *International Journal of Behavioral Nutrition and Physical*

Activity, *14*(1), 42. https://doi.org/10.1186/s12966-017-0494-y

Baskin, M. L., Bertrand, B., Carson, T. L., Chandler-Laney, P., Judd, S., & Sterling, S. (2018). Dietary patterns among overweight and obese African American women living in the rural South. *Journal of Racial and Ethnic Health Disparities*, *5*(1), 141-150. https://doi.org/10.1007/s40615-017-0351-3

Bauer, A. G., Berkley-Patton, J., Berman, M., Bowe-Thompson, C., Christensen, K., Lister, S., & Ruhland-Petty, T. (2017). Peer reviewed: Do Black women's religious beliefs about body image influence their confidence in their ability to lose weight? *Preventing Chronic Disease*, *14,*1-12. https://doi.org/10.5888/pcd14.170153

Baxter, P., & Jack, S. (2008). Qualitative case study methodology: Study design and implementation for novice researchers. *The Qualitative Report, 13*(4), 544-559.

Beagan, B. L., Bernard, W. T., Eghan, F., & Etowa, J. B. (2017). "You feel you have to be made of steel": The strong Black woman, health, and well-being in Nova Scotia. *Health Care for Women International*, *38*(4), 379-393. https://doi.org/10.1080/07399332.2017.1290099

Benjamin, E. J., Blaha, M. J., Chiuve, S. E., Cushman, M., Das, S. R., Muntner, P., & Rajat Deo, R. (2017). Heart disease and stroke statistics—2017 update: A report from the American Heart Association. *Circulation*, *135*(10), e146-e603. https://doi.org/10.1161/CIR.0000000000000485

Bentley, J., Himmerich, H., & Weschenfelder, J. (2018). Physical and mental health consequences of obesity in women. *Adipose Tissue*, *7*, 123.

https://doi.org/10.5772/intechopen.73674

Bergren, M. D., Julion, W. A., Keim, K. S., Lofton, S., & McNaughton, D. B. (2016). A systematic review of literature on culturally adapted obesity prevention interventions for African American youth. *The Journal of School Nursing*, *32*(1), 32-46. https://doi.org/10.1177/1059840515605508

Bessesen, D., Bleich, S., Clark, J., Gudzune, K., Heyn, H., Iwamoto, S., Saxon, D., Tsui, D., Lester, E., Speer, R., Heyn, H., Kealey, E., & Juarez-Colunga, E. (2018). Effects of education and experience on primary care providers' perspectives of obesity treatments during a pragmatic trial. *Obesity*, *26*(10), 1532-1538. https://doi.org/10.1002/oby.22223

Beydoun, M. A., Cheskin, L. J., Kaminsky, L. A., Min, J., Wang, Y., & Xue, H. (2020). Has the prevalence of overweight, obesity and central obesity levelled off in the United States? Trends, patterns, disparities, and future projections for the obesity epidemic. *International Journal of Epidemiology, 1*(1), 1-14.

Bhadane, M., Cai, C., Ifejika, L., Noser, A., & Savitz, I. (2019). Cluster enrollment: A screening tool for stroke risk factors in minority women caregivers. *Journal of the National Medical Association*, *111*(3), 281-284. https://doi.org/10.1016/j.jnma.2018.10.013

Blodorn, A., Hunger, J. M., Major, B., & Miller, C. T. (2015). Weighed down by stigma: How weight□based social identity threat contributes to weight gain and poor health. *Social and Personality Psychology Compass*, *9*(6), 255-268. https://doi.org/10.1111/spc3.12172

Bodnar, L. M., Dubowitz, T., & Parisi, S. M. (2018). Weight resilience and fruit and vegetable intake among African-American women in an obesogenic environment. *Public Health Nutrition*, *21*(2), 391-402. https://doi.org/10.1017/S1368980017002488

Bouras, E., Chourdakis, M., Grammatkopoula, M, Kalliopi-Anna, P., Katasouda, A., Lekka, K., & Tntekidid, K. (2019). Is continuing medical education sufficient? Assessing the clinical nutrition knowledge of medical doctors. *Nutrition*, *57*, 69-73. https://doi.org/10.1016/j.nut.2018.05.013

Bowen, S., & Sterling, R. (2019). The potential for plant-based diets to promote health among Blacks living in the United States. *Nutrients*, *11*(12), 2915. https://doi.org/10.3390/nu11122915bryant

Bonewald, L. (2019). Use it or lose it to age: A review of bone and muscle communication. *Bone*, *120*, 212-218. https://doi.org/10.1016/j.bone.2018.11.002

Brannen, J. (2017). *Mixing methods: Qualitative and quantitative research*. Routledge Publication.

Brewis, A., Han, S., Trainer, S., & Wutich, A. (2017). Publicly misfitting: Extreme weight and the everyday production and reinforcement of felt stigma. *Medical Anthropology Quarterly*, *31*(2), 257-276. https://doi.org/10.1111/maq.12309

Brewis, A., Hardin, J., & McLennan, A. (2018). Body size, body norms and some unintended consequences of obesity intervention in the Pacific islands. *Annals of Human Biology*, *45*(3), 285-294. https://doi.org/10.1080103014460

Brown, L., Jackson, C., & Vaughan, D. R. (2018). Discovering lived experiences through

descriptive phenomenology. *International Journal of Contemporary Hospitality Management*, *30*(11), 3309–3325. https://doi.org/10.1108/IJCHM-10-2017-0707

Brown, S. A., & Sumlin, L. L. (2017). Culture and food practices of African American women with Type 2 diabetes. *The Diabetes Educator*, *43*(6), 565-575. https://doi.org/10.1177/0145721717730646

Bruckner, T. A., & Gailey, S. (2019). Obesity among Black women in food deserts: An “omnibus” test of differential risk. *SSM-Population Health*, *7*, 100363. https://doi.org/10.1016/j.ssmph.2019.100363

Burke, L. E., Conroy, M. B., Craighead, L., Eack, S. M., Goode, R., Kalarchain, M. A., & Wallace, J. J. (2018). The feasibility of binge eating intervention in Black women with obesity. *Eating Behaviors, 29*,83-90. https://doi.org/10.1016/j.eatbeh.2018.03.005

Cachelin, F. M., Gil-Rivas, V., & Scott, T. N. (2019). The need for cultural adaptations to health interventions for African American women: A qualitative analysis. *Cultural Diversity and Ethnic Minority Psychology, 25*(3), 331-341. https://doi.org/10.1037/cdp0000228

Cameron, N. O., Muldrow, A. F., & Stefani, W. (2018). The weight of things: Understanding African American women’s perceptions of health, body image, and attractiveness. *Qualitative Health Research*, *28*(8), 1242–1254. https://doi.org/10.1177/1049732317753588

Campos-Vazquez, R. M., & Gonzalez, E. (2020). Obesity and hiring discrimination. *Economics & Human Biology*, 100850.

https://doi.org/10.1016/j.ehb.2020.100850

Capodilupo, C. M. (2015). One size does not fit all: Using variables other than the thin ideal to understand Black women's body image. *Cultural Diversity and Ethnic Minority Psychology*, *21*(2), 268. https://doi.org/10.1037/a0037649

Castellan, C. M. (2010). Quantitative and qualitative research: A view for clarity. *International Journal of Education*, *2*(2), 1-14.

Center for Disease Control and Prevention. (2017, May 1a). *Health United States, U.S. Department of Health and Human Service Office of Minority Health.* http://www.cdc.gov/nchs/data/hus/hus16.pdf

Center for Disease Control and Prevention. (2017, May 1b). *Health United States, U.S. Department of Health and Human Service Office of Minority Health.* http://www.cdc.gov/nchs/data/hus/hus17.pdf

Center for Disease Control and Prevention. (2017, November 16c). *CDC Newsroom, U.S. Department of Health and Human Service Office of Minority Health.* https://www.cdc.gov/media/releases/2017/p1116-fruit-vegetable-consumption.html

Center for Disease Control and Prevention. (2018, March 2). *Heart disease, U.S. Department of Health & Human Services*. https://www.cdc.gov/heartdisease/about.htm

Center for Disease Control and Prevention. (2020, January 16a). *The CDC National Diabetes Education Program*. http/www.cdc.gov/diabetes/ndep

Center for Disease Control and Prevention. (2020, February 1b). *National Center for*

Health Statistics. Prevalence of Obesity and Severe Obesity Among Adults: United States, 2017–2018. https://www.cdc.gov/nchs/products/databriefs/db360.htm

Center for Disease Control and Prevention. (2020, February 27c). *Division of nutrition, physical activity, and obesity, National Center for Chronic Disease Prevention and Health Promotion*. https://www.cdc.gov/obesity/adult/index.html

Center for Disease Control and Prevention. (2020, August 5d). *Health United States, 2018*. https://www.cdc.gov/stroke/men.htm

Champion, V. L., Skinner, C. S., & Tiro, J. (2015). Background on the health belief model. *Health Behavior: Theory, Research, and Practice*, *75,* 1-10. https://doi.org/10.108/10410236.2013.873363

Chandler, T., Davis-Smith, Y. M., Holland, T. J., & King, E. N., & Moore, D. D. (2017). African American obese women's perspectives regarding barriers to the utilization of bariatric surgery: A phenomenological study. *Journal of Black Studies*, *48*(5), 484-500. https://doi.org/10.1177/0021934717701433

Chavez, T. A., Dietze, E. C., & Seewaldt, V. L. (2018). Obesity and triple-negative breast cancer: Disparities, controversies, and biology. *The American Journal of Pathology*, *188*(2), 280-290. https://doi.org/10.1016/j.ajpath.2017.09.018

Clark, K. R., & Vealé, B. L. (2018). Strategies to enhance data collection and analysis in qualitative research. *Radiologic Technology*, *89*(5), 482CT-485CT.

Collins-Bohler, D. (2019). The lived experience of African American women with lymphedema. *Annals of Breast Cancer and Therapy*, *3*(1).

https://doi.org/10.36959/739/522

Connelly, L. M. (2016) Trustworthiness in qualitative research. *MedSurg Nursing, 6*, 435.

Crimarco, A., Davey, M., Frongillo, E. A., Hutto, B., Murphy, A., Turner-McGrievy, G., Williams, K., & Davey, M. (2020). The Nutritious Eating with Soul (NEW Soul) Study: Study design and methods of a two-year randomized trial comparing culturally adapted soul food vegan vs. omnivorous diets among African American adults at risk for heart disease. *Contemporary Clinical Trials*, *88*, 105897. https://doi.org/10.1016/j.cct.2019.105897

Cubbin, C., & Vazquez, C. E. (2019). Associations between breastfeeding duration and overweight/obese among children aged 5–10: A focus on racial/ethnic disparities in California. *AIMS Public Health*, *6*(4), 355. https://doi.org/10.3934/publichealth.2019.4.355

Cuevas, A. G., O'Brien, K., & Saha, S. (2016). African American experiences in healthcare: “I always feel like I’m getting skipped over.” *Health Psychology*, *35*(9), 987. https://doi.org/10.1037/hea0000368

Cutler, D., Skinner, J. S., Stern, A. D., & Wennberg, D. (2019). Physician beliefs and patient preferences: A new look at regional variation in health care spending. *American Economic Journal: Economic Policy*, *11*(1), 192-221. https://doi.org/0.1257/pol.20150421

Daquin, J. V., Gordon, A. D., Johnson, A. J., & Talleyrand, R. M. (2017). Expanding our understanding of eating practices, body image, and appearance in African American women: A qualitative study. *Journal of Black Psychology*, *43*(5), 464-

492. https://doi.org/10.1177/0095798416649086

Darensbourg, R. M., Petrin, C., Sheats, J. L., & Wheeler, C. S. (2018). A theoretically-grounded investigation of perceptions about healthy eating and health support among African American men and women in New Orleans, Louisiana. *Family and Community Health*, *2*(15). https://doi.org/10.1097/FCH.0000000000000177

Davis, A. W., Levant, R. F., & Pryor, S. (2018). Traditional femininity versus strong Black women ideologies and stress among Black women. *Journal of Black Studies*, *49*(8), 820-841. https://doi.org/10.1177/0021934718799016

Duan, N., Green, C. A., Hoagwood, K., Horwitz, S. M., Palinkas, L. A., & Wisdom, J. P. (2015). Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. *Administration and Policy in Mental Health and Mental Health Services Research*, *42*(5), 533-544. https://doi.org/10.1007/s10488-013-0528-y

Dunbar, S., Higgins, M., Quyyumi, A., Pemu, P., Reilly, C., & Spikes, T. (2019). The relationship among health beliefs, depressive symptoms, medication adherence, and social support in African Americans with hypertension. *Journal of Cardiovascular Nursing*, *34*(1), 44-51. https://doi.org/10.1097/JCN.0000000000000519

Dunn, C. E., Hood, K. B., & Owens, B. D. (2019). Loving myself through thick and thin: Appearance contingent self-worth, gendered racial microaggressions and African American women's body appreciation. *Body Image*, *30*, 121-126. https://doi.org/10.1016/j.bodyim.2019.06.003

Eatough, V., & Smith, J. A. (2008). Interpretative phenomenological analysis. *The Sage Handbook of Qualitative Research in Psychology*, *179*, 194.

English, L., Keller, K. L., & Lasschuijt, M. (2015). Mechanisms of the portion size effect. What is known and where do we go from here? *Appetite*, *88*, 39-49. https://doi:10.1016/j.appet.2014.11.004

Fields, D. A., & Kafai, Y. B. (2009). A connective ethnography of peer knowledge sharing and diffusion in a tween virtual world. *Computer Supported Collaborative Learning*, *4*(1), 47-69. https:// doi:10.1007/s11412-008-9057-1

Fitzpatrick, K. M., Niemeier, J., Shi, X., & Willis, D. (2018). Obesity and place: Chronic disease in the 500 largest US cities. *Obesity Research & Clinical Practice*, *12*(5), 421-425. https://doi.org/10.1016/j.orcp.2018.02.005

Fusch, P. I., & Ness, L. R. (2015). Are we there yet? Data saturation in qualitative research. *The Qualitative Report, 20*(9), 1408-1416.

Gittelsohn, J., Han, E., Jones-Smith, J., Steeves, E. A., Surkan, P. J., Trude, A. C., Vedovato, G. M., Eunkyung, H., & Kharmats, A. Y. (2016). Food insecurity, overweight and obesity among low-income African-American families in Baltimore City: Associations with food-related perceptions. *Public Health Nutrition*, *19*(8), 1405-1416. https://doi.org/10.1017/S1368980015002888

Gordon, J., Hatch, A. R., & Sternlieb, S. (2019). Sugar ecologies: Their metabolic and racial effects. *Food, Culture & Society*, *22*(5), 595-607. https://doi.org/10.1080/15528014.2019.1638123

Greene, N., Kimbro, K., & Williams, A. (2019). SUN-051 increased circulating cytokines

in African American Women with obesity and elevated HbA1c. *Journal of the Endocrine Society*, *3*(Supplement_1), SUN-051. https://doi.org/10.1210/js.2019-SUN-051

Grosfoguel, R. (2016). What is racism? *Journal of World-Systems Research*, *22*(1), 9-15. https://doi.org/10.5195/jwsr.2016.609

Gross, T. T., Harvey, I. S., Story, C. R., & Whitt-Glover, M. C. (2017). Pastoral perceptions of the learning and developing individual exercise skills (L.A.D.I.E.S.) intervention: A qualitative study. *Health Education Research*, *32*(1), 81-95. https://doi.org/10.1093/her/cyw054

Hall, J. C. (2018). It is tough being a Black woman: Intergenerational stress and coping. *Journal of Black Studies*, 49(5), 481-501. https://doi.org/10.1177/0021934718766817

Hamilton, D. N. P. (2017). Variables associated with overweight/obesity among African-American women with hypertension and/or diabetes. *Himmelfarb Health Sciences Library.* https://hsrc. himmelfarb.gwu.edu/son_dnp/4/

Hefner, J. L., McDougle, L., Tolliver, S. O., & Tolliver, S. D. (2019). Primary care provider understanding of hair care maintenance as a barrier to physical activity in African American women. *The Journal of the American Board of Family Medicine*, *32*(6), 944-947. https://doi.org/0.3122/jabfm.2019.06.190168

Herzog, C., Handke, C., & Hitters, E. (2019). Analyzing talk and text II: Thematic analysis. In *The Palgrave handbook of methods for media policy research* (pp. 385-401). Palgrave Macmillan, Cham.

Hess, C., Mincer, A., & Ofei, A. (2015). Breastfeeding and childhood obesity among African Americans: A systematic review. *MCN: The American Journal of Maternal/Child Nursing*, *40*(5), 313-319. https://doi.org/10.1097/NMC.0000000000000170

Hunter, C. D., & Watson, N. N. (2015a). Anxiety and depression among African American women: The costs of strength and negative attitudes toward psychological help-seeking. *Cultural Diversity and Ethnic Minority Psychology*, *21*(4), 604. https://doi.org/10.1037/cdp0000015

Hunter, C. D., & Watson, N. N. (2015b). “I had to be strong”: Tensions in the strong Black woman schema. *Journal of Black Psychology*, *42*(5), 424–452. https://doi.org/0.1177/0095798415597093

Hsu, J. W., Koebnick, C., & Young, D. R. (2017). Sociodemographic associations of 4□year overweight and obese incidence among a racially diverse cohort of healthy weight 18□year□olds. *Pediatric Obesity*, *12*(6), 502-510. https://doi.org/10.1111/ijpo.12173

Kawamura, Y. (2020). *Doing research in fashion and dress: An introduction to qualitative methods*. Bloomsbury Publishing.

King, M., Swierad, E. M., & Vartanian, L. R. (2017). The influence of ethnic and mainstream cultures on African Americans’ health behaviors: A qualitative study. *Behavioral Sciences, 7*(3), 49-60. https://doi.org/10.3390/bs7030049

Khoury, P., Mendizábal, B., Urbina, E. M., & Woo, J. G. (2020). Racial differences in the influence of risk factors in childhood on left ventricular mass in young

adulthood. *The Journal of Pediatrics, 217*, 152-157. https://doi.org/10.1016/j.jpeds.2019.10.037

Knox-Kazimierczuk, F., & Shockley-Smith, M. (2017). African American women and the obesity epidemic: A systematic review. *Journal of Pan African Studies*, *10*(1),76-110.

Kornbluh, M. (2015). Combatting challenges to establishing trustworthiness in qualitative research. *Qualitative Research in Psychology*, *12*, 397-414. https://doi.org/10.1080/14780887.2015.1021941

Kostere, K., Kostere, S., & Percy, W. H. (2015). Generic qualitative research in psychology. *The Qualitative Report*, *20*(2), 76-85.

Korstjens, I., & Moser, A. (2018) Series: Practical guidance to qualitative research. Part 4: Trustworthiness and publishing. *European Journal of General Practice, 24*(1), 120-124.

Levine, A. S., Opichka, K., & Smith, C. (2019). Problematic eating behaviors are more prevalent in African American women who are overweight or obese than African American women who are lean or normal weight. *Family & Community Health*, *42*(2), 81. https://doi.org/10.1097/FCH.0000000000000222

Lewis, J. A., Gadson, C. A., Peppers, E. J., & Williams, M. G. (2017). Applying intersectionality to explore the relations between gendered racism and health among Black women. *Journal of Counseling Psychology*, *64*(5), 475. https://doi.org/10.1037/cou0000231

Lewis, J. A., Moody, A. T., & Watson, L. B. (2019). A sociocultural examination of body

image among Black women. *Body Image*, *31*, 280. https://doi.org/10.1016/j.bodyim.2019.03.008

Lewis, J. A., & Szymanski, D. M. (2016). Gendered racism, coping, identity centrality, and African American college women's psychological distress. *Psychology of Women Quarterly*, *40*(2), 229–243. https://doi.org/10.1177/0361684315616113

Lidgren, L., Robertsson, O. Sezgin, E. A., & W-Dahl, A. (2020). Weight and height separated provide better understanding than BMI on the risk of revision after total knee arthroplasty: Report of 107,228 primary total knee arthroplasties from the Swedish Knee Arthroplasty Register 2009–2017. *Acta Orthopaedica*, *91*(1), 94-97. https://doi.org/10.1080/17453674.2019.1688006

Lynch, E. B., & Kane, J. (2014). Body size perception among African American women. *Journal of Nutrition Education and Behavior*, *46*(5), 412-417. https://doi.org/10.1016/j.jneb.2014.03.002

Merten, D. M. (2017). *Research and evaluation in education and psychology*. Sage.

Mertens, D. M. (2014). *Research and evaluation in education and psychology: Integrating diversity with quantitative, qualitative, and mixed methods*. Sage.

Mis, N. F., Pravst, I., & Zupanič, N. (2020). Soft drinks: Public health perspective. In L. Serra-Majem (Ed.), *Trends in non-alcoholic beverages* (pp. 325-369). https://doi.org/10.1016/B978-0-12-816938-4.00011-2

National Cancer Institute. (2019, April 29). *Register of validated short dietary assessment instruments.* https://www.cancer.gov/about-cancer/causes-prevention/risk/obesity

Ndayi, K., Okop, K. J., Tsolekile, L., Sanders, D., & Puoane, T. (2019). Low intake of

commonly available fruits and vegetables in socio-economically disadvantaged communities of South Africa: Influence of affordability and sugary drinks intake. *BMC Public Health*, *19*(1), 940. https://doi.org/ 10.1186/s12889-019-7254-7

Nechval, K., & Nechval, N. (2016). Tolerance limits on order statistics in future samples coming from the two-parameter exponential distribution. *American Journal of Theoretical and Applied Statistics*, *5*(2), 1-6. https://doi.org/10.11648/j.ajtas.s.2016050201.11

Neuman, W. L. (2014). *Basics of social research*. Pearson/Allyn and Bacon.

Newman, P., & Tufford, L. (2012). Bracketing in qualitative research. *Qualitative Social Work*, *11*(1), 80-96. https://doi.org/10.1177/1473325010368316

Obara-Golebiowska, M. (2016). Employment discrimination against obese women in obesity clinic's patient's perspective. *Roczniki Państwowego Zakładu Higieny*, *67*(2).

Obesity Medicine Association. (2019, February 26). *Clinical leaders in obesity. What is morbid obesity*? https://obesitymedicine.org/what-is-morbid-obesity/

O'Brien-Richardson, P. (2019). The case for hair health in health education: Exploring hair and physical activity among urban African American girls. *American Journal of Health Education, 50*(2), 135-145. https://doi.org/10.1080/19325037.2019.1571959

Osborn, M., & Smith, J. A. (2015). Interpretative phenomenological analysis as a useful methodology for research on the lived experience of pain. *British Journal of*

Pain, *9*(1), 41–42. https://doi.org/10.1177/2049463714541642

Patton, M. Q. (2015). *Qualitative research and methods: Integrating theory and practice.* SAGE.

Percy, L., Pervan, S., & Rosenbaum-Elliott, R. (2015). *Strategic brand management*. Oxford University Press.

Perkins, A., & Stephens, J. (2019). Black community college students and opinions and beliefs on weight in the community: A focus group study. *Health*, *11*(1), 57-66. https://doi.org/10.4236/health.2019.111007

Peters, R. M., & Pickett, S. (2017). Beliefs about personal weight among African American women. *Clinical Nursing Research*, *26*(2), 191-204. https://doi.org/10.1177/1054773815606693

Shinebourne, P. (2011). The theoretical underpinnings of interpretative phenomenological analysis (IPA). *Existential Analysis: Journal of the Society for Existential Analysis*, *22*(1), 1-12.

United States Preventive Services Task Forces. (2020, February 20). *Public comments on draft research plan: Diet and physical activity counseling for CVD prevention in adults without known risks.* https://www.uspreventiveservicestaskforce.org/uspstf/news/announcements?title=obesity

Van Manen, M. (2014). *Phenomenology of practice: Meaning-giving methods in phenomenological research and writing (Developing qualitative inquiry).* Walnut Creek: Left Coast Press Inc.

Velardo, S. (2015). The nuances of health literacy, nutrition literacy, and food literacy. *Journal of Nutrition Education and Behavior*, *47*(4), 385-389. https:/doi.org/:10.1016/j.jneb.2015.04.328

Webb, F. J., Khubchandani, J., Hannah, L., Doldren, M., & Stanford, J. (2016). The

perceived and actual physical activity behaviors of African American women. *Journal of Community Health, 41*, 368-375. https://doi.org/10.1007/s10900-05-0106-1

Woodside, A. G. (2010). *Case study research: Theory, methods and practice*. https://ebookcentral.proquest.com

Yin, R. K. (2014). *Case study research: designs and methods* (5th ed.). Sage.

Appendix A: Recruitment Flyer

Participants needed for a study!

Research Title: Nutrition Practices and Obesity Standards Among Obese African American Women

Among African American Women

Are you an African American woman?

Are between the ages of 30- and 45-years-old?

Are you obese or morbidly obese and reside in South Carolina?

If you answered yes to these questions, then you may be able to participate in this study. The purpose of this study is to gain an understanding of African American women's behaviors that are preventing them from conforming to nutrition and obesity standards of the BMI guidelines.

Participation in this study includes the following: (a) a brief telephone or Zoom conversation to verify participant criteria to participate in the study, (b) explaining and signing informed consent forms for the study (about 20 minutes), and (c) participation in a recorded interview (about 45 to 60 minutes) at an agreed upon time.

Participation is completely voluntary. A $10 Walmart gift card will be given to participants who complete the study. Interested in participating in this study? Please email or phone the researcher at email XXX@XXX or (XXX) XXX-XXXX. I am looking forward to your participation!

Thanks, Martina Peterson

Appendix B: Invitation to Participate in the Study

I am a Walden University student working on a PhD in Human and Social Services degree. I am conducting a research study titled "Nutrition Practices and Obesity Standards Among African American Women." The purpose of the study is to understand resistance of nutrition practice and obesity standards of the BMI guidelines among obese African American women. I am formally inviting you to participate in this study. Participating in this study is completely optional and is not a requirement. If you decide that you want to join the study, you can stop participating at any time. This study consists of being a part of a semistructured, one-on-one interview with eight questions. It is my intent that the outcome of this research may provide knowledge to understand the resistance of nutrition practice and obesity standards of BMI guidelines among obese African American women. I would like to thank you for considering participation and as a token of appreciation, you will receive a $10 Walmart gift card. I can be reached at XXX if you are willing to participate in the study.

Appendix C: Interview Protocol

Interviewer: I would like to thank you for participating in this study. The purpose of this study is to understand the lived experiences of obese African American women resisting nutrition practices and obesity standards of BMI guidelines. I should already have consent forms for your participation in this study. (Confirm that consent forms are obtained) You can ask questions at any time during the interview process if your need clarity on a question. Your responses will remain anonymous with in this study. This interview maybe 45 minutes to 1 hour. With your permission we can proceed to the interview questions.

Interview Questions

1. What does the BMI standard mean to you?
2. How important is maintaining a healthy BMI to you?
3. How important is adhering to a healthy BMI by implementing healthy eating and lifestyle choices when you consider all of your responsibilities in your life?
4. How do you feel about supports systems that encourage you to maintain a healthy BMI on a level within the home, extended family, at work, and in the community?
5. What do you believe is the most important factor about maintaining a healthy weight?
6. What do you consider to be healthy eating in your home? Probe: How do you feel about your access to resources to be able to eat healthy?
7. Describe how you maintain a healthy body weight and the actual implementation of that in your lifestyle.
8. Describe how you feel when your doctors tell you that you are overweight or obese.

9. How do you feel when your primary doctor discusses weight and weight loss interventions?
10. How do you feel about African American culture and its influence on obesity?
11. How do you feel about African American women culture being represented in weight loss interventions that are suggested by physicians?
12. Describe how you feel about the type of body image African American men desire in African American women.
13. How do you feel about the living environments influence on African American women obesity?
14. Why do you believe African American women resist obesity standards of a dominant norm?

Interviewer: I would like to thank you for your participation in the study. Do you have any final thoughts or any questions? I will transcribe the interview and allow you to confirm the transcription for accuracy. I will follow up with you with the transcription within 2 weeks. I can email you the transcription for your review. Once you have approved the transcription, I will move forward to the next step in the research process.