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Weight Management Among Postpartum African-Born Immigrant Women in Texas

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College of Health Professionals

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Walden University
2022

Abstract

Weight Management Among Postpartum African-Born Immigrant Women in Texas

by

Ethel Emehel

MA, Ashford University, 2013

BS, Kaplan University, 2011

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Health Services

Walden University

February 2022

Abstract

The growing population of postpartum African-born immigrant women has contributed significantly to the high burden of obesity and poor maternal health outcomes in the state of Texas; however, there is little research on this population. The purpose of this transcendental phenomenological study was to explore the lived experiences of weight management among postpartum African-born immigrant women in Texas based on the concepts of the health belief model. Semistructured interviews sparked the life experience of postpartum weight management of African-born immigrant women ages 18–45 who had a baby within the last year and suffered postpartum overweight or obesity. Interviews were audio-recorded and transcribed verbatim. Data were analyzed using NVivo and following the Husserlian transcendental phenomenological principles to develop textural explanations and themes of the lived weight management experiences of African-born immigrant women. The eight themes that emerged through the data analysis process were family support, benefits of postpartum weight loss, motivation for postpartum weight management, healthy relationships with food, portion sizes, financial issues, participation in physical activities, and obstacles to weight management. This study adds to the existing body of knowledge on postpartum obesity prevention and treatment for African-born immigrant women to the United States and can be used to support the development of tailored weight management interventions for this population.

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Dedication

I dedicate this dissertation to my lovely, beautiful, and kind-hearted mother, who passed away on November 8, 2012. Mom, I know that you are in the Lord's hands now. I thank you for all you taught me while I was growing up; and I know you wanted me to achieve the highest level of education. You were a source of inspiration and determination to me. I will always love and keep you in my mind. May you continue to dwell in the bosom of the Lord Almighty.

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Chapter 1: Introduction to the Study

Biological and physiological changes during pregnancy can lead to weight gain and weight retention in women of childbearing age between the ages of 18 and 35 (Rong et al., 2017). Women of childbearing age are susceptible to gaining excess weight after childbirth more than at any other time of life (Olander & Scamell, 2016). Retaining weight after childbirth can lead to fat deposition and poor maternal outcomes like obesity and gestational diabetes (Olander & Scamell, 2016). The Migration Policy Institute (MPI, 2016) emphasized the role of immigration in the onset of obesity and overweight, particularly among women of childbearing age because the number of immigrants migrating to the United States has increased over the years. This research addressed the lived weight management experiences of postpartum African-born immigrant women in Texas. A social change implication for this research may be program administrators using the findings of this study to develop policies and strategies for weight management programs tailored to this population. Chapter 1 describes the purpose of this study, the background, problem statement, theoretical framework, the nature of this research, research questions, assumptions, limitations, the scope of the limitations, the significance of the study, the significance of the results to theory, and the significance of the results to social change.

Background

Postpartum weight retention has been a significant contributor to the risk of obesity among women one year after childbirth (Endres et al., 2015). There have been pilot studies on interventions on postpartum weight management in the last 10 years

(Bazemore et al., 2015). Fowles et al. (2012) designed and assessed a postpartum weight loss program with ethnicity-specific intervention content, although they found no significant differences in weight outcomes between intervention and control groups. In an extensive postpartum weight loss intervention. Bazemore, et al. (2012) reported similar results, as African American mothers left the program at a higher rate and experienced less weight loss than their European American counterparts. More recently, Fowles et al. (2012) found that their pilot personalized mobile health weight loss intervention for postpartum women receiving Women Infants and Children (WIC) benefits did not lead to decreased postpartum weight retention in women receiving WIC benefits compared to usual care received through the current WIC program. Conversely, Phelan et al. (2017) suggested that a postpartum weight loss intervention delivered on a platform like Facebook is feasible and acceptable. Furthermore, Phelan et al. found that an Internet-based weight loss program and the WIC program compared with the WIC program alone resulted in significantly more weight loss among low-income postpartum women for a period of 12 months.

Problem Statement

The problem addressed in this study was the growing population of obese and overweight postpartum African-born immigrant women in Texas contributes significantly to the high burden of obesity and poor maternal health outcomes in the state. Researchers consider postpartum weight retention as a precursor to long-term weight gain (Sullivan et al., 2011). Findings from certain studies suggest that women who do not lose their pregnancy weight or gain additional weight during their postpartum period were less

likely to shed the weight and are more likely to experience significant health problems in the future (Nunnery et al., 2018). However, interventions that have attempted to incorporate the characteristics of various ethnic groups have not shown significant improvements that can inform what works or does not work in terms of losing postpartum weight within different ethnic groups (Christenson et al., 2016).

Although researchers have investigated postpartum weight management, there has been little research to enhance understanding of the realities of caring for an infant as an immigrant mother in Texas while trying to lose weight during the postpartum period (Christenson et al., 2016). The postpartum period is an opportunity for women to engage in weight management behavior and ensure a better weight for themselves in the long term (Decker & Ekkekakis, 2017), but it was not clear how African-born immigrant women in Texas experience weight management. This lack of evidence was even more clear among the continually growing population of African-born immigrant women in the state.

Purpose of the Study

The main objective of this qualitative transcendental phenomenological study was to explore weight management among postpartum African-born immigrant women in Texas and describe the weight management techniques used by members of this population. This research explored the lived experience of weight management among postpartum African-born immigrant women, including the constraints that shape their weight management behaviors.

Research Questions

RQ 1: What are the lived experiences of weight management among postpartum African-born immigrant women in Texas?

RQ 2: What considerations would postpartum African-born immigrant women perceive would be beneficial to maintaining a healthy eating behavior?

RQ 3: What barriers might limit postpartum African-born immigrant women's participation in weight management?

Theoretical Foundation

The health belief model (HBM) formed the theoretical foundation for this study. The HBM was proposed by social psychologists Hochbaum, Rosenstock, and Kirscht in the 1950s to understand why people do not join free programs where diseases can be predicted and prevented before an onset. The model indicates that a person's belief could impact his or her willingness to engage in actions that could avert health problems (Scarinci et al., 2012). The HBM is popular among numerous theories of health behavior (Glanz & Bishop, 2010). The model has six major concepts that predict health behavior: risk susceptibility, risk severity, benefits to action, barriers to action, self-efficacy, and cues to action (Glanz & Bishop, 2010). Although the HBM was initially proposed to prevent adverse health behaviors in the United States, the model has been modified to fit various cultural settings (Scarinci et al., 2012).

The HBM has been used as a model to explain individual behavior towards effecting a healthy change. The HBM must function as a facilitator when it comes to lifestyle alteration (Rosenstock, 2000) Thus, HBM may assist health workers in

developing interventions that could combat the issue of obesity and overweight among postpartum African-born immigrant women in Texas. The HBM may be applied to promote a healthy lifestyle among this population. Therefore, the HBM is suitable for this research since it has an expressive construct that incorporates perceived self-efficacy, perceived benefits, perceived barriers, and cues to action (Rosenstock, 2000). The perceived susceptibility constructs are a person's belief that she or she is may susceptible to a specific disease (Rosenstock, 2000). Perceived susceptibility relates to this research in a way that members of the population may think that they were at risk for weight gain due to pregnancy and postpartum. The perceived severity is a feeling about the seriousness of an illness, as well as realizing how severe the disease could be if not treated (Rosenstock, 2000). The perceived benefit construct may largely depend on individuals owing to their personal beliefs about the efficacy of an intervention (Rosenstock, 2000). Perceived benefits for postpartum African-born immigrant women may be realizing the benefit of adopting a healthy lifestyle to avert obesity or overweight. Perceived barriers, this concept means that a barrier can exist and may prevent an individual from changing to a healthy habit (Rosenstock, 2000). Postpartum African-born immigrant women may face barriers towards changing to healthy habits due to cost or other individual barriers, which were explored in this study. Cue to action, this construct is explained by Rosenstock (2000) as a device a person uses to stimulate a vital behavioral modification. Cues to action may be internal or external, like having a feeling that she or he is becoming sick may spur a persona into acting or could be the result of an advertisement in the radio or television for a health promotion may encourage a person

take an action (Carpenter, 2010). Postpartum African-born immigrant women could adopt cues to action by making conscious efforts towards a health behavior change.

Self-efficacy being one of the six constructs of the HBM, was not added when other constructs were proposed. However, according to Rosenstock (2000), the self-efficacy concept was approved by the creators of the HBM since the idea of self-efficacy offered the HBM more effectiveness (Bandura, 1977). According to Bandura (1977), self-efficacy was the opinion that an individual holds to perform a behavior change so that a positive outcome may be achievable. Postpartum African-born immigrant women's self-efficacy was how able, or how willing they are to achieve weight management.

Nature of the Study

This was a qualitative study with a transcendental phenomenology research approach (Moustakas, 1994). Transcendental phenomenology is an approach utilized to identify an individual experience of a phenomenon. I employed transcendental phenomenology in this research to investigate the factors related to weight management among postpartum African-born immigrant women in Texas using in-depth, semistructured, telephone interviews. A telephone interview was used because of the current pandemic. A semistructured interview process was beneficial in collecting information on participants' encounters with the trend (Dana et al., 2013). I interviewed 20 postpartum African-born immigrant women living in Texas to gain knowledge regarding their experience with weight management and identify what obstacles they were facing in achieving effective weight management. A comfortable environment was created for each participant to enable them to freely express themselves about their

postpartum weight management issues (Dana et al., 2013). I interviewed participants from a calm and private location in my house and assured they were in a calm and private location as well. An audio recorder was used to record all information from participants. Each interview lasted for an hour, and the information was transcribed using NVivo (n.d.) computer software.

Definitions

Immigration: Immigration occurs when people leave their own country to settle in another country (MPI, 2016). Occasionally, immigrants become permanent residents or naturalized citizens in the new country (MPI, 2016).

Migrants: When individuals undergo the immigration process and reside in another country permanently, they are called immigrants or migrants (MPI, 2016).

Obesity: Obesity is considered an indication of chronic illnesses such as high cholesterol, metabolic syndrome, and diabetes (Ogden et al., 2016).

Overweight: A person with a body mass index (BMI) of ≥ 30 kg/m2 and 25kg/m^2–29.9 kg/m^2 is considered overweight (Centers for Disease Control and Prevention [CDC], 2015).

Postpartum: Postpartum is the period after the birth of a child when the mother often requires medical care and checkups with their primary care physicians to ensure that adequate healing is taking place (Sullivan et al., 2011).

Weight management: Weight management is an expression used to designate techniques and functional developments that may contribute to an individual’s capability

to reach and sustain a certain weight. Occasionally, lifestyle changes may enhance desirable weight management (National Heart, Lung, and Blood Institute [NIHL], 2013).

Assumptions

The methodological assumption for this study was that postpartum African-born immigrant women in Texas would make themselves available for the research study and report their experience with weight management honestly and truthfully. Another assumption was that the weight management experience of postpartum African-born immigrant women would help to answer the research question. The theoretical assumption for the study was the application of the HBM assists in interpreting the meaning of the data collected through this research. Finally, it was assumed that the information on postpartum weight management would potentially help the participants make informed decisions on how to manage their postpartum weight gain.

Scope of the Study and Delimitations

Delimitations are conditions that are deliberately imposed by the researcher to limit the scope of a study (Bloomberg & Volpe, 2018). Researchers can delimit a study by creating parameters for selecting participants and their locations (Bloomberg & Volpe, 2018). This study was delimited to postpartum African-born immigrant women living in Texas. Those who did not migrate from an African country into the United States and those who had their last postpartum experience outside Texas were not a part of this study. Another delimitation was that the participants were within the age group of 18–45 years. The rationale for choosing this age range was that it is hard to determine the ages

of childbearing since women get pregnant at different ages in Africa. However, the most popular ages for childbearing in Africa are between 18 and 45 (Adebowale et al., 2019).

Limitations of the Study

One fundamental limitation of this study relates to the generalizability and transferability of the study findings (Polit & Beck, 2010). This study was limited to postpartum African-born immigrant women in Texas who have had a baby within the last year and who had experienced the phenomenon themselves. This also implies that the study was limited to a homogenous group. Another limitation of this study was that results obtained in this research would be applicable to a specific ethnic group and not to the whole population (Savin-Baden & Major, 2013). The subsequent sample would not have been sufficiently considered in the research population, making it difficult for findings to be generalized (Savin-Baden & Major, 2013).

Significance of the Study

Primary care physicians assess women for potential postpartum issues in their first visit after delivery (Horowitz & Cousins, 2006). A certain level of assessment may assist in determining the risk of potential illnesses such as obesity and related diseases like gestational diabetes (CDC, 2013). A social change outcome of this research may be the introduction of early education or an agenda to avert postpartum weight gain and retention among African-born immigrant women in Texas. This research may encourage social change among the members of this population. Public health experts are required to utilize community health evaluation to assess societal health care needs, and an effective public health strategy must be incorporated into community development

strategies, with community heads creating awareness of the prevalence of this issue (CDC, 2013). As the population of postpartum African-born women immigrants increases in Texas, health consultants and government agencies may increase awareness of the issue of postpartum weight gain and retention among this population. Thus, this study may be beneficial to the field of health services and for academic audiences, forming the basis for future research and academic inquiry in the focus area.

Significance for Social Change

A positive social change in the context of a study refers to the ability of a study to contribute to addressing social issues and leading to social progress and general improvement of human living conditions (O'Cass & Griffin, 2015). A positive social implication from this study may be the improvement of maternal welfare through the collective efforts of health care providers, families, individuals, and the community (O'Cass & Griffin, 2015). Encouraging postpartum African-born immigrant women to lose weight enables them to create a healthy way of life for themselves within their environment.

Summary

Postpartum weight management remains a public health problem, and African-born immigrant women in Texas are particularly affected. Postpartum weight retention leads to obesity and associated health issues, such as diabetes, heart disease, bone disease, hypertension, and high cholesterol (Hruby & Hu, 2015). This chapter introduced the study background, purpose, research questions, theoretical framework, nature of the study, definitions, assumption, scope and delimitation, limitations, significance of the

study, significance for social change, and the summary. Chapter 2 includes a literature review centered on the weight management among postpartum African-born immigrant women in Texas and a discussion on how the conceptual framework was associated with this research. Chapter 3 contains the research methodology, including how data was collected in this research, the ethical implications, and summary.

Chapter 2: Literature Review

This transcendental phenomenological research explored the lived experience of postpartum weight management among African-born immigrant women in Texas. Ineffective management of postpartum weight gain may lead to public health implications, such as the development of cardiovascular diseases (like hypertension,) as well as bone and orthopedic diseases (Glanz & Bishop, 2010). This chapter will cover the literature search strategy, the theoretical foundation, the literature review, relevance of HBM to the current study, immigration in the United States, the risk factors of obesity and overweight, the risk factors of obesity among postpartum women, intentional weight management, and motivational factors for intentional weight management.

Literature Search Strategy

The selection of material formed a vital part of this research. A rigorous approach to the literature review ensured that this review would be an examination of a thorough collection of reliable and up-to-date sources. This section highlights the sources of information, the search criteria used to find these sources, and the nature and number of collected resources. The primary sources of information for this review were online databases that provided peer-reviewed articles. This literature review required recent reports on postpartum weight management and, therefore, the focus shifted toward online sources, which tend to be more up-to-date credible websites, such as those for the CDC and WHO that were valuable sources for demographic data. Further, the abstracts of all the peer-reviewed articles selected during this search were evaluated to establish their validity and ensure that they were relevant to this literature review. The next step was a

review of the remaining resources and an examination of the references in these sources to expand the resource base for the search.

The databases selected for this study were those that specialize in public health content. These included PubMed, Allied Health Source, CINAHL Plus with Full Text, ProQuest Nursing and Allied Health Source, ProQuest Health and Medical Collection, CINAHL and MEDLINE Simultaneous Search, PubMed, ScienceDirect, MEDLINE with Full Text. Google Scholar provided another source of peer-reviewed articles. The keywords *postpartum weight management*, *overweight and obesity*, *African-born women immigrant*, *the HBM*, *immigration in the U.S.*, and *the World Health Organization* were used. These keywords were used individually and combined in a variety of ways to locate peer-reviewed articles related to this research.

Conceptual Model

The HBM was created with the aim of describing a person's commitment to a specific health behavior. The HBM is a theoretical framework for explaining personal actions related to practices of risks and benefits of a target behavior (Rosenstock 2000). The HBM was established in the 1950s by three U.S. Public Health Service administrators, Hochbaum, Rosenstock, and Kirscht, to clarify individuals' lack of involvement in free of charge screening programs meant for the early detection of tuberculosis and other preventive health services. The HBM has subsequently been developed in response to the dynamic requirements of the public health sector (Rosenstock, 2000). The HBM suggests that a person's beliefs and feelings about sickness and the effectiveness of a recommended course of action will determine whether

the person accepts the proposed course of action or not (Rosenstock et al., 1988). HBM constructs were used in this research for improving knowledge related to weight management among postpartum African-born women immigrants in Texas. The HBM constructs of perceived susceptibility, perceived severity, perceived benefits, perceived barriers, self-efficacy, and cues to action could offer the means to understanding the lived experience of weight management among postpartum African-born immigrant women. Educating postpartum African-born women immigrants could reduce the prevalence of weight-related issues resulting from childbirth.

Perceived susceptibility as an HBM construct describes a person's idea of the possibility of becoming ill or developing a disease condition. (Rosenstock, 2000), The person who realizes that she or he might be susceptible to disease conditions may take part in health behaviors that aim at lessening the probability of developing an illness (Rosenstock, 2000). Researchers believe that an individual ought to be aware of the potential outcomes of an unpleasant state of health, being motivated to perform a health behavior (Rosenstock, 2000). In this study, I used perceived susceptibility to understand whether a postpartum African-born immigrant woman may change her behavior to avert the risk of becoming overweight or obese due to pregnancy. Perceived severity describes the individual's evaluation of the severity of a health issue and the probable outcomes (Rosenstock, 2000). The HBM suggests that a person who recognizes a specific health issue as severe will make an extra effort to prevent it by engaging in a healthy behavior to decrease the severity (Rosenstock, 2000). Postpartum African-born immigrant women who believe that they are susceptible to the adverse effects of postpartum obesity are

likely to make behavioral modifications to avoid excessive weight gain with pregnancy. The perceived benefits mean that an individual believes in the potential benefit of a health action and awareness of the usefulness of modifying behavior to decrease the risk of illness (Rosenstock, 2000). According to Rosenstock (2000), a person is expected to adjust to a healthy behavior if s/he realizes that such modification is beneficial. Postpartum African-born immigrant women's view of the benefits of changing their lifestyle to decrease the risk of postpartum overweight or obesity were explored. The HBM construct of perceived barriers refers to an individual's opinion on the impediments to completing a proposed health act (Rosenstock, 2000). There is a broad discrepancy in one's beliefs on barriers, or obstacles, that may lead to a cost/benefit evaluation (Rosenstock, 2000). The individual considers the efficacy of the measures versus the opinions, which may be cost, risk., the side effects of a proposed action or timing (Rosenstock, 2000). In this study, it was important to explore and understand the perceived barriers for postpartum African-born immigrant women changing their lifestyle to manage their weight after having a baby. Self-efficacy was added to the HBM in the mid-1980s. (Rosenstock, 2000). Self-efficacy is a person's confidence in his or her ability to complete an action needed to produce precise performance accomplishments (Rosenstock, 2000). Related to this study, this was the postpartum African-born immigrant woman's belief in her ability to manage her postpartum weight. The drive of this qualitative transcendental phenomenology study was to explore the lived weight management experiences among postpartum African-born immigrant women.

Postpartum African-born immigrant women's understanding of the role of internal and external cues to action may assist her in developing ways of preventing excessive pregnancy weight gain and/or managing postpartum overweight or obesity. The HBM suggests that cues are needed to encourage actions necessary to trigger positive health behaviors (Rosenstock, 2000). Cues to action can be external or internal. Internal cues may be pain or symptoms of an illness, and external cues consist of outcomes or evidence like a close relation being sick, the healthcare worker, the media, or other health-related engagement (Rosenstock, 2000). In this research, the cues to action construct might be found to inspire postpartum African-born women immigrants to actions necessary to avert postpartum obesity. Also, a postpartum African-born immigrant woman might reduce the risk of becoming overweight or obese if she recognizes and develops positive internal cues to action.

Steele et al. (2011) investigated the self-efficacy concept of the HBM with nutritional behaviors and healthy-weight promotion among Caucasian, middle school children who took part in a school-based obesity and overweight prevention program. Steele et al. evaluated self-efficacy by modifying the current tool intended to measure exercise-detailed self-efficacy in youth to assess behaviors associated with physical activity and a healthy lifestyle. The investigators calculated adiposity by waistline perimeter, including the BMI, and discovered that self-efficacy predicted waist perimeter, while the scores for good diet manners lowered considerably for schoolchildren with a healthy BMI. Those who had a higher self-efficacy were convinced in their capability to involve themselves in a healthy lifestyle and physical activity had a BMI closer to

optimal. Whereas Steele et al. assessed Caucasian schoolchildren by analyzing the self-efficacy construct of HBM, in this research, I assessed self-efficacy of postpartum African-born immigrant women related to their postpartum weight management.

Sharifirad et al. (2009) used the HBM to assess the efficacy of nutritional knowledge in patients with diabetes through a quasi-experimental research study with adults between the ages of 30 and 60 who joined the Diabetes Association conferences. They categorized participants into an "intervention and control group," respectively in an intervention comprised of four learning settings. Before and after the intervention, Sharifirad et al. dispensed a survey evaluating demographic information, nutritional experience, the HBM, and dietary practices. The HBM constructs of perceived severity and susceptibility, perceived benefits, and perceived barriers were reviewed before the intervention, and it was found that participants were in the modest level for HBM constructs. Understanding and training scores became considerably higher than those of the control group after the intervention. It was established that the constructs of HBM were useful in increasing the understanding, approach, and nutritional training among diabetic patients. Therefore, in this research with postpartum African-born immigrant women, I looked at whether the HBM constructs reinforced the effectiveness of HBM in nutritional education and exercise program interventions among this population.

Literature Review

Immigration in the United States

There has been an influx of immigrants into the United States in the last 10 years. In 2012, approximately 40 million new immigrants resided in the United States (U.S.

Census Bureau, 2015). The number of immigrants in the United States had grown to over 43.3 million people who constituted approximately 13.5% of the United States population (Zong & Batalova, 2017). Experts have projected that this number may increase to 18% by 2065 (Pew Research Center, 2015). According to a 2015 report by the Migration Policy Institute, Texas had over 1.5 million immigrants in 2015 (Capps et al., 2015). According to Capps et al. (2015), Texas has immigrants from numerous countries around the world, with the four most common ones being Nigeria, Mexico, India, and Honduras. Among African immigrants in Texas, most come from West Africa. In 2015, the state documented over 20,000 immigrants from Africa, and 48% of them were women (Capps et al., 2015).

Mehta et al. (2015) found that foreign-born Black women generally had lower obesity levels compared to their American-born counterparts, although obesity prevalence among foreign-born Black women was approximately 30%. In addition, African immigrants typically report being in excellent health when they newly migrate to the United States, but they tend to experience a deterioration in their health and deal with numerous health concerns with the progression of their stay in the United States (Capsi et al., 2017). This observation is popularly known as the “healthy immigrant effect” (Capsi et al., 2017). Findings from the literature suggest that levels of acculturation link to a few factors related to expectations placed on an adult female (Capsi et al., 2017). Decker and Keyakis (2017) noted that among certain cultural groups, women are encouraged to stay at home and the lack of participation in physical activities combined with poor diet facilitates increased rates of obesity in such adult women. Another aspect of the influence

of culture and acculturation on obesity incidence relates to food consumption and poverty (Decker & Keyakis, 2017). Immigrants living in low-income conditions individually experience higher rates of food insecurity and obesity (Caspi et al., 2017; Petterson, 2018). Low-income individuals and families are particularly vulnerable to obesity because they have limited food options (Petterson, 2018). Avoiding unhealthy lifestyles and making better foods choices like lean meats, fresh fruits and vegetable may help a pregnant woman to avoid postpartum obesity.

Intentional Weight Management Among Obese Postpartum Women

Successful weight management among obese postpartum women requires a woman to initiate the weight-loss process herself, investing her physical abilities and emotions into the process (Stubbs et al., 2016). Women who track their weight and understand how to calculate their BMI appear to be more in control of their weight compared to women who do not participate in any weight tracking (Stubbs et al., 2016). Further, women can create an environment that enables weight management by seeking and utilizing necessary resources, such as gym facilities, fitness classes, and alternative diet choices (Sand et al., 2017). Additionally, it is important that a suitable environment is created as a motivating factor to identify the degree of health awareness that a woman has as the primary motivating factor for undertaking weight management activities. This health awareness is most effective when it includes an understanding of the effects of being obese or overweight in terms of comorbidities (Jelsma et al., 2016). According to Jelsma et al. (2016), the way a woman perceives herself determines her ability to withstand the challenges that may arise during her effort to manage her postpartum

weight. Another motivation for initiating and maintaining a weight management program is the consideration for the well-being of any future children (Jelsma et al., 2016). Women must be aware that diabetes, heart disease, and high blood pressure are the leading comorbidities associated with obesity and may cause difficulties with future pregnancies.

The woman's partner, spouse, parents, or other close family members can offer emotional and even physical support to the woman; women with such a support system find it easier to keep up with weight management activities (Sand et al., 2017). Similarly, Atkinson et al. (2016) noted that a spouse's attitude toward weight management influences the success of a weight management program. Attitudes from a supportive spouse can help women adhere to the program, and physical support creates the time and space to engage in any activities that the program requires (Atkinson et al., 2016). In addition, controlled regulation, like the type of exercises that is appropriate for a postpartum woman, is linked to environmental influence is another factor that can contribute to the success of a woman's weight management program (Reed et al., 2016). Controlled rules and regulations alone are rarely enough to create success in the absence of the willingness to undertake a weight management program. However, controlled regulation which primarily comes from healthcare providers can encourage success by checking in and measuring progress toward a predetermined weight goal as a woman undertakes a weight management program (Bertz et al., 2015). Realistically, it is challenging for healthcare professionals to be available to provide this motivating factor (Reed et al., 2016). However, family members and friends may play this role, helping the

woman adhere to her weight management program by checking in and providing motivation.

According to Stubbs et al. (2016), consideration for flexibility indicates that the weight management program must also meet the changing needs and schedule of a postpartum woman, from her time staying at home as a nursing mother to the time when she begins resuming her regular activities, including professional work. Further, the acceptability of weight management options depends mostly on the extent to which a solution fits a woman’s requirements. Material availability, conformity with environment, and readiness to meet future needs all contribute to making a program more acceptable (Stubbs et al., 2016). Accordingly, healthcare providers must consider that imposing a weight management program upon a woman, particularly if that program does not meet the criteria indicated above, may not generate the will power that a woman require to adhere to a weight-loss program.

More availability of fitness facilities within a locality also promotes a fitness culture among the people of that community; consequently, this could inspire postpartum women to adopt a fitness program (Reed et al., 2016). Intentional weight management is less common among African-born immigrant women compared to their U.S. counterparts due to a lack of involvement in health-related activities (Hicken et al., 2018). However, most women who became involved in voluntary weight management programs do so for health reasons. They often include those that have been most affected by obesity-related issues, with diabetes being the leading health issue (Hicken et al., 2018). This group of women tends to adopt weight management techniques that are approved by their

healthcare providers (Chukhraiev et al., 2017). Other obesity-related health issues identified in this regard include cardiovascular diseases and hypertension (Mensah et al., 2019). However, intentional weight management to maintain a body shape that is perceived as beautiful and attractive is becoming more common among women as compared to weight loss for health-related reasons (Lovering et al., 2018).

Over 50% of postpartum women want to lose the excess weight that they gained during pregnancy (Lovering et al., 2018). Beyond merely wanting to return to their pre-pregnancy weight, postpartum women also choose to lose weight because of the health concerns associated with being obese or overweight after delivery. Diabetes, high blood pressure, heart disease, and delivery-related complications in future births within three years from the birth of the last child are the primary health threats associated with obesity among all women and not merely postpartum women (Neiterman & Fox, 2017). Nevertheless, since obesity or overweight is highly prevalent in postpartum women, this creates a need for these women to increase their involvement in voluntary weight management activities.

Finally, over the years, there has been a shift in the attitude of postpartum immigrant women toward weight and accepted intervention programs as a means of dealing with their weight challenges (Khanlou et al., 2017). However, little is known about the weight management motivations of this specific group, the African immigrant ethnic group (Neiterman & Fox, 2017). Women are more ready for intentional weight management interventions three to five years postpartum than women with a shorter time-lapse from childbirth (because they are more ready to resume normal activities)

(Hicken et al., 2018). Although women may also gain additional excess weight because of changes in their lifestyle during the first year postpartum (Lovering et al., 2018), they are more likely to engage in intentional weight management three years or more after giving birth, as opposed to one year postpartum (Draffin et al., 2016). At one year postpartum, most mothers are still nursing their babies and are yet to resume their normal activities. Despite this pattern, there is strong evidence of the need for intentional weight management during the first three years postpartum because postpartum obesity is more consistent between the first and third years after delivery (Draffin et al., 2016). Neiterman and Fox (2017) asserted that women in their third year of the birth of a child may already be having health concerns that come along with being overweight. Most health professionals also advise mothers who are over three years postpartum to initiate weight management activities as a means of getting ready for another pregnancy (if they are planning one) and reducing future birth complications that are associated with being obese or overweight (Neiterman & Fox, 2017).

Barriers to Weight Management

Among less literate postpartum women, the prevailing idea is that intentional weight management is not necessary during the period of breastfeeding because the process of breastfeeding itself causes weight loss (Christenson et al., 2016). Women who have this belief end up not participating in weight management activities, including any diet regulation. Another aspect of this lack of awareness arises when women are unaware of their weight before, during, and after gestation, thereby making it difficult to realize the extent of their weight gain (Jelsma et al., 2016). A woman may also not begin or

continue a weight management program because of health issues during the postpartum period. Childbirth-related health complications including recovery from a cesarean section, postpartum stress disorders, infection, and blood loss may cause a woman to have difficulty undertaking weight management programs (Jelsma et al., 2016). Hicken et al. (2018) highlighted the overwhelming nature of the role of a new mother. A few of the challenges that come with new motherhood include a lack of sleep, a need to understand and meet the needs of the baby, and a need to keep up with other roles, such as keeping up with professional and household work and possibly taking care of other children (Jelsma et al., 2016). New mothers often end up with insufficient time and energy to undertake any weight management activities, thereby leading to a failure to shed excess weight or even gaining additional weight during the postpartum period (Jelsma et al., 2016).

Christenson et al. (2016) identified health professionals, including doctors and nurses, as one of the primary barriers to successful weight management. Health professionals are expected to guide people toward healthy ways to manage their weight and provide practical options that can help women achieve their ideal weight. Hicken et al. (2018) identified the disparities in opportunities, professional guidance, and the help for African immigrants in this regard as a few factors that would make cause them to be likely to participate in intentional weight management approaches. Positive perception and the accommodation of obesity are also significant reasons for some women not participating in weight management approaches. (Sand et al., 2017). For example, certain immigrant ethnic groups hold positive attitudes toward weight gain that are culturally

influenced (Sand et al., 2017). According to Hicken et al. (2018), high rates of obesity among postpartum women have been recorded among minority communities, including Latin and African immigrants, because the culture of these communities does not propagate negative attitudes toward being obese or overweight. Postpartum women who do not have ample support from their spouses or partners and other family members have a high rate of falling out of any weight management practices, including reverting to a less healthy diet (Jelsma et al., 2016). Additionally, if there was a history of an absence of weight management in the family, new mothers do not have a role model for weight management and might find it challenging to engage in a program to manage their weight.

Socioeconomic, Demographic, and Cultural Barriers

Socioeconomic factors have been a major reason for obesity among immigrant women. Women of low socioeconomic status may be forced to work multiple jobs with no rest and, therefore, often depend on fast food for themselves and their families (Caspi et al., 2017). There are few opportunities for appropriate education regarding good dietary habits and, thus, they end up maintaining poor eating habits that subject them to being obese and overweight (Caspi et al., 2017). The culture of African-born women also plays a part in the increased obesity rates, some came from cultures that promote high food volume as a means of being healthy and such foods may be oily and high in protein, which makes them more likely to lead to obesity (Jakub et al., 2018). Furthermore, immigrant women are more likely to live at a low-income level, thereby leaving them no room to invest in structured weight management programs that often have resource

implications (Jakub et al., 2018). Only a few manage to get good employment opportunities, while others end up working low-paying jobs, often part-time (Popovic & Strasser, 2015). In a study in Quebec, women who immigrated often faced difficulty finding employment and earning a living while simultaneously taking care of their families, thereby leading to unhealthy eating habits, including poor diets (Pitt, et al., 2015). In the American context, immigrants often lack opportunities for proper education, particularly women (Popovic-Lipovac & Strasser, 2015). This lack of opportunities led to unsafe life habits, including unhealthy food choices, thereby leading to a higher prevalence of obesity among immigrants.

African immigrants face the same challenges as other immigrant women. Most come to the United States to seek new opportunities, and the absence of these opportunities subjects them to socioeconomic difficulties, such as lack of well-paying work and working multiple low-paying jobs (Pitt et al., 2015). Working various low-paying part-time jobs makes it difficult for these women to make healthy choices, and hence depend on unhealthy fast foods (Caspi et al., 2017). Also, the few that have time for their families may lack the required knowledge to make healthy meals that support the health and well-being of themselves and their families. These factors contributed significantly to the growing burden of obesity in this population (Popovic-Lipovac & Strasser, 2015).

Furthermore, keeping up with a weight management program is limited by other difficulties that arise postpartum. These include postpartum stress, depression, psychological adjustments, the new life role, and tending to the needs of the baby,

particularly if the newborn is sick (Grigoriadis & Ravitz, 2007). The lack of an effective weight-loss intervention after delivery has resulted in many women experiencing a delay or absence of postpartum weight management for up to one year after birth (Grigoriadis & Ravitz, 2007). Moreover, dietary changes during pregnancy and childbirth also lead to increased weight after delivery. The need to increase milk production and the need to regain energy after birth causes mothers to lean toward high-fat and high-energy foods, and increased minerals (Paxton et al., 2016). While it is vital to eat well to ensure the health of mother and baby, women must maintain their weight after delivery to decrease the risk of obesity.

Weight Management Techniques

The popular solution to obesity and overweight may be the use of appropriate weight management techniques (Grigoriadis & Ravitz, 2007). These techniques may include both physical and nonphysical approaches; hence, the world has witnessed an increase in obesity management programs and women during his, her, their, etc. pregnancy and in the postpartum period (Grigoriadis & Ravitz, 2007). Many women participate in weight management programs that use various technologies; however, they face the challenge of continuing to participate in any weight management application (Grigoriadis & Ravitz, 2007). This section reviewed the different approaches that women use for weight management, with a focus on immigrant women, specifically African-born postpartum immigrant women.

Weight Management Techniques Among Women.

There were several weight managements approach available to women irrespective of their health conditions. The two most prominent approaches to weight management techniques highlighted in the literature are dietary changes and physical exercise. Ryan (2015) highlighted that woman who are in the process of losing weight tend to utilize modern methods of weight loss that are approved by their healthcare providers. In instances like this, weight management is considered a medical intervention and is overseen by a healthcare professional attending to the mother (Draffin et al., 2016). In terms of specific weight management techniques, Messina et al. (2015) provided a series of guidelines used to manage weight among women. One of them is ensuring a consistent schedule of activities within the day. Regular sleeping and eating habits are beneficial for weight management (Franz, 2017). However, Franz (2017) argued that most human beings have trouble maintaining a very standardized schedule; thus, they emphasized the importance of being mindful of eating habits and adopting healthy ones that do not lead to weight gain. Franz indicated the importance of regulating the intensity and frequency of working out. Regarding diet regulation, Franz observed that although regulating a person’s diet is a vital part of weight management, it tends to be misunderstood by many women. Many women believe that they must eliminate their favorite snacks from their diet. They fail to recognize that eliminating favorite snack foods all at once leads to increased cravings, which in turn can lead to overeating those same unhealthy foods (Franz, 2017). Behaviorists advocate for gradually reducing the

number of snacks and fatty foods in a diet program and replacing them with healthy substitutes, which minimizes future cravings.

Weight Management Techniques Among African-born Immigrant Women.

Decker and Ekkekakis (2017) suggested that the first approach for weight management among African and Latino immigrant women must focus on a dietary shift because their meals are traditionally often high in calories and carbohydrates therefore, they recommend lowering fats as well as reducing excessive proteins and carbohydrates. Annesi and Vaughn (2017) further recommend a weight management plan devised by nutritionists that enables women to lower their total calorie intake by reducing high carbohydrate, high-calorie foods and replacing them with lower-calorie vegetables and fruits (Annesi & Vaughn, 2017). Lim et al. (2015) fault these dietary approaches for being overly restrictive and failing to provide enough alternative options for women.

Steen and Poelman (2017) considered a behavioral perspective for dietary changes and suggested changing the size of the dishes used for meals, which aids in reducing portion sizes for immigrant women. Healthy sleep patterns and stress management are also important, these can be significant challenges for immigrant women, in large part due to their socioeconomic status (Decker & Ekkekakis, 2017). Franz (2017) suggested the adoption of outdoor activities such as yoga, evening walks, and running for weight management among women who belong to communities experiencing socioeconomic challenges. According to Franz, physical activity is essential for weight management for African immigrants. Any physical fitness programs should be consistent and include cardio-related exercises aimed at burning calories and reducing fat

around the abdomen area. In their recommendations, Decker and Ekkekakis (2017) advised that physical activity should be adopted once a healthy diet had been established and maintained.

Weight Management Techniques Amongst Postpartum Women.

Holton et al. (2017) suggested that weight management approaches for postpartum women must consider the physical and psychological needs of these women. Therefore, a multidimensional weight management approach must be adopted. A strategy will likely be practical if it meets the weight management goals of individual women as well as any unique dietary concerns or psychological needs for the duration of the period that she is nursing her infant (Holton et al., 2017). Psychological needs include managing postpartum depression and postpartum stress disorder, which have been identified by Holton et al. as significant mental challenges during the period that are associated with a lack of interest in health advancement activities. Hence, such postpartum conditions could lead to additional weight gain. The best solution in these cases include activities that help improve mental well-being as well as improve physical health, like taking yoga classes (Khatun et al., 2018). Postpartum women can increase their physical activity as part of a weight management plan. However, for women who are less than two years in their postpartum phase, it is essential to ensure that these activities are not excessively strenuous because, at this stage, many women may not have recovered from childbirth (Khatun et al., 2018). The intensity of any physical activity must be consistent, and it must not prevent the woman from fulfilling her role as a new mother (Khatun et al., 2018). Suggested activities for women in their early postpartum include hour-long

aerobics and dance classes, as guided by the weight intervention approaches reviewed by Rodríguez et al. (2019). They state that sessions thrice a week consisting of one hour of regular aerobic exercise, as found in an exercise class, may often be enough for returning to and maintaining pre-pregnancy weight (Rodriguez et al., 2019). In contrast, Demissie et al. (2011) considered physical activity alone to be insufficient for weight management in postpartum women, because weight gain is not only caused by a lack of physical activity but also increased calorie intake from changes in diet during pregnancy and breastfeeding. In this regard, Demissie et al. (2011) suggested a weight management program for postpartum women These balances increase physical activity and improve diet. One recommendation is that calorie intake must be low during the first two years after delivery, as new mothers generally lack the energy and physical capacity to exercise enough to burn off additional calories (Annesi & Vaughn, 2017). In addition, regular sleep and stress management are difficult to achieve for many postpartum women because they are focused on meeting the needs of the baby.

Summary

Obesity and its associated conditions are significant health issues among women in their postpartum period. While there are numerous solutions for intentional weight management, immigrant women are known to be susceptible to retaining their post-pregnancy weight gain and are less likely to manage this effectively (Higginbottom et al., 2017). This literature review provided a basic understanding of how and why women are intentional or not intentional about the maintenance of their postpartum weight. This chapter also examined risk factors for obesity among immigrants and postpartum women.

Motivational factors for intentional weight management, as well as weight management techniques among different population groups, were explored. To ensure that future obesity and weight management interventions and solutions are effective, research that focuses on a specific target population is necessary (postpartum African-born immigrant women). This study addressed the research gap by exploring the subject of obesity, specifically among postpartum African-born immigrant women. The next chapter proposes research design and data analysis.

Chapter 3: Research Method

The qualitative transcendental phenomenology founded by Moustakas (1994) was used to explore the lived experience of postpartum African-born immigrant women to understand techniques used by the members of this population to manage their weight. The target population for this study was postpartum African-born immigrant women in Texas. The implication for positive social change includes the ability of healthcare professionals to use the findings to improve the maternal health of postpartum African-born immigrant women through evidence-informed weight management interventions that apply motivational strategies. The findings from this study may serve as evidence of which weight management intervention strategies work best for this target group. This chapter includes an overview of the design and rationale for this research, methodology, and instrumentation. It also includes participant selection logic, procedures for participant recruitment, an explanation of the plans, processes for data collection and analysis, the ethical procedure, and a summary of the section.

Research Design and Rationale

The following were the central research questions addressed in this study:

RQ 1: What are the lived experiences of weight management among postpartum African-born immigrant women in Texas?

RQ 2: What considerations would postpartum African-born women immigrants perceive would be beneficial to maintaining a healthy eating behavior?

RQ 3: What barriers might limit postpartum African-born immigrant women's participation in weight management?

A qualitative study proposes a practical and informative method to address a specific subject matter (Denzin & Lincoln, 2011). A quantitative study technique emphasizes figures that represent data and requires arithmetical measures for analyzing data (McCombes, 2019). The central tool of a statistical process is to assist in decision-making, notwithstanding the certainty or uncertainty of the results (McCombes, 2019). Therefore, the quantitative method was not suitable for this study. McCombes (2019) stated that qualitative studies focus on interconnections; thus, a qualitative approach in this study enabled an explanation of the experiences of weight management among the population in question. The qualitative method has several traditions, like the transcendental phenomenology method that provides for exploring the lived experiences of a group of people in a setting (Moustakas, 1994).

There were several qualitative approaches to choose from including narrative, case study, ethnography, and different types of phenomenology. Narrative studies are used for first-hand articles, and researchers use narrative approaches to seek insights by asking questions about life experiences and by data collection from journals, letters, field notes, autobiographies, and biographies of individuals in a community (Patsiopoulos & Buchanan, 2011). Hence, a narrative research design was not an appropriate fit for this study. In social sciences, a case study is a qualitative research method requiring an in-depth and thorough assessment of a case or cases (Denzin & Lincoln, 2011). A case study was not the right fit for this research. Since phenomenological research aims at examining the basis of an experience of a phenomenon, a case study stares to genuinely explain and evaluate multiple cases, including time and place. Ethnography involves

arrangement, discovery, and unfolding experiences of people in their arguments (Moustakas, 1994). Culture remains the lens of an ethnographic paradigm since it requires that the investigators participate and integrate themselves into the findings (Creswell & Poth, 2018). Ethnography was not appropriate for this study because this research was not about culture. I would not have integrated myself into the study as demanded by ethnography. This research was about the relationship between the participants and the phenomenon (Moustakas, 1994).

The types of phenomenological approaches include transcendental phenomenology and hermeneutic phenomenology. Hermeneutic phenomenology focuses on actions of listening, understanding, recollecting, and feeling about the universe, and how an individual understands a phenomenon in the world (Glenn, 2013). It is believed that individuals are actors in the world, emphasizing the relationship between individuals and the world they live in (Glenn, 2013). Hermeneutic phenomenology asserts that people are conscious of the world where they live but are not knowingly aware of that perception, emphasizing that a person's deliberate knowledge of a phenomenon is not isolated from the world, or the person's history (Glenn, 2013). Hermeneutic phenomenology was not ideal for this study because it lays more emphasis on a special feeling about the world, but this research focused on individual lived experiences with a specific phenomenon.

Transcendental phenomenology differs from hermeneutic phenomenology in its view of the relationship between the individual and the universe and was therefore a better fit for this research. It is based on the concepts of epoche, noesis, noema, and

noetic-noema (Moustakas, 1994). Epoche is discussed in the next section, the Role of the Researcher. Noesis, noema, and noetic-noematic schema represent the relationship between individuals and the universe (Moustakas, 1994). Noesis, noema, and the noetic-noematic relates to the transcendental knowledge phenomenology (Moustakas, 1994). The noetic is derived from noesis, while noematic is a product of noema (Moustakas, 1994). The noema and noesis are indivisible (Moustakas, 1994). Noesis and noema deliver scientific structure to transcendental phenomenology by avoiding misunderstanding in psychological expressions applied ((Moustakas,1994). Noema and noesis are defined as an individual's experience and how they experienced it; therefore, arriving at the crux of a phenomenon requires combining noesis and noema, noesis being experiencing, whereas noema is what is experienced (Moustakas, 1974). Noema and noesis are used in a transcendental idealism consistent with everyday realism (Moustakas, 1994). Noema and noesis are the idea that transcendental idealism, the idea of life, is consistent with everyday realism, with the reality of everyday life (Moustakas, 1994). As a transcendental phenomenological researcher, I adopted the transcendental phenomenological methodology that consisted of explanations to support the gathering of knowledge regarding the lived experience of postpartum African-born immigrant women in Texas.

The Role of the Researcher

In a phenomenological study, the qualitative researcher performs a distinctive role as the research instrument (Fletcher et al., 2016). Thus, as the researcher, I needed to be careful to protect the participants against possible ethical issues by ensuring that

confidentiality was safeguarded (Fletcher et all., 2016). There was no connection between the participants and me, to avoid any form of bias (Roulston & Shelton, 2015). Even more than this, my role as a researcher involved neutrality; hence, all focus was on how the research questions should be answered (Holloway & Galvin, 2016). Data were collected through interviews and notes made during the interviews relying on an interview protocol (Holloway & Galvin, 2016). Data were collected using this interview protocol and by initiating a conversation with the participants, such as asking more universal questions such as “What does it mean to you to be a postpartum immigrant mother?” Or “What is your experience with weight gain after childbirth?” I obtained approval from Walden’s institutional review board (IRB) before starting the data collection (Creswell, 2007). The IRB’s connection to research was centered mainly on assessing the risks or benefits of a study (American Psychological Association, 2017). Sometimes, the study population needs extra protection, especially vulnerable people such as children, prisoners, and the elderly; therefore, all data collection protocols had to be approved by the IRB (American Psychological Association, 2017). A potential bias could have occurred in this research if I had constructed questions to benefit my personal interests (Roulston & Shelton, 2015). Bias could have arisen if participants had decided to answer questions in a specific manner so that the benefit could be achieved (Roulston & Shelton, 2015).

Transcendental phenomenology has the following methods of controlling bias: epoch, noesis, noema, and noetic-noematic (Moustakas, 1994). Moustakas introduced the idea of epoche as setting aside personal opinions and viewpoints and described epoche as

“the suspension of this natural attitude” (2012, p. 1032), “allowing things, events, and people to enter anew into consciousness, and to look and see them again, as if for the first time” (p. 85). Moustakas (1994) noted the difficulty, and yet necessity, of the process so that “we may see with new eyes in a naïve and completely open manner” and “suspend everything that interferes with fresh vision” (Moustakas, 1974).

Methodology

Methodology in research describes the measures used to conduct a research project (Maxwell, 2013). The methodology in qualitative research involves the in-depth study of the process of events involving research phenomena (Maxwell, 2013). Qualitative research methodologies are meant to assist in revealing the behavior and experience of the targeted audience on the subject under investigation (Maxwell, 2013). This study entailed requesting that participants recount the details of their postpartum weight management experiences. Qualitative researchers use in-depth and semistructured interviews for data collection in transcendental phenomenology (Moustakas, 1994).

Participant Selection Logic

Before selecting participants, qualitative researchers are encouraged to make a purposeful resolution of their choices when it comes to participant selection (Darwin et al., 2017). The population for this study was postpartum African-born immigrant women who had experienced childbirth in the past one year and were overweight or obese as a result. It was vital to choose participants who had experience with the phenomena being investigated and who would be willing to take part in an audiotaped interview and to have the information they supply published in a dissertation (Moustakas, 1994). The

women participating in this study were between the ages of 18 and 45 years. The reason for choosing that age range was that it is hard to determine the ages of childbearing since women get pregnant at different ages; however, the most popular age range for childbearing is 18–45 (Adebowale et al., 2019). According to Eske (2019), overweight and obesity are classified as a BMI equal to or greater than 25; and obesity is a BMI greater than or equal to 30. BMI offers a valuable population-level rate of overweight and obesity for adults and both sexes (Eske, 2019). Moore et al. (2013) stated that prepregnancy BMI groups were considered accurate under the Institute of Medicine 2009 gestational weight gain procedures: "28–40 pounds for women who were underweight pre-pregnancy, 25–35 pounds for normal-weight women, 15–25 pounds for overweight women, and 11–20 pounds for obese women." Reprod, 2003, P 48). The idea of this research was to understand the experiences of weight management among postpartum African-born immigrant women.

In qualitative research methods, evidence is drawn from the participant's experiences about the phenomena being researched (Savin-Baden & Major, 2013). The goal number of participants was 18, which was consistent with the number of participants in a transcendental phenomenological study (Savin-Baden & Major, 2013). Collecting data from a sample size of 18 participants for this qualitative transcendental, phenomenological research would generate rich data and attain saturation (Jha, 2014).

Sampling Strategy

Sampling is an essential piece of phenomenological research (Robinson, 2014). Sampling strategy determines how participants are selected in research (Tracy, 2019). In

qualitative research, the sample size is usually small, because face-to-face interviews and data analysis processes are dynamic and time-consuming (Tracy, 2019). Purposive sampling, also recognized as critical, careful, or individual sampling, is a method of nonprobability sampling in which researchers depend on their own opinion when selecting participants in a research study Palinkas et al., (2015). Purposive sampling was used in this research as a sampling strategy. Purposive sampling is employed in research to discover the participants' experience regarding the phenomenon under study (Denzin & Lincoln, 2000).

Instrumentation

Scholars employing a qualitative research method primarily acquire data through face-to-face interviews and/or focus groups (Creswell, 2013). The researcher is recognized as the main instrument for the collection of data (Denzin & Lincoln, 2013). The nature of this research determines how the instrument was created. In qualitative transcendental phenomenological research, it is essential to understand the phenomenon from participants' lived experiences and decrease a personal opinion and beliefs (Moustakas, 1994). The aim of developing the semistructured interview questions in the interview protocol was to permit an in-depth examination of the participant's experiences with the phenomenon and limit bias (Patton, 2015). The transcendental phenomenological methodology was the choice method for creating an interview protocol for understanding weight management among postpartum African-born immigrant women.

Pilot Study

The role of a pilot study in qualitative research is to design a systematic outline of a prospective study (Castillo-Montoya, 2016). The pilot study allows the investigation of any possible problems that may arise in the main research (Jacob & Ferguson, 2012). Pilot studies play an important role in the research but are often misused. A sound pilot study ensures methodological accuracy and may lead to high-quality examination that ensures legitimate research work is carried out (Castillo-Montoya, 2016). Using the same procedures as in the main study, I carried out the pilot study with three women who met the same inclusion criteria. Data collected in the pilot study were not included in the main research study (Jacob & Ferguson, 2012).

Procedures for Recruitment, Participation, and Data Collection

As the researcher, I was the primary instrument for data collection. I developed an invitation letter asking prospective participants to participate in my research. I posted my recruitment flyer in the meeting space of two African organizations. In the flyer, I indicated that I am a Walden University doctoral student conducting research. The flyer invited postpartum African-born immigrant women between the ages of 18–45 to be a part of the research. The prospective participants contacted me by telephone to be screened and to ensure that they met the inclusion criteria for participation. The selection of participants was based upon a willingness to be a part of this study in addition to the inclusion criteria for postpartum African-born immigrant women between the ages of 18–45 and exclusion criteria for women who were not African-born immigrant women and who did not have a baby in the past year. I developed a screening form (see Appendix A)

to demonstrate that the potential participant met the inclusion criteria before sending the informed consent and scheduled them for interview. A semistructured interview protocol was used to collect data from participants. I developed the interview questions (see Appendix B) guaranteeing that these questions would support the research questions by creating an investigation-centered discussion to obtain a response. I tested the interview questions before the first interview of the main study (i.e., in the pilot study; Brinkmann & Kvale, 2015). One-on-one interviews were conducted as an in-depth approach to data collection (Ravitch & Carl, 2016). Open-ended questions and semistructured interview questions were consistent with transcendental phenomenology, thereby enabling an extensive knowledge of participants' experiences (Merriam & Tisdell, 2016).

I conducted this research by telephone interview, rather than face-to-face, because of the current pandemic. Creswell (2017) described the data collection process in a qualitative study as a continuous cycle that involves locating the site or the individual, gaining access and creating a rapport, purposefully sampling, and collecting data, recording information, resolving field issues, and storing data. Those who accepted to be a part of my study were contacted through an email indicating that they agreed on the time and venue for the study interview, and the informed consent form was sent. The prospective participants responded with the word, "I consent" via email, and an interview was scheduled. There was only one interview for each participant, which took place by 7 pm and lasted for approximately one hour. In this qualitative study, field notes were used to describe and record information throughout the interview (Barton, 2015). The on-site notes are translated as proof, providing meaning to promote the understanding of the

research phenomenon (Barton, 2015). There were enough participants to reach my study saturation as required by the IRB (Rubin & Rubin, 2012).

Data Analysis Plan

In a qualitative study, it is essential to reflect on phases for organizing and analyzing information as a part of the core data analysis strategy. According to Rubin and Rubin (2012), qualitative data analysis involves steps taken in assessing all data collected to deliver sound answers to the research questions. The collected data provided an understanding of the experiences of postpartum African-born immigrant women in Texas. The analysis of the data provided in-depth perspectives of the phenomena under study (Rubin & Rubin, 2012). The transcendental phenomenology approach was used for analyzing data in this research. The transcendental phenomenology approach includes:

1. The epoche procedure: This event entails avoiding all rigid concepts and focusing on the research question. Epoché procedure in phenomenological research is described as a means of preventing biases and beliefs when explaining a phenomenon (Moustakas, 1994). Epoche approach entails logical steps that set apart several ideas and beliefs about a phenomenon under study so that participants can discuss occurrences from their perspective (Moustakas, 1994). I applied this procedure by allowing the participants in this study to address the phenomenon from their viewpoint through preventing biases and beliefs so that phenomena could be explained in terms of the study's basic structure as stipulated by Moustakas (1994).

I avoided bias by framing open-ended questions, allowing participants to voice their thoughts, enabling participants to provide an honest or truthful answer to interview questions. On the other hand, direct questions were asked, allowing participants to choose from a variety of possible options other than 'Yes' or 'No.' Another way the researcher avoided bias was by making sure that I analyzed the information obtained with an unbiased mind. I focused on the participant's explanations by understanding their lived experiences, capturing what it meant to them, and analyzing it.

2. Phenomenological reduction: This event provides textural explanations of the experiences of the study population and created grouped ideas and possibilities (Moustakas, 1994). The phenomenological reduction required that the researcher use the process of bracketing, which means that all unnecessary information in the study was eliminated (Moustakas, 1974). By reducing the data, the pure phenomenon was capturedI used the process of bracketing continuously until all unnecessary information were eliminated from consideration and focused on the primary data needed to analyze this study. This idea means that a transcendental phenomenological researcher should ensure that she or she will not presume anything except to assess the existing theories and concepts to examine a wealth of information about the topic (Moustakas, 1994). In this regard, I accessed all information about the subject under discussion by avoiding all personal opinions on the topic of study.

3. Imaginative variation: This idea involves the provision of intuitive basic descriptions about the experiences of the population under study (Moustakas, 1994). Moustakas (1994) emphasizes that imaginative variation describes the probable connotations over the application of imagination, flexible reference, retaining divisions and reverses, and approaching the phenomenology from differing viewpoints, diverse situations, and roles. Imaginative variation is imperative when enumerating the vital constructions of a phenomenon, and with creative exceptions, perception is prone and can enter awareness with a show of fancy as claimed by Moustakas (1994). Using imaginative variation to analyze my data means revisiting the raw information explanations so that interpretations can be substantiated as noted by Moustakas (1994).

Issues of Trustworthiness

Quality demonstration is imperative when it comes to any research process. In this qualitative study, quality was demonstrated to express the accuracy of research findings using benchmarks. In qualitative phenomenology, diverse quality indicators convey thoroughness (Creswell & Poth, 2018). Trustworthiness includes dependability, confirmability, transferability, and credibility of a study (Houghton et al., 2013).

Dependability

Dependability reflects the steadiness of the study design, such as qualitative research techniques, data collection, outcomes, and the entire process beyond the conclusion of the research (Ravitch & Carl, 2016). Further, dependability entails a thorough expression of the consistency of the research with the research objectives as

noted by Ravitch & Carl (2016). A critical approach for dependability includes the assessment trails which were the detailed records of organizational and explanatory conclusions that were established throughout the study as stipulated by Ravitch & Carl . An applicable method to regulate the dependability in research is by checking for feasible mistakes in the way the investigation was directed, like data collection and interpretation (Toma, 2011). To avoid bias in this research questions were kept simple. Leading questions that could provoke the participants to support a certain assumption were eliminated (Toma, 2011).

Confirmability

Confirmability emphasizes the point where the research results provide deeper insights into phenomena supported by other researchers (Toma, 2011). Confirmability requires measures to prove that research results are indicative of population experience, not the opinions and prejudices of researchers (Shenton, 2004). It also constitutes the authentication of research outcomes to avoid an investigator's bias and to validate the opinion of the participants (Ravitch & Carl, 2016). The concept of confirmability was emphasized in this qualitative study, which infers potential researchers can verify the scope of the study (Ravitch & Carl, 2016). In this research, I confirmed the explanation of the study and averted potential bias by keeping the questions simple and by eliminating all information that would not add value to data analysis through bracketing. I examined all Walden institutional guidelines for conducting qualitative research, making sure that all the instructions like keeping the informed consent records, and the Nvivo transcriptions stored in a safe data storage unit like the office cabinet, secured for a

minimum of five years and then discarded, were followed. All limitations were observed by not going beyond the scope of this research (Creswell, 2013)

Transferability

Creswell (2014) acknowledged that research content can be transferred to other backgrounds with comparable characteristics. It is also useful to place participant's explanations into the framework that surrounds collective and traditional settings in which the study is outlined, thereby permitting external investigators and readers to determine transferability (Creswell, 2014). Hicken et al. (2018) emphasized the overwhelming nature of the role of the new mother. A few of the tasks that come with new motherhood include a lack of sleep, a need to understand and meet the needs of the baby, and to keep up with other roles (Hicken et al., 2018). In this research, transferability can be achieved by addressing potential studies looking at postpartum African-born immigrant women's opinion about postpartum weight management.

Credibility

In the context of qualitative analysis, credibility implies that a researcher provides a dense description of the information for performing triangulation (Ravitch & Carl, 2016). Triangulation encompasses having an autonomous assessment of the information created by a researcher to determine if the outcomes are reliable and to safeguard that there is no influence of individual bias in the data collection (Creswell, 2014). Triangulation involves using additional techniques to gather information on the same topic, this assures validity in the research (Noble & Smith, 2015). Credibility denotes the acceptability or rationality of a qualitative study, it signifies the degree to which the study

method and results remain the same as the commonly recognized standards in a qualitative research study (Ravitch & Carl, 2016).

Ethical Procedures

Each participant was asked to sign an informed consent form following the standards established by the Texas Department of State Health Services (DSHS), and the IRB at Walden University. Consent was obtained through email with the statement “I consent” and affirmed before the in-depth interviews were conducted. In keeping with the Texas DSHS and Walden University IRB guidelines, the purpose of the research was verbally reviewed with each participant. The consent form was read out loud along with the portion that states that participation is voluntary and can be terminated at any time, during the interview, after the interview, or before the publication of the research. According to Graham and Makenzie (2015), a clearly stated and agreed upon exit strategy can mitigate cultural misunderstanding that can accompany cross-cultural research. A written notice was selected as the exit strategy in accordance with recommendations because of potential misunderstanding, given the cultural context and sensitivity of the target population. Further, participants were advised that information collected from the study could provide insight into how to reduce the incidence of pregnancy-induced obesity among African-born immigrant women living in the United States. Participants were informed that their names would be confidential and were reminded that the research was being conducted in partial fulfillment of a doctorate in philosophy from Walden University. Participants were informed that all the data from the

research would be stored in locked cabinets of an office and on a laptop protected by a password and this data would be destroyed after five years.

Summary

This study explored the experience of postpartum weight management of African-born women immigrants. A qualitative transcendental phenomenological research design was employed for this research. A sample of 18 participants was interviewed until data saturation was reached. The research questions focus on gaining in-depth perspectives from participants. As the chapter indicated, the interview was through the telephone because of the ongoing pandemic. An interview procedure aided participants in providing information that was then analyzed based on the transcendental phenomenological process. Audiotapes were used to record and transcribing all collected data, which is consistent with transcendental phenomenology protocol. In ensuring trustworthiness and value for this study, measures such as credibility, transferability, dependability, confirmability, and the ethical procedure were observed. A discussion of findings from interviews and analysis of data collected in this study was reported in chapter 4.

Chapter 4: Results

The purpose of the study was to explore the lived experiences of weight management among postpartum African-born immigrant women in Texas. In this chapter, the participant demographics, the setting, the data, and results from the study are presented. The three research questions are addressed individually with the themes derived from the outcomes of this research. It took 6 weeks to conduct the telephone interviews with 18 postpartum African-born immigrant women who met the inclusion criteria. I then transcribed the audio recording of the telephone interviews. The audio recorded interviews transcripts were sent to participants to validate the precision of transcription. All the participants agreed that the information they presented was correct. The three research questions that steered this research were as follows:

RQ 1: What are the lived experiences of weight management among postpartum African born immigrant women in Texas?

RQ 2: What considerations would postpartum African-born immigrant women perceive would be beneficial to maintaining a healthy eating behavior?

RQ 3: What barriers might limit postpartum African-born immigrant women's participation in weight management?

Pilot Study

Following confirmation of Walden's IRB #02-24-21-0376411, I initiated a pilot study. The IRB authorization permitted the enlistment of participants through flyers posted at two African organization meeting spaces, which were used for the recruitment of pilot study participants. According to Creswell (2013), data received from three

participants would be adequate to assist in determining whether the interview questions would correctly answer the three research questions expected to be used in this research. Three postpartum, African-born female immigrants who met the inclusion criteria consented and were interviewed for the pilot study. I reviewed the first interview transcript to see whether the interview questions answered the research questions. I also reviewed it for follow-up questions, to see if probing questions were needed, and for interview techniques. With the same process, I conducted the second and the third interviews. Throughout the interview process, participants were urged to ask for more explanation of interview questions to enhance my insight about the subject under review. Each pilot interview lasted for 25 minutes and was audio recorded. All these interviews took place while I was in a quiet location in my house. I ensured that the participant was in a private and quiet location as well. Member checking was then conducted to ensure that participants evaluated their responses for accuracy. The pilot study participants expressed their satisfaction with the interview procedure, that the interview questions were not disturbing, and stated the importance of sharing their views on the phenomena under study. There was no need to change any interview questions; the questions were considered valid and reliable to answer the research questions.

Setting

There were no personal or organizational conditions that influenced participants or their experience at the time of study or that influenced interpretation of the study results. However, before recruiting 18 qualified participants, I conducted a pilot study with three postpartum African-born women immigrants in Texas. This approach gave me

an idea regarding the data collection process. Creswell (2013) noted that a qualitative researcher participates in a series of events in the process of data collection. This method was understood prior to scheduling my first interview.

Demographics

Twenty-five postpartum African-born, immigrant women responded to the recruitment flyer indicating their interest to participate in this research. I interviewed 18 participants who met the following inclusion criteria: (a) self-identified as African-born immigrant women, (b) lived in Texas, (c) have had a baby in the past one year, (d) were between the ages of 18 and 45, and (e) retained weight after childbirth. Due to African culture and traditions, African-born immigrant women usually do not share their experiences with strangers (Adebowale et al., 2019). However, they may share some experiences about their weight and how impossible it is to lose weight after childbirth (Adebowale et al., 2019).

Data Collection

Data collection was carried out as outlined in Chapter 3. Data collection lasted for 6 weeks, from March to May 2020. The length of the participant interview was expected to be about one hour. The shortest participant interview lasted for 37 minutes, and the longest interview lasted 40 minutes, with an average interview time of 27 minutes. All interviews were conducted via telephone and audio recorded with the consent of the participants. I took field notes during the interview to record information in addition to the transcripts of the audiotaped interview. I used the interview protocol (see Appendix B) to ensure consistency of interview questions. I asked follow-up questions

intermittently depending on the response of the interviewee, seeking clarification, and to add richness and depth to the responses. Member checking was used to enhance the confirmability and transferability of this qualitative study.

Data Analysis

Data analysis in qualitative research is a process of thoroughly organizing the interview transcripts, audio recordings, field notes, and other non-textual materials that the researcher gathers to improve the understanding of the phenomena under investigation (Smith et al., 2009). Data analysis was carried out as proposed in Chapter 3. Data analysis was initiated by transcribing all audio recordings from the participant interviews. The detailed discussions with the 18 participants were transcribed verbatim and imported into NVivo software (Maxwell, 2013). NVivo was used to organize the data by grouping it based on participants' responses, dates, and times for each interview (Maxwell, 2013). I read through the data thoroughly, paying attention to responses that could answer the research questions. Data analysis was conducted line-by-line to discover developing patterns for the enhancement of a structure for connections and coding (O'Reilly & Parker, 2012). Coding was developed, which led to creating categories, and then formed themes (see Appendix C). There were no discrepant cases in this qualitative study.

Issues of Trustworthiness

Quality presentation is essential when it comes to research processes. In this qualitative study, quality communicates the correctness of the research conclusions through the application of benchmarks trustworthiness includes dependability,

confirmability, transferability, and credibility of a study (Houghton et al., 2013). In this research, the strategies of each of the issues of trustworthiness were evident.

Dependability

As noted in Chapter 3, dependability in qualitative research entails a thorough expression of the consistency of the research with the research objectives (Ravitch & Carl, 2016). I ensured dependability by examining the data for potential inaccuracies as the data were collected and interpreted, and how the outcomes were stated. I provided detailed records of how conclusions were established throughout the research (Ravitch & Carl, 2016). I took notes during the interviews to record the participants' perceptions and views about the phenomena under investigation to decrease bias. The outcomes for the three research questions that guided this study were considered and established based on the participant answers to each interview question as they related to the research question. Keeping detailed field notes, recording how I reached the conclusions of the data analysis, and noting how the findings from the data related to the research questions establish dependability for this research study.

Confirmability

Confirmability includes the verification of research results to avoid the bias of researchers and verify the opinions of participants, just like reliability (Ravitch & Carl, 2016). Emphasizing emphasis on verifiability in this qualitative study means that potential researchers can verify the scope of the study (Ravitch & Carl, 2016). I avoided potential bias by keeping the interview questions simple and eliminating all information that did not add value to the data analysis through bracketing. I applied the bracketing

process by breaking the data into manageable parts. This procedure allows for discovering the participants' value in the data as opposed to pre-determined and biased statements effecting the data analysis procedures (Butler, 2016; Chan et al., 2013; Groenewald, 2004). By bracketing at this phrase, I was able to lessen bias from the verbatim transcription and data interpretation.

Transferability

Creswell (2014) acknowledged that participants' responses can be placed into the framework that surrounds collective and traditional settings in which the study is outlined, thereby permitting external investigators and readers to create transferability decisions. In the context of qualitative analysis, transferability implies that a researcher provides a dense description of the information gathered from the participant during the interview (Ravitch & Carl, 2016). In this study, I achieved transferability by carefully describing the weight management perspectives of African-born immigrants born in Texas after childbirth and the core expectations of this study. These expectations are reflected in the values of African-born female immigrants in postpartum weight management. The potential transferability of this research may also focus on the above values.

Credibility

Credibility can be achieved through triangulation, which includes autonomous evaluation of the information created to determine whether the results are reliable and to ensure that there is no personal bias in the data survey (Creswell, 2014). To gain credibility, I transcribed the data into a Microsoft Word document, and then provided the

transcript to participants for member review to ensure the accuracy of the data (Creswell, 2013). All 18 participants checked their transcripts and agreed that they were accurate without any changes. Data reach a saturation point when new data and themes are not emerging from participants' viewpoints (O'Reilly & Parker, 2012). In this research study, no new data emerged from the interviews after the 18th participant.

Results

Eight themes emerged from the analysis of the data. The three research questions that guided the study and the themes that answered them are as follows:

- RQ 1: What are the lived experiences of weight management among postpartum African-born immigrant women in Texas?

    Theme 1: Family support

    Theme 2: Benefit of losing postpartum weight

    Theme 3: Motivation for postpartum weight management

- RQ 2: What considerations would postpartum African-born immigrant women perceive would be beneficial to maintaining a healthy eating behavior?

    Theme 4: Healthy relationship with food

    Theme 5: Portion sizes

- RQ 3: What barriers might limit postpartum African-born immigrant women's participation in weight management?

    Theme 6: Financial issues

    Theme 7: Engagement in physical activity

    Theme 8: Obstacles to weight management

RQ 1

What are the lived experiences of weight management among African born postpartum immigrant women in Texas?

Theme 1: Family Support

All participants stated that support was an issue when it came to caring for the baby and managing their weight. The women complained that it was difficult to be engaged in weight management behaviors since there was no one to assist them in caring for the baby. For example, Participant E3 stated, “I gain and lose [weight] because I have no one to care for my baby, I have other children to care for and it is making it impossible to manage my weight.” Other participants reported similar difficulties:

> I lost five pounds with the first one month after delivery. Losing five pounds was like a boost for me, it means a lot to me, but I still have a lot to lose. My husband encouraged me to continue but have no help here in America. It is extremely hard for me and my husband. (E4)
>
> It is more difficult to lose weight when you are here in America and have no family member to help care for your child, so that you can work out to work or walk. I can work out twice daily, that is the only way I can meet up with managing my weight, gaining, and losing is not good. (E3)
>
> If you keep the weight, sooner or later will weight will continue to increase. So, I must believe that sooner or later my body may shut down, and that will become a serious problem. Going to the gym now is a good idea, but I have no one to care for my child as I mentioned earlier. (E5)

Participants E8 and E14 had similar experiences. E8 stated, “I do not have a family member here in America, you are basically on your own, no one helps you care for the baby,” and E 14 noted, “My husband is the only one I have here in America. As an immigrant postpartum woman, you are not like other women who are Americans and can get help anytime. But as an immigrant woman, it is hard.”

Theme 2: Benefits of Losing Postpartum Weight

Participants said that the benefits of postpartum weight loss include improved self-image, ability to interact with other women, and attractiveness to husbands:

> My view about the benefit of losing is again to improve my self-image. My stomach will also stop hurting, having my life back is another way I can benefit from losing postpartum weight. I know that it can help me feel good when I go out with other women, and I enjoy looking good with fitted dresses and I do not have to wear an extra dress size. I know that I will get compliments, and I know that they will help me progress with my exercise routine. (E2)

> What may stimulate me into dropping some weight is what I stand to benefit, for example, looking good, making my husband feel happy about me. My husband regularly does not feel good because of this enormous weight I have added. To picture myself wearing size 8 is enough to inspire me to lose weight. If the efforts I am making are working, then I will continue. There are many things to gain if I lose weight, for instance, women attend meeting one every month, if u add extra weight, it brings about low self-esteem, if you lose weight, you compete with other. (E4)

The benefit of losing weight is like you need to not take care of yourself. So that's part of the benefits. if you are looking good, you are on top of it, because when you lose weight, you feel good, I think that is a core benefit of losing weight for me. Health-wise, you will be better. Now, I cannot catch my breath before I can talk. That is not too good for my health, but I feel if I lose weight the benefit is healthier feeling and looking as well. (E5)

My view about the benefit of losing postpartum weight is living right and looking good. Sickness will be not a part of your life, that is my view. Another is a persons' self-esteem which everyone will enjoy if weight is not an issue. Here in America, women who are big stand the chance of becoming sick and will not be a man to marry, even getting a boyfriend is an issue. Like I said before, I will do all it takes to live for my children. Like I mentioned earlier, an African man will remarry when his wife dies, while another woman will come in. I will hurry and not delay anymore to cut my work hours and start working out. (E7)

This is the way I view the benefit of weight management; America has a hectic lifestyle with numerous commitments, eating the right way, and exercising are often fallen to the bottom of the important list. As an immigrant postpartum mother, I lack the means and support necessary to survive or living a healthy life. But if you fail to take care of yourself, trouble sets in and you become sick. So, looking good is my priority when we talk about my view about the benefits of losing weight. (E8)

> My view about the benefit of losing weight is a lot, being free from sickness because of childbirth is a serious issue. Remember that some women like having multiple children. One of the benefits is that you stand the chance of being healthy while you are having the number of children you may wish to have. I know that if I am looking good and healthy, my husband will like it. It is hard to eat healthily. But for the benefit of your family, it must be done. (E9)

> The benefits of losing weight I would say cannot be over-emphasized especially, in this period of Coronal Virus. I tell you; it is the hardest thing I have ever experienced, having a baby in Pandemic, and then, adding weight is extremely uncomfortable and a situation difficult to manage. Working out was an issue because you are afraid of contracting Coronal Virus. My view is to try and lose this weight so that I will not be sick. I also want to live for my family by eating right. (E10)

Theme 3: Motivation for Postpartum Weight Management.

These women believe that the key to success in postpartum weight management is motivation. However, they specified that motivation may come in the form of support from their husbands, friends, and being able to socialize with people in the community.

> I know that motivation is the key to losing weight, that is doing the right thing. I must lose weight for my child and attain old age. I know that having a positive mind means that I can do it. So, that is what motivates. Another motivation is the support I will get through my husband. My husband is ready to assist in a decision

I take to lose this weight. My motivation will also come from my friends who are so concerned about the weight I gained through this pregnancy. (E2)

My motivation is that losing weight is fun. If you lose weight, people who know you before complement you. If you are married, your husband will admire you more, he will also want to take you out as opposed to when you were fat. When a woman loses her postpartum weight through weight management, she is highly motivated, she wants to join other women's organizations, especially the African organizations where women compete dress-wise. (E3)

When we talk about motivation, it depends on a person's reason for desiring to lose weight. For me, I do not want to be sick in the future, I want my dress to fit and pairs of jeans too. I want also to live and become a grandmother. Improving my self-confidence too. These are necessary to improve a person's self-esteem. Gaining 40 pounds is not a joke, I need to be ready to lose it no matter what it takes. I need to wear those clothes again. (E5)

Motivation, motivation, motivation, well, finding fun in physical activity will be my motivation. I like to go out work out and have fun with others, especially those who may be having issues after childbirth too. Like I mentioned earlier, I gain 15 pounds, that a lot of weight for me, I am a short and small-sized woman. My motivation is to lose all the pounds I have gained, if Indo does not lose it, I may not have another child. (E6)

Mmm, what I think may motivate me to lose is my children, I need to have more children also, I and my husband have decided to have more children That are a

> motivation for me. You know, not being able to lose weight will prevent a woman from having more children. I also want to look good and stay in shape. My husband will be happy to see me stay in shape. Some diseases may come because of weight gain. I do not want to have it., and so, that is my motivation. (E9)

> Motivation is also what you may believe or act on for instance some people attempting to manage their weight just established an outcome or goals they may desire to realize at the end of it all, but the main issue is establishing the outcome and focus on consistency. For me, my self-esteem is important, and I will do all it takes to regain my self-esteem and become happy again. (E10)

> Motivation is the key to success for a postpartum woman who wants to effectively manage her weight. Ehhh, I think that the current government movement insight on vaccine production and inoculation would improve the current condition of Coronal Virus. This will affect how I will manage my weight. When this Pandemic is over, I will feel free to work out and find women in the same who have postpartum issues. (E18)

RQ 2

What considerations would postpartum African-born women immigrant perceive would be beneficial to maintaining a healthy eating behavior?

Theme 4: Healthy Relationship with Food

Maintaining a healthy relationship with foods is another way the postpartum African-born women immigrants can manage their weight. For instance, Participant E1 said, “I believe in my ability to manage my weight since there is the possibility of

integrating physical activity in my daily routine, eating healthy foods rich in fruits and vegetables.” Participant E1 saw a positive way of maintaining a healthy eating behavior and relationship with food.,

> My view about losing weight is that I need to start eating healthier, and I know that eating healthier will make me lose more weight. Also, I know that losing this weight will increase my confidence, and avoid diabetes and high blood, my husband will also like me more. (E2)

> I had a baby in May last year and I gained about 30 to forty pounds, the weight came with the pregnancy, and it was hard to lose. I did all I could including eating right while I was pregnant, but it was hard. It was harder than I ever thought. I never believed I could gain much weight because of pregnancy. This pregnancy was particularly harder because you have gained so much weight. (E3)

Theme 5: Portion Sizes

Some participants mentioned that eating a lot of food helped them gain weight. For example, E16 said, “I lost 5 pounds within the first month of delivery, but I gained it back now that I am breastfeeding. I am always hungry after breastfeeding my child and makes me eat too much.” Participant E5 voiced a similar thought, “I have issues regarding my weight before with my first child. I just keep eating because I must replenish the milk.” Other participants talked about the challenges of simply being hungry, wanting to eat a lot, not looking at what type of food they were eating or the portion sizes.

> Yes, weight management has always been an issue for me before I was pregnant, but it was a manageable weight. I started gaining more weight during my pregnancy and postpartum. When I was gaining weight, I was just eating a lot and was not looking at what type of food was good for me. I was just seeing food on the table, and I would eat it, and not realizing it was not good food. So that had made me gain a lot of weight during my pregnancy. (E2)
>
> Weight management has always been an issue even before I became pregnant. I remember when I was young, and my parents had to control my eating habits. Diet control had always been a part of my life. (E3)

Similarly, Participant E7 talked about her challenges with eating too much, gained just 10 pounds. I am having sleepless nights and eating too much, I have no time to exercise, I think that it may have contributed to this weight gain."

RQ 3

What barriers might limit postpartum African-born women immigrants' participation in weight management?

Theme 6: Financial Issues

Many participants stated that financial issues were a problem when it came to weight management. They complained that they could not afford a gym membership, a babysitter, or good nutrition capable of assisting them in weight management. Participant E14 commented that, "Babysitter in America is money, only for people who can afford it. Affording it means that you have no money to take care of your baby as an immigrant woman.'' Participant E15 shared a similar sentiment, "Affording it means that you have

money to take care of your baby as an immigrant woman." E1 shared feelings about how difficult it was to manage her weight because she didn't have any money for a babysitter or daycare. Comparable feelings were revealed by E2 who shared "Another problem is that I do not have money to take my child to the babysitter on my off days, I also cannot afford a gym membership so that I can have more time and resources to manage my weight."

Theme 7: Engagement in Physical Activity

The women complained that not having enough time to be engaged in physical activity prevented them from losing postpartum weight. Participant E15 felt she couldn't engage in physical activity because of the lack of a babysitter, "I need to look for a babysitter to take care of my baby while I increase my physical activity." To look good was another reason to engage in physical activity, as participant E18 commented, "My view is to be engaged in serious physical activity to manage this weight and feel good." Additional views on engagement in physical activity included obstacles like the pandemic, lack of childcare, lack of time, and lack of financial resources.

> What I would say is a major obstacle to managing this weight is this pandemic, not being free to go to the gym or even going to the store to buy what I need because no one takes care of my baby. My husband is the one that works. I do not have a single opportunity to work out a physical activity plan that may take care of these 25 pounds I have added. (E10)

> I did have a little issue with my weight prior, but it was not much. I was then engaged in constant physical activity unlike now that I have a baby, you know

> having a baby will engage you the more. You have less time for yourself. Unlike when we were in Africa who there are too many relations that could render you some help. Babysitter in America is money, only for people who can afford it. Affording it means that you have money to take care of your baby as an immigrant woman. (E14)

> But now, being a full-time student and working 40 hours a week, it may be impossible for me to manage my weight. Now that my doctor complained about the blood pressure elevation, it is time to be engaged in physical activity, enough to make an impact on this weight. When I talk about making an impact, you know that when the doctors say something, it must be taken seriously. (E18)

> Being a full-time student and at the time working full time is not easy for me at all, I noticed that I have limited time for physical activity, I am having issues with not engaging in physical activity as I should. It is affecting the way I should be managing my postpartum weight. Another problem is that I do not have money to take my child to the babysitter on my off days, I also cannot afford a gym membership so that I can have more time and resources to manage my weight. (E12)

Theme 8: Obstacles to Weight Management

One obstacle to weight management is lack of awareness, which occurs when women do not know their weight before, during, and after delivery, making it difficult to realize their weight gain (Jelsma et al., 2016). Hicken et al. (2018) emphasized the overwhelming nature of the role of the new mother. A few of the tasks that come with

new motherhood include a lack of sleep, a need to understand and meet the needs of the baby, and a need to keep up with other roles (Hicken et al., 2018),

> Obstacles affecting my weight are working a full-time job and going to college full time. Because I do not have time to work out as I mentioned earlier. Being a full-time student and at the time working full time is not easy for me at all, I noticed that I have limited time for physical activity. (E1)
>
> Obstacles to managing my weight are, right now, I do not have enough money to go on a good lifestyle, especially eating right. And I know that I do not have enough money to pay someone to watch my child. So, I have been looking for a cheap babysitter to watch my child while I make more efforts to lose weight, that is my main obstacle. PE4: Obstacles I see are where I can take my baby to and then go to the gym, that is one of the obstacles. Again, I do not have an exercise partner, and so I do not feel eager to go and work out. So, I think that would be my huge obstacle. (E2)
>
> What may be an obstacle to managing my weight is not being able to get help, that means I have no one that could take care of my child while I go to work. (E5)
>
> Not having a well-structured program as, I mentioned ealier might be an obstacle to managing my weight. I like adhering to directions”. If my doctor can offer to advise me on what to eat and what not to eat may make a big difference in how serious I will take this weight management. But sometimes, your immigration status is another issue. There are other obstacles like not having enough help. Daycare and babysitters are a tremendous help. (E11)

> "One of the obstacles is that I cannot afford a trainer. If you have a lot of weight and wish to lose it, you need a trainer other than the weight cannot go out quickly, but getting a trainer is expensive. But adding 24 pounds is a big deal. I need to do something now. If you think about obstacles, there are too many obstacles to weight management, but I would not let them discourage me now."
>
> "There are many obstacles to my weight management like eating the wrong food. Not having support like who would care for my baby while I work out. Like I said prior, my husband is the only one I have here in America. As an immigrant postpartum woman, you are not like other women who are Americans and can get help anytime. But as an immigrant woman, it is hard." (E12)

Summary

This chapter reviewed the data that was collected using a semistructured interview process. Eighteen African-born postpartum immigrant women participated in the study. They met the inclusion criteria of living in Texas, having had children in the past year, and maintaining the same postpartum weight. The researcher followed the procedures outlined in chapter three and collect data in accordance with ethical standards. Once the data collection is over, the data was transferred to the NVivo software for the organization, and a manual coding procedure was completed to develop themes. Eight themes emerged: family support, benefits of losing postpartum weight, motivation for postpartum weight management, healthy relationship with food, portion sizes, financial problems, engagement in physical activity, and obstacles to weight management. Chapter

5 presents the interpretations, recommendations, limitations, and significance of this research study.

Chapter 5: Discussion, Conclusions, and Recommendations

This qualitative transcendental phenomenological study investigated the lived experiences of postpartum weight management among African-born immigrant women in Texas. The factors associated with postpartum weight management among the members of this population included family support, benefits of losing postpartum weight, motivation for postpartum weight management, healthy relationship with food, portion sizes, financial problems, engagement in physical activity, and obstacles to weight management. The reason for this study is that compared with other ethnic minorities, postpartum African-born immigrant women have a higher rate of postpartum weight management problems (Martin et al., 2017). The results of this study may be used by healthcare professionals to provide healthcare strategies and procedures to reduce postpartum weight retention in African-born immigrant women in Texas.

Interpretation of the Findings

The findings in this research confirmed that the postpartum phase is a distinctive time of progressive physical change for women. According to Amorim et al. (2008), women pass through the postpartum phase with many problems dealing with their new-founded motherhood responsibilities (Mercer, 2004). Postpartum weight retention has been recognized as a crucial contributor to overweight and obesity (Johnson et al., 2006). If women maintain the weight they gained during their last pregnancy, they are more likely to become overweight or obese afterwards and may never return to their pre-pregnancy weight (Walker & Avant, 2005). Researchers must provide a clear understanding of the reasons behind postpartum weight gain and management. In

addition, researchers should provide a structure for improved methods of operation to encourage a commitment to postpartum weight management methods, return to pre-pregnancy weight, to prevent future health problems and improve life-long health benefits.

Family Support

Data analysis showed that the postpartum African-born immigrant women who participated in this study lacked adequate reliable support from family members because they did not have a family living in the United States. In African culture generally, family members needing help rely on other family members (Cross et al., 2018). Many participants in this study said that when they wanted to participate in weight management activities, family members should assist them in caring for their babies. For example, participant E3 made the following statement “It is more difficult to lose weight when you have no family member to help care for your child so that you can work out to work or walk.” E18 also said, “Living with my family means that I must find a way to keep off this weight, but I need help from family members.” Postpartum women who do not have ample support from their spouses or partners and other family members have a high rate of falling out of any weight management practices, including reverting to a less healthy diet (Jelsma et al., 2016). The woman’s partner, spouse, parents, or other close family members can offer emotional (and even physical support) to the woman; women with such a support system find it easier to keep up with weight management activities (Sand et al., 2017). In this research, postpartum African-born women immigrants reported

needing support through their family members to keep up with their roles as new mothers.

Benefits of Losing Postpartum Weight

Almost all the participants said that the benefit of losing postpartum weight included living a longer, healthier life and preventing debilitating illnesses like diabetes and hypertension, which could lead to more serious illnesses. For instance, Participant E8 noted that "One of the benefits is that you stand the chance of being healthy while having the number of children you may wish to have." Also, Participant E2 said that "I felt great because my self-esteem was elevated. I noticed that I was walking three miles, three times a week, and I feel good." Diabetes, high blood pressure, heart disease, and delivery-related problems in future births within three years from the birth of the last child are major health threats related to overweight or obesity among all women and not just postpartum women (Neiterman & Fox, 2017). In this study, it is important to understand what postpartum African-born immigrant women perceive would be beneficial to maintain a healthy eating behavior.

Motivation for Postpartum Weight Management

Many participants noted motivation was the key to losing postpartum weight. They said that what encouraged them to stay motivated is a quest to live long and take care of their children. For example, E1 asserted that "my motivation is self-image, looking good when I go out with my friends, and I know that keeping up with a good diet plan will also help me to stay motivated". Participant E8 mentioned that "Another thing that would motivate me is my desire to go to the movies with my husband as I usually

do." Motivation for postpartum weight management is vital to getting back to a healthy weight after childbirth particularly if women plan to become pregnant again in the future (Henderson & Renshaw, 2013). A compelling motivation for attaining pre-pregnancy weight was present amongst the participants in this research.

Healthy Relationship with Food

The existing body of knowledge disclosed that achieving the health impact of weight management depended on the women themselves, healthcare providers, and nutritionists (Ohlendorf, 2013). According to Pitt et al. (2015), women who emigrated frequently faced problems finding employment and earning a living while caring for their families, leading to unhealthy lifestyles, including poor nutritional diets (Pitt et al., 2015). African immigrants face the same challenges as other immigrant women. Most come to the United States to seek new opportunities; the absence of these opportunities subjects them to socioeconomic difficulties, such as lack of well-paying jobs (Pete et al., 2015). The lack of employment prospects led to risky life habits, including unhealthy food choices, thus leading to a higher prevalence of obesity and obesity among immigrant women (Pitt et al., 2015).

All 18 participants in this research disclosed that altering their relationship with food would positively impact postpartum weight management. For instance, participants indicated that they were not engaged in healthy eating patterns. E7 mentioned, "I must find a way to avoid unhealthy habits like burgers and other unhealthy foods that can make you gain more weight". Participant E13 mentioned "Not being able to work out and eat well is a major obstacle to managing my weight." Participant E14 also said, "There

are many obstacles to my weight management like eating the wrong food." According to this research, it may be important for postpartum African-born immigrant women to modify their lifestyle to include eating a healthy and nutritious diet to ensure effective weight management after childbirth

Portion Sizes

When it comes to portion sizes, some postpartum African-born immigrant women who participated in this research complained that they ate large portions of food, which may have contributed to their postpartum weight gain. For instance, participant E7 mentioned that "I am having sleepless nights and eating too much" E16 also noted, "I am always hungry after breastfeeding my child, that may have contributed to this weight gain." Decker & Keyakis (2017) pointed out that, in certain cultural groups, women are encouraged to stay at home after childbirth, and the lack of unhealthy lifestyles such as eating too much will promote the increase in the obesity rate of these adult women. In this research, postpartum African-born immigrant women may introduce smaller portions in their daily diet to prevent postpartum overweight or obesity.

Financial Problems

Lack of financial resources could aggravate the ability to manage postpartum weight in low-income families, especially for postpartum African-born immigrant women. Several of the participants stated that losing weight was difficult due to financial issues. For instance, many of the participants stated that they could not afford a gym membership for physical exercise or a nutritionist who could give them advice about postpartum weight management. For example, Participant E1 mentioned that "I cannot

afford a gym membership so that I can have more time and resources to manage my weight". Participant E17 said, "I am a full-time student, paying my school fees, and with other financial challenges like my child's babysitter, I cannot afford to pay for weight management or joining a gym membership." Researchers discovered that women who have better-paying jobs or improved resources faced fewer challenges with postpartum weight management (Dolbier et al., 2013; O'Mahony et al., 2013). Immigrants living in low-income conditions individually experience higher rates of food insecurity and obesity (Caspi et al., 2017; Petterson, 2011). The findings of this research suggest that it may be necessary for African-born women immigrants to improve their immigration status before having a baby in America.

Engagement in Physical Activity

In this research, some of the participants noted that not engaging in physical activity contributed to postpartum weight gain. For instance, participant E1 noted, "I am having issues with not engaging in physical activity because I have no one to take care of my baby while I go for a walk, it is affecting the way I should be managing my postpartum weight" Participant E14 noted that "I was then engaged in constant physical activity unlike now that I have a baby, you know that having a baby will engage you the more. You have less time for yourself". There is substantial research evidence that physical activity is an essential routine behavior that may considerably impact both long-term and short-term effective weight management in adults (Rogers et al., 2018). Physical activity includes aerobic types of physical activity, like walking or biking, though, other common types of physical activity would be considered for their

prospective impact on obesity or weight management. (Rogers et al., 2018). Postpartum African-born immigrant women who are overweight should increase their physical activity behavior slowly to at least a minimum of 150 minutes/week of mild to intense physical activity (CDC, 2018). Increased physical activity may play a vital role in the avoidance of weight gain and may assist in obesity treatment (Rogers et al., 2018). However, the intensity of any physical activity must be consistent, and it must not prevent the postpartum African-born immigrant woman from fulfilling her role as a new mother.

Obstacles to Postpartum Weight Management

Among less literate postpartum women, the prevailing idea is that intentional weight management is not necessary during the period of breastfeeding because the process of breastfeeding itself causes weight loss (Christenson et al., 2016). Hicken et al. (2018) emphasized the overpowering nature of the role of a new mother, there are challenges that come with new motherhood like a lack of sleep. There is also a need to recognize and meet the needs of the baby, as well as to fulfill other roles, such as keeping up with professional and household work and perhaps taking care of other children (Jelsma et al., 2016). A woman may also not start a weight management program because of health issues during the postpartum period. Childbirth-related health problems with recovery from a cesarean section, postpartum stress disorders, infection, and blood loss may cause a woman to have impediments in starting a weight management program (Jelsma et al., 2016). For instance, Participant E16 mentioned that “Taking care of a child and realizing that you are sick is not a good feeling. I mean that weight gain is a problem

that is difficult to handle" Participant E8 noted that "I added 10 pounds after childbirth and I did all the types of exercise recommended by my physician, yet the weight refused to go, it is making me sick." Participant E4 also mentioned that "I do not have an exercise partner, and so I do not feel eager to go and work out. So, I think that would be a huge obstacle." Participant E2 stated that "I need to start eating more healthier, which will be possible when you have workout partners". Postpartum women who do not have support from their spouses or other family members may not adhere weight management practices (Jelsma et al., 2016). This research suggested that the roles that come with new motherhood may comprise a lack of sleep, a need to recognize and meet up with the needs of the new baby, which may become an obstacle to an African-born immigrant woman to engaging in postpartum weight management.

Application of the HBM

The results of this study illustrated through the lens of the HBM framework express the participants desire to change their behavior related to postpartum weight management. The study interviews and research questions were aligned with the HBM's six constructs. The HBM constructs of perceived susceptibility, perceived severity, perceived benefits, perceived barriers, self-efficacy, and cues to action (Rosenstock et al., 1988) could offer the means to understanding the lived experience of weight management among postpartum African-born immigrant women.

The eight themes that emerged through the data analysis process were family support, benefits of postpartum weight loss, motivation for postpartum weight management, healthy relationships with food, portion sizes, financial issues, participation

in physical activities, and obstacles to weight management. In this study, participants pointed out that overweight or obesity poses a threat to the lived experiences of postpartum African-born immigrant women living in Texas.

Perceived Susceptibility

The HBM construct of perceived susceptibility indicates a person's belief about the possibility of developing a certain disease (Rosenstock, 2000). The theme of a healthy relationship with food was defined as participants understanding the need to eat a healthy and nutritious diet to manage their weight. For instance, E2 said, "I need to start eating right also, that is the main thing to do." Participant E3, stated that she knew she needed to follow her doctors' advice, "I need to start eating right!" These participants understood that they needed a healthy relationship with food to manage their weight. Many participants commented on the need for engaging in physical activity to manage their weight but were often unable to do so due to obstacles such as finances or lack of family support. Participant E2 said, "I do not have enough money to afford a gym membership." Participant, E9 noted that she might set out time to work out, only if she can get help with her baby." Participants were clear that there were benefits to losing weight that would also benefit them in the future, decreasing their risk of developing future illnesses. For example, participant E10 noted that "If you have lots of weight during pregnancy, there is an increased risk of developing diabetes, hypertension, and other diseases when you get older." E6 mentioned, "I have always thought about not having another baby until the issue of the thyroid is resolved." Participant E11 brought the concept of perceived susceptibility and these themes together stating, "There are chances of developing

illnesses like diabetes, hypertension, cancer, and other diseases as a result of unhealthy habits." Perceived susceptibility involves the level of understanding of the situation and personal risk assessment (Rosenstock, 2000). In this study, perceived susceptibility was used to understand if a postpartum African-born immigrant woman may change her behavior to avert the risk of becoming overweight or obese due to pregnancy.

Perceived Severity

Perceived severity describes a person's assessment of the severity of an illness and the probable outcomes of such (Rosenstock, 2000). In this research, postpartum African-born immigrant women who indicated that they are susceptible to the harmful effects of postpartum obesity are likely to modify their behaviors by adhering to food portion sizes. For instance, Participant E7 made the following statements: "I am having sleepless nights and eating too much, I have no time to exercise, I think that it may have contributed to this weight gain". Participant E16 noted that "Eating too much is affecting the way I relate to my husband. You know men, they do not like women who have added a lot of weight". In this research, postpartum African-born immigrant women who revealed that they are predisposed to the severity of an illness are likely to modify their behaviors by adhering to programs designed for postpartum weight management.

Perceived Benefits

The perceived benefit structure stipulates that an individual believes in the potential benefits of health actions and reduces the risk of illness by changing his or her behavior (Rosenstock, 2000). In this study, the participants expressed their views about their perceived benefits of losing postpartum weight, which includes a reduced risk for

developing health problems and the benefit of looking good. "E3 participants indicated that "I need to be afraid of developing debilitating illnesses like diabetes, hypertension that could lead to high cholesterol and heart attack" "E4 mentioned "What may stimulate me into dropping some weight is what I stand to benefit, for example, looking good, making my husband feel happy about me" Participant E9 mentioned that "One of the benefits is that you stand the chance of being healthy while you are having the number of children you may wish to have." Participant E17 noted that "My view about the benefit of losing weight is to look good. Another benefit is that my dresses will size me better." In this study, African-born women immigrants should focus on the benefits of programs centered on postpartum weight management.

Perceived Barriers

The HBM construct of perceived barriers denotes a person's belief in the obstacles to implementing a proposed health action (Rosenstock, 2000). There are the differences in one's beliefs on barriers, or obstacles that could lead to a cost/benefit evaluation (Rosenstock, 2000). In this research, the participants expressed their viewpoints on the perceived barriers to obtaining family support and perceived obstacles to weight management. E3 noted "It is more difficult to lose weight when you are here in America and have no family member to help care for your child so that you can work out to work or walk." E8 expressed, "I lack the means and support necessary to survive or living a healthy life." Participant E9 also noted "I need help with my baby so that I can work out and lose more weight." In this study, it is important to explore and understand

postpartum African-born immigrant women's perception of barriers to changing their lifestyles to control their weight after giving birth.

Self-Efficacy

Self-efficacy being the sixth constructs of the HBM, was not added when other constructs were proposed. According to Rosenstock (2000), the self-efficacy concept was approved by creators of the HBM since the idea of self-efficacy offered the HBM more effectiveness (Bandura 1977). Self-efficacy is a person's confidence in his or her ability to complete an action needed to produce precise performance accomplishments (Rosenstock, 2000). In this research, the theme of engagement in physical activity illustrates some of the participant's self-efficacy in her ability to engage in physical activity to manage her weight. For example, participant E18 noted that, "It is time to be engaged in physical activity, enough to make an impact on this weight." Similarly, E12 stated that, 'But I will look for a way to increase my physical activity." The theme of healthy relationship with food also demonstrated some of the participant's self-efficacy in their capacity to be engaged in a healthy relationship with food. For instance, E2 mentioned that "My opinion about losing weight is that I need to start eating healthier, and I know that eating healthier will make me lose more weight." E9 also noted that "Eating sugary food was my problem, I thought they would go away after the birth of my baby, but it did not." In this research, postpartum African-born immigrant woman's belief in her efficacy to participate in physical activity and her ability to be engaged in a healthy relationship with food may assist her in managing her postpartum weight,

Cues to Action

Cues to action construct posit that cues are required to inspire actions needed to initiate health behaviors (Rosenstock, 2000). Cues to action may depend on external or internal environments (Rosenstock, 2000). In this research, cues to action may inspire postpartum African-born immigrant women to participate in physical activities and develop a healthy relationship with food. Participant E4 noted an external cue to action stating, “Finding someone who would encourage me to walk out, of course, I will be eager to do it.” Participant E10’s comment was about an internal cue to action, “Yes, I can, I am strong, I need a little encouragement to be engaged in physical activity,” participant E17’s stated, “I will work it out by encouraging myself to eat right and exercise.” In this study, postpartum African-born immigrant woman’s understanding of the role of internal and external cues to action may assist her in developing ways to manage postpartum overweight or obesity.

Limitations

A limitation of this research was focusing only on one subgroup of immigrant women, African-born, and only those who could not lose the weight they gained because of childbirth. Additionally, the research limitations included women who were aged18 – 45 years old and geographically located in Texas. Women in these subgroups may have a distinct interpretation of weight management that may not be transferable to other subgroups. Additional limitations included not asking about marital status, years lived in the United States, the number of children, and educational status.

Recommendations

This study was done with postpartum African-born immigrant women ages 18 – 45 living in Texas who retained weight with the birth of a child. I recommend additional research be conducted with larger sample size and using various qualitative research approaches and theoretical/conceptual frameworks. I suggest that prospective researchers use a mixed-methods study approach to broaden the understanding of perspectives of postpartum weight management in African-born immigrant women. Future quantitative studies could look at postpartum weight retention from different viewpoints such as, educational attainment, income, and living in different geographical locations. Additionally, this study could be replicated with other immigrant subgroups, such as Latinas, Asians, and Hispanics.

The Significance of the Study

The potential impact of this research will be a development in the education of African-born women immigrants regarding postpartum weight management. Also, effective communication between the members of this population and healthcare providers could be developed. An additional potential impact for positive social change may be the provision of amenities that may assist postpartum African-born immigrant women in caring for their new babies, engage in physical activity after childbirth, and the improvement of their general leaving standards. Furthermore, the significance of this study may improve the awareness participation in postpartum weight management programs, capable of preventing overweight and obesity among postpartum African-born immigrant women in Texas.

Summary

This study found that postpartum African-born immigrant women ages 18–45 living in Texas experienced family support issues, financial problems, healthy relationships with food, portion sizes, engagement in physical activity, benefits of losing postpartum weight, motivation to lose weight, and obstacles to weight management based on the HBM. Based on the information gathered through a semistructured interview process, participants asserted that the themes stated above influenced their well-being and ability to manage their weight one year postpartum. This current research employed a transcendental phenomenology approach that adds to the body of knowledge regarding weight management among postpartum African-born immigrant women in Texas.

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Appendix A: Screening Form

Date:

Name:

Email:

1. Do you live in Texas?
2. Were you originally born in Africa?
3. Did you have a baby in the last year?
4. Did you gain extra weight after the birth of the baby?
5. Are you between the ages of 18 – 45?
6. Are you fluent in English?

Appendix B: Interview Questions

Good day, my name is Ethel Emehel, I am a Ph.D. student with the Walden University in Health Services Program with a concentration in Community Health. To satisfy my learning obligations, I am writing my dissertation titled *Weight Management Among Postpartum African-Born Immigrant Women in Texas*. The main purpose of this qualitative transcendental phenomenological study is to explore weight management among African-born postpartum immigrant women in Texas and describe the weight management techniques used by members of this population.

Please answer the questions to the best of your ability. Your responses will be kept confidential.

1. How long ago did you have baby, and how much weight did you gain?
2. How much weight did you lose within the first month after delivery?
3. Was weight management an issue for you prior to your pregnancy or is this the first time you have experienced issues with managing your weight.
4. How does your likelihood of developing postpartum overweight or obesity influence your decision to manage your weight?
5. How does your view about the benefit of losing weight influence your decision to manage your weight?
6. What do you think might be some obstacles to managing your weight?
7. How do your perception about gaining weight after the birth of a child influence your decision to manage your weight?
8. How do you believe in your ability to manage your weight?

9. What do you think can motivate you into deciding to manage your weight?

THANKS, YOU FOR YOUR PARTICIPATION!!!!

This ends the research interview questions. If further explanation or follow-up is required, may I email or contact you? (Y/N)

Thank you for your cooperation

Appendix C: Data Analysis Coding Table

Codes	Category	Theme
I wake up early morning to walk out before my husband goes for work	Needing husband's help	Family support
I need my husband's support in caring for the Baby while to gym		
My husband can watch the child while I work out		
No family or friends here who would help me with the baby	As an Immigrant Lack of Family and Friends to Support and Care for Baby	
I really need help with my baby, but have none		
I am encouraged to continue but have no help here in America		
I do not have a family member here in America, you are basically on your own.		
You are not like other women who are Americans and can get help anytime But as an immigrant woman, it is hard		
As an immigrant mother, I have no help in caring for my baby		
You cannot get all the help you need because of being an immigrant		
Affording it means that you have money to take care of your baby as an immigrant woman		
I can no longer walk out like I usually do since my baby cannot be alone	Feeling Alone and Worrying Due to Lack of Support of Family and Friends as an Immigrant	
I do not like this feeling of not having any help, it makes me worry a lot		
It took me a long time to lose some few pounds because I am alone		
I am not working out now, because my child is young, I need help		
I may set out time to work out only if I can get help with my baby		
I gained a lot of weight since I have no help with my baby		
I need help with my baby so that I can work out and lose more weight.		

Codes	Category	Theme
I may set out time to work out only if I can get help with my baby		
So, I am at home caring for my baby alone.		
Everything about babies is expensive her in America, I cannot afford it		
But I do not see the possibility of socialization near sight since I have no help		
I have decided to return to my normal weight, but I have no help with my child		
Rushing to get your baby from the Babysitter because you have no help at home	Babysitter Issues	Financial Issues
I cannot leave my baby with my neighbor, I am not too familiar with them		
I just must do it myself, there is no babysitter around where I stay		
America is the only country you employ a babysitter before they can go to work, since you need help		
I know that it can help me feel good when I go out with other women, but I need help.		
When I say help, I mean someone that could take care of my child while I go to work. No one cares about what you are going through as a new mother		
I do not have enough to afford a gym membership	Gym Memberships and Trainers Cost Too much	
afford what it takes to keep life moving in the right direction		
I cannot afford a trainer		
Getting a trainer is expensive.		
It is expensive to eat right, That why I gain this much weigh	Healthy Foods are too Expensive	
Cannot afford good nutrition because of high cost of living		
A reduction in income led to a poor-quality food		
Unaffordable nutritious foods		

Codes	Category	Theme
Not having money to buy healthy foods that may help me in weight management.		
Cost of maintaining a home with a new baby	Babies are Expensive	
Everything about babies is expensive		
Unexpected costs as a result of a new baby		
Cost of babysitter		
Affording it means that you have money to take care of your baby as an immigrant woman.		
everything about weight management is expensive.		
Health and medical expenditure are so high that you focus on them than weight management	Costs of Medical Care	
Cost medical care		
High cost of weight-loss s Surgery		
Being overwhelmed by financial issue	Inability to Cope with Finances	
My income is not sufficient.		
Never ending bill payments		
Expensive car insurance bills		
Odd jobs and poor incentives		
Living from paycheck to paycheck		
No bank savings		
Finial issues resulting from job insecurity		
But I will borrow some money to do it		
I need to start budgeting more so that I can save money and lose weight.		
		Unhealthy Relationship with Foods
I need to start eating right also, that is the main thing to do, to maintain portion		
I need to start following my doctors' advice, eating right		
When I am eating, sometimes, my stomach hurts, because of eating too much		

Codes	Category	Theme
I was having sleepless nights and eating the wrong foods		
I know, I am not eating well. That made me gain a lot of weight.		
I was just eating and eating all the time, that is how I gained this weight.	Not being Able to Consume the Right Portions	
I am always hungry after breastfeeding my child and makes me eat too much.		
Eating too much is affecting the way I relate to my husband.		
I was eating a lot without minding the type of food I was consuming.		
I would put unhealthy food on the table, and I would eat it. So that had made me gain a lot of weight.		
I just keep eating because I must replenish the breastmilk.		
I am eating sugary foods as I said before without minding portions		
I think maybe I was not watching what I was eating.	Unhealthy relationship with food	
I was always hungry while I was pregnant, and could not control my hunger until		
I want to stop eating foods that are not healthy, I wish I can do this.		
Eating healthy foods is another way we can manage weight, this includes portions.		
My view about losing weight is that I need to start eating healthier		
I know that eating healthier will make me lose more weight		
eating the right way, and exercising are often fallen to the bottom of the important lists		
I also want to live for my family by eating right.		
There are many obstacles to my weight management like eating the wrong food.		
But I will make up my mind to start eating right and avoid sugary foods		

Codes	Category	Theme
Lack of commitment to Healthy Lifestyle		
		Engagements in Physical Activity
I believe in my ability to manage my weight since there is the possibility of integrating physical activity in my daily routine, I will also lessen the amount of food and then improve my physical activity mindset. Also, physical activity may help with my mental stability because after having a baby you go through a lot of things I have no time to be engaged in a consistent physical activity		
Gaining weight after childbirth may decrease a woman's capability in engaging in physical activity I believe in my ability to manage my weight since there is the possibility of integrating physical activity in my daily routine, I will also lessen the amount of food and then improve my physical activity mindset. Also, physical activity may help with my mental stability because after having a baby, you go through a lot of things I must join the gym so that I can start being engaged in physical activity for the sake of losing this postpartum weight. I will incorporate physical activity into my daily routine, and see if it works, but there is no time I noticed that I have limited time for physical activity	Need to be more Involved in Physical Activity	
I am having issues with not engaging physical activity as I should. It is affecting the way I should be managing my postpartum weight I am having issues with not engaging in physical activity as I should. I do not have a single opportunity to work out a physical activity plan The obstacle is the quantity of food without physical activity.	The effects of Physical Inactivity	

Codes	Category	Theme
I need to look for a babysitter to take care of my baby while I increase my physical activity		
My view is to be engaged in serious physical activity to manage this weight and feel good.	Being able to exercise daily is a sign their ability to manage postpartum weight is to be engaged in intense physical activity to Manage their weight.	
Above all, I can reclaim my life engaging in more physical activity.	Physical activity as an effective way to manage weight	
		Benefit of losing postpartum weight
My view about the benefit of losing is again to improve my self-image		
having my life back is another way I can benefit from losing postpartum weight.		
What may stimulate me into dropping some weight is what I stand to benefit		
The benefit of losing weight is like you need to not take care of yourself.	How the Benefit of WM encourage the women to lose weight.	
You feel good, I think that is a core benefit of losing weight.		
I feel if I lose weight, the benefit is healthier feeling and looking as well		
My view about the benefit of losing postpartum weight is living right and looking good.		
My view about the benefit of losing weight is a lot, being free from sickness because of childbirth is a serious issue.	Different Views About the Benefits of Losing Weight	
But for the benefit of your family, it must be done		
One of the benefits is that you stand the chance of being healthy while you are having the number of children you may wish to have.		
Viewing the benefit of losing weight from the perspective of a postpartum African-born immigrant woman is.		
I want to say that my view about the benefit of losing weight and how it will influence my decision to manage my weight is to look good and feel good.		
I will benefit because I am a full-time student and at the same time work 40 hours a week.		
	The significance of Postpartum w/M	Motivation for W/M

Codes	Category	Theme
I know that motivation is the key to losing postpartum weight.		
Another motivation is the support I will get through my husband		
My motivation will also come from my friends who are so concerned about my weight. My motivation is that losing weight is fun	Motivation as a Key to Success for PP WM	
When we talk about motivation, it depends on a person’s reason for desiring to lose weight		
Motivation, motivation, motivation, well, finding fun in physical activity will be my motivation		
My motivation is to lose all the pounds I have gained. Some diseases may come because of weight gain. I do not want to have it., and so, that is my motivation	Making numerous efforts to stay Inspired	
motivation is also you and what you may believe or act.		
Motivation is the key to success for a postpartum woman who wants to effectively manage her weight		
To have more children is a motivation for me.	Finding Reasons to keep for Motivation.	
My motivation is that I like to go out work out and have fun with others.		
I am an credible young woman, and I should be motivated to lose		
My Motivation is to go back to pre-pregnancy weight		
My Motivation is to keep my husband happy	Reasons to deal with PPWM Issues	
My Motivation is to be healthy enough for my children		
Anything that will make me lose weight like brisk work or changing my diet will motivate me		
Another thing that could motivate me is reading through my goals daily	Moving in the Right Direction to WM	
An obstacle to managing my weight is that I have a full-time job and taking care of a baby at the same time.		Obstacles to W/M
The obstacle with my postpartum weight includes consuming the wrong food		

Codes	Category	Theme
Another problem is that I do not have money to take my child to the babysitter on my off days so that I can walk out		
My number one obstacle would be the food that I eat. I have sweet tooth. I like sweet treats. So, I try my best to eat food that is not sweet	Negative lifestyle as an Obstacle to WM	
Obstacles I see are where I can take my baby to and then go to the gym, that is one of the obstacles		
I do not have an exercise partner, and so I do not feel eager to go and work out. So, I think that would be my huge obstacle	Issues with Exercise Partner	
What may be an obstacle to managing my weight is not being able to have help		
Too many obstacles my sister. What about the obstacle of being in America, and being an immigrant woman, that is a major obstacle		
An obstacle to managing my weight. Having a baby seven months ago and amid Pandemic is a serious obstacle to a postpartum woman	Problems About Having Babies in a Pandemic Era	
Another obstacle is that the gym was closed, and you really cannot see people working in the park		
An obstacle to managing my weight I believe is stress level, that stress may have caused the thyroid issue the doctor is suspecting I have		
I am having sleepless nights and eating too much		Portions
Eating too much is affecting the way I relate to my husband.		
I was just overeating and that is how I gained this weight		
I did all I could including eating right while I was pregnant	Thought about meal portions	
I remember when I was young, and my parents had to control my eating habits		
I just keep eating because I must replenish the milk.		
My opinion about losing weight is that I need to start eating healthier	Making efforts to eat right	
Doing better like eating right, working out to retain my figure.		