

2022

Lived Experience of Albanian Migrants Who Became Obese After Moving to the United States

Briseida Xhelaj
Walden University

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Walden University

College of Health Professions

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Briseida Xhelaj

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Walden University
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Abstract

Lived Experience of Albanian Migrants Who Became Obese After Moving
to the United States

by

Briseida Xhelaj

MD, John F. Kennedy School of Medicine, 2020

MPH, Walden University, 2015

BS, University of Connecticut, 2010

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Public Health

Walden University

July 2022

Abstract

The problem of obesity is significant in the United States, and more information is needed about the factors that increase the risk for obesity among migrant populations like Albanian Americans. The purpose of this study was to discover the lived experience of Albanian migrants who became obese after moving to the United States. This study was guided by the social ecological model. The research questions were used to examine how individual, relationship, community, and societal level factors impacted lifestyle changes and obesity for Albanian American migrants after moving to the United States. This qualitative study involved the use of a phenomenological approach, which required transcription and thematic analysis of data obtained via semi structured interviews with the 11 research participants. Participants revealed that their disposition, lifestyle, social life, family, food availability, living situation, judgment about obesity, and political system all have had an impact on their weight and health after moving to America. A future study could also include non-English speaking Albanian Americans to make sure their perspective is not lost. Positive social change from this study could be that the results of this study can inform education campaigns and interventions directed at Albanian Americans to increase their understanding about healthy, non-genetically modified organism (non-GMO) food, improve access to fresh fruits and vegetables, and increase regular physical activity. In addition, public health policy changes to encourage removal of GMO food from the market and increase economical healthy food choices can impact obesity for Albanian Americans and other migrant populations in the United States.

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Dedication

This dissertation is dedicated to my lovely mother, Dallandyshe Xhelaj. I want to personally thank her for her dedicated support and prayers throughout my years of study. I also want to thank her specifically for putting up with me while I compiled my research. Furthermore, I dedicate this work to my lovely son, Anthony Abayomi Afolabi.

I thank God, who granted me the grace and ability to successfully complete this study. Finally, this work is dedicated to my teacher, Hatixhe Goxhaj, and my Godmother, Chief Lady Ngozi Umeoji. Even though they are not alive to witness the successful completion of my PhD, their encouraging words, guidance, and unconditional love for me while they were alive made a lasting and significant impact on me and fueled my passion to rise to higher heights. I will always miss them and will continue to make them proud.

Acknowledgments

My dissertation would not be complete today were it not for the support and guidance of many wonderful people, for whom I would like to express my profound gratitude and appreciation. First and foremost, I would like to thank my committee chair, Dr. Aimee Ferraro, for all of her insight, guidance, and support throughout my study. Thank you, Dr. Ferraro. Your leadership pushed me to not give up, especially during the COVID-19 pandemic. I will forever be grateful for your patience and faith in me even when I was having a difficult time with my research. I would also like to express my appreciation and gratitude to my committee member, Dr. Chinaro Kennedy. I would also like to acknowledge my dissertation editing consultant, Dr. Andrea Curry, who was God sent. I want to thank my friends who have helped and supported me throughout my dissertation Dr. Kaycee Umeoji, Dr. Adeora Umeoji (Deputy Managing Director ZENITH BANK PLC), my best friend Dr. Feras Rizeq, thank you for always supporting me to accomplish my MD/PhD. Thanks to My father Hektor Xhelaj, my brothers Florent Xhelaj and Skerdinand Xhelaj, my sister Dorina Xhelaj. Special thanks to Dr. Gbolahan Afolabi for continued support and never stop believing in me. I want to thank my mentors for guiding me through the success Dr. Josephine Contrino and Dr. Blerim Rexhaj.

Finally, I would not have been able to complete my dissertation if it were not for the love and support of my family. I am forever grateful to my lovely mother, Dallandyshe Xhelaj, who has always been there for me. If it was not for your continued love and support, I would not have made it through this process. Thanks for watching my son while I was busy doing my research and attending conferences. You have taught me

how to be strong in all circumstances and to successfully maneuver any obstacle that comes my way. I cannot tell you how much I appreciate all you have done for me and how much you have helped me during my graduate studies. I hope one day I can repay you for all you have done, and I love you.

My son, Anthony, thank you for supporting mommy in every trip. Every day I set up the laptop, and you kept asking for my attention. Thank you! You were my biggest inspiration that I did not want to give up! Being a single mother accomplishing this big dream was the hardest thing, but you made it easy by giving me unconditional love daily!

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Chapter 1: Introduction to the Study

Introduction

Albania is located in Mediterranean Sea border with Italy, Greece, Macedonia, and Turkey. The inhabitants of Albania mostly consume a Mediterranean diet of lots of fruits and vegetables. One-third of the Albanian population lives outside of the country (Nedelkoska & Khaw, 2015). Albanians migrate from Albania, which is considered a low-income country, to high-income countries for a better future. The third most popular destination that Albanians migrate to is the United States. It has been noted that when Albanians move to the United States, they become obese (Alidu & Grunfeld, 2018; Nedelkoska & Khaw, 2015). Dookeran et al. (2010) conducted a study in Massachusetts and concluded that half of the migrants from Europe (46.8%) were obese/overweight, after a few years of living in the United States, and 22.6% of them had hypertension. These studies indicate that moving to the United States has an adverse impact on the health of migrants.

In this chapter, I introduce the research topic by discussing the study's: (a) background, (b) problem, (c) purpose, (d) research questions, (e) theoretical framework, (f) nature, (g) definitions, (h) assumptions, (i) scope and delimitations, (j) limitations, and (k) significance. Chapter 2 will follow with the recently published literature.

Background

The longer immigrants remain in another country, the more obese they are likely to become. McDonald and Kennedy (2005) found that ethnic minority immigrants were more obese and overweight due to adopting a Canadian lifestyle. Factors that influence

obesity among migrants to the United States include age, sex, education level, income, lifestyle, exercise regime, diet, marriage status, number of children, extended family, attitudes, and beliefs (Creighton et al., 2012; Kumanyika, 2019). No recent studies have been conducted on the factors that influence obesity among Albanian migrants.

There is some evidence that weight gain among people migrating from low-income to high-income countries is due to acculturation factors such as cultural, psychological, and social changes (Alidu & Grunfeld, 2018; Dookeran et al., 2010). Alidu and Grunfeld (2018) found that stressors like being forced to leave Albania for the United States had an impact on mental health. Another study found that Albanian Americans who witnessed the war in Albania in 1997 and in Kosovo in 1999 displayed post-traumatic stress disorder, depression, and anxiety, even in the United States (Chu et al., 2013). Further investigation is needed to determine whether these factors also impact obesity among Albanian migrants to the United States.

Diet is another factor that is likely involved in the increased rates of obesity among Albanian American migrants. The Mediterranean diet, which includes the Albanian diet, is mainly focused on the whole grains, good fats, vegetables, fruits, fish, and very low consumption of any non-fish meat (Romagnolo & Selmin, 2017). This diet is associated with low rates of heart disease, chronic disease, and obesity (Romagnolo & Selmin, 2017). Daily activities, eating meals with family, and distance to work and school also differ between Albania and the United States. There is only one study on the diet of Albanian Americans, so further investigation is needed on this factor and its connection to obesity.

Albanian Americans living in the United States have different work/school schedules, which makes it harder for the family to eat together at the same time (Romagnolo & Selmin, 2017). Moreover, schools and workplaces are far from residences, which require transportation by car or train rather than walking, which is more common in Albania (Romagnolo & Selmin, 2017). Diet, stress, and reduced physical activity are most likely the major contributors of obesity among Albanian Americans in the United States, but in-depth research is required to determine whether other factors are involved.

Problem Statement

Obesity among Albanians living in the United States is a significant public health issue because it is related to an increased rate of cardiovascular diseases, hypertension, hypercholesterolemia, depression, anxiety and insomnia. There are 60,000 Albanian Americans living in New York, about 43,400 in Michigan, 21,300 in Massachusetts, 15,300 in Illinois, and 12,000 in Connecticut. Based on a study about Albanian Americans living in the United States, men had a higher body mass index (BMI) as compared to American men (29 versus 27.6 respectively; Lukolic et al., 2018). The higher the BMI, the higher the risk for chronic diseases such as diabetes, hypertension, renal failure, cardiovascular disease and cancers (Labree et al., 2015). In addition, the medical cost for obese people was \$1,429 higher than those of normal BMI (Ogden et al., 2017). The problem of obesity is significant in the United States, and more information is needed about the factors that increase risk for obesity among migrant populations like Albanian Americans.

Purpose of the Study

The purpose of this study was to discover the lived experience of Albanian migrants who became obese after moving to the United States. This study can increase understanding about: (a) lifestyle changes of Albanian Americans after moving to the United States; (b) whether changes in diet and exercise among Albanian Americans are related to obesity; (c) reasons why diet and exercise changed for Albanian Americans after they relocate; and (d) other factors that may have impacted obesity among Albanian Americans. The results of this study will add to the literature on migrant health.

Research Questions

This qualitative study with a phenomenological approach included research questions that are informed by the study's purpose and theoretical framework.

Research Question 1 (RQ1): How have individual level factors (age, sex, education level, income lifestyle, exercise regime, diet, attitudes, and beliefs) impacted lifestyle changes and obesity for Albanian American migrants after moving to the United States?

Research Question 2 (RQ2): How have relationship level factors (marriage status, number of children and extended family) impacted lifestyle changes and obesity for Albanian American migrants after moving to the United States?

Research Question 3 (RQ3): How have community level factors (time spent at and distance to school or work stress levels related to school or work, and availability of healthy foods in school, work, or the local neighborhood) impacted lifestyle changes and obesity for Albanian American migrants after moving to the United States?

Research Question 4 (RQ4): How have societal level factors (cultural and social norms) impacted lifestyle changes and obesity for Albanian American migrants after moving to the United States?

Theoretical Framework

This study was guided by the social ecological model (SEM; Bronfenbrenner, 1977; Centers for Disease Control and Prevention [CDC], n.d.; Crosby et al., 2013). This model can help clarify the relationship between factors that influence obesity across multiple levels (Bronfenbrenner, 1977; CDC, n.d.; Crosby et al., 2013). The individual level includes biological history and personal factors that increase the likelihood of becoming obese. Biological history involves predisposition for obesity before moving to the United States. Personal factors related to this study include sex, age, education level, income lifestyle, exercise regime, diet, attitudes, and beliefs. The second level is relationship, which includes the closest social circle including peers, partners, and family members (Bronfenbrenner, 1977; CDC, n.d.; Crosby et al., 2013). In this study, marriage status as well as number of children and extended family are relationship factors that could influence obesity. The third level explores settings such as schools, the workplace, and neighborhoods that are associated with becoming obese (Bronfenbrenner, 1977; CDC, n.d.; Crosby et al., 2013). I explored whether obesity is impacted by time spent at and distance to school or work, stress levels related to school or work, and availability of healthy foods in school, work, or the local neighborhood of Albanians who migrated to the United States. Lastly, the fourth level has to do with societal factors that help create a climate that encourages people to have a healthier lifestyle. There are cultural and social

norms that support healthy behaviors to help maintain regular weight (Bronfenbrenner, 1977; CDC, n.d.; Crosby et al., 2013). Factors that correspond to all levels of the SEM were considered in this study.

Nature of the Study

This study was qualitative in nature. Researchers have often used qualitative studies to explore issues through the perceptions of participants, although they are not necessarily limited to this step (Merriam & Tisdell, 2015). Unlike quantitative research with statistical power and larger samples, the method involves thorough investigations of a phenomenon with a small sample (Merriam & Tisdell, 2015). The specific qualitative methodology that was employed was a phenomenological study. Moustakas (1994) defined phenomenology as a qualitative approach aimed at understanding a phenomenon through the lived experiences of those who experienced it. Albanian Americans in the United States were able to express their life experiences as related to how their lives have changed according to diet, exercise, and stress levels.

In-depth interviews were used to obtain information from Albanian migrants living in the United States and to identify the factors causing obesity (Shi, 2008). This method allowed open-ended questions to obtain information about personal experiences (Creswell, 2014). Since most of the Albanian American population is located in New York, New Jersey, and Connecticut (see Nedelkoska & Khaw, 2015), this study took place on the East Coast.

Definitions

Acculturation: The process of social changes when an individual moves to a new country and has to adapt with new changes that include, but are not limited to, creating a new social network, integrating new values, beliefs, attitudes, and lifestyle, and learning a new language (Whittal & Lippke, 2016).

Demographic factors: Refer to age, sex, country of birth, legal status if they are married, divorced or single, education level, and ethnicity of adult immigrants that participated in the study.

Immigrant: An individual who has lived outside the country of birth for more than 1 year and intends to live permanently in a foreign country (Castles, 2002). In this study, immigrants are individuals who were born in Albania and are currently living in New York, New Jersey, and Connecticut.

Immigrant origin: Refers to the immigrant's country of birth. For the purpose of this study, immigrant origin is Albania.

Obesity: This is measured by using the BMI scale (Lockhart et al., 2019). BMI is based on a calculation of weight divided by height. There are four categories of BMI. Being underweight is when BMI is lower than 18.5. A healthy BMI is between 18.5–24.9, overweight is between 25–29.9, and obese is 30 or higher (Lockhart et al., 2019).

Overweight: Weight that is higher than what is considered healthy for a given height is called overweight (Lockhart et al., 2019).

Quality of life: A standard of health, happiness, and comfort experienced by an individual (Institute of Medicine, 1993). My study showed how the quality of life of Albanian Americans changed after moving to the United States.

Socioeconomic factors: These factors refer to income and employment status of immigrants participating in the study.

Assumptions

This study was based on the following assumptions:

1. Albanian Americans participating in this study were volunteers who could have withdrawn from the study at any time and without any consequences.
2. The sample was representative of the adult immigrant population living in New York, Connecticut, and New Jersey. I used participants of the Albanian community who are citizens and people who I never met before.
3. It was assumed that participants would respond truthfully. The fact that I am Albanian should have increased comfort and understanding with issues raised by participants, which may have encouraged truthful responses.
4. Another assumption was some Albanian Americans speak and understand better in Albanian. For this reason, I created a version in Albanian language to ensure that participants fully understand every question.

Limitations

This study was limited to adult immigrants born in Albania who moved to the United States, speak English, and have been in the United States for at least 5 years.

These Albanian Americans must currently live in New York, New Jersey, or Connecticut.

The results of this study cannot be generalized to other adult immigrants living in New England. The health outcome of interest was limited to obesity and not to other chronic diseases like heart disease or diabetes. The SEM theoretical framework was used to frame the scope of factors that may relate to obesity among Albanian Americans.

Significance

Focusing on ethnic minority populations in the United States is critical for public health efforts to address epidemic obesity. Obtaining a better understanding of the factors that cause obesity could help improve quality of life, reduce health care expenditures, and reduce mortality for the Albanian American population (Alidu & Grunfeld, 2018).

Migrants become vulnerable to obesity, which relates to risks such as being an “outsider,” stress and trauma from historical or oppression, being poor in the past, exposure to bias and discrimination, and inadequate health and social care (Kumanyika, 2019). Identification of the risk and protective factors for obesity among migrants can inform policy actions, adverse influence on health issues, and address the effects of ethnic biases on obesity (Kumanyika, 2019).

The findings will help identify factors and lifestyle changes that increase the risk for obesity. Findings can be used to inform culturally appropriate interventions and programs for Albanian Americans to help immigrant families with transition into a new country and culture. Health campaigns and educational presentations could be developed to help the Albanian community with changes in diet, exercise, and stress levels. Another significant change can happen by training health practitioners who serve Albanians. Public health agencies can hire Albanian public health officials and doctors in the areas

where most Albanians live so they can feel better having their primary care physicians from Albania.

Summary and Transition

The United States is the third most popular destination for Albanian immigrants. Several studies have noted the differences in lifestyle between Albania and the United States, but none have looked specifically at how these changes influence health outcomes such as obesity. Grounded in the SEM, I examined the individual, relationship, community, and societal factors that relate to obesity among Albanian American immigrants. The results could help improve interventions for this unique immigrant population. Chapter 2 will continue with an exploration of previously published research about Albanian Americans and other immigrants who moved to the United States.

Chapter 2: Literature Review

Introduction

Chapter 2 provides an in-depth understanding of obesity and its impact on Albanian Americans in the United States. Obesity is becoming an increasing problem for public health, affecting most of the countries and including the population in the United States. One in three people are considered obese (Kumanyika, 2019); however, little is known regarding health behaviors among Albanian Americans. This literature review will discuss the external and internal factors contributing to the obesity of immigrants after moving to the United States. This chapter will introduce obesity; the next section will present potential influences on obesity among Albanian Americans, including location, socioeconomic status, biological and environmental factors. Lastly, there will be a summary of the key points mentioned in this chapter.

Literature Search Strategy

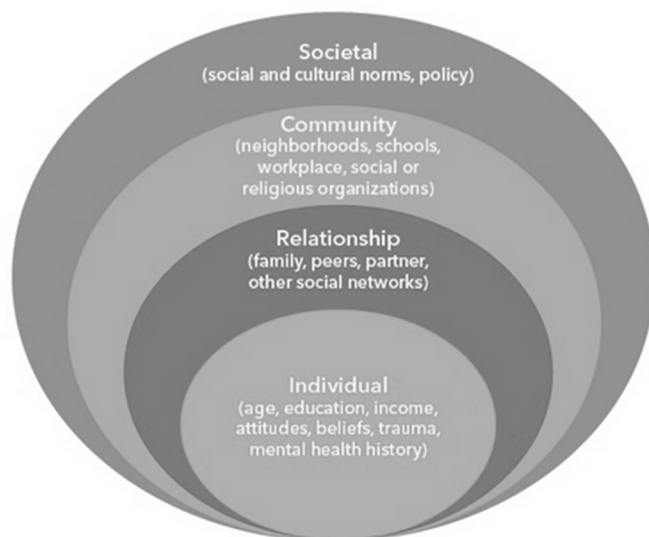
I identified pertinent literature from peer-reviewed journals published between 2015 and 2021. In some cases, older studies are included because they are seminal and because so few studies have been conducted on the population of interest. The following databases were searched: MEDLINE, Google Scholar, and the Walden Health Science Research database. The search terms included *obesity*, *Albanian – Americans in the United States*, *immigrants from Europe*, *barriers to health behavior in the United States*, *Albanian Americans health issues*, *Albanian Americans depression*, *Albanian Americans obesity*, *Albanian immigrants*, and *change of lifestyle*. Articles about the SEM were also retrieved for review.

The Social Ecological Model

The SEM can help clarify the relationship between factors that influence obesity across multiple levels (Bronfenbrenner, 1977; CDC, n.d.; Crosby et al., 2013). SEM was introduced in the 1970s to understand human development. SEM has five subsystems, which include: (a) microsystem, (b) mesosystems, (c) ecosystems, (d) macrosystems, and (e) chronosystems (Bronfenbrenner, 1977). The microsystem is a pattern of activities closer to the individual. The person could be sitting face to face to sustain a more complex interaction. More of this proximal process has to do with family, school, and colleagues (Crosby et al., 2013). Figure 1 presents a visual interpretation of SEM.

Figure 1

Social Ecological Model



Note. Adapted from Safe States Alliance (2020).

Mesosystems are comprised of the linkages and the process taking place in the relationship between two systems, people and school, or people and workplaces.

Moreover, this system examines the effects of the family and school process on socioeconomic status or race (CDC, n.d.). Ecosystems are comprised of the linkages taking place in two or more sets but do not include the developing person, but the event indirectly affects the process, the relation, or the child. Macrosystems consist of the overarching micro miso and eco characteristics of a culture and their belief system. This subsystem focuses on material resources of that culture, body language, hazards, lifestyle, and opportunities structures. This subsystem goes further into the exploration of the culture to identify more social and psychological features at the level of conditions and its process occurring (Crosby et al., 2013).

Chronosystems is the final system, which extends the environment into a third dimension. This subsystem changes the person's characteristics over time and the environment in which that person lives. Some examples of this subsystem are changes that happen over the life course in family, socioeconomic status, employment, and relocating in a different residency SEM provides integration of general and population-specific risk and protective factors (Crosby et al., 2013). SEM shows promise to move obesity prevention forward and overcome the current limitations in this field by addressing risk and protective factors and incorporating a comprehensive understanding of culture (CDC, n.d.).

There have been various studies conducted in which researchers used SEM. Ohri-Vachaspati et al. (2015) used SEM to describe the etiology of childhood obesity develop a framework for prevention. The researchers used a telephone survey of 560 children to calculate the proximity of a child's residence to food and physical activity. Results of the

multiple regression model showed that there was contribution of factors in each layer of SEM. Food and physical activity represented the individual layer, while environments represented the community layer, and all three factors made significant contributions to predicting children's weight status. In conclusion, this study approach supports using SEM for predicting a child's weight status in individual layer, environment and community layer. SEM promotes strategies that can prevent obesity in children (Ohri-Vachaspati et al., 2015).

SEM has been helpful to use when conducting research because there are multiple levels of influence on individual health behaviors such as obesity and chronic diseases. Cassel (2010) identified the contributors and their interactions with cultural, socioeconomic, biological, and political factors in the Samoan population. The results showed that the poor health of the Samoan population was due to recent political and socioeconomic changes. The application of the SEM, as used in this review, guides future investigation to identify more factors that contribute to health disparities (see Cassel, 2010). Fleury and Lee (2006) used SEM to understand the correlation between social norms, environment, social networks, etcetera influencing the adoption and maintenance of regular physical activity among minority and underserved populations. Fleury and Lee conducted and applied to SEM to understand and the physical activity among African American women, which provided a strong theoretical basis to guide physical activity intervention their identified population.

SEM was appropriate for this study because it frames the variety of factors that influence obesity, such as physical activity, diet, and lifestyle changes due to

immigration. Richard et al. (2011) argued that SEM is the best choice as a model in disease prevention and health promotion. SEM is also a helpful framework for differentiating factors that cause health issues such as obesity (Bronfenbrenner, 1977).

Obesity

Obesity is a complex condition involving an excessive amount of body fat; it is also a medical concern that increases the risk of other health problems such as diabetes, depression, high blood pressure, heart diseases, and cancers (Lockhart et al., 2019).

Obesity could result from inherited factors, combined with the environment, personal diet, and exercise (Lockhart et al., 2019). Obesity is measured by using the BMI scale (Lockhart et al., 2019).

BMI is based on a calculation of weight divided by height. There are four categories of BMI. Being underweight is when BMI is lower than 18.5. A healthy BMI is between 18.5 and 24.9, overweight is between 25 and 29.9, and obese is 30 or higher (Lockhart et al., 2019). Obesity has become a significant health condition in the United States population and affects all genders, races, and ethnic groups (CDC, 2013). Now, obesity is considered an epidemic due to an increase in the prevalence of obesity-related deaths (CDC, 2013). Obesity is not only an epidemic among the general United States population but also among Albanian Americans.

Prevalence of Obesity

Prevalence refers to the total number of individuals with health conditions at a specific period or who have a disease, usually expressed as a percentage of the population (Lockhart et al., 2019). In the United States lately, obesity has reached high numbers, and

it will continue to increase. The prevalence of obesity in the United States has increased from 1976–1980 to 2007–2008; obesity prevalence increased from 15% to 34% among adults and from 5% to 17% among children and adolescents. There were differences in obesity based on race, economic status, and families associated with other chronic diseases.

Another study's researchers stated that there was extreme obesity in childhood, which was more prevalent among low-income families and minorities in the United States (Pan et al., 2012). Obesity in childhood is most likely to continue into adulthood for these children. In 2010, the population was slightly younger and had more Hispanics and fewer non-Hispanics, Whites, and Blacks than the community in 1998 (Pan et al., 2012).

Obesity in the United States among Hispanic communities is growing due to the change in food and lifestyle (Lockhart et al., 2019). In the United States, among Hispanic American women, 78.8% are overweight or obese, as compared to 64% of non-Hispanic White women (U.S. Department of Health and Human Services Office of Minority Health [USDHHSOMH], n.d.). Moreover, in 2018, Hispanic Americans were 1.2 times more likely to be obese than non-Hispanic Whites. According to the USDHHSOMH, from 2013–2016, Hispanic children were 1.8 times more likely to be obese than non-Hispanic White children (USDHHSOMH, n.d.). In 2018, Hispanic women were more likely to be overweight (20% more) than non-Hispanic White women. Lastly, Hispanic high school students were 50% more likely to be obese than non-Hispanic White youth in 2017 (USDHHSOMH, n.d.).

A study done in Pitt County, North Carolina, showed that 1,751 Black adults were examined more women (65%) than men (44%), and were classified as sedentary. Only 20% of the members were active, sedentary 26.2, with a p value of less than .1. These results could be due to low socioeconomic status and a high-risk factor for hypertension. Obesity is related to hypertension and other chronic diseases, increasing inactivity (Ainsworth et al., 1991). The prevalence of obesity among Albanian Americans will be described later in this chapter. First, the various risk factors related to obesity will be discussed in more detail.

Gender and Obesity

The prevalence of obesity among women in their 40s and 50s has risen to 42% since 1999. That is higher than the 38% the CDC found for middle-aged men (CDC, 2013). A study was done using both genders' surveys, and they were asked questions about their vital signs and preventative health visits. They were asked about blood pressure check-ups, cholesterol check-ups, sigmoidoscopy/colonoscopy, flu shots, and dental check-ups. In conclusion, preventative care use is higher in women than in men (Vaidya et al., 2012). Therefore, the gender disparity issue needs to be explored in greater detail to understand why women use preventative care more than men (Vaidya et al., 2012). In comparison with Albanian culture, the conclusion is that women use preventative care more than men. Men seek medical help only if they have a lot of pain for an extended period. A second study conducted in the Balkans among Albanian children concluded that boys had higher obesity than girls (Tarp et al., 2018).

Another cross-sectional study conducted in Albania with 1,020 adults aged 25 years old and over. They selected the sample by using multistage cluster sampling. The purpose of this study was to measure BMI and obesity in Tirana City (Albania). The results of the study showed that more than three-fourths of participants had an excess body weight. Obesity in Tirana affected both genders but was higher in women (30.9%) than in men (22%); age-adjusted odds ratio 1.89; 99% confidence interval (CI) 1.33–2.67 and all age groups, but most particularly middle-aged women. In women, likely being obese was inversely related to educational achievement (trend $p = .001$) and alcohol consumption (trend $p = .0009$). In conclusion, obesity is a major public health problem in the adult population of Tirana, in particular among middle-aged women. Health promotion strategies are needed to prevent excess weight gain in the Albanian population (Shapo et al., 2003)

Potential Influences on Obesity

There are assumptions made about what could be the cause of obesity, but it is still not clearly understood. Some researchers want to know how much genetics play a role in obesity (Reuter et al., 2018). The environment could play an important role, and studies will show if obese people associate with the environment they live in and their physical activities. In the next sections, I will cover the biological, behavioral, and environmental factors that influence obesity.

Biological and Genetic Influences

Reuter et al. (2018) conducted a cross-sectional study aimed to identify biological factors, demographics, and behaviors associated with overweight/ obese children and

adolescents. There were 381 school children aged from 7 to 17 who were participants of the study; they answered questions about their family history of obesity, birth weight, and fat mass associated with gender, age, and physical activities. The study findings showed that obesity was more prevalent in children whose father and maternal grandmother were obese. In the conclusion of this survey, biological factors were associated with the prevalence of obesity in children and adolescents. Children who were more obese also had a similar family history of obesity, were overweight at birth, and had more body fat (Reuter et al., 2018). Obesity is generally caused by overeating and lack of physical activity, but genetics also plays a role in obesity (Korthals, 2010). Researchers continue to find more related to genetic and obesity. Individuals might become overweight if there is a family history of obesity (Korthals, 2010).

Age and Obesity

The extent of obesity epidemic among youth is an important public health problem which provides an indication of the future burden of noncommunicable diseases. Albania and other developing countries do not have systemic reported monitoring system in operation, which makes it harder to keep track of obesity (Shapo et al., 2003). There was a study done in Albania in 2007–2009. It was a cross-sectional study with 997 residents aged 25–65 years old (83% response rate). Participants were interviewed to obtain data on demographic, socioeconomic characteristics, and lifestyle factors. During this study, physical examinations were also done to take their height, weight, hips, and waist circumferences. To see the association between obesity and covariates within the

Albanian populations, binary logistic regression was used in this study as the best method (Spahija et al., 2012).

A study conducted among Balkan children in population based cross-sectional survey including Albanian children living in Albania, Kosovo, Macedonia, and Montenegro. There were 19,850 children from 49 schools, and the method used was LMS to provide BMI. They were ages 6–16 years old, 21% (95% CI, 20%–21%) according to cut off points and 28% (95% CI, 28%–29%) at World Health Organization cutoff points. Obesity was highly prevalent in Albanian children and adolescent (Tarp et al., 2018).

As a result of the study, obesity was positively associated with age but inversely related to education and economic level. The older the residents of Albania had a higher obesity level. Half of the participants were overweight, about 30% were obese (36% women and 24 % men). People who were drinkers every day were more likely to become obese than nondrinkers (OR=2.2, 95% CI= 1.4–2.9). Food intake, such as fat and carbohydrates, was positively associated with obesity (OR= 3.1, 95% CI= 1.9–3.3). In conclusion, the findings proved that obesity is a serious health concern in Albania (Spahija et al., 2012).

A cross-sectional study was done in Spain with 1,500 patients interviewed about their age and lifestyle-related to obesity (Aller et al., 2013). Of the sample, 22% were immigrants. Multivariate logistic regression models were conducted. The survey was done randomly and mostly in the doctor's office. However, almost all the study participants declined; the researchers followed up to answer more detailed questions after giving the survey for the first time. Based on the random survey, the study results

revealed an association between obesity and age (Aller et al., 2013). The older the residents of Spain, the higher their obesity (Aller et al., 2013).

Education and Obesity

More research shows that the higher the education level of individuals, the less obese these people are. Education level has a positive impact because it can teach people about a healthy lifestyle. In Albania, people who had higher education levels were more likely to have lower to normal BMI than people who had lower education levels, and they tended to be overweight and obese (Ikonimi & Golemi, 2018). According to another study, younger patients with a higher education level are healthier than natives (Aller et al., 2013).

Another study in Albania was done by Hyska et al. (2015) who gave a survey to all medical students in the University of Medicine in Tirana. The purpose of this study was for medical students to assess the knowledge, attitudes and practices regarding nutrition in general and how this role model of medical professionals will educate the community to improve their health (Hyska et al., 2015). The method used was a cross-sectional study conducted in June–July 2013 including a sample of 347 students at the University of Medicine in Tirana, Albania. The results of the study based on (61% females and 39% males, one-third of the students were not happy with the nutritional education. Moreover, the students' knowledge about infant feeding practices was insufficient. In general, students had insufficient knowledges regarding diet and nutrition and how their health was impacted. This included the development and prevention of

chronic diseases. Also, the survey identified the significant gap in curriculum of public health nutrition at the University of Medicine in Tirana (Hyska et al., 2015).

A study done among Latina Immigrants in the United States, which includes ethnic minority populations, is disproportionately affected by the obesity epidemic (Agne et al., 2012). The prevalence of obesity is higher (38.7%) than non- Latinos and Whites (32.8). More affected are the Latino women, with majority 45.1% compared to 35.5% by all women. In the past two decades, most Latino immigrants may arrive in the United States at a healthy weight; the prevalence of obesity-related health behaviors keeps increasing as the length of residence in the United States increases. The focus groups with Latina immigrants were conducted in Jefferson County, Alabama, between August and November. Bilingual research assistants recruited the participants from Chang Gung Memorial Hospital (CGMH)'s primary care clinic, community events which were at least 19 years of age, overweight or obese is BMI greater than 25 (Agne et al., 2012).

The health belief model was incorporated after reviewing the literature regarding Latina immigrants about being obese/overweight. The moderator's guide was written initially in English, translated into Spanish, and then translated into English to ensure that no mistakes were made. Focus groups were held at a convenient location for all participants, conducted with moderator bilingual and bilingual note-takers for about 90 minutes. The participants filled out the demographics before entering the focus groups. The latter was measured using a modified scale for Hispanics who previously tested for reliability (.92) and criterion validity (.52-.76). Acculturation was measured on a Likert scale from 1 to 5. Descriptive statistics were used to characterize the sample. Since it was

a qualitative study, the authors used (AA) codes for Spanish and (RD) codes for English. The study results showed that from 90 Latinas approached, only 25 participants attended the focus group sessions. Characteristics of ($n=25$) there were 38 Latinas ages (22–65), 44% married living with a partner (11), 64% (16) were employed, education level less than grade nine were 72% (18), high school, 16% (4), did not report 12% (3). There were 88% (22) from Mexico, 8% (2) of them from Guatemala, and El Salvador, 4% (1). These participants were living in the United States (1–17 years). BMI was 31 (26–46), overweight 48% (12), and obese 52% (13; Agne et al., 2012).

Many women stated that their food habits changed in the United S, and that made them gain weight. Also, staying at home, made them have less physical activity. More factors had to do with missing family overseas, depression, and isolation aimed at gaining weight. There were limitations to the study because the participants were from clinical and nonclinical settings, which might have had different responses depending on their health status (Agne et al., 2012). This study's findings highlight the role of culture in weight management and suggest awareness about the obesity epidemic within the communities in the United States. More programs should be implemented to encourage women to maintain physical activity and better eating habits to prevent obesity among Latina immigrants (Agne et al., 2012). There is so much access to fast food in the United States that makes it harder for people to choose healthy food. There is more processed food due to the large population and high demand for food. Increasing portion size, eating away from home, and consuming various high-energy dense foods appear to increase energy intake (Hensrud, 2004).

Religious affiliation can also influence cultural beliefs related to obesity.

Religious individuals are more likely to engage in healthy practices, including preventative services, even though the underlying mechanisms have not been exposed (Benjamins et al., 2011). First, church-based health activities are related to the use of cholesterol screening and flu shots. Second, discussing health-related issues with fellow church members is also associated with reporting of cholesterol screenings (Benjamins, 2005).

Exercise Regime and Obesity

Due to advanced technology, the amount of physical activity has decreased. People are more fixated by staying inside, watching movies, or scrolling on their social media pages (Virgini et al., 2015). Technology has caused a big problem since it prevents people from doing physical activities. Moreover, technology creates other health issues such as hearing loss, neck strain, back pain, and vision problems. Long hours of sitting can cause more chronic diseases such as diabetes, heart attacks, or even high blood pressure (Virgini et al., 2015).

Alcohol Use and Obesity

Alcohol use is a factor in obesity because it inhibits fat oxidation suggesting that frequent alcohol consumption can lead to fat and higher body fat in the long-term. Alcohol use may cause fat cells that are thick and hard to burn (Bryant & Kim, 2013). A study used binary logistic regression done in Albania to assess the association of obesity with alcohol use. The study results showed that drinkers were more likely to be obese than nondrinkers (Spahija et al., 2012). This differs from results of a study conducted in

Tirana among 1,120 adults over 25 years old. Results indicated that being obese was inversely related to alcohol consumption (trend $p = .009$; Shapo et al., 2003).

Environmental Influences

Some environments are not in the advantage of people. Studies have shown that there is a high possibility that the presence of specifically built environment characteristics can influence health outcomes, especially those related to obesity and physical activity (Phan et al., 2020). Environmental experiences are important for weight loss and obesity (Grilo & Pogue-Geile, 1991). When people live in an environment that allows them to walk and be physically active, they will be more likely to walk, but if the environment is built in a way that is inconvenient for people to walk, they would have to walk less, which has an impact on their weight (Kumanyika, 2019). Research shows that Albanians who are more active, and participate in physical activity such as walking, are less likely to be obese (Spahija et al., 2012). This is a factor that will be explored in more depth in this study.

Socioeconomic Factors and Obesity

Multiple studies have shown the impact of socioeconomic factors such as education, income, and employment on obesity. According to a study done between 2007–2009 in Tirana, Albania capital sample of 1997 residents aged 27–65 gave the interview. The questionnaire included socioeconomic characteristics and lifestyle factors and their association with obesity. There was also a physical measurement of BMI, hips, and waist. Half of the participants were overweight, and 30% were obese (Spahija et al., 2012). In conclusion the individuals who were overweight and obese had less education

that those who had normal BMI. Also, unemployed individuals with low socioeconomic status were more likely to be overweight or obese.

Another study confirmed the influence of socioeconomic status on obesity.

Among the social factors that were examined in another study done in Albania, education level, employment, marital status, and economic class were significantly related to the likelihood of not being obese. Also, individuals with a lower education level were more likely to be obese (Ikonomi & Golemi, 2018). Further research is needed on the combination of factors that increase risk for Albanian immigrants to the United States.

Obesity Among Albanians in Albania

There are several cultural factors unique to Albania that have been demonstrated to influence negative health behaviors. Even though Albanian women and men have the same equal rights to medical care in Albania, the medical care system sometimes restricts women. In addition, the culture affects obesity because couples are not equal. Men are still the ones to make decisions for the whole family, even when living in the United States. For example, women use contraceptives very rarely due to cultural taboos and the fear of side effects. Women often need consent from men to make health decisions for themselves (Nedelkoska & Khaw, 2015). They wait for their husbands to decide about their lifestyle, physical activity, diet, and more.

One of the most problematic examples of the negative impact of gender bias is evidenced in the history of abortion in Albania. Before 1992, women used to practice "back street abortion," and there was high mortality (Nedelkoska & Khaw, 2015). The Albanian constitution very recently legalized abortion. Public health introduced family

planning in 1992, and this increased the life expectancy of women. Knowing this from the literature, I want to ask the participants in my study more about their decisions making regarding health, diet, and exercise regime within Albanian communities in the United States.

Ikonomi and Golemi (2018) conducted another study in Albania to assess the prevalence and risk of obesity in the adult population via a questionnaire. There were 1,000 participants aged 25–65 years old. The results showed that the prevalence of being overweight seems to increase with age. Obesity by age was as follows: (26.8% were obese) ages 20–39 years old, (34.8% were obese) ages 40–59 years old, (35.2% were obese) ages 60–79 years old, and (17.3 % were obese) age over 80 years old. Lack of sufficient information on the prevalence of obesity and risk factors associated with it caused the recommendation of a national surveillance system to manage the data on BMI of Albanian populations (Ikonomi & Golemi, 2018). While this study cannot add to the literature on prevalence of obesity among Albanians, it can help determine factors that influence it.

Obesity Among Immigrant Populations in the United States

Among other immigrants who travel to the United States for a better life, Albanians increase entry year after year (U.S. Census, 2010). According to Alidu and Grunfeld (2018), there is evidence that there is a higher weight gain amount in immigrants who moved from low/middle-income countries to high-income countries. There is an association between body weight and acculturation factors amount immigrants in the United States. The study's findings evaluated that health intervention

should target the first-generation migrants because they are retaining the original health behaviors as they were back in their country (Alidu & Grunfeld, 2018). Albanian Americans show healthier behaviors when they first arrive in the United States, but then later stages, they uptake unhealthy behaviors.

In another study, the researchers examined the difference in obesity between native Dutch and migrant primary school children to compare the obesity between migrant and Native origin (Labree et al., 2015). A cross-sectional survey with subjects ($n= 1943$), from native Dutch children ($n= 1546$), Turkish children ($n= 93$), Moroccan children ($n= 66$), other non-western children ($n= 105$), and other western children ($n= 133$) understood BMI between Immigrants. Multivariate regressions and logistic regressions were used to examine the relationship between migrants' BMI, behavior, and prevalence of obesity (Labree et al., 2015).

This study's findings explained the differences in physical activity, dietary intake, and sleep duration between the primary school children of migrant and native Dutch. This article explains the differences and the impacts that physical activity, dietary intake, and sleep have on obesity. In conclusion, all migrant groups displayed higher fruit and vegetable intake, which led to lower BMIs. The younger generation often uses processed food and salt and sugar, which is not considered healthy. Being overweight and obese requires an examination of dietary intake, which should also include energy density and may lead to cultural bias (Labree et al., 2015).

Chen et al. (2007) used multivariate regressions and logistic regressions to examine the relationship between migrant children's behavior and BMI or the prevalence

of being overweight/ obese. The main explanatory variables were physical activity, dietary intake, and sleep duration (Chen et al., 2007). The variables were put into multivariate and logistic regressions such as age, sex, parental educational level, and parental BMI. BMI is associated with sleep duration, dietary intake of fruit, and dietary intake of energy-dense snacks (Chen et al., 2007).

Results showed that immigrants have difficulty learning new languages and new cultures, and it adds more stress to their lives. Over the past few decades, the number and diversity of limited English speakers in the United States have burgeoned (Chen et al., 2007). Not expressing themselves with someone in another language is hard and painful for them, and they cannot understand each other (Chen et al., 2007). This stressor makes immigrants eat more and become overweight. If immigrants in their country work as lawyers or have high-profile jobs, they must do in low-income jobs for a start (Alidu & Grunfeld, 2018). There is extensive evidence for weight gain among people that migrate from low income to high-income countries (Alidu & Grunfeld, 2018). Evidence from this review suggests that health interventions should target first-generation migrants to promote retention of their original healthy behaviors (Alidu & Grunfeld, 2018).

A Public Health Approach in the Albanian Community

Though there have been several studies regarding perceived barriers to healthy lifestyles related to food intake among immigrant populations in the United States, there have been no studies conducted on Albanian Americans immigrants (Spahija et al., 2012). The literature revealed multiple studies related to obesity and other immigrants in the United States centers around their lifestyle. Still, there was no literature about the

Albanian American population and their lived experience who became obese after moving to the United States. Although there were some studies regarding weight gain and health issues, there is a need for more research on Albanian migrants' who became obese after moving to the United States (Spahija et al., 2012).

Migrants belong to the hard-to-reach group in health and preventative care (Bauman & Nutbeam, 2013). The language barrier and new culture make it more difficult for any nation to build trust (Bauman & Nutbeam, 2013). In the future, native-speaking preventative consultants are a great way to improve immigrants' access to preventive care (Bauman & Nutbeam, 2013). For my study, I am bilingual, and I will interview all participants in both languages to help the Albanian community members to feel more comfortable.

Summary

During the last decades, obesity has become a significant health concern and has affected all immigrants in the United States, including Albanian Americans. Obesity has caused many of the chronic diseases such as hypertension, diabetes, depression, and cancer. It costs America too much money to cure these diseases. There could be few factors causing obesity, including environmental elements, genetics, biological, and behavioral components. Based on the literature, the Albanian community has been affected more by obesity than other ethnic groups living in the United States. This study will help uncover some of the reasons why Albanians who move to the United States tend to become obese. Chapter 3 will describe details about the methodology that will be used in this qualitative study of Albanian Americans.

Chapter 3: Research Method

Introduction

The purpose of this research was to discover the lived experience of Albanian migrants who became obese after moving to the United States. In this chapter, I discuss the chosen methodology of this qualitative research study. This chapter offers a description of the research design and rationale, role of the researcher, methodology, participant, selection logic, instrumentation, issues of trustworthiness, ethical, procedures, and chapter summary.

Research Design and Rationale

This qualitative study with phenomenological approach examined the following research questions to see how and why obesity is the outcome:

RQ1: How have individual level factors (age, sex, education level, income lifestyle, exercise regime, diet, attitudes, and beliefs) impacted lifestyle changes and obesity for Albanian American migrants after moving to the United States?

RQ2: How have relationship level factors (marriage status, number of children and extended family) impacted lifestyle changes and obesity for Albanian- American migrants after moving to the United States?

RQ3: How have community level factors (time spent at and distance to school or work stress levels related to school or work, and availability of healthy foods in school, work, or the local neighborhood) impacted lifestyle changes and obesity for Albanian- American migrants after moving to the United States?

RQ4: How have societal level factors (cultural and social norms) impacted lifestyle changes and obesity for Albanian- American migrants after moving to the United States?

A qualitative methods paradigm was used with a phenomenological approach. A qualitative research approach was applicable because this type of study can provide details about an individual's emotions, personality characteristics, lived experiences, values, beliefs, and human behaviors (Choy, 2014). This method is based on open-ended questions, which give an opportunity to the participants to explain their feelings by answering how and why questions. This method also allows the researcher to collect descriptive data (Choy, 2014). This method helped me to examine and understand whether these cultural factors will affect the management of obesity among Albanian American individuals. I conducted individual interviews virtually to abide by safety protocols during the coronavirus 2019 (COVID-19) pandemic. Interviews allow the researcher and participant to have a dialogue (Creswell, 2012). I facilitated the phenomenological approach, which gave me a more accurate answer to the contribution of cultural factors and the role they play in the management of obesity among Albanian Americans.

Role of the Researcher

My role as a researcher in this qualitative phenomenological study was to collect data from each participant via interviews. I participated in data collection, recorded the interviews, and transcribed the data (see Creswell, 2012). The interview questions were

tested to make sure that they were valid and reliable so the results could be accurate.

While facilitating an interview, there is a potential for bias to occur.

Due to COVID-19 precautions, interviews took place online using Zoom. I started the interview by introducing myself, then I explained the study and interview process. I provided participants with a copy of the informed consent form detailing that information collected from them will be kept confidential and used only for study purposes. Their confidentiality and anonymity were maintained. They were made fully aware of details of the interview. Participants who choose to move forward participated freely and fully understood and gave their informed consent to participate in the interview. I also asked the participants if I had their permission to record the interview.

I allocated time for participants to ask any questions about the study, interview, or me. To avoid bias, I posed the same open-ended questions to all the participants. The open-ended questions focused on answering the central phenomenon in the study (see Creswell, 2012). I chose the participants who I do not know or have relationships with so the interview could be as accurate as possible because if I chose participants who I knew, they would not answer questions fully assuming I knew the story. They were chosen voluntarily and randomly based on the length of their staying in the United States for more than 5 years. I made eye contact to respect the participants and give them my full attention to convey that I was listening to them. Since it was recorded, I did not need to worry about writing down everything and delaying the interview process because if I missed anything, I could replay the recording afterwards.

Researcher Bias

The opportunity for the researcher to act as the primary instrument allows them to gather data, but it also hurts the study due to potentially influencing the way the data will be collected (Antwi & Hamza, 2015). I managed this by having open-ended, in-depth interview questions so the participants can guide the interview. If their answer was short, I asked, “Can you tell me more about it?” I also recorded my interviews and submitted to my dissertation chair to get feedback on how I handled the interviews. Since interviews took place on Zoom due to COVID-19 restrictions, I hoped that participants would be more relaxed because we did not have to meet in person. To avoid biases, the researcher should focus on the participant’s response (see Regoniel, 2013).

The researcher can also be an instrument for data collection to ensure that the participants are legitimate and all the data are collected (Yin, 2015). I met most of the participants for the first time during the interview. To avoid interview bias, I did not interview any family or friends. The participants voluntarily were a part of the research without receiving compensation. I am originally from Albania and moved to the United States in 2005, so I speak Albanian very well and understand the cultural nuances. This cultural understanding allowed me to probe further, but I also used bracketing to ensure that I did not ask leading questions (see Tufford & Newman, 2012).

Methodology

This qualitative study with phenomenological approach included Albanian Americans living in New York, New Jersey, and Connecticut. Since I live in New York, all adult immigrants living in New York, New Jersey, or Connecticut were invited to

complete an interview about their lived experiences as an Albanian American and factors related to obesity. Because of the COVID-19 pandemic, all the participants were invited to participate using Zoom online to avoid person in person contact.

Participant Selection Logic

The study population included Albanian Americans aged 18–75 living in New York, New Jersey, and Connecticut. I used the snowball sampling method to recruit participants, starting with one key participant in each state. Each respondent had to meet the following criteria to participate in this study: must be (a) 18 years of age or older, (b) living in the United States for at least 5 years (Albanian descent), (c) English speaker, (d) living permanently in New York, New Jersey, or Connecticut, and (e) willing to meet via an online platform to prevent COVID-19 transmission. I found participants from a Facebook group that includes Albanians who have been in United States for at least 5 years. I asked the participants for their height and weight before I invited them for the interview so I could calculate their BMI. I chose five out of 10 participants to have BMI > 25 and then during the interview determined if they were obese before moving to the United States or after moving to the United States.

Sample Size

According to Walden University (2017) and Creswell (2012), the sample size rule of thumb for phenomenological studies can be 10 or less. I recruited 10 participants for the study, and I felt saturation was reached. Saturation is an important principle used in qualitative research to determine when there is adequate data from the study to have valid understanding of the study phenomenon (Creswell, 2012).

Instrumentation

A semi structured interview guide was used to ensure all participants were asked the same questions (see Appendix A). Questions covered health, exercise regimen, diet, and lifestyle before and after moving to the United States. Each question took about 2–5 minutes, totaling 30 minutes of full interview, but if the answer was not complete, I asked the participant to elaborate more about it. The interview guide was pilot tested on one or two participants to ensure clarity and focus of the questions. Adjustments were made, if needed, and then interviews continued until data saturation was reached.

Procedures for Recruitment, Participation, and Data Collection

Data collection for this study began with the Albanian American population living in Connecticut, New York, or New Jersey. The study was advertised in Facebook groups for Albanian Americans. Participants were asked to contact me if they are interested in participating in the study. Due to the need to minimize COVID-19 exposure, participants were asked to connect via an online platform to complete the interview from any location that was convenient for them. The time, date, and method (e.g., Facetime, Zoom, etc.) was determined by each participant. Before beginning an interview, I discussed the informed consent with the participant. Interviews were recorded to replay if needed. Participant names were removed from the data to maintain confidentiality, and transcripts were saved by pseudonym or code such as Participant A, B, C, etcetera.

Data Analysis Plan

I followed Colaizzi's (1978) seven steps of analysis for phenomenological studies. The steps included the following:

1. Step 1: Transcribing data. I transcribed the data of each participant's interview from the notes that I took or added from the digital recording. The main idea of transcription was to capture the lived experiences of the participants in relation to the study's research questions. I replayed the recording again while following the hard copy to make sure I did not miss anything. If necessary, interviews conducted in Albanian were also be translated to English during transcription.
2. Step 2: Extraction of significant comments. I used the research questions from this study, and I confirmed that the answers matched the study topic and significant data necessary (see Colaizzi, 1978). I extracted significant statements from each participant's transcription that have significance to the study question.
3. Step 3: Verbalizing each participant's significant statement or comment. I composed the statement of each participant by their meaning as it related to my study. I used the codes based on the bottom-up approach based on the participant's answer.
4. Step 4: Group the meaning into themes. I used the numbers 1, 2, 3, etcetera to group the participants' responses into nodes.
5. Step 5: Researcher writes an exhaustive description. After collection of all the data and the description of the phenomenon, the data were described in the form of statements, nodes, subthemes, etcetera (see Colaizzi, 1978).

6. Step 6: Researcher validates exhaustive descriptions with the participants. I went over the transcriptions and notes taken during the interview to ensure that I had all the information and did not miss anything during the interview process with each of the participants.
7. Step 7: Researcher confirms no new data. In this step, the researcher will confirm that there will be no new information revealed during validation of the findings from the participants (Colaizzi, 1978). Validation of the findings were completed, and I compared the answers of each participant regarding their lived experience about obesity. I added member checking to validate the coding chain several times. I reviewed the transcript for accurate coding.

Issues of Trustworthiness

To validate my credibility with the participant sample, I followed the guidelines presented by Shenton (2004). No other study has been conducted to evaluate obesity in the Albanian population living in the United States. According to Shenton, research trustworthiness is important to promote: (a) credibility, (b) transferability, (c) dependability, and (d) confirmability.

Credibility ensured that my study measured the data that were intended based on the study topic. In order to promote confidence in me as a researcher, I: (a) used the adoption of qualitative phenomenological research method; (b) developed an early familiarity with the culture of participating organizations (since they are Albanian and I am Albanian by origin, this part helped with the study); (c) only invited people who I did not know from before to interview; (d) triangulation (using mainly the interview method

but also observation, during the interview the reaction face expression etcetera); (e) tactics to help ensure honesty in informants (letting them know there is no right or wrong answers, and feel free to participate or stop the interview); (f) iterative questioning (by rephrasing the same question but asked differently and based on the answer the researcher can decide if the information is true or not, and decide to keep the data or discard and count that interview as invalid); (g) negative case analysis (when the researcher is refining a hypothesis until it addresses all the data from the interviewer); (h) peer scrutiny of the research project (other researchers, colleagues are welcomed to give feedback); (j) the researcher's "reflective commentary" (the investigator should seek evaluation of the project); (i) background, qualification, and experience of the investigator (credibility of the researcher is important since the researcher is the major instrument in the qualitative data collection and analysis); (k) thick description of the phenomenon under scrutiny (detailed description for the reader to understand the situation that is being investigated); and (l) examination of previous findings (the ability of the researcher to compare the new findings with the previous studies; Shenton, 2004).

Transferability and confirmability were ensured via the interview questions and methodology to drive the findings of this study. This methodology can be used in the future by examining other cultures to find out the changes in the health of their community after moving to the United States, as this is the purpose of external validation process in qualitative research (Creswell, 2012; Shenton, 2004).

Dependability reveals if the same participants were interviewed with the same questions, the researcher would receive the same answers and the conclusion of the study

would still be the same (Shenton, 2004). Expert panel members reviewed the research interview guide. I emailed the “Walden’s Expert Panel Review Form” to two or more people to ask for feedback about the research guide for instrument construction, content validity, consequential validity, internal consistency, and potential for reliability. I used my committee members who have conducted similar studies or who are experienced with qualitative research design. I asked these experts to review the codes and the notes of transcripts to make sure that I was not missing anything during the analysis phase.

Ethical Procedures

In this qualitative research study with a phenomenological approach, I used clear guidelines and instructions to complete the interview process in complete compliance with data collection regulations set by Walden. To ensure privacy, I did not write first or last names. Instead, I labeled data Participant A, Participant B, C, etc. and used pseudonyms instead of real names. Participants were recruited through Facebook groups for Albanian Americans. The recruitment flyer is included in Appendix A. Participants were asked to contact the researcher by Facebook or telephone if they were interested in the study. Upon contact, I provided an informed consent form for them to read and discuss if they had any questions. Informed consent was presented and obtained verbally. I informed participants that they could withdraw from the study at any time if they wished during the process. The interview took place via Zoom in a quiet room, which was very secure, and only me and the participant were present for the 30-minute interview. I provided a \$20 gift card for participation. I saved the data in a secure location (password protected computer and jump drive, locked cabinet). I will have this jump

drive saved for 7 years. I obtained Institutional Review Board (IRB) approval , and I received a specific approval number for my study only.

Summary

In this chapter, I outlined the choice of methodology. I discussed the data collection method, participants, bias, and data analysis plan. I also presented the reasons for the choice of methodology, and how it has been used in the past from other researchers, which helped them to support and validate their study. Chapter 4 will continue with the presentation of the results.

Chapter 4: Results

Introduction

In this chapter, I reveal the results and data analysis of the study. As stated in Chapter 3, there is a significant public health issue among immigrants who become obese after moving to America. I explored experiences of weight gain among people migrating from low-income to high-income countries due to acculturation factors such as cultural (i.e., lifestyle is different in the United States), psychological (being away from family and friends has an impact), and social changes (i.e., activity level, diet, and work schedule changes; Alidu & Grunfeld, 2018; Dookeran et al., 2010).

The purpose of this qualitative, phenomenological study was to evaluate the lived experiences of Albanian migrants who became obese after moving to the United States. In this study, I explored the experiences of 11 Albanian Americans who described in detail their lived experiences and helped to answer all the research questions. In this chapter, I present the setting, a description of the relevant demographic characteristics of the study participants, the data collection, and data analysis procedures used in this study. Finally, I discuss the evidence of the trustworthiness of the study results. This chapter concludes with a summary.

Setting

Data were collected online through the virtual interview. As soon as I received IRB approval from Walden University (#02-02-22-0299487 issued February 2, 2022), I posted the flyer on my social media pages to recruit participants for my pilot study. The

pilot study sample included two participants. The interview took 15–20 minutes because they answered very fast and did not provide details to truly answer the research questions.

After the interview, I asked for debriefing of the interview questions and asked how they felt, if any changes were needed, and if the questions were clear and easy to understand. After their interview and feedback, I typed everything and submitted a transcript back to them. Member checking was useful because pilot participants gave me feedback about how to make the questions clearer and more understandable. Both participants answered back through e-mail confirming the information that was typed. The pilot study was not part of the final analysis because the interviews were incomplete.

After evaluation of the pilot interviews, committee members suggested several changes were needed to make participants more comfortable from the start of the interview. The pilot study was an asset experience for me because I was able to rearrange the order of questions, moving demographics first rather than at the end. Next, I posted the flyer for the actual study on my Facebook page to recruit the rest of the participants. In this stage, I screened participants to ensure that they qualified for the study (see Appendix A).

Each interview with the 11 participants was over 30 minutes when I asked them more sub-questions to probe for more data in response to the research questions. I continued to conduct interviews until saturation was reached. All participants were living in New York, New Jersey, and Connecticut. All calls were done virtually using Zoom voice, which allowed the participants to stay safe during the COVID-19 pandemic. As a result of virtual interviews, participants were able to provide data at a convenient time

and from a location where they were comfortable, which enabled them to respond comfortably and fully. A \$20 gift card was sent to participants who volunteered to be part of the study for time and effort in this process.

Demographics

Table 1 provides a summary of the demographic characteristics of the study participants. Most participants were female, were between the age of 30 and 50 years old, and lived in Connecticut. The majority had a bachelor's or master's degree and annual income over \$35,000. In addition, most of the participants were married and had at least one child.

Table 1

Response Frequencies for Individual Level Factors

Demographic characteristics	Female ($n = 7$)	Male ($n = 4$)
Age range		
30–39	1	4
40–50	4	
50–59	1	
60–69	1	
State lived in America		
Connecticut	3	3
New York	1	1
New Jersey	3	
Education level		
High school/GED		2
Associate degree	1	
Bachelor's degree	3	2
Master's degree	3	
Marital status		
Single		2
Married	6	2
Divorced	1	
Number of children		
0	1	1
1	1	2
2	4	1
3 or more	1	
Income		

< \$20,000	1	
\$20,000–\$34,000		1
\$35,000–\$49,000	1	
\$50,000–\$74,000	1	1
> \$75,000	4	1

Two questions were asked to understand a change in lifestyle between Albania and America: (a) profession and (b) BMI. For instance, five of the participants were students while they lived in Albania (PC, PD, PF, PI, PH, and PK), but when they moved to America, they started work and their lifestyle changed. BMI was defined as the measure of body fat based on height and weight. Most participants had an increase of BMI after moving to America. See Table 2 for more details.

Table 2

Profession and Body Mass Index Comparison, Albania to America

Participant	Profession in Albania	Profession in America	Changes in BMI
PA	Journalist	Cryptocurrency trader	Increased
PB	Stay at home mom	Teacher	Increased
PC	Student	Teacher	Increased
PD	Student	Banker	Increased
PE	Hospitality	Hospitality	Increased
PF	Student	Construction	Increased
PG	Music producer	Music producer	Increased
PI	Student	Stay at home mom	The same
PH	Student	Construction	Increased
PJ	Student	Hairdresser	Decreased
PK	High school teacher	Retired	Increased

Data Collection

After receiving approval from Walden IRB (see Appendix D), I began the process of posting the flyer on Facebook (see Appendix B). Data were collected from 11 participants during February and March 2022. Each of the participants were contacted by phone, and I emailed them after confirming eligibility. I scheduled the virtual interviews by phone due to COVID-19 restrictions. During the pilot study, I

noticed that even when a participant said they were fluent in English, they struggled during the interview to understand English correctly.

To avoid this issue during the main study interviews, I made a phone call with potential participants and spoke only English to them on the phone to ensure that they were fluent before the interview took place. For the ones who were not fluent, I disqualified them from the study. I judged fluency based on whether they could read the consent form back to me. After determining fluency, we discussed availability for the interview date and time.

Initially I interviewed six participants and then put the data together in codes and categories. There were some new answers, and then I realized I needed to conduct more interviews to reach saturation. I conducted two more interviews, but one of them was incomplete, and I had to remove it.

The reason that the interview was incomplete was because the answers were short and focused on successful life in America rather than the questions I was asking. I tried to ask probing and open-ended questions, but the answers kept being irrelevant to my study. Also, two of the questions were not answered and they were incomplete.

Finally, I conducted four more interviews and the answers were very similar with the first seven interviews I completed. After putting all the interviews together and seeing no new answers, I determined that saturation was reached.

Data Analysis

A deductive coding procedure was used with the deductive codes mirroring the research questions of the interview. Qualitative data from open-ended interview items

were sorted into those categories to better understand participants' view of healthy diet, exercise, lifestyle, and culture beliefs.

When all data were sorted into the deductive codes, the data under each code were reviewed to identify the theme or themes they indicated. Table 3 summarizes information about the original codes, sources (number of participants), and frequency of references.

Table 3

Initial Coding Structure

Code	Sources	References
Walking	11	259
Family Albania	11	139
Active social life	11	121
Food preference	11	93
Organic food	11	87
Lack of physical activity	11	68
Work long hours	11	57
Homemade meals	11	41
No organic America	11	45
Distance to farm/ activity	11	37
Obesity rare Albania	11	35
Apartment/ house	11	33
Sports	11	30
Expensive organic	11	31
Obesity common America	11	29
Cold weather	10	28
Stay in one place	9	28
Women judged	11	24
Own garden Albania	10	23
Profession	11	22
Travel work/ pleasure	9	17
Less fat cooking	6	15
Stress	7	15
Unmarried judged	7	13
Hiking	2	13
Stay at home mom	4	8
Pregnancy	5	8
Communism	3	6
Anxiety	2	3
Capitalism	2	3
No social life	2	2

Then, content for each code was grouped together, with each participant's answer listed one after the other. This helped me identify overall themes, which emerged directly from the content and without making assumptions of the data (see Creswell, 2014). I also looked for patterns in the data in relation to the research questions.

Based on the grouping of participant responses and the four research questions of the study, eight themes emerged: (a) disposition, (b) lifestyle, (c) social life, (d) family, (e) food availability/cost, (f) living situation, (g) judge obesity, and (h) political system. Table 4 summarizes the connection between codes and themes by research question.

Table 4*Code to Theme Conversion by Research Question*

Research question	Code	Theme
How have individual level factors (age, sex, education level, income lifestyle, exercise regimen, diet, attitudes, and beliefs) impacted lifestyle changes and obesity for Albanian American migrants after moving to the United States?	Stress	Disposition
	Anxiety	
	Organic food	Lifestyle
	Profession	
	Homemade meals	
	Less fat cooking	
	Walking	
	Hiking	
	Sports	
	Work long hours	
Travel/pleasure		
Lack of physical activity		
Stay in one place		
How have relationship level factors (marriage status, number of children and extended family) impacted lifestyle changes and obesity for Albanian American migrants after moving to the United States?	No social life	Social life
	Active social life	Family
	Stay at home mom	
	Pregnancy	
Family Albania		
How have community level factors (time spent at and distance to school or work stress levels related to school or work, and availability of healthy foods in school, work, or the local neighborhood) impacted lifestyle changes and obesity for Albanian American migrants after moving to the United States?	Expensive organic	Food availability/cost
	No organic America/ Own garden Albania	
	Food preference	Living situation
	Distance to farm/activity	
	Apartment/ house	
Cold weather		
How have societal level factors (cultural and social norms) impacted lifestyle changes and obesity for Albanian American migrants after moving to the United States?	Obesity rare Albania	Judge obesity
	Women judged	Political system
	Unmarried judged	
	Obesity common America	
	Communism Capitalism	

Results

The themes identified were based on the participant' responses and the relevance they have to the research questions for this study as follows:

RQ1: How have individual level factors (age, sex, education level, income lifestyle, exercise regimen, diet, attitudes, and beliefs) impacted lifestyle changes and obesity for Albanian American migrants after moving to the United States?

Dispositions

The first theme that was revealed by the data was Dispositions, which are inherent qualities and characteristics of participants that may have increased their risk for obesity. Stress and anxiety were two codes associated with this theme. They are traits that participants reported seeing an increase when they came to America.

Stress

Participants PB, PJ and PK stated that stress had an impact on their weight gain. When they moved to America, they were even more stressed out, and it was more difficult to stay in shape. PB shared, “I think one more thing that I want to add is that stress really makes it difficult for my body to be in good shape.” PB went on to explain how eating habits changed due to stress and made the participant eat more.

PB stated,

As I experienced that myself; I was 20 pounds more than what I was before when I came to this country because I was stressed, and I was not eating regularly, and I made it more difficult for my body to be in shape.

These quotes illustrate the difference in stress level between Albania and America that put participants at greater risk for obesity.

Anxiety

Anxiety was another condition due to migrating from Albania to America that was expressed by PB, PJ, and PK. Change of environment and lifestyle gave participants anxiety in terms of how to adapt and what to expect in the future. PB stated, “When I came to this country, and I had to go thru different cultures and I had anxiety about how am I going to adapt in this country.”

For other participants, America was a dream, and they could not wait to come here but did not expect their health to get worse. PK stated that they started to take medications daily for the first time in life when they moved to America. PK stated, “It was my dream to live in the Unites States, but obesity made me have many health problems. I never took medications in my country. But now I take meds for anxiety, hypertension, cholesterol, and antacid.” These quotes illustrate the difference in stress level between Albania and America that put participants at greater risk for several health issues, including obesity.

Lifestyle

The second theme that was revealed by the data was Lifestyle, which designates those activities and ways in which participants live. The codes associated with this theme were: (a) organic food, (b) profession, (c) homemade meals, (d) less fat cooking, (e) walking, (f) hiking, (g) sports, (h) work long hours, (i) travel pleasure, (j) lack of physical activity, and (k) stay in one place.

When participants were asked about the food choices in Albania most of them answered that it was organic, and this created the first code: organic food.

Organic Food

PK, PB, PF, and PD reported that organic food was more available in Albania than in the United States.

PK stated, “There was organic meat without hormones.”

PB shared, “It was hard in the beginning to find organic stores. But as years went by we found a lot of farms and organic Mediterranean stores.”

PF stated,

In Albania there was plenty of food that was local and organic food.; Food was fresh from our garden or the neighbors. Almost every house has its own freshly grown vegetables and fruits at each house. It was fruits (grapes, lemon, oranges, figs, plums, watermelon, melon etc.), and then there were vegetables (tomatoes, cucumber, bell pepper, okra, beans). Then there was fresh meat at my neighbor’s; she had a butcher store with fresh organic grass-raised lamb meat. Another neighbor had the fresh milk and the other one had bees so honey was also organic, and no sugar added. All that and it was all local from our own garden and neighbor’s garden.

PD shared, “Food availability in Albania was mostly organic. We grow a lot of fruits and vegetables in our garden in Albania.”

These quotes illustrate that in Albania there was plenty of organic food, they had close it by, and this was a great advantage to keep the body in shape and not experience obesity while living in Albania.

Profession

This code was created as a result that 10 out of 11 participants changed their profession after leaving Albania and had a new profession in America. Moreover, change of profession had its own challenges because for some of them, the physical activity was reduced with the new job. PK stated that in Albania she was a teacher and was always walking everywhere, but the new profession in America required sitting in one place to package medicine and did not require walking. PK shared, “I was a high school teacher, and I was walking most of my day.”

PD also had a change in physical activity due to a new profession. PD works in a bank as a manager analyst and her profession in America requires her to sit at the computer and be on the phone with customers. She stated that she takes short walks during lunch break to keep her blood circulation going. PD stated, “I was a student in Albania, I walked everywhere. In America I am required to sit in my office most of the day.”

PB stated,

Work is more active in America because I work from 8 to 3 pm and I am more on my feet. In Albania I was a student, and I used to walk to school every day for 20 minutes each way. And when I am at work I try to walk around often. I step away from my desk as much as I can. I take the stairs instead of the elevator.

PF stated that the job in Albania was also very active and required lots of walking. PF shared.

Yes, the job in Albania required mostly walking. My workplace in Albania was active like it is here, but we did not have so many snacks in the lunchroom break like we have here a lot. In Albania we had to walk a lot to the workplace.

These quotes illustrate the difference in professional lifestyle between America and Albania. There were no snacks and other temptations during work hours that would make the workers consume food other than their lunch break time, which is different from America because there are snacks in the lunch break room that employees can walk to get anytime and eat.

Homemade Meals

The purpose of this next code was to see if the participants were making homemade meals more than eating out and how this is different in Albania compared to America. Most of the participants stated that they had homemade meals when they were living in Albania. It was homemade soups, which were fresh every day. PD stated, “Soups were the main meal that was made fresh daily. I used to go to school and come back home to eat freshly made lunch from my mom.”

Some of the participants continued this tradition even after migrating to America to help keep their body in shape. PB stated, “I get my own lunch from home, I cook my own traditional food, so most of the time I get homemade food”

PH shared, “I eat at healthy homemade food my wife cooks.”

These quotes illustrate that homemade meals are a must in their life to help them eat tasty food and stay healthy.

Less Fat Cooking

One of the advantages of homemade cooking is one can manage the ingredients. A few of the participants mentioned that they use fewer fattening ingredients in homemade meals. For instance, they use organic olive oil which is healthy for them.

PB stated,

It was hard in the beginning because we did not recognize the food very well here. So, we had a hard time until we tried our best to find our stores and places. But for 25 years I have been living in this country, I still cook my traditional food because it is less fattening, and I am cooking so many times. Like I cook myself three- four times a week and I do not go to the restaurants that often. The most important thing is that I do not eat after eight o'clock.

PB has been in America for the longest and stated that in the beginning, it was hard to adapt to food or find organic food. PF added they eat at home because it is less fattening, and their stomach does not bother them.

PB discussed trying to search for organic food when stating, "I do go to farm raised and some other stores like Trader Joe's and the Mediterranean stores that hold our own traditional food. We use less fat in cooking."

These quotes illustrate that cooking at home with less fattening ingredients helped participants avoid obesity. For some participants, it was also important to continue the homemade meals with less fattening ingredients to avoid obesity. Participants avoided eating out since they noticed they were using more fat and restaurant workers were reusing the oil on fast-food places.

Walking

Statements about walking were mentioned by all participants, especially when they were asked about their physical activity level in Albania. When PF was asked about walking activity in Albania, they stated,

We were active either walking or on bicycle 12 hours a day going everywhere. In Albania everything required walking. We were always walking places such as going to the stores, going to relatives, we had to walk. So, we were always on the move without feet and without a car. Walking to work, to school, walking to doctor's appointments and everything was done only by walking. Sometimes we had to go from one village to another by walking.

Walking was the most common answer and the way that participants traveled in Albania to go to work, to school, to visit with their family and friends. In America, participants had to consciously create reasons to walk. PB shared, "In America for physical activities I try walking every day, but mostly every weekend. I work 8 hours, and I walk no more than one hour during the work hours." The reduction in walking was one of the reasons participants gained weight in the United States.

Hiking

Hiking was another code created due to few of the answers that participants gave about living in America.

PF stated,

I do about 2 hours a week of hiking. But I also try to play soccer with other friends for one time a week. I try to eat less, and only when I am hungry, I try to

drink lots of water, and I try to exercise at least 2 times a week with hiking and playing soccer. Uh going hiking in the weekend and playing soccer in mid-week.

PA added, "I go hiking in summertime."

These quotes illustrate that in America some of the participant go hiking as one of the physical activities to keep their body in shape.

Sports

PI, PF, PB, and PH answered that they play soccer and play football with friends and family.

PF explained,

Mostly is walking, and the other activities we play with my grandkids are football. Or you know, like my husband and my son-in-law they like soccer games. Not often, maybe two or three times a month we play soccer for about one hour or hour and half.

PB shared, "For about one hour a week of running soccer."

PF stated, "I wish I had more time to do it more often."

PD added, "I try to go to the gym three times per week, running and sitting in the bicycle for about 1 hour."

These quotes illustrate those sports such as soccer, football, and riding a bicycle were keeping some of the participants physically healthy in America. The only difference with life in Albania was that sports in Albania were outdoors. In America, sports occurred outdoors only summertime, and in other seasons they were done inside because of the cold weather.

Work Long Hours

Participants were asked about their profession in Albania and in America. Their answers provided details regarding long hours for their profession in America. Most of the participants answered that they work long hours, and there is not enough time to cook, exercise, or have a social life. Mostly they work long hours and come back home to get ready for the next long day at work. PB stated, "In the Unites States is different because I work Monday thru Friday and only Saturday and Sunday, I am off from work. And I try to walk early in the morning or as soon as I come home."

Work is an important lifestyle factor that was mentioned by several participants.

PK said, "America is made for work."

PJ noted the difficulty of working on his feet all day by stating, "I am on my feet for eight to 10 hours a day for five days a week."

PG added, "My life is very busy here; the only vacation is when I go to Albania."

PF explained,

Ok in US I am active at work for eight hours, but other than that I am not active.

If I take my car, I can finish faster whatever I need to do and get ready for work the next day.

PJ stated, "Because of work we do not have time to cook, so we order out fast food. Most of the week we order out. So, mostly is half and half."

Participants were asked two sub questions: How do they do view their health now in America to avoid obesity? What do they do when they work late hours? PE responded,

Yes defiantly, after moving to the United States it has changed. I am more aware of what I am eating. I try to cook healthy meals. But it is not easy when you work full time. Take out or frozen food comes to the rescue when you have a very busy day.

These quotes illustrate the long hours of different professions in America that put participants at greater risk for obesity. Lack of time due to long hours of work caused participants to cook frozen food, to spend less time with family, to not be able to play sports during the week or go for a coffee with friends like they used to do when they had their professions in Albania.

Travel Pleasure

Some of the participants answered that they travel to Albania often for vacation and pleasure. The purpose of this questions was to find out what participants do for fun or their physical activity in America and few of them said they travel when they take time off.

PA shared, “I try to travel to Albania as much as I can, and I bring honey and olive oil to last me for a year.”

PG added, “I like to travel two times per year to Albania.”

These quotes were used not only for their travel activity, but they also stated that they bring organic food from Albania to America every time they come back. Traveling is the only time they take off from busy daily life in America.

Lack of Physical Activity

When participants were asked what the physical activities are they participate in while living in America, most of them stated that there is lack of physical activity in America. PA stated, "I get up for 10 minutes while working just to keep my blood circulating. Only summertime I go walking longer or hiking when the weather is nice."

PB shared, "In Albania I used to walk everywhere for my family, to visit. And not like in America that use the car for everything."

Participant PF explained further by stating, "As far as going shopping we are using the car always which in Albania we did not. Here we are always going somewhere with a car. We do a lot fewer physical activities here."

PK made interesting points about how lack of physical activity and lack of time makes people feel tired by stating,

America is made for work, shopping, and food market. I shop at Price Rite. I cook at home, I clean .and do laundry. That's it. I do not have time for walking, I do not have time for fitness. I feel very tired at morning, afternoon, and evening. I do not have energy for anything here.

PE responded,

Oh yes, everywhere, every holiday I gain 5 pounds. So easy to gain and it is so hard to lose. I try to watch what I eat and do more physical activity after each holiday to lose the extra pounds that I gained.

Stay in One Place

Staying in one place can cause an increase of obesity in America due to lack of activity. This question was asked to participants to describe the workplace. PF shared, “No, I am always standing up and I am always moving at my job. It requires me to be on my feet all day at work, which has helped me not gain so much weight I guess.”

PD stated,

Well, based on the walking part I drive to work in USA. There is not much walking involved. My work requires me to sit in my office and mostly I am in the chair in the computer for 6-8 hours per day for five days a week.

PK shared, “I was packing medicine and was on my feet all day but without moving from my place. My legs were swollen I started to become sick. I gained more pounds in America.”

These quotes illustrate the difference when participants had to stay in one place while working in America, which puts participants at greater risk for obesity after moving to the United States. In conclusion, all the codes with the two main themes helped to answer the research question of why and how each individual-level factor impacted lifestyle changes and obesity for Albanian-American migrants after moving to the United States.

RQ2: How have relationship level factors (marriage status, number of children and extended family) impacted lifestyle changes and obesity for Albanian American migrants after moving to the United States?

Social Life

The first theme was revealed by the data was social life, which signifies the time and activities that participants spent with friends. The codes associated with this theme were: (a) no social life and (b) active social life.

The purpose of these themes was for the participants to share from their point of view if the social life was a factor in their risk for obesity in America. Participants were asked: “How was social life in Albania? How is social life in America?”

No Social Life

Social life is important lifestyle factor as free therapy for one’s life. It was mentioned by several participants that in America, there is no social life. PB stated, “In Albania I was a stay-at-home mom but very active with my social life. In America I work Monday thru Friday and weekends I am very busy spending time with my family, so I do not have social life.”

PJ who was a student back in Albania added,

I was a student at that time, and I walked to school and to meet my friends after school. With friends it was more of sitting and having coffee daily. I work 9 am until 9 pm, and after that my days off are with family.

These quotes illustrate that there is no social lifestyle in America due to lack of time, busy life, and the free time is mostly spent with family.

Active Social Life

When PB, PC, PF, PD, PI, PH, and PG were asked about social life in Albania. all of them responded they had a very active social life. PC stated, “I was very active walking every day to school and back, and meeting with my friends and hanging out daily.”

PB shared, “I was going to different places by walking because at that time we did not have a car opportunity. Everything I did and everyplace I visited it was done only by walking.”

PF stated, “We were very active, everything requires walking, like to go shopping, going for a coffee. I had a car in Albania but was used mostly for grocery or when parents needed to visit a friend out of town.”

PF shared, “I used to play sports everyday.; I used to run every morning for at least 30 minutes. I walked everywhere, to school, to see my friends to the store etc.”

PC stated, “Growing up included a lot of outdoor play with my friends for several hours a day.”

These quotes illustrate the social life in Albania, which was very active. They met friends daily for coffee. These codes were to illustrate the theme, which shows the difference in social life activity between Albania and America that put participants at greater risk for obesity after moving to the United States.

Family

The second theme was revealed by the data was Family, which includes roles and responsibilities related to family. The codes associated with this theme were: (a) stay at home mom, (b) pregnancy, and (c) family Albania.

Stay at Home Mom

Stay at home moms are individuals who do not bring income in, but it is actually a hard job to cook, clean, take care of babies, husband and the family. PD explained, “Most of the women were stayed at home mothers and they would cook and clean. We did have some that were career-oriented women who had to leave the house and work.”

PB shared, “In Albania I was not allowed/able to work at that time due to lack of opportunities for women. I was a stay-at-home mom, but I was very active with my social life with my children and husbands’ family.”

These quotes were based on the answers of participants to illustrate that in Albania they were stay at home moms because they had to take care of family, and there is no gender equality for job opportunities. Many women are not allowed to work and leave the house because men need to be the provider of the house, while women clean, cook, and take care of family.

Pregnancy

Pregnancy was a code created when participants were asked about change in their weight. PB stated she gained so much weight during the pregnancy. Pregnancy itself can make people gain weight due to body changes; however, PK talked about being able to lose weight after giving birth to the baby in Albania but could not lose the pregnancy weight after giving birth to a baby while living in America.

PB stated, “I did after I gave birth of my second daughter, I put so much weight on.”

PK shared,

When I was in Albania, I was the same weight after giving birth to my last child.

But in America I gained a lot more weight. I try to walk and watch what I eat so I do not keep gaining.

These codes were used to illustrate the difference in pregnancy while living in Albania and in America and how location impacted obesity.

Family Albania

Most of the participants described the family time in Albania as being a very special time for everyone to eat together, to walk together, and be more engaged in each other's life. The purpose of this question was to see if the family in Albania a positive impact on their lifestyle had as compared to the lifestyle in America.

PB shared,

It was not every day the same hours, because there were days I could not get out of the house because I was home with my in-laws as well and a lot of people in big family. I was always taking care of my babies and my husband's family. So, I was walking like around 1.5 to 2 hours when I had to go places you know to buy groceries or basic needs. In America and weekends, I am very busy with my family. We try to go places or if I had to go shopping and I try to make it as a family time by walking to the park.

PF stated, "In America I do not like the lifestyle that we are always running and rushing. But I do like that with work that we do we have more to show for that we can provide for the family."

PD shared, “We always ate together with the family in the dinner table. It was a nice tradition.”

These codes were based on quotes from participants that illustrated the difference that family in Albania as compared to family in America. Based on the answers of the participants, it was clear that family in Albania involved more socializing, eating supper together, and homemade fresh soups daily, which all have an impact on prevention of obesity while living in Albania.

In conclusion, these themes were created to illustrate the relationship factors including marriage, children, and family and the way how they impacted lifestyle changes and obesity for Albanian-American migrants after moving to the United States.

RQ3: How have community level factors (time spent at and distance to school or work stress levels related to school or work, and availability of healthy foods in school, work, or the local neighborhood) impacted lifestyle changes and obesity for Albanian American migrants after moving to the United States?

Food Availability

The first theme was revealed by the data was food availability, which includes the distance participants had to go for healthy food, their food preferences, and how much food costs. The codes associated with this theme were: (a) expensive organic, (b) no organic America, (c) own garden Albania, (d) food preference, and (e) distance to farm/activity.

Expensive Organic

This code involved asking questions about if the organic food was available or not in America in local neighborhoods. Most of the participants answered that organic food is expensive.

PF shared,

At first 10-15 years in America, I see myself eating out being that was available everywhere and it was cheap. Yes, but it is difficult and expensive in my neighborhood. Because of limited time I am forced to buy in the neighborhood sometimes and organic food is even more expensive, but I do not have many choices because going far away to get organic food often is impossible for me due to the busy schedule with work, wife and kids sports every day.

PF answered that the organic food was available but less than in Albania and it was very expensive. In the beginning, when PF migrated to America, they ate out because it was cheap. Also, the distance to farms was far away and to go there often was impossible due to long hours of work in America.

No Organic America

The next code that was noted for most of the participants was no organic food America. Participants complained they could not find healthy food in the neighborhood; instead, they would have to drive far away to the farm.

PD stated,

From what I remember, the taste in American food was not the same. It was difficult to adjust to the taste of food here. In America there is a wider selection as to quantity, but the taste and the quality was not close to what I used to have in Albania. Because I was used to having organic food and here even though I find food that is labeled organic, but the taste is not the same. It took me about 2 years to get used to the new taste. The taste buds changed.

These codes illustrated how the organic food in Albania compared to the organic food in America. Another specific question was asked if the food availability changed after they moved to the United States.

PF stated,

Here there is a lot of food, but it still changes and was so different from what I was raised on Albania. I do not think the food was local anymore, like it was in Albania. In the US we buy it from stores like Big Y, Stop and Shop or Price Rite, which is mostly packaged, and which does not come from the garden, and we do not know where it comes from, or for how long has it been packaged for. Also, I know that is canned and packaged. Once a week we eat out junk food.

PJ stated, “Three times per week we order out.”

These quotes illustrate the difference between food availability in Albania and America and how processed, packaged, and fast food increases the risk for obesity among participants.

Own Garden Albania

Most of the participants stated that all Albanian families that live in the suburban area grow their own fresh vegetables and fruits from their garden and have farms with fresh meat and dairy products. Own garden was a common answer that participants responded with. PK stated, “I had my own green house and was planting tomatoes, cucumber and all other fruits and vegetables.”

PF stated, “Food was organic from our garden.”

PC stated that during the communist times, people ate what they grew in their own garden. PC stated, “We only ate what we grow each season.”

PB stated, “My parents had grown fruits and vegetables in our own garden because we had our own garden.”

These quotes illustrate the own garden Albanians had while living in Albania, which helped them decrease obesity because of eating organic food from their own garden fresh every day.

Food Preference

Participants were asked what their food preference was while living in Albania and how did it change when they started to live in America. The purpose of this question was to discover if the food choices contributed to an increase on obesity of participants living in America.

PB stated,

That is all the vegetables and some type of meat as we love lamb, and the only place that we find these are the places farm raised. There is a restaurant depot that

has this kind of special food for our traditional food in Albania. Most of my traditional cooking is vegetables, we eat vegetables three times a week. Breakfast I try to cook warm breakfast and lunch is light and dinner is heavy for us.

PF shared, “Now I go to Whole Foods in West Hartford. We get a lot of greens, vegetables, fruits, and meats. We try to find food without GMO’s and as little sodium as possible.”

PC explained in detail the food in Albania by stating,

Food in Albania was seasonal. We only ate what grew each season. For example, in the winter we had no tomatoes or cucumbers. We ate mostly beef stews with leeks, cabbage, spinach etc. Winter diet included a lot of beans and nuts, breads, and cheese. In the summer, foods included fresh fruits like watermelon, tomatoes, cucumbers, and various greens for salads. Bread was a staple each season and was served with olive oil, olives, feta cheese, onions etc. Meat came from the butcher, and it included beef, lamb, and chicken. Growing up, I remember that food was sparse and rationed by the government. People would wait in line to get monthly portion of butter, cheese, eggs, and bread. My grandparents had a yard where they would grow grapes, limes, persimmons, and I remember eating fresh produce from their garden.

These quotes illustrate the different food preferences that each participant made while living in Albania and how they changed after moving to America. While there was less selection in Albania, the food was fresh, organic, and grown locally. The difference

in diet is one of the factors that influences weight gain among Albanian-Americans when they move to the United States.

Distance to Farm/Activity

Participants were asked about the challenges they faced to find organic food in America. Most of the participants answered that farms are far away with about a 45-minute drive each way. This was the number one reason that they could not drive there as frequently as they wished.

PB stated,

Most of the places that we like to go for meat - as I said salami, lamb, chicken, fresh chicken, and fresh eggs - we go to a farm that is so far from New Jersey where we live. And that is a hard effort we make every time to have it in our table. So, it is best to store them in the freezer. The farm is almost one hour to one hour and half or two hours. We love to find all the fresh vegetables, fruits, eggs, and meats. We do go once in three months for meat. And for fruits and vegetables we go once a month.

PF shared they use their only day off to drive to the farm; other days is hard because of work. PF stated,

We must drive across town for about 45 minutes each way. The farms that we get organic food regularly are far away and I must go only on my day off. I must go early so it does not finish when I get there.

When PD was asked about the distance of organic food while living in Albania, they answered by stating, “There were many stores in the neighborhood that we could shop organic daily, fresh meat from butcher.”

PF added that in Albania, “Butcher store and other fresh food was in the neighborhood. Another neighbor had fresh milk, honey, and all organic food nearby.”

These quotes illustrate the distance of organic food in Albania was very close to their homes. They had meat, vegetables, eggs, and fruits within the neighborhood in Albania. Organic food is only found on farms that are far from the city in the United States.

Living Situation

The second theme was revealed by the data was Living Situation, which describes the homes and climates differences between Albania and America. The codes associated with this theme were: (a) apartment/house and (b) cold weather.

Apartment/House

Most participants noted that they lived with family in Albania and have their own homes or apartments in the United States. This creates more work but is also a dream come true.

PB stated,

We have our own house. I do love it living in US. It is my dream come true and I appreciate it every single day of my life living in the Unites States. Like I said earlier the beginning was very hard but now I got used to it and I love it.

PD shared, “I am a homeowner in a great area in Connecticut. I do most of the work around the house. Maintenance and snow removal, yard work.”

PG stated, “I have my own apartment. I like it here; you have a schedule. Work, save money and can accomplish a lot. My life is very busy here, and my only vacation is when I go to Albania.”

Cold Weather

Participants disclosed that they walked more in Albania because it was warmer as opposed to America, which is cold, and people drive everywhere.

PF stated, “I do not walk to places here, I cannot even if I want to. Winter is cold, and even summertime I do not have time to walk.”

PD shared, “In Connecticut is about 5 months that is very cold snow.”

PK stated,

Me and my husband we prepare organic veggies and fruits in our garden in America. But this is only for few months. Because winter is cold and its impossible. I am obese because it is so cold to walk, and I have very little activity. Winter is long here.

These quotes illustrate the influence of weather on physical activity.

Food availability and living situation were two themes that demonstrate the influence of community level factors on risk for obesity among Albanian-Americans. Community-level factors were more favorable in Albania due to availability of fresh organic food and pleasant weather that encouraged walking.

RQ4: How have societal level factors (cultural and social norms) impacted lifestyle changes and obesity for Albanian American migrants after moving to the United States?

Judge Obesity

The main theme that came from the data related to societal factors was judge obesity, which constitute cultural norms and perceptions in Albania that are against obesity . Many of the of the participants answered that Albanian culture is very judgmental especially for unmarried females. They also said they had not seen obesity in Albania but in America for the first time. Participants were asked follow-up questions such as: “Are they more judgmental towards single or married people? “Are they more judgmental towards younger or older people?” Do they judge people who do not eat healthy and keep a diet?” Do they judge more males or females?” Based on the participants answers, there were four codes that were found related to judge obesity including: (a) obesity rare Albania, (b) women judged, (c) unmarried judged, and (d) obesity common America.

Most of the participants reported that body shaming was common in Albania, especially towards females, young people, and unmarried people.

PH stated, “My culture is very judgmental when someone is not in great shape. It is important for our culture to exercise, especially before you get married you must be in great shape or be single forever.”

Participants PI stated, “We expect people to be in shape, females more.”

PC added,

I think there is bias, Albanians are very judgmental people and body shaming when it comes to that. But like I said before I realized now that I thought I was heavy in my teens, which I was not at all, it's because the culture expects you to be very thin and so it does not accept different body of shapes and sizes.

Obesity Rare Albania

When participants were asked if they saw obese people before in Albania most of them reported that obesity in Albania was rare.

PB stated,

Obesity is rare in Albania during that time. My culture is very well known for healthy food and healthy body. We try our best to maintain our body in shape by exercising but the food is what is the most important for us as we are what we eat.

Yes, it is very important to be in good shape.

PK mentioned that obese people receive body shaming if they do not change fast. PK shared,

Albanians do not like fat people. They see them as gross people. They cannot help themselves and others. They even offend them making negative comments. I think that's why people in Albania are in shape because of the culture being judgmental on them.

These quotes illustrate the difference in how obesity is viewed in Albania compared to America. Based on the answers from participants, obesity is rare in Albania and people are expected to maintain great shape otherwise would receive negative comments from their family and friends.

Women Judged

During the interviews, it came to my attention that many participants ended their sentence with the statement, ‘Especially women are judged.’ This created the code, and it was explained in more detail from PA who stated, “Females are judged more than males.” PB added that only women are expected to look nice and skinny, because guys are not judged as much.

PB stated, “Well as women we are more judged than guys for weight gain. It was very important that ladies have to look nice and skinny and in great shape. As for the men, no, not so much.”

When PD was asked the same question to elaborate more, she said that being overweight and underweight results in being judged in Albania, and if you are a woman, you will be judged. It is sad that they do not take into consideration that fact that they are the once to get pregnant, to have kids, to help in the house.

PD shared,

My culture is very judgmental. People will judge you if you are overweight or if you are underweight, especially females they need to be in good shape at all times. Society is not as accepting to people being out of shape. Men prefer younger women in good shape when they decide to get married. And after they have children, they expected to lose the weight but in fact they became out of shape when they became mothers. Their focused shifted to the kids and husband. Most of women were stayed at home mothers and they would cook and clean. We

did have some that were career-oriented women who had to leave the house and work.

These quotes were used to illustrate the code of women judged, because it showed the difference in how Albania women were judged no matter what. On the bright side, being judged from the community made women maintain the great shape, they would try to lose the weight after pregnancy, so society accepts them and does not body shame them. On the other hand, in America obesity is acceptable, and they would not be judged if they do not put weight loss as a priority in their life.

Unmarried Judged

Another sub question drew the code of unmarried as being judged more than married individuals in Albania. Many of the participants answered that single people are especially expected to be in great shape because of the future engagement and wedding. PH stated, “My culture is very judgmental, when someone is not in great shape, it is important for our culture to exercise. Especially before you get married you must be in great shape or be single forever.” PJ suffered a lot as a teenager and was bullied while in Albania due to being overweight. However, when she moved to America she decided to adhere to a strict diet and lose the weight to be in great shape.

PJ stated,

Yes, like I said in Albania I had more challenge with weight than in America. It was hard for me in high school and then I suffered a lot. In America I lost the weight. I made the strict diet and then lost it.

Everyone is expected to be healthy in Albania was the statement that several other participants made. PA stated, “My culture wants everyone to be healthy, especially young unmarried women need to be skinny and eat healthy before they get married. Albanian culture expects them to be in great shape before they get married.”

PF shared,

My culture is very judgmental. They want everyone to be in good shape. And if you are not, they will tell you straight to your face without filter. They expect single people to be in perfect shape before marriage. Especially females.

PB shared, “I would say that unmarried people are judged more by the family members, but people were judging more women, the girls more than men.”

Obesity Common America

This code indicated that most of the participants did not know about obesity while they lived in Albania. PG stated, “In Albania all people are slim and fit, I did not see obesity there. But when I came to America, I saw people obese and overweight for the first time.”

PB shared, “Obesity in the United States was a huge problem when I came here and saw.”

PF stated similar views by sharing, “Uh we did not really see that many obese people until we moved to the US. In the US it is very common to see people obese and overweight.”

PD shared, “Even though we try to focus on eating healthy, is not easy to avoid processed food most of the time. Here in USA, I saw many obese people, but it looks like is more common.”

Political System

The second theme that was revealed by the data, political system, represents the influence of upstream factors on individual health. The codes associated with this theme were: (a) communism and (b) capitalism.

Communism

Two of the participants stated that during the communist time in Albania, the food availability was limited for their families. PB stated, “It was limited availability in variety of food when I was in Albania. During the years 1980-1990 we had to grow our own fruits and vegetables because it was given to us in portions for family.”

This quote defines that Albanians had to grow their own fruits and vegetables. PC stated that their grandfather had to grow their food in their garden and that was the only fruits and vegetables they could eat. PC stated, “We only ate what we grew in our own garden. Food was limited due to communism era.”

Capitalism

In contrast with life in Albania, the capitalist political system in America results in plenty of food everywhere. Based on the answers of the participants, the food availability changed and became more in America, but it was not necessarily healthier. PC stated, “Food availability changed in the US. My produce comes solely from supermarkets and occasionally from farms.”

PB added, “In America, our life changed completely because we did not have to worry, we had plenty of food on our table.”

These quotes illustrate food availability during the communist era and the differences observed under a capitalist system. The responses from participants helped to answer the research question if this political system had an impact on increased risk of obesity in Albanian community while living in Albania and after moving to America.

The first theme showed how obesity is viewed in America compared to how obesity is viewed in Albania. In Albania, it was concluded that culture is judgmental. They do not accept obese people. In America, obesity is more acceptable and common. The second theme showed how the political system puts participants at greater risk for obesity while living in America. There were two themes that I explored that dealt with the societal level factors such as cultural and social norms and how each factor impacted lifestyle changes and obesity for Albanian American migrants after moving to the United States.

Table 5 provides a summary of results. It shows the organization of codes and themes, as well as selected extracts for each code. Participant responses indicate that all levels of factors – individual, relationship, community, and societal – have an influence on obesity among Albanian-American migrants to the United States.

Table 5*Summary of Results*

Theme	Code	Selected extracts
Disposition	Stress	“I think one more thing that I want to add is that stress really makes it difficult for my body to be in good shape. As I experienced that myself.” (PB).
	Anxiety	“When I came to this country, and I had to go thru different cultures and I had anxiety how am I going to adapt in this country” (PB).
Lifestyle	Organic Food	“In Albania there was organic meat without hormones. It was organic fruits and vegetables everywhere. I had a green house and was planting tomatoes, cucumber and all other fruits and vegetables.” (PK)
	Profession	“I was a high school teacher, and I was walking most of my day” (PK).” I was a student in Albania I walked everywhere, in America I am required to sit in my office most of the day” (PD). My workplace in Albania was active like it is here, but we did not have so many snacks in the lunchroom break like we have here a lot. In Albania we had to walk a lot to workplace. (PE).
	Homemade meals	“I cook at home lots of veggies, and fruits everyday) (PK).
	Less fat cooking	“It was hard in the beginning because we did not recognize the food very well here, so we had hard time until we tried our best to find our stores and places but for 25 years, I have been living in this country I still cook my traditional food because it is less fattening,
	Walking	“I was very active walking every day to school and back, and meeting with my friends and hang out daily” (PC).
	Hiking	“I like to go hiking and biking a lot. In summertime I go once a week for three hours” (PA).
	Sports	“Mostly is walking, and the other activities we play with my grandkids football, or you know like my husband and my son in law they like soccer games; Not often maybe two or three times a month we play soccer; For about one hour or hour and half.” (PB).
	Work long hours	“America is made for work” (PK) “I am on my feet for 8-10 hours a day for 5 days a week) (PJ).” Because of work we do not have time to cook, so we order out fast food. Most of the week we order out. So, mostly is half and half. (PJ).
	Travel/Pleasure	My life is very busy here, the only vacation is when I go to Albania” (PG). I like it here; you have a schedule. Work, save money and can accomplish a lot. My life is very busy here, and my only vacation is when I go to Albania. (PG).
	Lack of Physical activity	“In Albania I used to walk everywhere for my family, to visit. And not like in America that use the car for everything” (PB).
Stay in one place		“In America I work a lot sitting down, the most I walk 10-15 minutes per day” (PG) “I am not active in America, only work and home” (PF). I was packing medicine and was on my feet all day but without moving from my place. My legs were swollen I started to become sick. (PK).
Social Life	No Social life	“I am active only at work, other than that nothing else” (PF).
	Active social life	“I was very active walking every day to school and back, and meeting with my friends and hang out daily” (PC).
Family	Stay at home mom	“Most of women were stayed at home mothers and they would cook and clean. We did have some that were career-oriented women who had to leave the house and work.” (PD)

Theme	Code	Selected extracts
Food availability	Pregnancy	When I was in Albania, I was the same weight after giving birth to my last child. But in America I gained a lot more weight. I try to walk and watch what I eat so I do not keep gaining.
	Family Albania	“We always ate together at a dinner table with the family” (PD).
	Expensive organic	“At first 10-15 years in America, I see myself eating out being that was available everywhere and it was cheap. (PF).
	No Organic America	“There is food with hormones here” (PK). Yes, In America the food changed. There is food with hormones here. It is hard to find organic food. The food here makes people fat, sleepy, slower. The food is not healthy at all. At first, I thought it was not delicious because food was not local, but later I understood it has hormones. (PK).
	Own garden Albania	“My grandparents had a yard where they would grow grapes, limes, persimmons, and I remember eating fresh produce from their garden.” (PC) “I had my own green house and was planting tomatoes, cucumber and all other fruits and vegetables.” (PK)
Living situation	Food Preference	“Once a week I bring food from home, but mostly I was eating out when I was a student” (PJ).” Without GMO, as little sodium as possible” (PF). “3 times per week we order out” (PJ).
	Distance to farm/activity	“Butcher store and other fresh food was in the neighborhood” (PE).” Another neighbor had fresh milk, honey, and all organic food nearby” (PF). “The farms are far. It takes me 40 minutes to get there so I only go once a month.” (PK), (PE).
	Apartment/house	I have my own apartment. I like it here; you have a schedule. Work, save money and can accomplish a lot. My life is very busy here, and my only vacation is when I go to Albania. (PG).
Judge obesity	Cold weather	“Walking for 30-50 mins when the weather is good” (PD). I am obese because it is so cold to walk, and I have very little activity. Winter is long here.(PK).
	Obesity rare Albania	“I think there is bias, Albanians are very judgmental people and body shaming when it comes to that but like I said before I realized now that I thought I was heavy on my teens which I was not at all, it’s because the culture expects you to be very thin and so it does not accept different body of shapes and sizes.” (PC)
	Women judged	Females are judged more than males.” (PA) “My culture is very judgmental, when someone is not in great shape, it is important for our culture to exercise (PH). They except single people to be perfect shape before marriage. Especially females.” (PG).
	Unmarried judged	“My culture wants everyone to be healthy, especially young unmarried women need to be skinny and eat healthy before they get married. Albanian culture expects them to be in great shape before they get married (PA). “My culture is very judgmental. They want everyone to be in good shape. And if you are no, they will tell you straight to your face without filter (PG). Especially before you get married you must be in great shape or be single forever.” (PH).
Political system	Obesity Common America	“In America I saw obese people for the first time” (PJ). In Albania all people are slim and fit. I did not see obesity there. But when I came to America, I saw people obese and overweight for the first time. (PG)
	Communism	“It was limited availability variety of food when I was in Albania, during the years 1980-1990 we had to grow our own fruits and vegetables because was given to us in portion for family” (PB).
	Capitalism	“Of course, in America, our life changed completely because we did not have to worry, we had plenty of food in our table” (PB).

Evidence of Trustworthiness

The trustworthiness of qualitative findings is enhanced through the implementation of procedures to strengthen the credibility, transferability, dependability, and confirmability (Shenton, 2004). After approval, I posted the pilot flyer on my Facebook page (see Appendix B). After I finished with the pilot study interviews, then I posted the actual study flyer on my Facebook page (see Appendix C). All participants completed a one-on-one interview virtually with me. Data were voice recorded and saved securely. The interviews were recorded using audio recording on my spare phone while I typed important notes. I ensured both my cellphones and my computer were fully charged before each interview, and I checked the screen of the phone often to ensure the recording was taking place. I was at home in a quiet room alone when each interview took place so there was no noise or distractions. Initially, I read the consent to them (Appendix E). Each participant took approximately 30-40 minutes to complete the interview. After the interview, I typed everything out and sent an e-mail to each participant for member checking. All 11 confirmed everything that was typed were their words.

Credibility

Credibility means the results in this study are accurate representations of the reality that they are intended to describe (see Shenton, 2004). To strengthen credibility, participants were assured that their name, address, or identity will never be written or shared with anyone to encourage them give honest answers. After typing all the answers, I sent an e-mail back to the participants and responded with agreement to the transcript's accuracy.

Transferability

Transferability is the extent to which the findings in a study would hold true for other populations and samples that the researcher is looking for (Shenton, 2004). To avoid any issues with transferability, I confirmed the eligibility to participate prior, during, and after data collection. Prior confirmation was done via screening of the quick phone call to ensure they were fluent in English.

Dependability

Dependability is the extent to which the findings in a study would be reproducible in the same research context at a different time (Shenton, 2004). To minimize any bias of dependability, data were collected from all participants using the same instrument to facilitate a comparison of answers between the participants. The setting and methods were also the same for all.

Confirmability

Confirmability is the extent to which a study's findings represent the opinions and experiences of the study participants, rather than those of the researcher (Shenton, 2004). Confirmability in this study was strengthened through use of the SEM (Bronfenbrenner, 1977; CDC, n.d.; Crosby et al., 2013) as a framework. This model helped establish research questions for the study and clarify the relationship between factors that influence obesity across multiple levels (Bronfenbrenner, 1977; CDC, n.d.; Crosby et al., 2013).

Summary

In Chapter 4, I described the results of this transcendental phenomenological study of 11 Albanian Americans. Qualitative analysis according to Colaizzi's (1978)

approach revealed 31 codes organized into eight themes. The data revealed factors at the individual, relationship, community, and societal level that influence obesity in the study population. In Chapter 5, I will discuss my conclusions, social change implications, and recommendations based on this study.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

In this chapter, I present an interpretation of the results shared in Chapter 4. This phenomenological study's purpose was to identify lived experience of Albanian Americans who became obese after moving to the United States and living for more than 5 years in New England (Connecticut, New York, and New Jersey). The interview questions allowed participants to express their thoughts on lifestyle changes, diet, exercise regime, profession, and daily physical activities.

Most of the participants reported that moving to America increased their BMI, and they became less active. Moreover, their diet changed, and they started to eat less organic food. Participants identified the lack of physical activity and lack of organic food as the major reason for their weight gain. They sometimes faced challenges to get organic food because it was expensive, and the distance of farms was far from where they live. The inability to participate in physical activity as when they were in Albania had an impact on their physical as well as mental health. Some of them started to experience anxiety and stress due to their weight gain after migrating to America.

In this chapter, I will further discuss the interpretation of findings, limitation of the study, recommendations, implications of social change and conclusion. Though previous literature did not yield extensive research particularly for Albanian Americans moving to America with respect to phenomenology one-on-one interviews about obesity, there are other studies done on health effects of obesity such as: (Fleury & Lee, 2006; Hyska et al., 2015; Korthals., 2010; Labree et al., 2015; Ogden et al., 2017; Phan et al.,

2020; Reuter et al., 2018). Additionally, consequences to migration had on more chronic disease (Alidu & Grunfeld, 2018; Chu et al., 2013; Creighton et al., 2012; Dookeran et al., 2010) were also identified to increase the risk of obesity among other populations. Issues of social life, family, organic food cost, and political system were overall reducing the quality of life. Aspects of perceptions to barriers in organic food availability and physical activity were identified.

Interpretation of the Findings

Given that obesity and being overweight has increased drastically over the last 30 years (U. S. Department of Health and Human Services, n.d.), it is imperative to understand the perceptions of Albanian Americans eating and exercise habits. The purpose of this study was to allow participants to express their lived experience about how and why they became obese in America after moving from Albania. The results will be shared with the community and can be used by other cultural groups as an example of why immigrants become overweight and obese when they move to America.

There were 11 interviews conducted with Albanian Americans to answer the four research questions. Interviews took place virtually to use precaution because of COVID-19, and participants had privacy to express themselves comfortably from their home as well as safe from the COVID-19 pandemic. The transcripts were manually transcribed and uploaded into Microsoft Excel. The recorded interviews were placed in a password protected file after they were transcribed. They were then coded and analyzed manually and then categorized into themes based on the frequency of the answers. The themes and

categories were identified and discussed in Chapter 4. The findings based on the research questions are as follows:

RQ1: How have individual level factors (age, sex, education level, income lifestyle, exercise regime, diet, attitudes, and beliefs) impacted lifestyle changes and obesity for Albanian American migrants after moving to the United States?

Most of the participants agreed that their new lifestyle in America had an impact on obesity for Albanian American migrants. Their new lifestyle increased the risk of obesity after moving to America. Some of the participants felt that exercise regimen changes, long hours of work, and their diet was lacking organic food attributed to their weight gain. In Albania, they were regularly active everywhere and walked to school and work, meetings, and to hang out with friends. One participant felt that the weight was the same as when they were in Albania. Another participant stated that they were overweight in Albania, but she lost weight with diet and exercise when after moving to America.

The individual factors that changed with participants moving from Albania to America, which contributed to increase the risk of obesity among Albanian Americans included: (a) stress, (b) anxiety, (c) organic food, (d) profession, (e) home-made meals, (f) less fat cooking, (g) walking, (h) hiking, (i) sports, (j) work long hours, (k) travel pleasure, and (l) lack of physical activity and staying in one place.

Studies on non-Albanian Americans that focused on perceived barriers to obesity reported that disposition and lifestyle were also reported by participants in this study (see Alidu & Grunfeld, 2018; Chu et al., 2013; Creighton et al., 2012; Dookeran et al., 2010;

Romagnolo & Selmin, 2017). Similarly, themes of disposition and lifestyle yielded as well for this study based on the participants' answers.

A phenomenological approach and the SEM were used to help guide the overall study. SEM's focus not only frames the variety of factors that influence obesity, such as physical activity, diet, and lifestyle changes due to immigration. The first layer of SEM is individual. For the research questions used in this study, the answers about age, education, income, attitude, beliefs, trauma, and mental health history concluded that they had an impact in increasing the risk of obesity among Albanian Americans living in Connecticut, New York, and New Jersey.

RQ2: How have relationship level factors (marriage status, number of children and extended family) impacted lifestyle changes and obesity for Albanian American migrants after moving to the United States?

Participants recognized obesity for the first time when they moved to America. Obesity was rare in Albania. Unmarried people and females need to be in decent shape before marriage in Albanian culture. The family is always involved in cooking homemade food and sitting at the dinner table together. Some of the relationship factors that changed from Albania to America were lacking or reduced in America, which contributed to increasing the risk of obesity among Albanian American including: (a) no social life, (b) active social life, (c) stay at home mom, (d) pregnancy, and (e) family Albania.

Fleury and Lee (2006) also used SEM to understand the correlation between social norms, environment, social networks, etcetera influencing the adoption and

maintenance of regular physical activity among minority and underserved populations.

Fleury and Lee conducted and applied to SEM to understand the physical activity among African American women, which provided a strong theoretical basis to guide physical activity intervention their identified population. Similarly with my study, physical activity was limited among Albanian Americans in America due to no social life, pregnancy, and long working hours.

RQ3: How have community level factors (time spent at and distance to school or work stress levels related to school or work, and availability of healthy foods in school, work, or the local neighborhood) impacted lifestyle changes and obesity for Albanian American migrants after moving to the United States?

The participants' perceptions of their environment reflected many issues related to their neighborhood. They felt that they could not find healthy food in their neighborhood. All felt as if their environment was too cold for them to go on walks for most of the year. It was only during the summer they could go hiking, swimming, and take long walks with family. Most participants stated that food close to their home was too expensive, or they lacked the time to drive to the farms often because of their work schedule. In America, it is hard to find the time for physical activities, driving to farms to find healthy food, or socializing with friends like Albanian Americans used to do back home. Living situation and food availability were the two themes developed after the interviewing the participants. Some of the participants answered that distance to a farm prevented them from buying organic food more often while living in America. Participants stated that in Albania, most of the participants have a garden. However, when they arrived in America,

they had to go buying from stores since there was not organic food available when they started to search for farms.

Similarly, researchers stated that a lack of physical activity and expensive organic food made it harder for participants in America to eat healthy (Alidu & Grunfeld, 2018; Chu et al., 2013; Creighton et al., 2012; Dookeran et al., 2010; Romagnolo & Selmin, 2017). In a study conducted by Shapo et al. (2003), participants expressed there was obesity among middle-aged women in Albania. Participants of my study stated that they were healthier in Albania than in America. Researchers who conducted a study in Tirana concluded that obesity is a major public health problem in the adult population of Tirana, among middle-aged women (Shapo et al., 2003). Health promotion strategies are needed to prevent excess weight gain in the Albanian population (Shapo et al., 2003)

Some of the community factors that changed from Albania to America were lacking or reduced in America, which contributed to increase the risk of obesity among Albanian Americans including: (a) expensive organic food, (b) no organic food available in America, (c) owning a garden in Albania, (d) food preference, (e) distance to farm/activity, living in an apartment/ house, and (f) cold weather. In America, participants stated they have children and due to their working hours or other obligations, they are unable to exercise and search for organic food. Frozen food is always a quick and easy solution to most of the meals in America. A few of the participants expressed that buying healthier foods is a challenge because they must drive further, and the food is also more expensive. In Albania, pregnant women were stay at home mothers, but they still had an active social life, and they were constantly walking and being physical active even when

they did not have a profession. SEM has been helpful to use when conducting research because there are other factors contributing to community behaviors such as family, pregnancy, and food quality around their neighborhoods.

RQ4: How have societal level factors (cultural and social norms) impacted lifestyle changes and obesity for Albanian American migrants after moving to the United States?

The participants agreed that Albanian culture is very judgmental, and they body shame single women more than others. Nixon (2009) conducted a study on Albanian culture. Nixon concluded that body shaming was more common among single females. Nixon stated that “honor was associated with men” while “shame was associated with women” (p. 105–121). Some of the societal factors that changed from Albania to America were lacking or reduced in America, which contributed to increase the risk of obesity among Albanian Americans included: (a) obesity rare Albania, (b) women judged, (c) unmarried judged, (d) obesity common America, (e) communism, and (f) capitalism. Overall, SEM has been helpful to use when conducting research because there are multiple levels of influence on individual health behaviors such as obesity and chronic diseases. Cassel (2010) identified the contributors and their interactions with cultural, socioeconomic, biological, and political factors in the Samoan population. Similar answers were given from the participants of another study. Participants were asked if the poor health was associated with their political and socioeconomical changes, and the answers were yes. When Albanian Americans answered the interview questions,

it showed that the poor health of the Samoan population was due to recent political and socioeconomic changes (Cassel, 2010).

Limitations of the Study

The participants were volunteers and chosen based on the qualifications to fit the criteria of the study. There were some participants who did not meet the criteria because they were not fluent in speaking English. Those who were not fluent in English did not have their experiences recorded, and there may be some selection bias in this study. The results may also be limited by the restriction of participants living only in New England. Further investigation and study should be conducted in the future to include Albanian Americans living in other parts of the United States. Despite these limitations, this study's findings report some of the first findings related to Albanian migrants to the United States. The findings are important enough to be applied to real situations involving migrants' adaptation to a new culture and how it impacts their BMI.

Recommendations

Longitudinal studies are already conducted on overweight and obesity (NHANES). One recommendation is migrant populations are targeted in future cycles of data collection. Another recommendation is expanding the study to the entire United States as other parts of the country may have better access to organic foods and an environment that encourages physical activity.

I suggest a comparative study is done to evaluate Eastern European culture to see if there are similarities and differences in the impact of migration to the United States. Another fact that should be taken into consideration is my study was qualitative study. A

quantitative study could be conducted. A larger number of Albanian Americans could be participants by a survey of all Albanians in the United States to determine the proportion who have become obese. One can examine the reports on percentages of how many reports of physical activity and diet changes there were. The location of a new study could recruit participants living all over the United States and not only in Connecticut, New York, and New Jersey as my study took place. For this study, it was mandatory for participants to be English speaking; however, a future study could also include non-English speaking Albanian Americans to make sure their perspective is not lost. Further research could be conducted for the same population to find out if there are other health outcomes that are important to study such as cancer, diabetes, mental health.

Implications on Social Change

This phenomenological study's findings revealed that there are needs in the Albanian American community as it relates to adaptation to other cultures. A positive social change appears to be a need to have structured activities to ensure that people in every community are moving to get exercise. Participants also expressed a need for healthy, non-genetically modified organism (non-GMO) food. This requires public health policy changes to encourage removal of GMO food from the market and increase economical healthy food choices. In addition, health education about how to read food labels could improve Albanian Americans ability to select healthy, non-GMO foods. Since farms are far, it would be beneficial to bring farmer's markets to urban areas throughout New England. Greater access to fresh and affordable fruits and vegetables coupled with more parks and outdoor activities to do physical activity would benefit the

community. A combination of the proposed programming efforts will impact society by making families healthier with lower BMI, which will improve their relationship for better and improving challenges with mental health they might be facing.

Conclusion

The purpose of this phenomenological study was to examine the individual, community, relationship, and societal factors that increased the risk of obesity in American Albanian Americans after moving to America. Since obesity is an endemic issue in America for all cultures, the participants from Albania have also been affected and have experienced an increase in their obesity after moving to America. Participants revealed that their disposition, lifestyle, social life, family, food availability, living situation, judgement about obesity, and political system all have had an impact on their weight and health after moving to America. Participants reported lack of walking in America (mentioned 259 times), change of family from Albania to America (mentioned 139 times), lack of active social life (mentioned 121 times), food preference (mentioned 93 times), lack organic food in their neighborhoods (mentioned 87 times), lack of physical activity (mentioned 68 times), long work hours (mentioned 57 times), and change in social life (mentioned 121 times) as reasons for why they became obese in the United States. Multiple factors such as lack of physical activity, lack of active social life, and long hours of work impact obesity among Albanian migrants to America.

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Appendix A: Semi Structured Interview Guide

1. What is your age?
2. For how long do you live in United States of America?
3. Where do you live?
4. What is your height and weight (need to calculate BMI)?
5. What is your gender?

Male

Female

6. What is your highest level of Education?

Elementary

High School/GED

University Degree

Master's degree

PhD or other higher Education

7. What is your status

Married

Divorced

Single

Widow

8. Do you have children?

No

1

2

3 or more

9. What is the annual income of your household?

<\$20,000

\$20,000- \$34,000

\$35,000- \$49,000

\$50,000-\$74,000

>\$75,000

Interview:

1. What was food availability like in Albania? (Vegetables, meat, fruits/carbs)

a. Did it change in the United States? If yes, how?

2. Describe your workplace in Albania. (If it is in the office which does not require walking, or is it a job that requires individual to be constantly moving)

A – How does your type of job influence eating and exercising?

Describe your workplace in the United States. (If it is in the office which does not require walking, or is it a job that requires individual to be constantly moving)

A – How did this impact or influence eating healthy and exercising?

3. What were your thoughts on obesity when you lived in Albania? Has this changed since you moved to the United States?

4. What was your weight in Albania? What is the weight now in the United States?

5. Describe how you typically engaged in physical activity in Albania. Describe how you typically engage in physical activity in United States.

6. What are some of the activities you participate in like sports, hiking, or walking with you partner or family members?
7. Are you able to find healthy foods in your neighborhood in the United States?
 - a. Do you make any special effort to find healthy food?
 - b. Describe these efforts.
8. How would you describe living in the United States?
 - a. Describe the apartment /house you live in?
 - b. Describe your neighborhood?
9. Do you make any lifestyle choices to keep your body in shape?
 - a. Tell me about them.
10. How does your culture influence your view of health (exercise and diet: male or female; marital status)?
11. Have you experienced any challenges related to being (1-overweight or obese), (2- Same weight), (3- Underweight)?

Research Question 1: How have individual level factors (age, sex, education level, income lifestyle, exercise regime, diet, attitudes, and beliefs) impacted lifestyle changes and obesity for Albanian American migrants after moving to the United States?

Research Question 2: How have relationship level factors (marriage status, number of children and extended family) impacted lifestyle changes and obesity for Albanian American migrants after moving to the United States?

Research Question 3: How have community level factors (time spent at and distance to school or work stress levels related to school or work, and availability of

healthy foods in school, work, or the local neighborhood) impacted lifestyle changes and obesity for Albanian American migrants after moving to the United States?

Research Question 4: How have societal level factors (cultural and social norms) impacted lifestyle changes and obesity for Albanian American migrants after moving to the United States?

Appendix B: Recruitment Flyer

Pilot

My name is Briseida Xhelaj. I am a PhD student in Public Health at Walden University. I am writing my dissertation on the lived experiences of Albanian Americans after moving from Albania to the United States. I would like to interview 10 Albanian Americans who live in New York, New Jersey, or Connecticut. They must be over 18 years old, living in USA for at least 5 years, and English speaking in order to participate in my study. The interview will take place virtually and last between 30–60 minutes, followed by a debriefing session lasting about 15 minutes. All information will be kept confidential, and a \$20 gift card and an extra \$10 gift card, will be provided for participation. If you would like to participate, please reach out to me. Thank you.

Appendix C: Recruitment Flyer

My name is Briseida Xhelaj. I am a PhD student in Public Health at Walden University. I am writing my dissertation on the lived experiences of Albanian-Americans after moving from Albania to the United States. I would like to interview six to eight Albanian Americans who live in New York, New Jersey, or Connecticut. They have to be over 18 years old, living in the United States for at least 5 years who lived in Albania only before moving to the United States, and English speaking in order to participate in my study. The interview will take place virtually and last between 30–70 minutes. All information will be kept confidential, and a \$20 gift card will be provided for participation. Review a summary of your interview that will be sent via email. It should take about 10 minutes to review this summary. If you would like to participate, please reach out to me. Thank you.