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Health-Related Beliefs Among Low-Income African American Women and Their Perceptions About Obesity

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Abstract

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MA, City University of Seattle, 2004

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Dissertation Submitted in Partial Fulfillment

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Abstract

The aim of this study was to explore the health-related beliefs and perceptions of low-income African American women regarding obesity. Phenomenology served as the conceptual framework for this study. African American women, especially those in low-income brackets, have been shown to weigh more than women of other racial/ethnic groups. The consequences of these high rates are increased risks of developing chronic health disorders, such as type II diabetes and cardiovascular disease. The study sample consisted of 7 low-income obese African American women, ranging in age from 20 to 62, who resided in the Pacific Northwest. Recruitment for participation occurred via flyers, which were advertised in hair salons, churches, and community health clinics where African American women frequented. The women participated in audio-taped interviews, which were then transcribed and thematically analyzed. Findings showed that these 7 African American women had poor exercise and dietary behaviors that led to increased health risks. This study uncovered culturally-based traditions and provided insight into how these traditions may have influenced unhealthy behaviors. Educational health topics can be developed to include ways to more effectively address healthy behaviors for these women and how these women can play and more active role in decreasing excessive weight. This research may contribute to the literature by providing more awareness into this growing social and health problem among this vulnerable population. This study has implications for positive social change by increasing greater understanding into the complex reasons for obesity among low-income African American women.

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Dedication

This dissertation is dedicated to God who is the head of my life and because of him, all things are possible. I would also like to dedicate this project in loving memory of my father who instilled in me from an early age the importance of an education, and even though he is no longer with me, I will always remember his love, guidance and support. I would also like to thank my mother, brother and my sister in law who believed in me and encouraged me to pursue my dreams. Finally, I would like to thank my husband and my beautiful daughter who provided encouragement, patience and support during the most difficult and challenging times during the pursuit of my degree. I thank you all from the bottom of my heart and with gratitude for your love and support during my journey, and I would like to share this special occasion with you.

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Chapter 1: Introduction to the Study

Introduction

Approximately 49% of African American women were obese in 2008 (Johnson & Wesley, 2012). Obesity is defined as having a body mass index greater than 30 (Ahluwalia, Belfort, Daley, Rhode, & Thomas, 2008). The percentage of obese African American women was higher than European American women (26%) and Hispanic women (42%). African American women continue to experience high rates of obesity and obesity-related health disparities. As a result, a disproportionate number of African American women have an increased risk of chronic health problems, high mortality rates, and a lower rate of life expectancy compared to other populations of women (Ahluwalia et al., 2008; Banda et al., 2011).

Due to the lack of social support for African American women in health-related endeavors, such as healthy eating and exercise, careful consideration needs to be given to the historical, socioeconomic, and cultural experiences of these women. African American women's body image and quality of life is perceived in a unique cultural way. The differences in their cultural perceptions about weight, exercise, and diet, compared to other racial/ethnic groups, is a significant reason for their increased rates of obesity (Daroszewski, 2004). Many African American women view themselves as being attractive, healthy, and happy, and suggest that they are satisfied with being overweight (Banda et al., 2011; Rowe, 2010). This attitude contradicts the views of obese Hispanic and European American women who are less likely to view themselves as healthy (Banda

et al., 2011; Rowe, 2010). According to two studies, obese African American women who tend to have a positive body image were not as likely to view their size as an impediment or a health risk (Elizabeth, Fiona, & Guan, 2011; Ahluwalia et al., 2008).

Coogan et al. (2010) discussed the fact that African American women of low socioeconomic status generally have limited access to healthy foods. Additionally, they often lacked knowledge about nutrition and nutritional guidelines, and lacked the motivation to exercise. Research shows that 20% of African American women participate in regular physical activity compared to 31% of European American women (Artinian & Buncholz, 2009). Gletsu and Tovin (2010) suggested that, on average, African American women had lower rates of physical activity than Hispanic and European American women. The Centers for Disease Control and Prevention (CDC) recommended an exercise regimen that included physical activity five times a week for 30 minutes per day (CDC, 2011). The CDC also suggested that regular moderate physical activity would improve healthy function and reduce the risks of chronic disease. A healthy diet was also needed in the reduction and management of proper weight (Artinian & Buncholz, 2009).

Good health requires lifestyle modification and strategies to decrease obesity (Davis-Carrol, 2011). These strategies should include healthy eating and regular physical activity. An important principle in treating obesity for low-income African American

women is to overcome the challenges and start on a path toward good health, a path that decreases the health risks associated with obesity.

Background

Health disparities among African American women have existed throughout history (Bursac, 2009). Given their history of poor health outcomes and lifestyle behaviors, the aspects of health were never culturally appropriate and congruent with the values of African American women and therefore, never had been a focus (Curry, 2005). African American communities (Bursac, 2009) were typically never properly provided with culturally sensitive information regarding healthy food choices. Unfortunately, the health status of African American women was rarely explored (Johnston & Lee, 2011). As a result, Black women have made unhealthy food choices and thus have increased chronic health conditions (Curry, 2005). These factors contributed to the existence of health disparities that persist today (Curry).

Regardless of past and present struggles with racism, and the various political or economic agendas, African American women have not had a strong cultural sense which reflected healthy choices (Cowther, 2010). Today obese African American women maintain a culture and originality, which includes cultural differences in standards of beauty, body image, and the acceptance of a larger body type (Cowther, 2010). These perceptions of beauty are viewed as desirable among African American women but are linked to higher obesity rates (Fitzgibbon et al., 2008). African American women of low economic status do not have access to an array of healthy food choices, they lack

education on health-related issues, they are physically inactive, and do not have local opportunities in their environment to engage in physical activity (James, 2004).

According to Cain et al. (2012), the built environment is seen as the obstruction of healthy living that exists in physical, structured living spaces and consists of an environment that promotes weight-gaining behaviors. The challenges presented by built environment lifestyles of obese African American women are culturally bound and these challenges further exacerbate sedentary lifestyles. Therefore, the built environment promotes noncompliance with the recommendations of diet and exercise, promotes the consumption of large portions of high caloric intake of fats, sugar and carbohydrates, and prevents proper physical activity due to a lack of accessibility to exercise facilities. Cain et al. (2010) suggested there should be an exploration of built environments in African American communities and accessibility to recreation centers, parks, and safe and clean sidewalks make it easier for African American women to engage in physical activity.

When it comes to healthy food choices, access to a variety of grocery stores within walking distance and neighborhood restaurants become issues (Amireault et al., 2009). Grocery stores and the food industry are viewed as culprits in the poor choices available to many in the African American community and contribute to the prevalence of obesity in African American women by not manufacturing foods that are healthy and affordable. Healthier foods could replace high-fat and high-calorie foods that are stocked on grocery shelves. Amireault et al. (2009) stated that the activity of obese African

American women within the boundaries of their structured communities are shaped by culture and economics.

A food desert is defined as the lack of local neighborhood grocery stores in communities (Thomas, 2010). African American women living in communities of low socioeconomic status had an increase in unhealthy caloric intake and empty calories, especially when there were not a lot of available healthy choices (Guthman, 2008). Living in a food desert increases health risks and introduces many chronic health diseases. This illustrates why having access to healthy food choices had been important. In African American communities of low socioeconomic status across the United States, access to healthy food choices, education on the benefits of exercise, and an environment built on safety and health were not always available for African American women (Thomas, 2010). Educating African American women on this issue calls for a cultural shift in beliefs and perceptions. African American women are struggling more than other populations of women as the social and health problems associated with obesity continue to increase (Walker, 2012). Business and grocery stores in low-income African American communities have only done so much in getting African American women to make healthy choices. In order for a successful cultural shift to choosing healthy food options, African American women needed to take the initiative, change their behavior, belief systems, and empower themselves to become healthier (Guthman, 2008). Some researchers have concluded that incentives would have been be a way to make healthier choices by avoiding purchasing empty calorie foods (Bursac, 2009). These same

researchers suggested that in order to revolutionize the issue of food deserts, African American women needed to be more effective managers of their own health in order to regulate their food intake (Thomas, 2012).

According to Guthman (2008), obese African American women tend to compartmentalize their feelings and emotions regarding health compared to European American women. African American women explore their thinking and then build their thinking around making changes to maladaptive health behaviors. In African American women, obesity and a sense of well-being was often missing in the search to recreate balance. Obese African American women viewed themselves as lacking self-efficacy in this area, and that made it harder for them to change and recommit to a healthier lifestyle (Fitzgibbon et al., 2008). Getting through the core struggle of overcoming obesity took passion and that was where change could have taken place. In African American communities, food portions are important. The portions are extreme and African American women often rejected healthy lifestyle changes necessary to fight obesity (Gibson, 2011).

Agglomeration is defined as a process of grocers moving their businesses into communities and neighborhoods. Unfortunately, the density of agglomeration could be associated with the offerings of unhealthy food options, which were promoted in a cluster of stores in African American neighborhoods (Olfert & Rose, 2011). This constituted a barrier to healthy living, represented a large challenge to African American women and could violate the principle of fair and ethical treatment. The pressure to provide a variety

of healthy food choices is not a top priority if neighborhoods had only few stores because of competition between stores. One way to bring grocery stores to low-income African American communities is to engage in healthy competition between stores, which places pressure on grocery stores to provide healthy food choices (Olfert & Rose, 2011). It was the responsibility of those grocery stores that have moved into African American communities, to provide equal access to healthy food options. Changing a neighborhood to focus more on health requires a cultural shift and should have been a priority for grocery stores moving into African American neighborhoods. Neighborhood change should have led grocers to expand their food selection because of the hazards to health caused by obesity (Freedman, 2009).

Problem Statement

Obesity is a prevalent and a serious health problem in African American women because of the increased risk of chronic diseases. Obesity had been connected to a poorer quality of life due to unhealthy eating habits, cultural factors, sedentary lifestyles, and lack of exercise (Boggs et al., 2011). The gap in positive health outcomes include inadequate education on the benefits of healthy eating, exercise and chronic health risks. Not enough research has been conducted on the beliefs and perceptions about the sedentary lifestyles of African American women living in low-income urban communities. This is why exploratory research was needed (Thomas, 2010).

Purpose of the Study

The purpose of this study was to explore the health-related beliefs of low-income African American women and their perceptions about obesity. The links between African American women and obesity are important health issues that affect the African American community (Johnson & Wesley, 2012). A lifetime of commitment and sustainable good health practices is required for successful weight loss, lifestyle modification, and successful management of weight (Julie & Kelch-Oliver, 2011). Educating and empowering African American women from a familiar cultural perspective would help generate solutions to this health crisis (Chang, Hillier, & Mehta, 2009).

Research Questions

Many people have thought that obesity among African American women has become a choice, and that history, culture, and socioeconomic status did not play a role (Julie & Kelch-Oliver, 2011). Some people in the United States believe that obese African American women are lazy, unmotivated, and lack self-control and willpower over their sedentary lifestyles. If obesity were spotlighted as a social problem and considered less of a condition, then disparities would decrease (Johnson & Wesley, 2012).

A qualitative design was used in this study to collect data from semi-structured, in-depth interviews of low-income, obese African American women living in the Pacific Northwest. These interviews were essential in understanding the experiences of this population. Semi-structured interviews assisted in answering the research questions in an open-ended framework that focused on the insights and broader experiences of this population.

Four research questions must be answered in the exploration of obesity among low-income African American women:

1. What beliefs and perceptions about obesity, healthy eating and physical activity exist in a sample of low-income African American women?
2. What are some choices that have kept low-income African American women from staying healthy?
3. What can be done to minimize the increased risks that low-income African American women face?
4. What are some healthy lifestyle changes low-income African American women can make to obtain positive health outcomes?

Conceptual Framework

A qualitative method utilized the conceptual framework of phenomenology in this study and explored the complex and contextual aspects of the phenomenon of obesity in the daily lives of African American women (Heavey, Hurlburt, & Lefforge, 2012). This study explored the actions and cultural patterns of obese African American women and

the influential aspects of cultural norms on how they viewed the world around them. The aim of phenomenology in relation to the experiences of obese African American women was to view lived experiences through their eyes, which provided insight into their day to day reality. This study had a realistic and subjective approach to phenomenology that assisted in highlighting various tools and giving structure to aspects of this growing epidemic (Grosshans & Sabine, 2011). Phenomenology was used to raise different perspectives and encourage obese African American women to open up and share their experiences. The phenomenological framework was intended to provide insight into what obese African American women think about their health behaviors (Grosshans & Sabine, 2011).

Operational Definitions

Agglomeration: A process of grocers moving their businesses into communities and neighborhoods (Gibson, 2011).

Body Mass Index (BMI): This is defined as the calculation of an individual's weight divided by height (Boggs et al., 2011, p. 901-902).

Built Environment: This is defined as the obstruction of healthy living that exists in physical structured living spaces, and that promotes behaviors of weight gain (Cain et al., 2012).

Food desert: This is defined as the lack of availability or barriers in local neighborhood grocery stores in communities (Guthman, 2008).

Low-income: This is defined as an instrument of capital or labor enterprise which one becomes a part of when grouped in a social class system that comprises a lack financial security or benefits to include money that will assist in helping with common needs such as food, water, healthcare and shelter (Lekan, 2009).

Obesity: This is defined as the accumulation of an individual's body weight (BMI) that is higher than 30 and, which is found in large quantities that would make it harmful and cause health risks (Boggs et al., 2011, p. 901-902).

Phenomenology: Examining the way one lives from their own individual experiences (Heavey et al., 2010).

Truncal fat: This is defined as fat found more around the bottom, half of the body or the trunk of the body (Lee et al., 2011).

Weight management: This is defined as a procurement of said practices and behaviors one uses to maintain a healthy weight (Artinian & Buncholz, 2009).

Assumptions, Limitations, Scope and Delimitations

Assumptions

Obesity in the United States among African American women is a serious and chronic problem. It was assumed that this population was aloof regarding the seriousness of this problem and that their aloofness would not result in the necessary behavior and lifestyle changes (James, 2004). Another assumption consisted of the caution of general principles set forth in this study that may have been applied to those obese African American women who lived in predominantly poor African American communities

(Fitzpatrick et al., 2008).

Limitations

The limitations of this study consisted of using face-to face interviews as the primary source of data. This could be a weakness because the sample is small and does not represent a larger selection of obese African American women. Therefore, providing a deeper understanding of the experiences of obese African American women (Boonpleng et al., 2012). Another limitation consisted of the caution of general principles set forth in this study that may have been applied to those obese African American women who lived in predominantly poor African American communities (Fitzgibbon et al., 2008).

Scope and Delimitations

It was mentioned earlier that the purpose of this study was to explore obesity in low-income African American women. Obesity is a growing social and health problem in African American women and they have higher rates of obesity than other groups. African American women could be sedentary by choice and make their own decisions to engage in unhealthy behaviors. The obesity rates are large as a result from the intake of to many high calorie foods and lack of physical activity. The promotion of the increased intake of unhealthy foods and decreased amount of physical activity is found in African American communities and these women find it difficult to make healthy choices because they are influenced by their culture. In African American communities African women are looked upon as more appealing because of their curviness. This could account for the

increase in chronic health disorders and staggering obesity rates (James, 2004). The design of this study is based on studying the health-related behaviors of these women and how obesity affects their well-being. Another dimension was added to this research study that includes the focus on phenomenology and the lived experiences of the participants. The responses from participants may have been skewed because of their own personal beliefs and experiences about obesity.

Significance of the Study

Researching and studying health-related beliefs among low-income African American women is significant because of the current high rates of obesity. This research study is going to give insight and assist in finding solutions to obesity and health consequences found among African American women. The significant rate increases are found more in African American women than European and Hispanic women. In African American communities there appears to be a cultural tolerance for obesity and a lack of education and output of health information. There are few culturally specific intervention and prevention programs designed for low-income obese African American women. The high rates of obesity result in long-term chronic health problems, such as type II diabetes, heart disease, hypertension and some forms of cancer (Mosley, Nichols-English, Stallings, Thomas, & Wagner, 2008).

Summary and Transition

African American women in the United States have an increased prevalence rate of obesity compared to women from other races and ethnicities. Cultural beliefs and

perceptions of obesity in African American women influenced the manifestation of weight control and showed how culture may have influenced sedentary lifestyles (Johnson & Lee, 2011). There was a critical need for the proper assessment of culture in research regarding African American women (Lopez & Rebecca, 2011). To understand the growing problem of obesity required the understanding of the nature of relationships between culture and behavior, unhealthy eating, and lack of exercise. There was limited attention being paid to the problem of obesity in the United States with few studies indicating the cultural aspects of this problem. To understand beliefs and perceptions related to culture, there was a need for additional studies (Boggs et al., 2011). Social change was a large part of my research study and that called for systemic change in behavior, beliefs and perceptions through lifestyle modification. This helped to improve the health and wellness of obese African American women within their own communities (James, 2004).

According to Davis-Carrol (2011) there needed to be more of an awareness and public support of the health problem of obesity among African American women. Obesity was a broad-based health problem and should have been treated as one. Some have viewed obesity as a behavioral issue but others have not been well versed or educated on the problem. In order to control obesity, cues from the environment needed to cease in facilitating compulsive eating and lifestyle changes should have been sustainable over long periods of time (Buchholz, Ingram, & McDevitt, 2011).

Chapter 2 reviews the research literature on low-income African American women and obesity. This chapter also discusses the factors associated with the high prevalence of health-related disorders in African American women: socio-economic factors, cultural influences, environmental factors, physiological factors, and psychosocial behaviors.

Chapter 2: Review of the Literature

Introduction

A qualitative method used phenomenology in this study about the health-related beliefs and perceptions of obesity in low-income African American women. Health disorders such as type II diabetes, high blood pressure, and cardiovascular complications were associated with the increasing incidence of obesity among African American women (Affuso et al., 2011). Public awareness of chronic diseases has increased over the past several years, and this increase has also brought new awareness of the specific health issues of African American women. Disparities in the rate of obesity for African American women reflects their natural and social environment and are often linked to cultural factors and low socioeconomic status (Bleich, Fesahazion, Laveist, Sharif-Harris, & Thorpe, 2010). According to Coverson et al. (2011), obesity tends to be a sensitive topic among African American women, and this was why it was important not to alienate them but also to consider their values and perspectives about body image, culture, and weight management. Bleich et al. (2010) stated that if African American women were to become healthier they needed to be better educated on health-related matters.

Affuso et al. (2011) suggested that cultural influences had contributed to inadequate management of weight among African American women due to their perception of body image. A "thick" body image was generally not considered a stigma in the African American community but was often viewed negatively outside of the African American community. Beliefs and perceptions that were permissive and

associated with the culture of obese African American women had jeopardized African American women's long-term efforts to achieve a healthy body weight (Converson et al., 2011). Affuso et al. (2011) indicated it was important for African American women to follow a diet which was healthy and to engage in regular exercise in order to maintain a body weight that was healthy over a long period of time. Research had shown that African American communities had a tendency to live more sedentary lifestyles than other groups (Bleich et al., 2010).

I conducted the literature search using the following databases: PsycARTICLES, PsycINFO, ProQuest Health & Medical, ProQuest Central, MEDLINE, SocINDEX, ProQuest Nursing and Allied Health Source, and CINAHL Plus. I used the following keywords in the searches: *obesity, health, culture, disparities, sedentary lifestyle, physical, activity, weight, African American,* and *women*.

Review of the Literature

The conceptual framework in this study was based on the perceptions and beliefs of low-income African American women and their day to day experiences of living with obesity. The development and complexities of obesity from a cultural perspective for low-income African American women included three main factors: lack of physical activity, unhealthy eating, and sedentary lifestyle. These three main factors placed low-income African American women at risk for chronic health disorders that led to negative health outcomes (Heavey, Hurlburt, & Lefforge, 2012).

Food was a very important part of the African American culture (Kulkarni, 2004). The beliefs and practices of the African American culture were generated by societal norms (Elliott et al., 2008). A societal norm encompassed political, media, opinions, and ideas that were placed on society. The complexities of the relationship between food, physical inactivity, obesity, and African American women had never been more relevant as it was in the context of culture. African American women had a long-term trajectory of poor health as a consequence of beliefs and perceptions. Understanding the social context of African American women was important in evaluating their perceptions of obesity. The results of historical and socio-cultural factors in African American women of lower income status increased and created barriers in adherence to diet and exercise recommendations (Blixen, Singh, & Thacker, 2006). These barriers were inadequate support, cultural symbolism of food and nutrition, and inadequate health education (Delores, 2004).

A body mass index greater than 30 is defined as obesity (Coogan, Cozier, Krishnan, Adams-Campbell, & Rosenberg, 2010). The range of body mass index was considered to be important in the medical community because of the risk of the development of chronic diseases associated with obesity. There was a higher prevalence of obesity in African American women compared to Hispanic, European American and Asian women (Bennett et al., 2009). Banda et al. (2011) suggested that currently 47% of African American women were obese. The consequences of obesity for African American women were increased risk for health disorders such as type II diabetes,

cardiovascular disease, and hypertension (Banda et al., 2011). Researchers explored various reasons why obese African American women continued to get heavier and why these women continued to ignore the health consequences of the added weight (Bang et al., 2011). Obesity, unhealthy eating and physical inactivity among African American women were the consequences of cultural, socioeconomic, physiological, psychosocial and environmental factors.

There were aggressive strategies of marketing foods high in calories and increased portions in African American communities (Bennett et al., 2009). Nutrition and lifestyle modification were important and there needed to be a better definition on what would have led to positive health outcomes (Banda et al., 2011). I grounded this literature review in a conceptually based framework of phenomenology, which, according to Banda et al. (2011) strengthened the literature review. Knowledge was limited on this topic; this study helped to understand current research and guide future research and explored the reason why African American women were obese while examining gaps in the literature (Bennett et al., 2009).

Socioeconomic Factors and Obesity

Socioeconomic status contributed to the rate and prevalence of obesity in African American females. African American communities had disadvantages thereby having high proportions of obese African American women. A study by Carter-Parker, Edwards & McCleary (2012) suggested that education levels and income levels had set African American women up for poor health factors as well as failing to take some responsibility

for not managing their weight. The lack of education about nutrition and fitness in obese African American women led to unhealthy food options and poor preparation of food, insecurity in food issues and physical inactivity. All the factors of obesity in African American women were not yet known and brought forth disadvantages due to socioeconomic status, which was linked to high rates of obesity. There was a possibility if the gaps and disparities in socio-economic status were corrected, then obese African American women could have had access to physical activity, safe and walkable neighborhoods and parks and grocery store options that were healthy (pp. 53-54). Health disparities for low-income African American women were continuing to increase and pointed to poor health indicators, lack of stable incomes, and African American women did not have access to quality healthcare (Chang, Hillier, & Mehata, 2009). Lower socio-economic status was better explained as obesity rates in African American women were explored (Coogan, Cozier, Palmer, Rosenberg, 2012). Therefore, constraints of resources in economic status blocked the access of obtaining nutritious and healthy foods and avenues for physical activity. Additionally, high unemployment levels and social isolation led to obesity (Elliott, Kirchoff, Chin, & Schlichting, 2008).

According to Bennett et al. (2009) the social context of obesity was connected to the lower than average salaries and fewer opportunities for employment advancement. Obese African American women usually had high rates of excessive unemployment and lacked effective support systems. Research showed the implications of disparities and inequalities on health outcomes thereby making socio-economic status fundamental in the

beliefs and perceptions of unhealthy behaviors (Carter-Parker et al., 2012). The beliefs and perceptions of unhealthy behaviors in African American women led to complexities in understanding health disparities. There was not a steady influx and dissemination of information about socio-economic status and obesity in African American women and there was conflicting accounts on how to tackle the problem. Therefore, the high prevalence rate of obesity found in African American women related to socio-economic status was cause for concern. A growing body of literature suggested that long-term excess weight was harmful (Chang et al., 2009). Health disparities could have been decreased among obese African American women if they were provided with culturally sensitive education, which could have elicited and improved weight management outcomes. Another benefit for obese African American women was the reinforcement of positive health behaviors (Carter-Parker et al., 2012).

When the Civil Rights Act was passed in 1964 it created a number of medical milestones such as the United States government's initiative called "Healthy People," which was created to eliminate disparities in minority communities by 2010 (Benz, Blakey, Oppenheimer, Robinson, & Scherer, 2013). In the United States obesity was expensive for the healthcare system (Chugh, Clemow, Ferrante, & Friedman, 2013). In order to reduce healthcare costs increasing the public's understanding of the growing crisis of obesity in African American women was important. It was important to teach African American women ways to become healthy and to engage the public on how

important it was to educate African American communities about the importance of exercise and healthy eating (Benz et al., 2013).

Cultural Influences and Obesity

Cheng and Kahn (2008) stated that there were health disparities that exist among obese African American women. The gap in obesity outcomes had severe health consequences in African American communities. To manage obesity, African American women should have been provided resources and information so that they could have managed their weight effectively. Introducing and implementing cultural components was effective for this underserved population. Contextual examination and adaption of deep cultural structures included understanding historically the beginnings and conceptualization of the manifestation of culturally influenced obesity-related behaviors (Ard et al., 2013).

The research literature suggested the links between African American women, cultural influences and obesity were determined by sedentary lifestyles and other negative health behaviors (Ard et al., 2012). Obesity was influenced by the adaption of culture. Complex perspectives and variations in realities within the African American community contributed to cultural subjectivity regarding health behaviors. (Ard et al., 2013). There was a tolerance for obesity among African American women who tended to think less about losing weight than women of other populations. In the African American culture, obesity tended to be defined culturally as positive, thus obesity could have been embraced and not looked at as a negative part of health (Cheng et al., 2008). In the

exploration of culture African American women did not have the time to devote to health and did not have the motivation or put forth the energy regarding management of weight. There needed to be more studies that looked into health and culture because the vast majority of research studies did not fully examine the beliefs and perceptions of obesity among this population (Ard, 2013).

A study by Cheng & Kahn (2008) revealed that European American women felt a lot of pressure to be slender and thin from society, and that obesity was unacceptable. African American women's beliefs and perceptions about cultural influences of family made them look at the management of weight in a negative way. Some studies had shown that obesity among African American women had stemmed from childhood cultural influences and the family environment had led to bouts of accelerated weight gain that turned into inappropriate health behaviors in adulthood and has led to obesity. There were double standards in African American communities and in African American families, which had placed a lot of cultural pressure on African American women for being overweight. African American women felt pressured culturally to love their body size and to accept being obese. Although European American women did not have a cultural tolerance for being obese, both groups of women generally tended to believe that societal pressure of being slender and thin was too high of an expectation (Ard et al., 2012).

Research studies illustrated that the management of weight and obesity of African American women was limited by cultural influences (Blixen, Singh, & Thacker, 2006). The influences and co-influences of food preparation, the church environment, portion

sizes, and cultural expectations were all work to impede weight loss (Cheng & Kahn, 2008). Cultural strategies for obesity were insightful and further explored the influences of culture as a barrier to health and lifestyle. Research studies suggested there were no easy answers for African American women who could have changed their situation in the near future and that the best option was to make changes consciously that promoted healthy lifestyles to include food and exercise (Ard et al., 2013). Increasing understanding in the relationship between culture and obesity was inextricably connected to body image, early unhealthy eating patterns, and lack of physical activity opportunities. This was looked upon far beyond the psychosocial and physiological explanations affected in terms of historical proportions. Expectations and traditions were usually expressed in terms of socio-cultural values, family traditions of dietary beliefs, perceptions, and attitudes. Therefore, this created barriers about the knowledge of healthy food, physical inactivity, and disease (Cheng & Kahn, 2008).

Environmental Factors and Obesity

Research by Avila et al. (2012) stated the environment as it related to the increased rates of obesity in African American women was not understood. Energy balance was centered on the environmental determinants of obesity, which involved kilocalories taken in the body and then expended out of the body. The current obesity crisis demonstrated that obese African American women have a negative energy balance which means that what is taken in the body exceeds what is expended from the body. The expenditure of energy consists of energy that one must have had to maintain an even rate

of metabolism. The energy usually needed to digest food was only 5%, and the energy component needed for energy expenditure was always the modifiable component (Connell et al., 2012). Expending energy from physical activity had been used less over the last few years due to the decrease in the consumption of food (Avila et al., 2012). Therefore, the equation of energy balance was off-set by the over-consumption of food which subsequently elicited obesity. Connell et al. (2012) suggested that the environment in which most African American women tended to live had been linked to poor eating habits, lack of physical activity and obesity. Research studies had shown that the environment had played a role in the development of obesity and in the rise of obesity rates in African American communities.

Connell et al. (2012) stated that promoting physical activity in African American communities was an appropriate solution to the obesity crisis. In low- income African American communities the environment for Black women was most often dominated by sedentary lifestyles and poor health choices. African American women tended to engage in little to no physical activity. This was why some researchers believed there was a common sense effort to reverse the epidemic of obesity in African American women. Many researchers suggested that increases in obesity rates had been precipitated by changes in the environment of African American women over the last 35 years (Fitzgibbon, Schiffer, Sharp, Singh, & Stolley, 2009). There needed to be a behavior change shift and an approach that combined solutions that were integrated and environmentally based. However, managing weight for many African American women

was limited by monetary concerns, lack of empowerment, and safety (Andalib, Dunton, Durand, Pentz, & Wolch, 2011). There needed to be more research initiated to outline creative solutions of in-depth insight to focus on the characteristics of weight modification.

The dynamics of the home environment was another influence of obesity among African American women (Avila et al., 2012). Research showed environmental conditions of inadequate finances, stress and insecurities surrounding food and exercise exacerbated the problem. Therefore, what was uncertain was how African American women perceived the above conditions (Fitzgibbon et al., 2009). Engaging in these behaviors caused the home environment to become unstable and made choosing healthy options more difficult. Research had shown that dysfunction and impairment in the home influences unhealthy behaviors (Fowler-Brown, Hoewyk, James, & Raghuathan, 2006). Studying this type of impairment brought insight into the difficulties that obese African American women face on a day to day basis (Adler et al., 2008). In African American communities, women had not linked the benefits of a healthy body to positive health outcomes, which was why it was important to explore, and understand inequalities of health due to environmental conditions (Connell et al., 2012).

The conceptual framework of phenomenology helped in understanding complex and interactive processes (Cooney, Dowling, Murphy, Sixsmith & Tuohy, 2013). Current research stated obesity led to poor health outcomes for obese African American women (Adler et al., 2008). A number of studies showed environmental conditions had a unique

and powerful influence over the choices made by obese African American women. Given that environmental conditions were important in the lives of obese African American women many researchers argued that the exploration of influences could have encouraged positive lifestyle changes. Research suggested a need for new policies and laws directly aimed at changing the influences of obesity in the environment (Avila et al., 2012). The environmental aspects of obesity involved examining all the barriers to a healthy weight among African American women.

Physiological Factors and Obesity

Bennett et al. (2009) showed that there was a greater amount of bone density in the bone structure of African American women versus the bone structure of European American women. Additionally, the amount of fat found in certain muscles was distributed differently throughout the body for African American women, and they tended to have lower amounts of fat composites in the abdomen area (Bennett et al., 2009). African American women faced many challenges and complications in their efforts to fight obesity. Many African American women had difficulty with controlling calories and found it hard to engage in physical activity to reduce caloric intake. As stated in the article by Johnson & Wesley (2012) the analysis of physiological claims found in obese African American women was the malfunction of the hypothalamus gland. This malfunction affected the way food was metabolized and resulted in unwanted calories that were difficult to burn off. The more calories one consumed the more it had metabolized or the more it had capabilities to breakdown extra stored fat found in

composites of tissue in the body. Therefore, health disorders such as high blood pressure, type II diabetes, cardiovascular diseases, and some forms of cancer could have interfered with African American women and their ability to manage their weight (Cozier, 2009).

There are physiological aspects of obesity in African American women. As research was further explored it was important to expand knowledge about this growing social problem (Godfrey & Dansinger, 2009). Physical inactivity played a key component in the wide epidemic and prevalence of obesity among African American women. Physical activity was an integral part of maintaining a healthy body weight and healthy lifestyle for African American women. Reversing, decreasing, and preventing health risks called for consistent daily physical activity. Unfortunately, many obese African American women did not reap the benefits of exercise due to a lack of access to recreational activities in African American communities. This lack of access influenced their opportunity and willingness to engage in physical activity (Cozier, 2009). Accessibility as it relates to physical activity had also been studied by the CDC (2011). The improvement of affordability and improved access could have enhanced positive health outcomes. There were not a number of places to engage in physical activity in African American communities to include schools, parks, trails, and streets. Culturally appropriate exercises, such as walking and calisthenics, could have grabbed the attention of African American women and made a difference in their daily health regimen (Banda et al., 2011).

The disadvantages to physiological health included elevated levels of ongoing stress, which had negatively influenced physiological aspects of obesity. Heightened stress levels could have increased appetite and elevated the amount of fat that was stored and retained in the body (John & Wesley, 2012). Obese African American women faced challenges to better understanding the broad scope of how health, and the built environment were connected. There needed to be more awareness in the African American community about how the built environment influenced obesity and poor health choices. Physically, the body had checks and balances that could have helped deal with obesity and its lingering influences on health. Therefore, when the body was overloaded physiologically it could have thrown off one's metabolism and thus put the body in survival mode which could have increased appetite and caused overeating (Godfrey & Dansinger, 2009). Research studies suggested there were increased links between obesity and negative physiological consequences such as increased body fat (Kromker & Parlesak, 2008). Obese African American women had a tendency to eat foods in high fat, sodium and sugar content, which contributes to obesity. Compared to European American women, African American women had increased levels of abdominal or visceral fat and truncal fat. Abdominal or visceral fat is stored, around the abdominal area and truncal fat is stored around the bottom half or the trunk of the body. These two types of fat led to chronic health disorders. Further research was needed to understand body-fat composition distribution. There was a possibility that body-fat composition was influenced by diet, sedentary lifestyles, and behaviors such as physical inactivity (Lee et

al., 2011). The connection of physiological activity and obesity was complex in nature. This was due to consistent behaviors of physical inactivity in obese African American women. Researchers suggested that varying changes in physiological functioning is brought on by forms of stress, which did not enhance the benefits of improved self-awareness and perceptions of obesity in African American women (John & Wesley, 2012).

Psychosocial Behaviors and Obesity

Research by Caper, Baughman, & Logue (2011) and Mulrooney (2012) suggested that there were inequalities in the overall psychosocial and contextual determinants of body weight, obesity and health behaviors. In African American communities, Black women were valued and were glorified for being thick and heavy and often did not feel pressured to change their appearance to become thin or to lose weight. As stated in the article by Bosworth, Cardinal, Harmer, Johnson-Shelton & Lif (2009) there was a lack of concern for healthy eating, physical inactivity and weight. The lack of concern was shaped in childhood. The stigmatization of being obese in the United States was less likely to have taken a toll on African-American women and their self-worth. There were mixed findings in current research, which suggested obesity, body image, and self-esteem were complicated among African American women (Annesi & Srinivasa, 2010). For African American women stress, anxiety, boredom, and depression influenced overeating. Therefore, stress and emotion contributed to obesity (Mulrooney, 2012). Discomfort in the realm of emotionality drove Black women to unhealthy eating habits as

a way to relieve stress and anxiety (Mulrooney, 2012). Some African American women relished in the comfort of food, which had a bearing on stabilizing mood (Caper et al., 2011). It remained unclear on how to combine effective behavior changes in obese African-American women to address these lifestyle choices. It was important for obese African-American women to have some type of understanding of the etiology of psychosocial behaviors, obesity, and the factors that were involved in the development of healthy eating and exercise behaviors (Mulrooney, 2012).

A lack of willingness to try to lose weight among African American women was due to anxiety and depression (Mulrooney, 2012). Both anxiety and depression could have deterred one's willingness and intentions to lose weight and interfered with one's ability to make better health choices. Research had suggested psychological factors of stress contributed to high levels of anxiety and depression which more than likely led to unbalanced aspects of weight management (Mulrooney, 2012). A large body of research suggested increased stress levels led to obese African American women becoming more depressed than normal weight women (Ali, Gholson, Levy, Mwendwa, & Sims, 2011). Obesity, as it related to stress, affected the beliefs and perceptions of body image and the inability of African American women to lose weight elicited emotions, including instances of psychological pain and boredom (Mulrooney, 2012). Black women preferred to have their psychological concerns as it relates to obesity taken care of in a spiritual manner (Caper et al., 2011). There was a tendency among African American women to

view their weight in more of a social manner of appearance while not paying much attention to health risks associated with obesity.

Psychological factors of behavior gave an explanation to disparities in body weight while making losing weight challenging for African American women (Bosworth et al., 2009). Therefore, changes in the environment and public policies needed to more effectively address psychological factors and behaviors, which could help African American women enjoy decrease stress, engage in healthy eating and exercise behaviors (Caper et al., 2011).

Summary and Transition

A review of literature was conducted on the health beliefs and perceptions among low-income obese African American women. African American women had bore a heavy burden than populations of other women because of high rates of chronic disease. Obesity in African American women did not arise from character flaws but deeply reflected their health-related behaviors and beliefs about healthy eating, body image, and proper weight levels.

African American women have disparities regarding socioeconomic status which is related to obesity and based on the levels of income. Income and poverty is a significant marker for having less access to healthy food choices, physical inactivity and may contribute to weight gain. African American women of lower-income socioeconomic status are more than likely to consume high calorie foods and avoid exercise.

The culture of African American women are accepting of their obesity weight status. The culture paints a picture and identifies a tolerance to unhealthy foods and physical inactivity. African American women cultural traditions have a tremendous impact on their behaviors and choices. African American women accept their body type and are less likely to have distortions. This increases the risk for obesity and chronic health disorders. Unfortunately efforts have not been made to change unhealthy health beliefs and perceptions and to educate and empower African American women to move towards the path of good health. The environment has always played a role in the health status of African American women. African American women developed their preferences for food and physical activity patterns in their childhood family environment. Their food choices and exercise patterns has developed and shaped their health behaviors as adults and contributes to their obesity problems. The present conditions of their environment has limitations to include neighborhood safety concerns making it difficult to exercise and scarcity of supermarkets which leads to sedentary lifestyles that enhance weight gain.

There is a connection between physiology and obesity in low-income obese African American women. It is essential to understand the aspects of how to regulate body weight and be aware of changes in metabolism as it relates to obesity. Psychosocial factors are found in obese low-income African American women. When these women are faced with stressful situations in their environment it can lead to depression, anxiety and inadequate coping skills which contributes excessive eating and weight gain. In African

American women the behavior of turning to food for comfort becomes a pattern when they are faced with uncontrollable stress.

Chapter 3 addresses research questions and qualitative methods in regards to the conceptual framework of phenomenology. This chapter also addresses the research design and analysis of this study, how I planned to gain access to research participants and the use of face to face semistructured interview techniques with participants. The benefits and the risks of this study for participants are also outlined and discussed in this chapter.

Chapter 3: Research Methods

Introduction

Obesity is a prevalent problem affecting the health of many African American women (Sutherland, 2013). Obesity is a complex problem that has many root causes. Effective treatment has remained elusive for many African American women and making essential lifestyle changes has been difficult. In African American communities, obesity is particularly prevalent among women of lower socioeconomic status (Johnson & Wesley, 2012). This study drew from prior and current research to explore the causes of obesity in African American women. The purpose was to explore the beliefs and perceptions about obesity among African American women. This study used phenomenology (face-to-face interviews; see Appendix A for the interview protocol) to explore the lived experiences of obese African American women and the etiologies of obesity (Blixen et al., 2006).

Research Design

Qualitative research is used in this study and is valuable because this approach truly explored subjective problems (Ivey, 2012). Furthermore, an important factor in using a qualitative research and a phenomenology design was intended to elicit meaning and understanding of powerful experiences of participant's health-related problems and obesity (Cooney & Dowling, 2012). Therefore, qualitative research was chosen for this study for a number of reasons to include, a consistency and integrity of its approach and the nature of the research questions. This provided a deeper understanding of the

phenomenon of obesity, and it examined themes and patterns of the phenomenon under study (Charkhchi, Chitsaz, Karimian, & Toloie-Eshlaghy, 2011).

Research Questions

1. What beliefs and perceptions about obesity, healthy eating and physical activity exist in a sample of low-income African American women?
2. What are some choices that have kept low-income African American women from staying healthy?
3. What can be done to minimize the increased risks that low-income African American women face?
4. What are some healthy lifestyle changes low-income African American women can make to obtain positive health outcomes?

Participants/Population

Obese African American women were chosen to participate in this study because of their unhealthy lifestyles and increased risk for health problems. Seven participants from the Pacific Northwest were chosen for this study. Various businesses in various locations around African American communities were contacted in order to gain permission to post flyers for recruitment: for example, health centers, African American hair salons, and African American churches. This population was difficult to reach due to social stigma and the nature of the population. Therefore, this study could have potentially caused social marginalization. If this would have occurred, I may have had difficulty in identifying and gaining access to African American women. This would have

been the effects of snowball sampling. Gaining access to obese African American women could have been challenging due to socialization marginalization and the sensitivity of the subject matter. As the interviewer, I addressed the potential problem by making an effort to establish initial contact through flyers, prescreening phone interviews and to reach out to obese African American women where they were most frequent. These included hair salons, churches, community health centers and possibly going directly into African American communities.

There were four criteria for participation: African American women, at least 18 years old, and a BMI of 30 or more. BMI was used based on participant's self-reports of weight and height. Participants were not required to have a high school diploma but must have been unemployed or receiving Medicaid services or have had a household income of less than $10,000 per year to participate in the study. This was based on self-report. The participants were excluded from the study if they were non-African American women, middle or high income, live outside of the Pacific Northwest and were under 18 years of age. Interested participants contacted the researcher by telephone to participate in a phone screening. During the phone screening, I interviewed potential participants using a pre-screening script to identify research criteria. Once research criteria were established a 1-2 hour face-to-face interview was scheduled. I contacted the local library to inquire about scheduling a conference room for interviews. The plan was to interview participants in a nonthreatening location with an atmosphere that encouraged participants to speak freely, share views, and lived experiences. During the interview, participants were given a copy

of the nature of the study and an informed consent form to sign. There were brief 10-minute telephone follow-up interviews a week after the initial interview to check in with participants in case the interviewer had follow-up questions. All participants were given a $25.00 gift card at the beginning of the interview for their participation.

Researcher's Role

My role as the researcher was to discover truth and be able to describe it. In the research process, my role was to remain neutral and my ultimate goal was to be able to make predictions about the population of obese African American women about behaviors and have some level of control in what was being investigated (Buckle & Dwyer, 2009). As the researcher, I made sure that the data of the participants were reliable and valid. Qualitative researcher's meaning of validity consisted of making sure that the investigation and examination of the phenomenon were inclusive and did not overlap with other pertinent concepts. Member checking was used during the study. This was to ensure understanding and glean insight into the actions of participants. This had given participants a chance to make corrections to answers given during interview and provided them an opportunity to share more information. The reliability of this study provided standards for myself as the researcher and for participants, therefore, this study reflected the phenomenon being explored (Buckle & Dwyer, 2009).

Data Collection Plan

Data collection came from interviews and was used in this study to assist me in understanding how participants garnered meaning from their experiences with obesity.

This consisted of me closely listening or reading the words of the participants when conducting the interviews geared toward finding an answer to the research questions (Chadwick, Gill, Stewart, & Treasure, 2008). An interview protocol (See Appendix A) with specific questions was used in this study and assisted in looking at how participants found meaning in their experiences with being obese. Data was collected in this study from 7 face-to-face semistructured interviews of open-ended questions to begin a conversation about the health beliefs and perceptions of obesity among African American women. The semistructured interviews took 1 to 2 hours to complete and were conducted over a 1-month time period. The primary sources of data were interviews, which garnered insight from the participants (Al-yateem, 2012). The choice to use interviews was based on the potential for consistency and the time to develop more understanding of the phenomenon of obesity. Individual interviews had a specific strength that appealed to this study versus other research options such as focus groups. The strengths of interviews were numerous and included gaining in-depth information, talking to one person at a time, which helped with the sensitive nature of the phenomenon, and interviews which had given the interviewer a better understanding of the thoughts and feelings about the phenomenon (Anayan, 2013). Focus groups consisted of in-depth interviews conducted with more than one individual. These groups would have taken more time to conduct than interviews and would have ran on group dynamics (Kitzinger, 1994).

Data Analysis Plan

There were three stages that comprised the data analysis plan. The first stage consisted of analyzing data about beliefs and perceptions from audio recordings and interview notes given by the permission of the participants. The second stage involved coding data to categorized verbal responses from participants for thematic analysis, which determined labels and codes which, emerged from various themes such as eating habits, physical inactivity, and health status (Bergin, 2011). Themes were linked to sources of specific data from excerpts of transcripts from interviews. Once labeled themes were sorted and analyzed and the schemas from coding were developed regardless of data collected and research questions. Transcript data aid included the computer software program Nvivo which combined text, image, sound and data sets. In the third and final stage, there were attempts to redefine and revise themes for methods of constant comparison. The various question's used in this study were put into categories in order to identify meaning, analyze data and summarize its importance. The findings in this research study were sensitive and represented the views of my participants. There were member checks for verifying conclusions (Bergin, 2011).

This coding method was chosen because it allowed for a broader interpretation and allowed the researcher to become more involved. This method provided the researcher an opportunity to make comparisons and identification for the sole purpose of determining data upon which to focus and, which connected to a relationship between research. This type of coding also focused on the identification and description of ideas

within the data such as themes. If this coding method was followed it could have probably resulted in outcomes that were more efficient (Lindstrom, Macey & Olszewski, 2006). Other types of coding such as the grounded theory data analysis method could have started at the same time as the data collection process. This means that data collection could have been grounded and then further analyzed. Two key differences in the coding method of this study were that in the grounded theory, an emphasis could have been placed on actions embedded within the codes and the iterative process of coding (Wyatt, 2013).

Measures for the Ethical Protection of Participants

Research ethics in this study included issues associated with the practice of research, issues that come up in the process, application and use of research findings and the conduct of research. Throughout this study, scientific integrity was upheld to avoid any types of misconduct. There was open provisions of disclosure that helped guarantee confidentiality of participants (Donner, Fisher, Gonsiorek, & VandeCreek, 2008). Upholding ethical standards provided greater insight from this research study for the researcher and the participant and prevented conflicts or misconduct. What was paramount in qualitative research were issues pertaining to consent, and dealing with participants volunteering and agreeing to participate in this study over a certain period of time (Donner, et al., 2008). Giving consent in this study was ongoing, and it was the responsibility of the researcher to make sure that all participants understood the terms of

the study and what the study entailed. The relationship between the researcher and the participant were dependent on the quality of the data collected. It was very important that I provided confidentiality and a privacy policy to all participants. The identities of the participants were kept confidential and their rights were protected (Donner, 2008).

Informed consent was another aspect of ethics that was important because it prevented deception regarding the nature of the research and participant participation. Research in this study was conducted in an ethical matter, and all participants were given informed consent for their participation in this research study (Barnett, Bucky, Johnson-Greene, & Wise, 2007). The conditions of obesity and income status shaped the choices of living a healthy lifestyle among African American women. Disclosure was also considered a way for participants to open up and was a potential step to end years of discrimination based on weight and income. Proper disclosure was a stepping stone to garner social support. The participants were provided adequate information about the requirements of income to participate in the study and had an opportunity to make an educated decision about whether or not to participate. Each participant was given an informed consent form. The informed consent form included the following: all procedures involved in the research, the purpose of the research study, the length of time needed for the study, all the risk and benefits of participation, as well as anything that could potentially cause discomfort. Research records of personal income status and health information were confidential, there was compensation and all participants had the right to stop research at any time and decline to participate without being penalized. The

priority in this study was the protection of all participants, particularly the protection of their identities (Barnett, et al., 2007). There was careful consideration and thought about the perspective of empathy and caring by the researcher about research study criteria for the recruitment of potential participants.

Summary and Transition

A qualitative research design was used in this study to develop the method of phenomenology. Qualitative research referred to the various ways of collecting research data. In this study, efforts were made to come to a consensus about the health attitudes of low-income African American women and obesity. Details were outlined in the study surrounding the phenomenon through seven semistructured face to face interviews of participants over a one-month period. The interviews conducted were over the phone to elicit eligibility criteria. When the criterion was met for the study, a second interview was scheduled and conducted in a safe and disclosed location. There was also an interview guide to include questions, interview criteria, and telephone informed consent form information as well as information about consent forms for a second follow-up interview if needed. The value of this study was in part from understanding what guides the unhealthy attitudes, perceptions and behaviors of low-income African American women. This study entailed coding data, categorizing verbal responses from participants for thematic and analysis purposes. This helped determine labels and codes that emerge from various themes in the study (Firth & Smith, 2011). African American women participants in this study elicited themes related to healthy eating, physical activity and health.

Interviews were audio taped and transcribed checked and entered into computer software Nvivo (Enlander, 2012). All personal identifiers were not included in transcripts, and confidentiality was of the utmost importance.

Chapter 4 addresses the results based upon my findings of relevant themes. The findings are presented in a well-organized and detailed manner based on the analysis of qualitative data gathered to obtain information without bias or interpretation.

Chapter 4: Results

Introduction

The purpose of this phenomenological study was to explore the beliefs and perceptions about obesity among African American women. The semistructured interview questions were based on the experiences of the participants and their perceptions and health-related beliefs about obesity. A wide and diverse range of experiences were reported by the participants regarding their weight and heath. The analysis and the collection of data and sampling were woven together in this study. The point of saturation came during my brief follow-up interviews when my participants were repeating the same themes that I had identified during the initial interviews. I began thinking at that point that my interviews were in-depth and my subject matter was covered completely. When I began to analyze my data using Nvivo 10 qualitative analysis software, I made sure that my data was fully coded and I did not close my various categories too early. When the analysis began to take shape, I made sure that I examined it closely.

This chapter discusses the characteristics and demographics of the sample population; it also describes recurring themes and patterns (identified through data analysis), which answered the four research questions:

1. What beliefs and perceptions about obesity, healthy eating and physical activity exist in a sample of low-income African American women?

2. What are some choices that have kept low-income African American women from staying healthy?
3. What can be done to minimize the increased risks that low-income African American women face?
4. What are some healthy lifestyle changes low-income African American women can make to obtain positive health outcomes?

Participants were interviewed based on an interview protocol about the issue of obesity and its impact on their lives. These questions provided the framework for this study. The issue of obesity was a valid cause for concern for the participants. My results showed (a) the increased chronic health risks associated with obesity and (b) that income are barriers to health. The impact of excessive weight was a sensitive subject for many participants and the interviews brought out an array of complex beliefs and perceptions. The selection of a qualitative method involving face-to-face interviews was an effective approach in that it allowed their perceptions and beliefs to be explored more in-depth and in a nonthreatening manner. The location of a conference room in the branch of a public library also encouraged participants to speak freely and share their views and experiences.

Participant Recruitment

The participants involved in this study were recruited by posting flyers in businesses located in African American communities. Flyers were specifically posted in locations frequented by African American women: Four African American hair salons,

four African American churches and two community health centers. Snowball sampling, a technique of non-probability sampling, was used to help identify and locate my participants. Sampling was limited to a small group of low-income obese African American women. Snowball sampling was used to recruit participants. Chain referral was the process by which participants were asked after the completion of their interviews to help identify others who may have an interest in this research study.

Participant Profile

A total of seven low-income obese African American women were prescreened, and ultimately qualified for this study. The women who qualified were then interviewed. The ages of the participants interviewed ranged from 20 to 62 years. Body mass index, height, and weight were self-reported by each participant. The body mass index of each participant ranged from 33.7 to 39.9. Two (29%) of the women were married, three (42%) were single and two (29%) were divorced. Employment status showed all the participants (100%) were unemployed. All the women (100%) reported they completed high school and earned a high school diploma. All the women (100%) reported a household income of $10,000 or less and all participants received Medicaid services.

Data Collection and Storage

The pre-screening interviews required participants to call the researcher if they were interested in participating in the study. The pre-screening interviews included the use of an interview script which thanked the participants for calling, identified me as the researcher and informed the participants that they would be asked a set of questions that

took 5–10 minutes to determine eligibility to participate in this study. During the prescreening, participants were warned of the sensitive nature of the subject matter. Participants were also informed that their participation in the study was completely voluntary and that they had the option of quitting at any time. Participants were informed that a set of information would be collected to include weight, income and height. Participants who were eligible for the study were informed that a one to two hour interview would be scheduled and set up in a private conference room at a local library. Four questions were asked during the pre-screening process: (a) Are you 18 years or older? (b) How much do you weigh? (c) How tall are you? (d) Do you have a household income of 10,000 per year or less or unemployed or receiving Medicaid services? All personal information collected was assigned a code and kept in a locked file cabinet. For participants who did not qualify for the study or who changed their minds and decided that they did not want to participate in the study, all personal information gathered during the pre-screening was destroyed.

A total of 18 candidates were pre-screened. Seven candidates ultimately qualified for the study and six did not qualify. Two interested participants who were pre-screened and qualified for the research study did not show up for their scheduled interview. Three participants who were pre-screened and qualified for the study came to their scheduled interview and later changed their minds about 1/3 of the way through. Participants cited several reasons for quitting this study. These reasons tended to be personal in nature and

included that the participants were not feeling comfortable about the interview process or had problems with the intrusive nature of the interview protocol. One participant said: "All of a sudden, I do not feel comfortable with doing this. I am not okay with this. I wish to stop for personal reasons that I would rather not talk about." Another participant responded by saying: "I just do not feel comfortable in talking about my weight anymore; it is depressing me. I would like to stop now." Another participant said: "I feel like I am being probed a bit too much, and some of these questions have invaded my personal space."

All scheduled interviews were held in a quiet conference room in two different public libraries. Once the participant arrived, I introduced myself as the researcher. I explained to each participant once again about the study and its purpose. I told each participant about the semi-structured interview protocol that I created and that the interview protocol was basically created to keep me on track while attempting to explore their health beliefs and perceptions about obesity. All the participants read and signed a consent form and were given a $25.00 gift card at the beginning of the interview. All the interviews were audio-taped and interview notes were taken. The interview notes also contained my personal insights and observations taken during the interviews with each participant.

The Institutional Review Board at Walden University approved this study (05-0614-0181738). Each interview lasted over an hour. The semi-structured interview questions that were given to participants encouraged them to express and discuss their

obesity and health-related experiences. In addition, I probed and asked additional follow-up questions. These follow-up questions provided more clarity by allowing the participants to further elaborate upon their own experiences. Due to the sensitivity of the subject matter I conducted periodic check-ins with the participants. All of the participants were also debriefed after the interview process was completed. All data that was collected was securely locked in a file cabinet at the home of the researcher. A week after each interview I called the participants with further questions and for clarification about specific responses from the interviews and my personal notes.

Data Analysis

The notes and audio transcripts were prepared by the researcher within a few weeks' time. The texts from the interviews and notes were entered into Nvivo 10, a software program that analyzes qualitative data. Overall, the goal of data analysis was to uncover themes that emerged from the data. To uncover these themes I identified, codes and put patterns into data categories. When the interviews were completed, I reviewed my interview notes to discover ideas and possible categories that were emerging. Then I transcribed the interviews from the audiotapes which I reviewed. The interview transcripts were then cross-referenced with my interview notes.

Codes emerged from a series of text responses that identified phrases, statements and words that described recurrent themes. I reviewed each line in the interview transcripts so that links and relationships could be established from the analysis. The purpose of this analysis was to link categories and subcategories so that relationships

could be identified. All notes and memos associated with this study were sorted and put into various categories so that similarities could emerge from the data. Themes from this study were organized to gain more insight on how low-income African American women perceived their health and obesity-related issues. The following themes were identified in this study: Culture, exercise, unhealthy eating, negative body image, health concerns, and income barrier. All interpretations were verified and themes and categories for constant comparison were refined. The accuracy of common patterns identified was enhanced by this process. After no new information or patterns emerged, thematic saturation was achieved and no new interviews were scheduled.

Data Verification

Member checking was used in this study to help ensure data accuracy at the beginning and at the end of the data collection and analysis. I read the transcripts thoroughly of all participant's several times for accuracy to make sure the words the participants said were captured accurately. During member checking, I verified patterns that were emerging and dialogue inferences that were formed to access experiences, beliefs and perceptions of the participants. I paid close attention to issues arising from biased interpretation of the data. During the follow-up telephone interview and discussion, I took the interpretation back to the participants in the study so that findings could be confirmed and credibility could be established. Participants were asked whether they felt like the components that were discussed during the interview accurately reflected what they said, if what was said made sense. Participants were also asked and if

what they said during the interviews were represented by the emerging themes. After the follow-up interviews, I made minor corrections and revisions to themes.

Themes

The participants expressed many different aspects about their own experiences that subsequently influenced obesity. For the participants, the negative impact of obesity caused concerns and needed to be understood further especially because of the related health problems. Themes centered on a number of factors, but one important factor for the participants was to find ways to decrease obesity for better health outcomes, including options for healthier eating and exercise. Furthermore, all the participants were asked about the benefits of living a healthy lifestyle and the importance of becoming healthy.

In the thematic analysis, there were six major themes and six sub-themes that emerged from the data. These themes were: a) Culture, b) Body Image, c) Unhealthy Eating, d) Exercise, e) Health, and, f) Income Barrier. Six sub-themes were family traditions and food, concerns about neighborhood safety and exercise, energy level, lack of motivation, places to exercise outside, and lack of support systems. The major themes were placed into categories according to prevalence, how many times the issues were discussed by participants in the interviews, the time spent on the subject matter, and the level of perceived importance to the women. Verbatim statements made by the women are provided to illustrate major themes of this study.

Culture

The women believed that their family of origin and family traditions and views about health, eating and exercise had a great impact on their current eating, exercise and health behaviors. Most of the women reached a consensus that eating healthy and exercise were never discussed in their family of origin. The women identified the following traditions found in their culture and setting as influential (e.g., church,); traditional African American cultural foods (e.g., macaroni and cheese, fried chicken and chitterlings), and the use of various types of fat for preparation of food and the inability to say no to certain types of food (e.g., family and social gatherings). These traditions made it much more difficult to shed the extra pounds and these traditions also had an impact on their health behaviors as adults. Participants expressed that the support of sedentary lifestyles in the African American family and African American community made it challenging to change behaviors:

> P1-There was no discussion of exercise or healthy eating in my culture, my family or at family gatherings. We ate a lot of fattening foods and did not exercise.
>
> P3-My cultural background has impacted me as an adult. I was not raised to eat particular portions, fruits and vegetables and exercise was not stressed.
>
> P2-We did not view food very well in my family because black tradition tended to eat a lot of unhealthy foods at family and social gatherings and exercise was never discussed.

One participant expressed her views:

> P4-I have a good relationship with God. Something I have never prayed about is my eating habits and the amount of fat content I use in my food.

Body Image

The participants discussed their thoughts and feelings regarding their views about their body image and appearance. All the women stated that the view of their body image was negative. The women expressed their desire to be thinner but only in a healthy way. The women also made generalities about how others in society view them. Some of the women talked about a lack of self-confidence, the inability to accept their size and shape and how a negative body image made them feel.

> P1-I have a negative body image. I hate my stomach. I have a lot of body fat.
>
> P2-I am not happy with my body image because I am all stretched out. I have done a lot of damage to my body and have low self-esteem because of it.

One participant referred to her clothes size which contributes to her negative thoughts of her body image and because she is larger in size, it makes her feel less attractive.

> P3-I have a negative body image when it comes to shopping for clothes it's very uncomfortable.

Unhealthy Eating

The participants said at some point in their lives, they had attempted to lose weight through diet and some forms of exercise but have been either unsuccessful in

losing weight or keeping the weight off that they had lost. Some of the participants identified connections and positive associations between unhealthy eating, sugar, intake, motivation and energy level in weight changes and health outcomes.

> P6-I have not made any changes to improve my eating habits. I am just not motivated. I have attempted to lose weight many times from trying to diet and exercise always gaining the weight back.
>
> P7-I am concerned about my energy level, I am depressed, I am tired all the time and I am not motivated to make changes.

Most participants said they were not incorporating enough fruits and vegetables in their diet but instead were eating too many fried and fatty types of food. Some of the participants said they were not including the daily recommended amount of water in their diet. The majority of participants interviewed commented on making minor changes in their diet.

> P4-I do not eat enough fruits and vegetables in my diet, I eat a lot of fried foods, I crave sugar and I do not drink enough water.
>
> P5-I crave sweets, I have a fetish for chocolates and I eat a lot of deep fried foods.

Exercise

Barriers to exercise emerged from the data among these women. Barriers to exercise led to a number of sub-categories within the theme of exercise. Sub-categories of exercise barriers mentioned by participants were lack of motivation, lack of energy,

neighborhood safety concerns, and lack of outside places to exercise. Two of the women said they exercised regularly and engage in walking as a form of exercise or are a member of a gym. Some participants commented on not being able to afford a gym membership and the lack of affordable gym equipment. A basic lack of affordability to participate in exercise was the reason why they did not exercise. Participants who did not exercise cited many reasons. Two of the women discussed their lack of motivation to exercise, and three of the participants talked about how having low levels of energy and negative attitudes had stood in the way of exercise. Two of the women discussed health reasons and personal neighborhood safety concerns regarding walking in parks or outdoors because of high levels of crime. Two participants discussed the poor quality of the sidewalks in their neighborhoods, the lack of neighborhood trails, and the lack of nearby parks and recreational centers:

> P4-I do not have a park close by where I live. I have no energy to exercise and besides I cannot afford to go to the gym or afford to buy exercise equipment.
>
> P5-I have health issues that prevent me from exercising. The parks in my area are unsafe, I cannot afford the gym which is on the other side of town or to buy a treadmill.
>
> P7-I do not have any energy to exercise, I do not like to exercise, I cannot get motivated, the parks in my neighborhood are not safe and I cannot afford to go to the gym.

A participant said:

P2-I walk 3.5 miles a day. I exercise five days a week and are a member of a gym. Another women said:

P3-I do not have a gym membership because I cannot afford one.

Health

The women raised concerns about health-related obesity, consequences and the risk factors. The women discussed how obesity and a lack of exercise affected their overall physical health. Most of the participants were educated on lifestyle factors and its association to their health. All the women reported that they wanted to lose weight and the common answer that was given was to become healthy. Three of the women report a lack of support regarding efforts to stay healthy and four of the women report they have a strong support system consisting of family, friends, church or religious affiliation. Five women have obesity-related chronic health conditions. Two of the women who did not have obesity-related health disorders were aware of the risks.

P1- I have high blood pressure, diabetes and congestive heart failure.

P7-I have high blood pressure, possible cholesterol issues and was recently diagnosed with type II diabetes.

P2-I have diabetes and I have been having some tingling in my legs which is a complication of diabetes.

P4-I have high blood pressure and I am a borderline diabetic.

P5-I have hypertension

One of the women is quoting as saying:

P3-I have not had any weight-related health issues thankfully. However, I do know that diabetes runs in my family and I am prone to become diabetic if I do not make changes.

Another participant expressed her health-related concerns:

P6-I have no health problems but I know that I am a candidate for cancer and diabetes because I am obese.

Income Barrier

The participants made statements about how their weight related to their income and that from their perspective the link was not well understood. The women expressed that from their experiences maintaining a healthy weight was unique to being in poverty. Some of the women reported that they had issues with transportation in getting to a grocery store because grocery stores were not found in their neighborhoods. The women also reported that settings in their neighborhood offered little or no opportunity for physical activity, and that they could not afford exercise equipment or a gym membership.

P5-I cannot afford to buy fruits and vegetables. There are no stores close to where I live, so I have to ask someone to take me to the supermarket, or I take the bus.

P6-Its challenging having to find healthy foods where I live, my income does not allow me to buy certain products so I end up buying unhealthy foods because they are cheaper.

P7- I do not have enough money to buy foods that are healthy and can only afford to go to the store once or twice a month and supermarkets are far away.

A women was quoting as saying:

P4- I cannot afford to buy healthy foods. I can only afford to buy seeds and grow my own vegetables. Grocery stores are not in my neighborhood and I have to travel some distance.

Discrepant Findings

The purpose of this study was to understand health-related beliefs and perceptions of obese African American women and the process of maintaining a healthy lifestyle. The interviews suggested some conflicting messages. One conflict is shown at the level of education and knowledge about the benefits of healthy eating and exercise that existed among the participants. The action of some of the women showed that they were not informed properly about how to make healthy lifestyle decisions. Some of the women were unaware of where to go to get information to increase nutrition, physical activity and general health knowledge. Additionally, there was conflicting messages looking at lifestyle behaviors and knowing what they should have been engaged in and what they said they are going to actually do to change unhealthy behaviors. For some of the participants, it appeared that their unhealthy lifestyle and behavior did not match their own level of knowledge. The participants also pointed out information about obesity and the benefits of a healthy lifestyle were not always available in their communities. The women did relate that obesity often led to societal stigmatization. Lastly, conflicting

information about unhealthy eating and psychological aspects of obesity was noted. A few of the women reported the difficulty of controlling how much food they consumed in a day, lack of exercise and their struggles to become healthy. The women stated that they sometimes used food as a way to cope with stress. This coping strategy led to them taking comfort in food to control their emotions which then led to weight gain and health struggles. Rectifying obesity and its challenges are complex for these women. The obesity-related experiences of the participants demonstrate what challenges these women are exposed daily in trying to adopt a healthier lifestyle. In some cases, the women expressed their frustrations at failing to notice their own behaviors and doing something about them before it reached proportional levels.

The women expressed their feelings and experiences of the importance of food, which began in their family of origin. Some of the women discussed barriers to exercise and exercise restrictions. Multiple issues influenced the participant's inability to be healthy. Most of the women perceived themselves as obese, and that they were unsatisfied with their weight and health. Some of the women attempted to diet and exercise only to lose weight but ultimately regain it back.

The women were insightful regarding psychosocial consequences about obesity such as culture and stigma. All the women considered their shape and size as relatively unattractive, which indicated a negative body image. Some of the women were not likely to exercise, and most were likely to eat unhealthy large portions of food. The majority of the women had obesity-related chronic diseases and reported that income was a barrier to

positive health outcomes. Most of the African American participants were conscious about their weight, but also acknowledged barriers, such as low- income status and a lack of motivation.

Summary and Transition

The participants in this study dispelled prior studies that African American women preferred a curvier figure. Participants in this study stated that they preferred to be at a healthy body weight and would not accept or embrace a curvier full figured body type. The African American culture had said its fine to be of a larger body type and most often had promoted unhealthy eating and physical inactivity. The women in this study had acknowledged and took responsibility for their own behavior and their current state of obesity. The women believed that the etiology of their present state had begun in their childhood cultural environment which should hold some responsibility for negative health outcomes.

Changes leading to healthier lifestyles for the participants in this study needed to begin with support, education and local community efforts. Low-income African American women who were at risk for chronic health disorders had been at a health disadvantage for many years because of the excess amounts of weight they carried. Low-income African American women needed to be enlightened on the benefits of healthy eating which studies have shown reduce the development of chronic health disorders. The participants in this study cited a lack of financial resources, neighborhood grocery store availability have been scarce and not in walking distance, sidewalk quality had continued

to deteriorate and that exercise and neighborhood safety was a problem. Exploring the health beliefs of low-income African American women and their perceptions about obesity had shown that physical inactivity, unhealthy eating, health disorders, income barrier, and body image have influenced the perceptions of low-income African American women resulting in negative self-images.

Chapter 5 covers the following topics: interpretations, considerations based on literature, theoretical considerations, and implications for social change, recommendations, and conclusions.

Chapter 5: Interpretations and Conclusions

Introduction

This research study explored the health-related beliefs of seven low-income African American women and their perceptions about obesity. Research studies have shown that low-income African American women have higher obesity rates than women from other populations and are at an increased risk for obesity-related illnesses (Harris, Moore, & Wimberly, 2010). The participants in this study had high interest in losing weight to become healthier, but maintaining a healthy weight and keeping it off seemed to be difficult. Participants reported various factors and reasons that hindered maintaining a healthy diet and engaging in physical activity: a lack of motivation, lack of discipline, low energy, income barrier, lack of support, unavailability of access to grocery stores and healthy foods, barriers to physical activity, such as neighborhood safety concerns about exercising and a lack of access to exercise facilities.

Eating healthy, regular exercise, and income play a very important role in weight status. The word *obesity* usually carries negative and derogatory connotations. African American women in this study perceived these negative associations and noted that they affected not only their attractiveness but also their emotional well-being and societal acceptance. As a group, the cultural tolerance of obesity has been ascribed to social norms, but among the participants in this study, belief and perceptions that a larger body size is acceptable had been rejected. The perceptions of obesity by low-income African American women in this study had been influenced by both internal and external factors.

The complexity of obesity begins with lack of exercise and excessive eating. Behaviors can contribute to being overweight and these behaviors had been woven into the daily lives of this study's participants. The perceptions of growing up in an environment where healthy eating and exercise were never discussed had ultimately influenced their presenting health habits.

Findings from this study revealed that participants: (a) Do not believe people can be healthy with larger body sizes; (b) feel a lot of dissatisfaction coupled with an increase in self-conscious perceptions and beliefs about their body size; (c) report unhealthy eating and physical inactivity as a major cause of obesity; (d) feel obesity contributes to related health disorders such as type II diabetes and high blood pressure; (e) believe poor health is the single most important reason to lose weight; (f) believe adequate support is important in becoming healthy; and (g) have no solid plan for strategies for the management of weight. Obese African American women of low income status in this study appeared not to be satisfied with their weight and have not had success with weight management.

Interpretations

In this qualitative study I explored health beliefs and obesity perceptions about obesity in low-income African American women. In answering the first research question the women interviewed in this study believed that exercise and healthy eating were important to maintaining good health. Despite having this belief some of the women

indicated that they did not engage in regular exercise, and a majority of the women indicated that they did not eat healthy. The in-depth interviews helped the women glean insight and understand the connections between physical activity and healthy eating. The women broadly associated physical activity with activities that tend to be structured. These women also associated healthy eating as a disciplined plan to eat the right types of food as a part of living a healthy lifestyle. The women linked regular physical activity and healthy eating with feeling and being healthy. The attitudes of these women were generally positive about changing unhealthy behaviors. The women indicated they have tried to make changes but that it was difficult to overcome barriers. The barriers to change included a number of various perceptions and excuses, income, safety problems and environment. The perception of many of the participants was positive. Therefore, health outcomes that are in line with living a healthy lifestyle did not seem to mitigate barriers. Most of the women who were interviewed expressed the benefits of living a healthy lifestyle through diet and exercise. The participants appeared to understand messages but some of them did not appear to be open to the possibilities of becoming healthier.

The second research question addressed the health related-choices of African American women and what has kept them from staying healthy. Findings revealed that increases in obesity rates are more than likely found in low-income African American women. Motivational factors, beliefs and perceived barriers stemming from life experiences of living with obesity in their environment affected their health choices. The

perceived barrier of income is one underlying factor in the making of healthy choices. The women in this study desired to change behavior but were concerned about motivation factors. Participants reported not having enough energy and being reluctant to sacrifice what little energy they had to start trying to better their health. Concerns about transportation was prevalent because many participants did not own a car which made it hard for them to travel. The participants then were unable to have full access to supermarkets and farmer's markets. Some participants relied on public transportation. A discussion among participants revealed that even when healthy foods were available, these foods were unaffordable or the quality of foods were poor. These women reported having fewer resources regarding the ability to engage in physical activity to include: lack of walking trails, parks, recreational centers, and being able to afford exercise equipment. These concerns made it difficult to change unhealthy behaviors and often led to sedentary lifestyles.

The lack of physical activity, poor dietary patterns and obesity rates are varying factors in the lives of the participants. The quality of the food, income, transportation to grocery stores, access to grocery stores and exercise facilities, the price of food, and the cost of exercise facilities and equipment also influenced the choices that the participants in this study made. All the women in this study were not meeting the recommended national dietary guidelines. Some of the women reported they were exercising, but most were not meeting their physical activity guidelines and had already developed obesity-related chronic diseases. Participants in this study reported they needed help with

addressing the problems associated with obesity and poor health. Without addressing the undercurrent of the problems that exist, obesity rates in these women can continue to climb. Choices that low-income African American women made highlighted the importance of the built environment in shaping exercise and food choices.

Research question number three addressed the minimization or risks of obesity in low-income African American. Choice did line up with some of the women in taking personal responsibility for their own health. The women were capable of choosing to engage in positive or negative health behaviors were responsible for the increase in health risk and the consequences of developing chronic diseases. The participants acknowledged that they had been educated on numerous occasions by their doctors or other health-care professionals and educators. These professionals provided information about how to decrease their weight but there was little follow-through on behalf of these professionals. This finding indicates that efforts to target behavior and educational interventions, in general, have limited impact on effectively addressing obesity.

Options to combat obesity are to make improvements and provide better accessibility in the changing the environment. These options are to improve neighborhood walkability by improving the quality of sidewalks, providing safe walking paths and educating individuals on healthy food options. Other options can include introducing cultural specific interventions that encourage change in diet and exercise by decreasing fat consumption and emphasizing the importance of adding fruits and vegetables to one's diets. These options can help African American women make better

choices. Losing weight can decrease obesity-related risk factors and improve health for this population. A few women in this study had pre-existing illnesses. These women reported that they needed to control their underlying illness then proceed to develop better strategies to decrease weight and keep it off. The participants who did not have preexisting illnesses still expressed concerns about their health risks.

The participants mentioned and defined the word empower during the interview. The women thought that if they were empowered/offered support to decrease unhealthy lifestyles that it would elicit thoughts of change and help them better manage their health. These women thought this change could take place by having informed discussions and educational meetings in African American communities on nutrition and physical activity. The women were willing to have discussions on the consequences of obesity and the difficulties and barriers to changing sedentary lifestyles and behaviors. One participant mentioned that, as a Black women, she found it hard to take care of herself and that support groups needed to be available. These women thought that a support group could provide an opportunity for them to brainstorm options with other Black women and would provide the necessary motivation to change and address social and environmental health barriers.

The results of this study had confirmed that African American women are at increased risk for chronic health risks that is caused by unhealthy eating and physical inactivity. To alleviate the risks there needs to be a growing awareness of the benefits of a healthy diet and exercise in minimizing the risks of obesity and obesity-related diseases.

The participants were aware that in order to engage in physical activity and healthy eating they first had to change behavior. The evidence in this study showed that modification of unhealthy lifestyles can greatly improve positive health outcomes among these women.

Research question number four addressed healthy lifestyle changes and positive health outcomes for African American women. The keys to positive lifestyle changes and positive health outcomes are for these women to follow an eating plan that is healthy, make food choices that are healthy, focus on portion sizes, be mindful of calorie needs, be active, move more, find activities that are enjoyable, and keep track of weight and body mass index. Low-income African American women are faced with a number of barriers. Barriers that are specific to each participant's needs should be addressed.

The participants in this study reported that setting goals and problem solving increased motivation and helped to improve lifestyle change. Goal planning addressed specific barriers and also focused on how to change unhealthy behaviors. Goal setting for these participants needed to be flexible in order to achieve positive health outcomes. If the participants developed strategies and plans for their own health needs, then they were more than likely to meet their health goals. Goal setting can also address barriers. The discussion of strategy development empowered these women as they took responsibility for their health and at the same time fostered a commitment and action plan. Problem solving identified by these women included identifying and admitting that obesity is a problem, coming up with probable solutions to the problem of obesity and brainstorming and developing strategies to better develop positive health strategies.

Considerations Based on the Literature

To begin my research study, I outlined the literature review and the purpose for writing this section. I thought about what I wanted the literature review to entail, its scope, and how long I wanted it to be. In writing the literature review I had many questions about the requirements of writing this section and had to ensure the clarity of its purpose. I knew that I did not want this section to be too broad or detailed; I wanted it to be well-researched and well-written.

Searching the literature for my study was not easy. The research entailed a lot of library search engines, data bases, and articles to read, sort through and choose. I had a difficult time organizing my articles, so I decided to use the software Zotero. I utilized Walden University's library resources and talked with Walden's librarian who assisted me in expanding my search of journal articles related to my topic. The librarian suggested that I use various key words and advanced searches that would help me through the process of my literature search. I did not consider using the Internet because I was not sure of the credibility of the information. I considered using the database Google Scholar and found that it had access to various articles in full text. In my search, I looked for full text and peer-reviewed articles and printed off a copy for my reference; this reference was used as a guide for reading, summarizing and taking notes.

After reading through so many articles it was very important for me to understand how to put all of my information together. In the beginning of my search, I did not have a full understanding on how to summarize the information or how to analyze what was in

the articles. I read through each individual article, put them into categories, and then structured them by highlighting and taking notes on the key importance of what was in the literature. At this point I thought the writing would have easily flowed given the sources I found and the importance of what I highlighted in each article. In each article I read, I had thoughts about the research findings and the importance of the research article and its relevance to my topic. One strategy I used was to look at the research design that the article used and if this design was qualitative, quantitative or mixed method in nature. My examination also explored the relevance of theories, any gaps in the research and any questions that had addressed the research question, author's conclusions and implications. This approach was very helpful in opening up my understanding when I read through each article.

One aspect of writing my literature review was that I obtained an understanding of each article I retrieved and read. Additionally, I was mindful and aware of the importance of taking notes, summarizing these notes and giving credit to the writer and source of the research articles. Many times I felt overwhelmed because there was so much information during these times. I found myself having to refine my search, which became a tedious process. I explored research topics thoroughly over the course of many days. The literature review was a time-consuming process but what mattered most is that it was about imparting knowledge to anyone who was going to read it. I always kept in mind the importance of researching and writing a strong literature review.

Theoretical Considerations

The phenomenology theory was used in this study to explore the lived experiences of low income obese African American women. This qualitative theory also acknowledged my role as the researcher and considered my perspectives and experiences. This theory allowed me to understand how the women in this study viewed their own experiences. Through the phenomenological perspective of the women, I could recognize commonalities of the experiences of the participants instead of guessing and assuming what was common. This theory emphasized how the experience was transformed and the actual experiences that were brought into consciousness. The purpose of this study was to identify the true meaning of the experiences for these women. This identification allowed beliefs and perceptions about obesity to emerge and allowed the participants to open up and let the discussion freely flow. I was clearly aware of my own personal biases, which may have come from my own experiences in dealing with obesity before each interview. I had new insights on how the women viewed obesity as a result of this study.

Despite public attention to obesity, the participants believed that their weight-related experiences differed from women of other populations and that this is not always addressed in society. The women reported that there has not been enough effort to understand their perspectives. Understanding the lived experiences of low-income obese African American women can assist in shaping an approach that is holistic and comprehensive in weight management.

Implications for Social Change

Obesity in low-income African American women is a growing an epidemic. If obesity in this population is not decreased it could increase the rates of chronic illnesses. Social change can occur in African American women, communities and society as a whole. Many people will have to make an effort to address and find solutions to this growing social problem. Some changes to the prevention and control of obesity includes increasing and changing unhealthy nutrition habits. African American women often find it hard to change behavior. What is needed is a strategy that is coordinated and comprehensive. Greater benefits are achieved when policy interventions are introduced to make healthy choices and physical activity easier. Decision-makers must take action right away to reverse this problem. These decision-makers must also seek to improve our knowledge and to understand the main contributing factors and behaviors of this growing problem. This knowledge can help in creating culturally based intervention approaches to facilitate a healthier lifestyle for African American women. Strategies must be developed to help the needs of Black women who are struggling to get healthy and who are struggling to maintain healthy weight. Addressing and detecting these needs will be an ongoing research challenge.

Obesity rates among African American women are growing at alarming rates. These rates can place additional burdens on society, such as increased economic costs on individuals, families and the entire health care system. This burden is exemplified by a prevalence of obesity-related chronic diseases such as type II diabetes, high blood

pressure and cardiovascular disease. Properly understanding all components of obesity and its causes are very important in order to find cultural and evidenced based solutions. Obesity is a disease that has multi-components arising from interactions that are complex because of varying social and environmental factors. From this study I learned from the participants that their attitudes toward health began in childhood. Therefore one strategy to address the obesity crisis in African American women is to assist in facilitating the importance of eating healthy and exercising and to create a healthy environment earlier in one's development. Early intervention would provide unique opportunities to adopt healthy practices and for education about healthy eating and physical activity. This strategy would be the best way for growth and an opportunity for a healthy weight. The hope is that among this population that the obesity environment will change.

Another solution to the obesity problem may be in attempting to identify and to learn coping strategies in one's current environment. A number of avenues can be pursued, such as starting a campaign for social change. A social change campaign can provide the necessary political will and give more attention and funding to provide cultural prevention and intervention in the heart of African American communities. This finding can help build a supportive environment of healthy lifestyle choices. Currently, many people believe that there is no need to take dramatic action or that there is a crisis among this population of women. No outcry has been noted; therefore, the obesity crisis in African American women is ranked lower than many other public health concerns.

Strategies for social change will not happen overnight. Therefore, strategies in the short term must be pursued to help low-income African American women manage their health within their current environment. Low-income African American women must be given strategies and tools to alleviate things in their environment that might promote weight gain and increased health risks. One way to highlight the fact that obesity is a health crisis among low-income African American women is to shed a light on the economic impact of sedentary lifestyles and choices and its impact on society. Obesity is not a problem specific to African American women but can be considered everyone's problem due to its societal consequences. In order to accomplish the long range goal of obesity prevention effective ways to decrease excessive eating and to increase physical activity in this population need to be explored. Interventions should also attempt alleviate barriers found in the environment in order to achieve positive health outcomes.

Recommendations

The results from this study can enhance and provide support for future research. The results of this research should be considered by many different types of decision makers, such as policymakers, legislatures, community advocates and physicians. People are inspired to make changes to their health by those who have the power and the authority to change what is broken. Policymakers, advocates, physicians and others should be invited to come into African American communities to advocate for positive change. This effort will have to include non-judgmental communication to work with these women to address obesity-related concerns. Positive, meaningful and constructive

discussion is essential to address this growing problem. These women want and need intensive support and this support will be appreciated. For those taking on this problem, it is important to recognize cultural differences and African American women's history and sense of responsibility. These women own their role in the problem and are ready to fight obesity. Future research should explore the disproportionate effect of obesity in low-income African American women and their roles in the obesity problem. Future research should also explore if African American churches are helping or enabling African American women and obesity.

Summary

This study identified the health-related beliefs and perceptions in low income obese African American women. African American women have larger rates of obesity and increased health risks than European American and Hispanic women. These women are currently making unhealthy decisions and live sedentary lifestyles, including environmental and social influences that affect their ability to exercise and eat healthy. What has led to weight gain is an imbalance in these behaviors that have long-term repercussions such as obesity-related disorders. The African American women in this study have had experiences and have told their story about their health, behaviors and choices and the impact it might have on their future.

Generally, insight is gleaned into some of the direct causes of obesity and related health problems. Individual choices and behaviors are not understood and the lack of messages on how to achieve positive health outcomes. A limited number of people are

actively raising their voices, especially those who have experience in obesity research or those involved in public health intervention and prevention planning. Low-income African American women may have received tons of instructions about how and what to do to curb obesity but very few of these women have had long-term support and guidance. If social changes is to occur, then African American women, researchers and obesity advocates must be fully engaged for change to happen on a societal level.

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Appendix A: Interview Protocol

1. What cultural family traditions and views regarding food and exercise when you were a child have impacted you as an adult?
2. What types of changes have you made to improve your eating habits?
3. What concerns do you have about making changes to your health?
4. What are some strategies that have worked for you in the past?
5. What are your thoughts about your body image? If positive or negative please explain.
6. How is your current weight affecting your life right now?
7. Would you like to lose weight?
8. What have you done to try and lose weight?
9. What was your life like before you gained weight or have you always been overweight?
10. What access do you have to nutritional food options in your community?
11. What have you done to improve your physical activity?
12. What are your options for exercising in your community?
13. Have you considered exercising more?
14. Do you have a support system?
15. What difficulties have you had with weight related health concerns?
16. What are some barriers to changing your lifestyle?

17. What are your thoughts and perceptions about what will happen if your health behaviors do not change?
18. What are your thoughts about the future if you were to become healthier?
19. What kinds of health changes do you think you could make?
20. What are your hopes for the future if you are able to become healthier?

APPENDIX B

WALDEN UNIVERSITY
DEPARTMENT OF PSYCHOLOGY

Research Study Advertisement
Researcher: Cenora Akhidenor, Psychology Student

Are you a low income African American women 18 years of age or older who struggles with obesity? Do you struggle with healthy eating, physical activity and are at risk for chronic health disorders?

A research study is being conducted on the exploration of the health related beliefs in low-income African American and their perceptions about obesity.

Participation is Voluntary
You Can Withdraw at Anytime

Introduction: Obesity is a growing social problem in low income African American women and increases the risk of type II diabetes, cardiovascular diseases and some forms of cancer. There are several potential causes of obesity in African American women to include psychosocial, cultural, socioeconomic, physiological and environmental factors.

Purpose: This study is designed to gain insight into the health related beliefs and perceptions of the lived experiences of obese African American women.

Who can participate in the study: African American women over the age of 18 years old with a BMI over 30 Participants must be unemployed, or receiving Medicaid services or have an income of $10.000 or less per year.

What does the study involve: The study involves conducting a phone interview to screen for criteria. If criteria is met a 1-2 hour face to face interview will be scheduled in a safe and disclosed location. You will receive a $25.00 gift card at the beginning of the interview for your participation.

Want to learn more?
If you want further information on this study, you can contact Cenora Akhidenor at 253 439-9479 or cenora.akhidenor@waldenu.edu