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African American Women's Perceptions of African American Men's Preferences of Female Body Size

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This is to certify that the doctoral dissertation by

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Walden University
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Abstract

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MS, Walden University, 2008

BS, University of Louisville, 2001

Dissertation Submitted in Partial Fulfillment

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Abstract

Obesity is a chronic disease that is caused by unbalanced nutrition, sedentary lifestyles, and genetics. This research focused on the problem African American (AA) women face, which leads to a risk for diabetes, hypertension, heart disease, and various cancers. The inconsistency in the literature regarding additional factors related to obesity among AA women prompted this research. The purpose of this qualitative study was to gain a greater understanding of AA women's perceptions of AA men preferences about female body sizes. The prototype willingness model was selected as the theoretical framework for this study to examine AA women's discussions about their behavioral intentions, attitudes, social norms relative to weight management, and the social contexts that may influence those factors. Nine participants were recruited for online interviews, and four themes were developed and analyzed from the interviews. The developed theme key results indicated participants expressed that being obese was a personal decision, and their weight was not impacted by the perceptions of AA men. The study contributes to positive social change by offering health professionals additional factors that may contribute to why AA women are challenged with obesity and will assist health professionals to develop programs for obesity prevention.

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Dedication

First and foremost, I would like to give honor and glory to God, because of His love and favor this academic achievement has come to fruition. Love is to appreciate all aspects of life, the challenging and the good. I thank God for the love he has bestowed upon my family. I would like to extend my gratitude, to my husband, Marcus, for providing me with unforgettable and memorable experiences that will last a lifetime. I would like to dedicate my literary work to our three blessings, Kennedy, Marcus II, and Hardt Withers. Always remember you can do all things through Christ who strengthens you.

Acknowledgments

As with any journey, unforeseen twists and turns are bound to surface. Faith is an act of free falling and believing that you will persevere, although the path is unclear. My faith has granted me with an opportunity to trek an unknown path, and I thank God for extending His grace, mercy and strength to allow me endurance on the course. I am grateful for my family: Marcus, my husband, for his support and protection of our family, and to our children for their willingness to listen and provide feedback while I prepared for my oral defense.

I'm obliged to share my appreciation to my chair, Dr. John Astin, for your grace, commitment, time, patience and dedication to help guide me throughout my academic journey. I cannot truly express my gratitude for your suggestions, feedback, reviews, and understanding during this project. I am also thankful to my committee member, Dr. Megan Baril, for her commendable role in challenging me to dive deeper in the literature to develop my best work. To Dr. Amy Sickle, thank you for your understanding, assistance and encouragement throughout my academic journey. I am also grateful to Angie Drennen and John Ball, Dissertation Editors, for ensuring my dissertation conformed to the University's form and style standard. To all friends, family members, and my research participants, whose voices, contributions, and prayers helped me accomplish this literary work, I am extremely grateful.

Finally, I would like to honor my father and mother for always being supportive and instilling in me that the most challenging task in life can be the most rewarding when you put God first.

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Chapter 1: Introduction to the Study

Obesity is an ongoing epidemic in America that challenges many individuals; however, it has particularly affected the African American (AA) female population (Young, 2018). The U.S. Department of Health and Human Services (2018) indicated that about 4 out of 5 AA women were overweight or obese. Despite literature regarding the causes of the obesity epidemic among AA women, there is a lack of research regarding AA women's perceptions about males' preferences of female body size as a potential factor contributing to the obesity epidemic in this population. Therefore, the purpose of this qualitative study was to gain a greater understanding of AA women's perceptions of AA male preferences about female body sizes. Chapter 1 details the background, purpose, research questions, conceptual framework, theoretical framework, nature of the study, definitions of terms, assumptions, limitations, scope and delimitations, significance of the study, and implications for social change.

Background

Obesity affects over 1.3 billion adults worldwide (American Medical Association [AMA], 2018), and continues to be a primary global health concern (Gadde et al., 2018). Obesity has been operationally defined as an excess of adipose tissue (BMI ≥30kg/m2) and has been further diagnosed as a disease by the AMA (Ata et al., 2018). In the United States, current obesity data has shown that the estimated

medical cost of obesity was 147 billion in 2008 (Centers for Disease Control and Prevention [CDC], 2022) and was projected to escalate to 344 billion in 2018 (PFCD, 2017). Obesity has contributed to a massive economic toll related to direct medical treatment for 236 comorbidities including diabetes, high blood pressure, chronic heart disease and 13 types of cancers (Makambi & Adams-Campbell, 2018).

The prevalence of obesity has not only affected the rising health care costs but has also been associated with a significant increase in mortality rates (Barbieri et al., 2017). Trending data suggest that the current generation will die at a younger age than the previous generation for the first time in U.S. history because of obesity (Radford et al., 2015). According to the National Center for Health Statistics (2018), there are approximately 111,909 excess mortalities a year in the United States related to obesity.

The ongoing obesity epidemic in America affects many populations; however, it has particularly affected the AA female population. AA women have traditionally endured challenges regarding obesity and being overweight. Research has shown that AA women are more prone to be obese and overweight than other racial/ethnic groups (Knox-Kazimierczuk et al., 2018). Over time, issues pertaining to this epidemic have been more complex than just weight management (Scott et al., 2019). Obesity among AA women is associated with lower socioeconomic status and poorer

sociodemographic backgrounds making them increasingly susceptible to various physical health disparities (Makambi & Adams-Campbell, 2018) as well as limited community resources and the communal influence from family and friends (Johnson et al., 2017). Although physical concerns are frequently discussed, psychological concerns also play a major role in the obesity epidemic among AA women (Scott et al., 2019).

Problems arising from obesity have required mental and health care interventionists to develop strategies to attempt to reduce the growing numbers of obesity cases among individuals, as current approaches to weight management have not been effective for everyone challenged with obesity (Tarlov et al., 2018). Targeted weight loss programs are considered as "one size fits all." In other words, the programs as currently designed are not targeted sufficiently to account for individual need (Tarlov et al., 2018). Therefore, it is important to contribute to the literature regarding AA women's thoughts about weight management and obesity in order to help develop more effective long-term treatments.

Problem Statement

There is a plethora of research addressing individual behaviors and environmental factors that have contributed to the widespread obesity epidemic in the United States (Gadde et al., 2018; Johnson et al., 2017; Makambi & Adams-Campbell, 2018; Radford et al., 2015; Scott et al., 2019; Se et al., 2016; Young, 2018).

Obesity issues among AA women have a multitude of causes including sedentary lifestyles, poor eating habits, hair care, body size preference and chronic stress (Knox-Kazimierczuk, 2017; Pickett & Peters, 2015; Scott et al., 2019). However, one area that lacks significant consideration in recent studies is AA women's perceptions about males' preferences regarding female body size. Specifically, this study explored how AA women's perceptions of AA male preferences may have influenced the trend of obesity evidenced in this population.

Researchers have extensively explored possible cultural causes of obesity among this population including mindsets, perceptions, awareness, and customs regarding eating habits, physical activity, and thoughts about personal weight (Cameron et al., 2018; Harris et al., 2018; Knox-Kazimierczuk et al., 2017; Makambi & Adams-Campbell, 2018; Scott et al., 2019; O'Brien-Richardson, 2019; Young, 2018). Additionally, a number of quantitative studies have indicated that the ongoing trend of obesity among AA women is based in part on the underestimation of body size and body size acceptance of being obese or overweight (Brown et al., 2014; Cameron et al., 2018; Payne, 2013; Pickett & Peters, 2016). Previous research has also shown that AA males tend to prefer larger body types and are less accepting of smaller body frames than their White counterparts (Glasser et al., 2009). Published literature has addressed perception, body image, and obesity among AA women; however, data are

limited in understanding how AA women think about their body size.

Purpose of the Study

The purpose of this study was to gain a greater understanding of AA women's perceptions of AA male preferences about female body sizes. This study also examined the influence of perceptions about AA male preferences for female body size on personal weight management and obesity attitudes among AA women. The prevalence of obesity among AA women is complex, and social and cultural constructs should be considered when examining the obesity epidemic. Analyzing obesity as a social issue rather than a condition can help to reduce health disparities (Johnson & Wesley, 2012). Data were collected using semistructured, in-depth interviews with AA women living in Louisville, Kentucky via Zoom. These interviews assisted in obtaining rich information when asking open-ended research questions focusing on the perceptions and broader experiences of the participants.

Research Questions

To provide a deep exploration of issues affecting the obesity epidemic among AA women the following questions were addressed:

1. Do AA women believe AA men prefer larger body types? Further, do they believe that this might contribute to problems with obesity?
2. How do AA women's perceptions of AA males' perceptions regarding female body type shape how women think about their own weight?

Theoretical Framework

The theoretical framework for this research study was based on the prototype willingness model (PWM). PWM was developed to improve predictive principles of prior health theories such as the theory of reasoned action (TRA) and social reaction constructs (Gerrand et al., 2008; Todd et al., 2016). Researchers have employed PWM to explore individuals' intention to participate in healthy proactive or at-risk behaviors. Accordingly, PWM posits that an individual's prior health behavior may influence their attitudes, perceived vulnerability, and social norms that counter behavioral intentions and health behaviors (Okop et al., 2016).

Two components of PWM explain health behaviors among different populations: reasoned path and social reaction path (Donhke et al., 2015). The reasoned path consists of several elements such as behavioral intention, attitudes, and social norms. The reasoned path explains how attitudes of behavior will cause resistance or acceptance of particular behaviors. Alternatively, the social reaction path includes both behavioral willingness and prototype perception. The social reaction path suggests that individuals are less likely to engage in healthier behaviors because of personal intentions and are more likely to participate in healthier behaviors because of social contexts (Donhke et al., 2015). Behavioral willingness refers to an individual's acceptance of a certain behavior based on a particular situation. Prototype perception explains influenced behaviors as a reflection of an individual who engages

in a particular behavior (e.g., the stereotypical healthy eater). The more positive influence of the prototype perception, the more likely the person will be influenced to strive for acceptance and likeability from an individual or group (Donhke et al., 2015).

In the current study, PWM provided a theoretical framework through which I examined AA women's discussions about their behavioral intentions, attitudes, social norms relative to weight management, and the social contexts that may influence those factors. Thus, the study provides information on women's acceptance of engaging in health risk behaviors (e.g., being overweight/obese) among AA women. In addition to understanding the obesity epidemic among this population, the social reaction path component of PWM was used to guide the study in understanding how AA women perceived male preferences related to female body size. A more detailed discussion of this theory and its relevance to the current study is included in Chapter 2.

Conceptual Framework

A phenomenological research method was chosen as the conceptual framework for the proposed study as it is well suited to explore the sum of the psychosocial and cultural issues underlying the obesity phenomenon among AA women. This study aimed to shed light on how AA women perceive AA male preferences related to female body size and how this impacted issues with weight

management. Phenomenological research is best suited for this study because it allowed me to probe the experiences of AA women to better understand their perceptions, thoughts, and feelings regarding obesity. Specifically, I explored what AA women thought about AA males' perceptions regarding body size and how it influenced their own lifestyle choices.

Nature of Study

A phenomenological method using thematic analysis (Braun & Clarke, 2006) was selected as the qualitative approach for the study to illuminate the experiences of AA women identified as obese in predominately AA communities. Phenomenology is a research approach that focuses on common meanings of several individuals through the lens of their lived experiences (Creswell, 2013). To better understand ways in which cultural perceptions regarding body type and size in AA women may influence health and behavior, in-depth interviews were conducted via Zoom to explore general beliefs and attitudes of AA women regarding health, including identity experiences during childhood, in relationships, at home and in the community.

Operational Definitions

Body mass index (BMI): The measurement of an individual's weight (in kilograms) divided by the square of their height in meters (Child et al., 2019).

Heuristics: An inquiry that highlights personal experiences and insights of the researcher (Creswell, 2013).

Obesity: A condition that occurs when individuals accumulate a considerable

large amount of adipose tissue or fat (DeAngelo et al., 2019).

Overweight: The National Institute of Health defines overweight in terms of the BMI that falls between 25.0 to < 30 (CDC, 2022).

Perceived susceptibility: The extent to which people think they are influenced to be susceptible to unfavorable health outcomes (Moore et al., 2010).

Symbolic interactionism: A perspective that emphasizes the significance of meaning and interpretation that arise out of human interaction (Creswell, 2013).

Assumptions

It was assumed that the appropriate population was selected, and that the interview questions were clearly understood. It was assumed that the participants offered truthful responses to the questions provided by me. Lastly, it was assumed that the results were accurately and professionally be represented without bias or by coaxing the participants. These assumptions were important because the study involved direct dialogue with the participants.

Scope and Delimitations

The study consisted of AA women. Participation was limited to AA women at least 18 years of age who were obese with a body mass index (BMI) of ≥ 30 kg/mg. The results of this study were generalizable to the women in the sample. The sample consisted of nine participants who agreed to share their thoughts and perceptions regarding their experiences, without monetary compensation.

Limitations

Given the relatively small sample size and the use of purposive sampling, the study may have limited external validity/generalizability in terms of participants' attitudes and experiences being representative of AA women in general. Another limitation that threatened the external validity is the familiarity with the vastly changing interactive technology platforms. The use of online communication technology (Zoom) to conduct interviews constituted a study limitation given the limited use of virtual interviews in qualitative research (Archibald et al., 2019). Finally, the validity of the study findings rests on the capacity of participants to self-reflect and share openly and honestly about their experiences and perceptions.

Significance of Study

The dissertation is unique in that it addresses the lack of qualitative investigations examining the processes through which AA women's perceptions of AA males' preferences of female body size influences AA women's health behaviors. The results of this study provide a deeper understanding of how AA women believe males view and feel about their body size and how this influenced their weight management. The findings from this study may assist health professionals in tailoring health-screening programs for AA women to provide a better understanding of why AA women are challenged with weight management and obesity. Health professionals can provide specific services that pinpoint the connection between obesity and mental health. Health consulting programs may address "meta-perceptions," implementing a nutritional meal plan and incorporating

an exercise program. Offering health screenings tailored to AA women are important to respond to their individual needs, preferences, and values. Health services offered to patients during health screenings should consider individual characteristics such as patient-reported outcome of the services, cultural background, sensitivity to health issues, and time allotted for patients to discuss life experiences. AA women's perceptions of AA male's preferred body types is one such way that culture could be incorporated into obesity related health interventions.

Summary

The study provides additional insight regarding AA women's perceptions about how they think AA men perceive them in relation to men's preferred body size. Research has illuminated various causes of obesity; however, this study shared how AA women think males view them and how those opinions and attitudes may reflect in their everyday health management and lifestyle choices. This study can contribute to positive social change by providing information to women who are struggling with or at risk of obesity. Specifically, it is hoped that the results of this study will provide a deeper understanding of AA women's beliefs regarding AA males' view of the ideal body size, and how this might influence their desire to manage their weight effectively. The findings from this study may secondarily assist health professionals in tailoring health-screening programs around these perceptions for AA women to provide better weight management and obesity prevention by implementing a health coaching program that offers consulting that addresses meta-perceptions and healthy lifestyle choices.

Chapter 2 will provide a review of the literature focusing on the public health implications of obesity, research linked to key factors related to obesity in AA women, transgenerational influence of obesity, AA women's role perceptions, nutrition and food choices, sedentary lifestyles, AA women's perception of body size and image, and male preference of female body size. The chapter will also detail the conceptual framework and theoretical foundation.

Chapter 2: Literature Review

Previous research has suggested that men appreciated heavier women because they were considered to be more socially affluent than females with a smaller physique (Johnson & Broadnax, 2003; Johnson & Wesley, 2012). In Africa, larger women tend to be valued more for being affectionate mothers and having successful pregnancies. However, the mindset of African women shifted after being captured as slaves and transported to America as a method to avoid sexual advances from slave owners. This adopted lifestyle created a generational platform that has influenced the way of life for many AA women today (Chamorro-García & Blumberg, 2014).

Weight management, particularly problems with being overweight and obese, is a reoccurring issue among Americans, especially AA women (Lóp et al., 2014; Dingfelder, 2013; CDC, 2015). According to the U.S. Department of Health and Human services (2017), approximately 4 out of 5 AA women over the age of 20 are overweight or obese, compared other groups in the United States. As a result, the high prevalence of obesity among AA women increases their chances for comorbidities such as diabetes, cardiovascular disease, and hypertension (Henry-Okafor et al., 2011; Thompson et al., 2013). The increased rates of obesity may lead to an additional direct cost of an estimated $66 billion per year by 2030 to treat conditions related to obesity (Wang et al., 2011) and a higher risk of death (Aygenmang & Powell-Wiley, 2013; Boggs et al., 2011).

The purpose of this study was to gain a greater understanding of AA women's perceptions of AA male preferences about female body sizes and examine the influence of perceptions about AA male preferences for female body size on personal weight management and obesity attitudes among AA women. This qualitative study allowed for a greater understanding of AA women's perception of male preferences in female body sizes. Chapter 2 reviews literature associated with obesity, body type preferences, historical and cultural factors that influence obesity, weight management, and social norms. In the first section, I discuss the purpose of the PWM in researching behavioral intentions, attitudes, social norms relative to weight management, and the social contexts that may influence health risk behaviors among AA women. The second section focuses on AA women's perception of male preferences in female body sizes. The third section focuses on specific variables examined in the study: obesity, attitude, and body types.

Literature Review Search Techniques

A strategic search was performed to prepare for this literature review. I searched for peer-reviewed articles and additional resources using online academic research databases including The Walden University Library, EBSCO, GreenFile, Science Direct, ERIC, Google Scholar. The Walden University Library contained a plethora of online databases to search for topics in this study such as CINAHL Plus, Medline, Academic Complete Search, Center for Disease Control, Sage Research

Methods, Cochrane Database of Systematic Reviews, and Psyc Articles. Journal articles were also retrieved from the Centers for Disease Control, National Institute of Health, Frontiers, JSTOR, and Science Direct. The databases used within the Walden University library included Thoreau Multi-database, Google Scholar, Ulrich's: Verify Peer Review, and Scholar Works. The searched publication types were academic journals limited to full text and peer-reviewed scholarly journal articles published between 1992 through 2019. The library terms used in the searches included *obesity, body type preference, African American women and obesity, overweight, weight loss, male body type preference, prototype willingness model,* and *body image.* Research studies included attitudes and behaviors linked to obesity and overweight-related health risk and behavioral intentions among African American women, and the perceptions of males' preferences regarding female body size. In this search, a qualitative phenomenology inquiry design was included to provide a description of AA women's experiences, thoughts, and perceptions to a particular topic of the study.

Journal articles about body type preference, male body type preference, and body image were located on the following online academic databases: Walden University Online Library, Google Scholar, Ulrich's: Verify Peer Review, Academic Complete Search, and CINAHL Plus. Additional articles were also retrieved from the Center for Disease Control, National Institute of Health, Frontiers, JSTOR, and

Science Direct. Select terms for this search included *health and body images, body attractiveness, body appearance, body image, beliefs*, and *personal weight,*

Journal articles about obesity and overweight issues AA women were in the following online research databases Thoreau Multi-database, Google Scholar, Ulrich's: Verify Peer Review, Academic Complete Search, Psyc Articles, Center for Disease Control, National Institute of Health, Frontiers, JSTOR, Sage Research Methods, Science Direct, CINAHL Plus, Medline, EBSCO, GreenFile, Science Direct, and ERIC. The select terms used in the search included *obesity, obesity and African American women, African American men, obesity and black women, hypertension, cardiovascular disease, weight gain, body image, overweight and African American women, chronic disorders and African American women, qualitative studies on obesity among African American women, body image, body type, diabetes*.

To identify articles related to the PWM, I used the following online research databases Thoreau Multi-database, Google Scholar, Ulrich's: Verify Peer Review, Sage Research Methods, and Academic Complete Search. The select terms and phrases used in this search specific to this model included: *Prototype Willingness Model, dual process models, meta-analysis, health behavior, health models, risk perception, willingness, intention, social reaction path, eating behavior, eating decisions, and proto impression, application of the Prototype Willingness Model, social reaction*

model, and *theory of reasoned action*.

Theoretical Framework

The PWM by Gibbons, Blanton, et al. (1998) and Gibbons, Gerrard, and McCoy (1995), was developed to understand the health risk components of behavioral decisions among individuals. The PWM was designed to improve predictive principles of prior health theories such as the TRA and social reaction constructs (Gerrand et al., 2008; Monds et al., 2018), and has been commonly used to explore individuals' intention to participate in healthy proactive or at-risk behavior. PWM has also been the framework of research studies on obesity among various populations. It is an extension of the theory of planned behavior and is classified into six criteria attitudes: subjective norms, prototype, intention, willingness, perceived power, and perceived behavior control. Research has shown that these health theories explore individuals' intention to participate in healthy proactive or at-risk behavior. PWM posits that an individual's prior health behavior may influence their attitudes, perceived vulnerability, and social norms that counter behavior intentions and health behavior (Okop, 2016).

The reasoned path, determined by intentions, explains how attitudes of behavior can contribute to resistance or acceptance of particular practices. The social reaction path includes both behavioral willingness and prototype perception. Social reaction path, determined by the willingness to engage in the behavior, suggests that

individuals are less likely to engage in healthier behaviors because of personal intentions, and are more likely to participate in healthier behaviors because of social contexts. Behavioral willingness refers to an individual's acceptance of a particular action based on a specific situation. Prototype perception explains influenced behaviors as a reflection of an individual who engages in a particular behavior (e.g., the stereotypical healthy eater). The more positive influence of the prototype perception, the more likely they will be influenced to strive for acceptance and likeability from an individual or group.

The PWM suggests that an individual's past behavioral influences are framed by "prototypes," which also determine willingness to engage in health behaviors. Additionally, PWM suggests that perceptions, perceived vulnerability, and social norms guide participation in healthy lifestyles and behavior intention. Prototype in this model refers to "risk body size" or specific perspectives that may be considered by others as ideal. According to the PWM, the more desirable individuals' perceptions are of the prototype, and the more likely they perceive homogeneity to the prototype, the higher their probability of engaging in health-risk behavior. The PMW augments the constructs of perceived threats, reasoned actions, and social reactions (i.e., prototype configuration) to examine behavioral willingness and intention to acquire healthy lifestyle behaviors.

PWM is comparable to TRA as far as analyzing an individual's attitude and social norms to predict an intended and the actual behavior. However, PWM extends the theory by including prototypes and willingness. Gibbons et al. (1998) posited that both prototypes and willingness vary from intention. Further, the authors suggested that although an individual may not have an intention to engage in at risk behavior, it does not imply that if an opportunity arises, they will forgo the possibility to participate. For example, AA women may not plan to engage in unhealthy behaviors, but if they perceive that cultural behavioral norms encourage certain sizes they may avoid participating in physical activity and healthy eating behaviors. Willingness is considered a reactive determinant of action, whereas intentions are planned.

This study employed the PMW to analyze the obesity epidemic among AA women by investigating female perspectives of male preference on female body size and perception on the intentions to engage in healthy behaviors (e.g., eliminate excess body weight). The PWM provided a theoretical lens in which to focus on AA women's discussion of their behavioral intentions, attitudes, social norms relative to weight management, and the social contexts that may influence these. Drawing from PWM, the constructs reasoned path and the social reaction path were instrumental in developing the interview questions to facilitate interviews with the participants.

Previous Application of the Prototype Willingness Model in Obesity Research

In the literature, researchers indicated whether the constructs of PWM were used to analyze body weight and eating behavior and how it influenced attitudes and

behavior (Dohnke et al., 2015; Gerrits et al., 2009; Ruhl et al., 2016). PMW coupled with TRA and social reaction constructs has been utilized in previous research to examine the willingness to participate in pro-active health and health-risk behaviors (Gerrard et al., 2008; Rivis & Armitage, 2008). Empirical evidence has indicated that motivations to adopt healthy weight loss behaviors or treatment for obesity-related illnesses or conditions (e.g., hypertension, cardiovascular disease, osteoporosis) are triggered by perceived susceptibility and perceived severity of the disease or physical limitations (James et al., 2012). The four constructs—perceived susceptibility and severity of illness, perceived benefits and barriers, self-efficacy—influence an individual's willingness to adopt a healthier lifestyle.

PWM has been used in several studies to predict a range a health risk behaviors in individuals such as substance use (Alireza et al., 2016; Armenta et al., 2016; Davies, 2018; Davies et al., 2017; Ali et al., 2014), sexual risk behaviors (Maryam et al., 2017; Walrave et al., 2015), reckless driving (Elliott et al., 2017), and health-related behaviors such as eating cognition and behaviors (Dohnke et al., 2015; Wheatley et al., 2018; Ruhl et al., 2016). Researchers like Gerrits et al. (2009) have also reviewed PWM and found that the model could better provide an understanding of decision making among adolescents in the terms of how their social perceptions guide their desire for social acceptance based on the social circumstances of their peer group.

PWM has been instrumental for researchers who explore health behaviors. Ruhl et al. (2016), for example, used PWM as a basis for their analysis of three decision-making models among female college students eating behaviors. They

explored the different eating decisions among students who were dieting and those who were not and the specific concepts about the willingness and intention to eat certain foods. The authors argued that plans to engage in eating behaviors were significantly influenced by subjective norms, which are affected by social pressures (e.g., my family thinks I should be vegan), and attitudes about behavior (e.g., I remember being vegan is healthy). The researchers found evidence supporting the PWM such that female college students' eating decisions are based on behavioral willingness and prototypes.

Davies et al. (2017) similarly used the PMW to frame their study in which they investigated health risk behavior such as drinking among adolescents that are influenced by risk images and social contexts using the intervention the Alcohol Smart Quiz (ASQ). In this study, the researchers confirmed that there was a link between prototypes, willingness, and alcohol use. One of their goals was to understand the acceptability and feasibility of the content and the format of the ASQ among adolescents and teachers. Davies et al. concluded that adolescents are more willing to engage in risky behaviors if they see images of their peers participating in risky behavior. For example, individuals who scroll through pictures of their friends drinking and looking cool do so on social media are more likely to are more apt to mimic the same behavior and have more positive attitudes about drinking.

Further, Ali et al. (2014) used the PMW as the basis for their study of predicting high school students' resistance to participate in smoking hookah. PWM was primarily implemented to investigate behavioral intention in the process of hookah smoking. The study was a cross-sectional design that analyzed 240 high school students recruited through random sampling from Bandar Abbas, Iran. The researchers distributed questionnaires to 240 students that measured willingness, prototypical images, behavioral intentions, attitudes against hookah, and subjective norms against hookah use. Variables from the PMW were used to develop the research questions posed to the high school students. Questions focused on the high school students' reaction to smoking hookah, an ideal description of peers who smoke hookah, and the high student's intention to smoke hookah. The author found the students who reject invitations to smoke hookah were better predicted to do so by willingness than positive subjective norms and attitudes. Ali et al. (2014) referred to previous studies (Gerrard et al., 2005; Hukkelberg & Dykstra, 2009; Litchfield & White, 2009) that used PWM to support their conclusions that subjective criteria and beliefs were also significant predictors of intention.

Dohnke et al. (2015) used the PMW as a methodological approach in a longitudinal study to investigate eating behavior in general and in peer contexts. The researchers used the model to better understand if adolescents eating behaviors were predicted by intention. The authors analyzed the participants' behavioral intentions using reasoned path to behavior and social reaction path. Dohnke et al. suggested that prototype perception was significant among adolescents since they are more apt to seek social acceptance from their peers.

Walrave et al. (2015) used the PWM including both a reasoned path and the social reaction path to explain how the perceptions of adolescents that participate in sexting may influence their peers' willingness to engage in the same behavior. It was suggested that adolescence is a period in life where feedback and empowerment from peers is crucial for being accepted. Researchers found that adolescents' attitude regarding sexting were primarily to appear that they were in a romantic relationship and being sexually active to gain popularity in their peer group. The study further indicated that adolescents' perceived peer pressure from others (i.e., social norms) was a significant predictor of sexting intentions. Additionally, Walrave et al. indicated that descriptive norms (i.e., peer perceptions of what others are actually engaged in) were a better predictor of sexting behavior than injunctive norms (i.e., others acceptance of a behavior).

Elliott et al. (2017) used the PWM to investigate self-reported subsequent speeding behavior. The authors suggested that behavior is orchestrated by intention and willingness. For instance, when considering behavioral willingness, an individual may engage in a behavior based on certain circumstances (i.e., if an employee is late for a meeting, he or she may speed). However, with behavioral intention it becomes deliberate decision making (i.e., "I plan to drive over the speeding limit").

These previous studies used the PMW to analyze individuals' behavior guided

by two constructs: one that mirrors deliberative decision making and one that resembles reactive decision-making. When referring to deliberative decision making, individuals' decisions are usually based on their attitudes and social norms. However, reactive decision-making occurs when individuals are challenged with certain circumstances. These studies taken as a whole highlight both constructs in analyzing how individuals are influenced to engage in certain behaviors based on their perception of significant others' approval of the behavior (i.e., social norms).

This body of knowledge is vital when researching how the PWM will capture the perceptions, thoughts and experiences of AA women who are challenged with obesity. The PMW provides an explanation for the basis of negative health behaviors among AA women. It has been suggested that the behaviors of individuals are often molded by peers and/or family. For instance, Walrave et al. (2015) indicated that adolescents who participated in sexting were significantly influenced by individuals in their social environments, by the feedback and support and encouragement from others. The PMW has been a foundation to understand how individuals participate in certain behaviors based on how they evaluate and perceive social images or prototypes. The model further details that individuals' perceptions and thoughts about a particular prototypical image may influence their intentions to engage in a certain behavior. Abedini (2014) suggested that adolescents who became hookah smokers were more apt to participate in the activity despite the negative effects because they perceived that hookah smoking was considered a fashionable way to smoke tobacco as opposed to cigarettes. In other words, the positive

images of smoking hookah out-weighed the poor health of effects of non-smoking behavior. associated with smoking.

The PWM was utilized in an attempt to understand adolescents' health related behaviors. Donke et al. (2015) measured the health-related behaviors by assessing for both healthy and unhealthy eating. In doing so, the participants were required to respond to thematic questions based on willingness to consume healthy or unhealthy foods. The study revealed that individual behavior to engage in a certain behavior was significantly affected by peer modeling. Similarly, prototype perception was found to predict behaviors in individuals who engage in risky driving behaviors. Elliot et al. (2016) mentioned that prototype perceptions are divided into two groups: prototype favorability perceptions (how individuals negatively or positively evaluate the prototype) and prototype similarity perceptions (when individuals believe the prototype reflects their image). When analyzing behavior through the prototype favorability and similarity perception lenses an individual's behavior is thought to be influenced by reactive behavioral willingness (i.e. react when situations occur) as opposed to behavioral intention (i.e. the determination a person has to behave a certain way).

For the present study, the PWM will be used to analyze how AA women perceived thoughts about AA males' preferences of female body size. unhealthy body images. The unhealthy behavior of AA women maybe a response to social circumstances as opposed to a planned event. The prototype willingness model assumes that an individuals' behavior is triggered by their willingness to engage in a

certain behavior when an opportunity arises (Gettis et al., 2009). The prototype is in reference to an image of a typical individual who interacts, belongs, and engages in a particular behavior within a certain group (Gettis et al., 2009). The willingness, in turn, maybe influenced by how AA women perceive AA males' preferences to a certain female body.

Literature Review Related to Key Concepts

History of Obesity Among AA Women

A historical perspective on AA women's perception of body image was discussed by Johnson and Broadnax (2003). The authors provided a detailed and informative account of the historical hardships and challenges of AA women is an attempt to understand their weight gain (Sumlin & Brown, 2017; Warren et al., 2018). The authors suggested how obesity was influenced by African and AA culture. Culture has been referred to as a collective group of shared beliefs, ideas, and norms within human societies (Resnicow et al., 1999). Johnson and Broadnax (2003) argued that in Africa, it was culturally acceptable to have a larger body frame because larger women were considered more financially resourceful, affluent, fertile, more laborious workers, and excellent caregivers. After being captured, enslaved, and transported to America, many African women were used as concubines for sexual gratification, which resulted in their perception that a more massive physique would help them avoid sexual advances by abusive slave owners (Doolen, 2018).

As a result, obesity was seen as serving a social purpose, enabling AA women to acquire personal security, escape dangerous situations, and become more socially accepted (Ard et al., 2013; Johnson & Broadnax, 2003). A woman could acquire a higher level of status within the plantation's abusive spaces by becoming a mammy. Mammy was classified as a female slave responsible for various vital roles on the plantation such as a midwife, nurturer of slave owner's children, wet nurse, and cook (Doolen, 2018). Being a dedicated and loyal worker, AA women, as mammies, similar to the women of Africa were revered as a prized possession (Ard et al., 2013).

Research Linked to Key Factors Related to Obesity in AA Women

In this qualitative study, the literature review considers the following variables: obesity in AA women, male preferred body size, overweight, and AA women perception of body. The scope of the study reflects how AA women perceive males' preference to certain body size, and the influence it has on obesogenic lifestyles and health behavior. Understanding that AA women are challenged with a higher average body mass index (BMI) than other racial and ethnic groups, it is vital to explore how cultural values, attitudes, and significant others within their circle impact behavioral choices related to weight management. In this section, several factors related to obesity will be discussed, including the transgenerational influence of obesity, AA women's role perceptions, nutrition and food choices, sedentary lifestyles, perceptions of body size and image, and AA male preferences regarding female body size.

Transgenerational Influence of Obesity

Transgenerational influence refers to a transmission of inherited information

from one generation to the next (Chamorro-García & Blumberg, 2014). Wilson et al., (2004) found that transgenerational influence from older AA women to the generation of younger women regarding eating behaviors, is a significant predictor of eating norms in mainstream and non-mainstream populations (Williams et al., 2013). The obesity-related transgenerational factors for older AA women consist of food choices, physical fitness levels, and body type preference within the AA community (Chithambo & Huey, 2013).

In recent studies, it has been suggested that children are reflections of their environment and most often model eating behaviors after their primary caregivers, specifying their mothers (Wrobleski et al., 2018). Bandura's (2002) behavioral modeling suggests that significant others, particularly parents, can be very influential in their children's development and body size. Bandura further suggested that children who identify with parents of the same sex are more impressionable regarding the shared eating patterns of their parents (Bandura, 2002). Additionally, Williams et al. (2013) suggested the emotions daughters have about their body size, and weight are reflective of their mother's body size perception. Pulling this together, one important factor to consider with respect to AA women's obesity is the family influence/modeling that was present in their families of origin.

AA Women's Perceptions of Roles

AA women historically have assumed multiple roles within the family, namely

positions of a mother, nurturer, and breadwinner due to financial and social necessity (Woods-Giscombe, 2010). Woods-Giscombe (2010) conducted a phenomenological study to provide a richer account of AA women and the traditional female roles they assume which are deeply rooted in African culture and heritage. Woods-Giscombe (2010) unfolds the complexity of the Superwoman Role or the Strong Black woman role, which was developed to demystify the negative western portrayals, such as Mammy, Jezebel, and Welfare Queen. AA women perceive being in the Superwoman role as a progression from previous roles designated by slave owners, biblical prostitutes, and government financial programs. However, although the concept of Superwoman illuminates unsung attributes such as resilience, courage, and perseverance that are brought forth by oppression and combating social and personal challenges, it also raises concerns regarding its possible role in contributing to the obesity epidemic.

Specifically, numerous studies have shown that exposure to stress can be a catalyst for obesity and many other health adversities, as well as premature mortality (Klatzkin et al., 2018; Manna & Jain, 2015; Morris et al., 2015; Razzoli & Bartolomucci, 2016; Schulz & Laessle, 2012; Scott et al., 2012; Woods-Giscombé, 2010). According to Scott et al. (2012), exposure to chronic psychosocial stress is associated with increases in cortisol secretion, a hormone responsible for managing fat and energy in the body. Morris et al. (2015) suggested that when individuals experience significant exposure to stress, they tend to crave nutrient dense foods, which results in changes in neurotransmitters, causing an addiction-like capacity for empty calorie foods high in fat and sugar. Scott et al. (2012) further explained that stress has a significant effect on food choices, eating

behaviors, and the disbursement of adipose tissue. Meanwhile, Klatzkin et al. (2018) suggested that stress is a primary contributor to stress-induced hunger which can have lasting effects on binge eating behaviors.

AA women's ineffective coping strategies to stressful situations have contributed to creating significant health disparities, primarily obesity (Woods-Giscombe, 2010). For example, AA women's chronic exposure to psychological stress and limited ability to acquire financial and emotion assistance from other support systems (i.e., family members, significant others, partners) has led to an array of health concerns such as cumulative risk and physiological dysregulation (i.e., impaired cognitive functions, immunity, metabolic) (Woods-Giscombe, 2010). According to Morris et al. (2015), these types of physiological impairments play a critical role in the individual's ability to manage the effects of obesity.

Nutrition and Food Choices

Proper diet, along with physical fitness, is well documented as an intricate part of human survival and vitality to maintain a healthy lifestyle. Razzoli and Bartolomucci (2016) argued that an adequate level of nutrition serves as a primary source of providing the body with a natural regulation of energy balance and metabolic response. Although food is a necessary aspect of living a healthy lifestyle, research has shown that AA eating patterns consist of diets that are of increased energy and lower in nutrient density (Sumlin & Brown, 2017). Related to intergenerational influence on obesity, food preference and dietary habits among AA women are introduced by parents during early childhood (Draxten et al., 2014). Research has shown that acquired food choices and diets are

modeled through parental behaviors (Porter et al., 2016). Traditionally, AA women as the caregivers provided high energy low nutrient meals as a sense of comfort for their loved ones (Jain et al., 2001). Comfort food or soul food (i.e., fried foods, high fat, high sugar, sweetened beverages) is viewed as a food custom among African Americans that helps to cherish family traditions, restore stability brought on by social and economic marginalization, and cope with daily stressors (Sumlin & Brown, 2017). AA food traditions are often carried forth by mothers to daughters as a way to solidify unity within their immediate family, church, and community (Wilson et al., 2004).

In researching nutrition, dietary knowledge, and obesity among AA women, Kuczmarski et al. (2017) and Laz et al. (2014) discussed the interrelation of nutritional disparities, physical fitness, and obesity by stressing the multidimensionality of health behaviors, proper nutrition, and exercise for preventing weight gain. As with dietary education, Laz et al. (2014) concluded that nutritional knowledge is particularly low among reproductive-age AA women. The study further indicated that women of this population who were high school dropouts had less nutrition knowledge than women who had a college or high school education. This is partly due to health perceptions, culture, and environmental and social factors. Poor nutrition is also significantly affected by sedentary lifestyles (Diaz et al., 2016), and cultural food traditions (Sumlin & Brown, 2017). According to James (2004), the idea of not consuming cultural food choices such as fried dinners accompanied by dessert, high fat starchy side dishes, and sweetened beverages, would be frowned upon by many African Americans because it would be considered as forgoing family traditions (Sumlin & Brown, 2017).

Additionally, misconceptions about food, lack of nutritional knowledge, barriers to healthy eating, ineffective meal planning and preparation skills, and limited support systems among AA women, suggest a need for nutrition and body image education. Community-based nutritional programs that address obesity-related disparities such as unhealthy eating behaviors, coping mechanisms for high stress, and sedentary lifestyles, particularly in ethnic and minority communities, may help to reduce health disparities in nutritionally disadvantaged environments (Pekmezi et al., 2013).

Hence, there is a need for cultural health and wellness interventions focused on reducing obesity, reeducating individuals on weight/body perceptions, and addressing mental and physical health concerns. Health interventions (i.e., faith-based programs) rooted in AA culture and traditions will help to address sedentary lifestyles and unhealthy eating habits consisting of nutrient-dense food since AA women typically have larger body sizes than their counterparts.

Sedentary Lifestyles Among AA Women (Physical Fitness)

Sedentary lifestyles are one of the leading causes for increased risk of adverse health conditions (i.e., coronary heart disease, stroke, heart disease, high blood pressure, hyperlipidemia, Type 2 diabetes, metabolic syndrome and various cancers) and preventable pre-mature death (Diaz et al., 2017; Pekmezi et al., 2013). Sedentary behavior, also referred to as a sitting disease, is considered behavior that involves activities such as sitting and reduced energy expenditures over resting positions (Harmon,

2015); physical activity refers to activities that increase energy expenditures significantly above resting positions (Warren et al., 2018).

Today, sedentary lifestyles are more prevalent because of the conveniences of modern technology (i.e., online banking, shopping, jobs, and schools; social media). Other activities such as watching television, commuting, and playing online games have also been linked to being obesity and overweight (Harmon, 2015). Physical exertion to complete chores and tasks has been replaced by digitally enhanced machines. Although such modern technology was designed to make life simpler, relying on its conveniences has created a growing health concern for individuals of various racial/gender subgroups with AA women having the highest prevalence of obesity (Warren et al., 2018).

Despite the information available regarding the health benefits of an active lifestyle, AA women lean toward more sedentary lifestyles and reduced levels of physical activity which may be contributing to their suffering disproportionately from health-related conditions such as obesity (Bland & Sharma, 2017). Cultural differences that exist between other ethnic groups and AA women often create barriers limiting time needed to engage in physical activities. Warren et al. (2018) indicated that AA women resist becoming active for a number of reason (i.e., impoverished neighborhoods, body image perceptions and concerns, the burden of maintaining hairstyles, limited time because of lack of support systems and consumed with church and/or family obligations (Flórez et al., 2018; Greaney et al., 2016; Pekmezi et al. 2018; Salihu et al., 2016; Soltero, et al., 2015).

Further, neighborhood disadvantage plays a significant role in individuals engaging less in physical activity. Research has shown that AA women who reside in vulnerable communities classified by poverty, unemployment, government assistance, minimum wages, fatherless households, illiteracy, and educational disadvantages are more prone to weight gain and obesity (Soltero et al., 2015). Additionally, being exposed to disorderly conduct such as crime and incivilities plays an important role in AA women ’s declining to partake in physical activity (Dulin-Keita et al., 2013).

Along with toxic environments, research has indicated that cultural hair practices may be functioning as a hindrance for AA women to engage in physical activity continuously (Bowen & O’Brien-Richardson, 2017). Hair customs for AA women dates back to pre-slavery dates when hair was viewed as a symbol of wealth, status, and prestige among African tribes. In western culture, AA women ’s naturally curly hair customs have been considered as too ethnic and untamed and less accepted and even prohibited from certain establishments (e.g., schools and workplace) (Greene, 2017). In efforts to blend into the western culture, AA women have taken drastic measures to straighten their hair with hot combs, and flesh deteriorating chemicals (i.e., relaxers) (Bowen & O’Brien-Richardson, 2017; Joseph et al., 2018; Versey, 2014). Understanding that hair maintenance is expensive and time-consuming, AA women opt out of exercise because of the burden of having to restyle their hair and frequent visits to the hair salon (Pekmezi et al., 2013; Versey, 2014). Therefore, it is crucial to understand AA women ’s perspectives and perceptions concerning maintaining healthy body weight.

Understanding the social, environmental, cultural factors may help to offer positive motivators to reduce obesity within this population.

AA Women's Perception of Body Size and Image

The reduction of sedentary lifestyles and proper nutrition is well documented as prevention methods for chronic illness, adverse health concerns, and premature death. Previous research examining AA perceptions of obesity and being overweight is significantly different than any other race and/or gender. For example, Chang et al. (2015), Scott et al., 2019), Knapp et al. (2019) and Pickett & Peters (2016) have found that AA women commonly lack time, energy, support groups, financial means, self-awareness and safe neighborhoods to engage in physical activity.

Documented as a transgenerational issue, there is a great need to address the problem with healthier lifestyle promotion designed to eliminate the risk for chronic diseases and other unhealthy outcomes. Although research has reported factors (e.g., cultural determinants, exercise, and balanced nutrition), AA women 's perception of body size and image is an important though largely unexplored area to examine given that definitions of body size may significantly impact lifestyle choices.

According to Elsevier (2014), AA women and their female offspring are noted to have a significantly higher prevalence of obesity than any other gender and/or ethnic group. As mentioned previously, AA women have the highest incidence of sedentary lifestyles and nutrient dense eating behaviors. Furthermore, these women

are more likely to misinterpret their body weight and least likely to report body image dissatisfaction than their white counterparts (Bland, Sharma, 2017; Lynch & Kane, 2014). Research has shown distinct body size classifications among African Americans based on cultural definitions revealing that 56% of AA women who were overweight (BMI 25 or higher), and 40% of AA women who were obese (BMI 30 or higher) did not categorize themselves as overweight, obese, or too fat (Elsevier, 2014). The cultural definition of overweight among AA women was determined to be at an estimate of BMI 35 as opposed to the standard biomedical definition of ≥ 25 (Lynch & Kane, 2014). This research suggests that AA women have a tendency to underestimate their body size.

AA women 's willingness to adhere to medical physicians' standard biomedical weight-related definitions may help to ensure higher levels of physical activity and reduced sedentary lifestyles. Developing healthy lifestyle educational intervention programs specifically tailored to be culturally sensitive provide an opportunity to investigate appropriate weight management techniques for AA women. Research has indicated that considering AA women 's perceptions of body image satisfaction is a crucial indicator for reducing health risk and weight status (Cameron et al., 2018). This consideration suggested that although having an active lifestyle is necessary to mitigate obese related adverse health conditions, there are concealed factors that

curtail the ideas and actions of AA women regarding adopting a healthier lifestyle.

Heavier body types among AA women are widely admired and accepted due to cultural ideals regarding standards of beauty (Baruth et al., 2015; Chithambo & Huey, 2013). Black et al. (2015) and Jain et al. (2001) noted that AA mothers tend to view "thick" or "solid" children as healthy and vibrant which significantly influences their selection of meals for their children. Personal perception and family and cultural tradition uniquely shape the health behavior among AA women (Porter et al., 2016). Additionally, as I will discuss next, AA males have also contributed to the discussion sharing that they tend to prefer larger body types (Gillen & Lefkowitz, 2012; Glasser et al., 2009; Grabe & Hyde, 2006; Greenberg & Laporte, 1996).

AA Male Preference for AA Female Body Size

Race and culture have played a vital role in preferences for certain body types among women. The AA women 's body has been considered a cultural symbol of beauty within the AA community. AA men typically prefer their female counterparts to be more cumbersome or "thick" (Meshreki & Hansen, 2004). In contrast, European American males tend to prefer their female counterparts to have slimmer body frames (Glasser et al., 2009). Although AA males would be more apt to select a female with a larger silhouette when considering AA females as potential mates, they tend to prefer a smaller body frame when dating European American females because "thinnest" is more acceptable in European American culture (Meshreki & Hansen, 2004).

In a study analyzing preference for body type and body characteristics, researchers found that AA men preferred women with larger body characteristics and

viewed obesity more positively than Euro-American men (Malpede et al., 2007). Euro American men considered female attractiveness to be based on a thinner body frame (Lee & Vaught, 2003). Research indicated that AA men preferred to approach AA women who were "thick", and felt that they would not be looked down upon within their community because it was socially acceptable to date a larger woman and they also felt that women who were larger were at the ideal weight (Granberg et al., 2015; Meshreki & Hansen, 2004). Ali et al. (2013) further asserted that AA men who are interested in AA women are more flexible in weight attractiveness, and considered women with thin bodies unattractive.

Historical and cultural factors (i.e., racial identity) more so than biological indicators have been significant contributing factors for AA men's attraction for larger body sizes among AA women (Ali et al., 2013; Lovejoy, 2001). A primary cultural factor that has increased AA men's appetite for larger female body types is the perpetuated acceptance of larger AA women silhouettes in the AA community. In addition, researchers have argued that a wide array of weight is more welcoming within the AA culture (Flegal et al., 2016), and attractiveness among women is viewed differently than of the European American culture (Bissel, 2002). Some scholars have shown that historically AA men viewed larger women as beautiful, intelligent, responsible, sexy, dominant figures within the family household, and more suitable for marriage (Edison & Notkin, 2012). The AA cultural views, perceptions, attitudes, and behaviors were adopted as a way of life and an eccentric

part of AA heritage (Granberg et al., 2015). The traditional views that are reflective in the AA community are indicators for why their views regarding body type preference is different from individuals of the mainstream culture (Bissel, 2002).

Although, a majority group of the AA male population find overweight females attractive (Granberg et al., 2015), a fraction of the population has migrated to find thinner body shaped females desirable (Akinro, 2016). A primary reason for preferred thinner body types maybe contributed to AA men's integration into the perceptions of the European American mainstream (Web et al., 2004; Lee & Vaught, 2003). Researchers found that men who prefer thinner body types are submerged in the western culture having higher exposure to various forms of media such as T.V. programming, print, and electronic devices (Akinro, 2016; Thornborrow et al., 2018). Meshreki and Hansen (2004) indicated that a contributing factor for AA men's attractions to thinner body types derive from rejecting their ancestry roots and adopting a European American mainstream preference for female body types.

Additional studies provided further explanation regarding body type preference among males. Guéguen (2014) found that men of European American descent who were more financially secure preferred women with a smaller body type as opposed to men who were less financially secure. These researchers indicated that males' resource availability significantly influenced their preference in potential

mates. However, an extension on this study examined men's appetite and dietary patterns and their preference compared to body type preferences among females. Burris and Munteanu (2011) found that men of European, Latino, and Asian descent desired not to reproduce, preferred women with a smaller body frame with a smaller bust line. Several researchers argued that AA men are attracted to overweight healthier figures because they believe larger AA women would be more suitable to carry and bear children (Lovejoy, 2011; Lawrence-Webb et al., 2004). Meshreki and Hansen (2004) postulated that AA men's preferences for female body size were significantly determined by cultural and historical influences, and racial identity. Currently, there are no studies to date examining AA women 's perception of AA men's preferences for female body size,

Summary

A plethora of studies have addressed several reasons underlying issues with obesity among AA women. These factors include sedentary lifestyles, poor nutrition and stress). Although there is research about male's preferred body sizes and AA women 's body image satisfaction, there is minimal research that addresses AA women 's perception of male preferences in female body sizes. This factor is another potentially important piece to examine as a possible causal factor underlying weight-related issues observed among this population. Developing culturally appropriate interventions specifically addressing body perception image issues and perceptions about physical activity among AA women with acknowledgment of cultural definitions of body

satisfaction, size, and weight may help catalyze health and weight-related improvements within the AA community.

This chapter addressed several factors related to the problem of obesity, a health issue in which AA women in the United States and their offspring are particularly vulnerable. Additionally, obesity is a transgenerational issue among this population and has potential implications for future generations. The present study aims to examine factors that might influence AA women challenged with obesity. Specifically, this study will use a phenomenological methodological approach to investigate how AA women perceive and adhere to AA males' preference to a specific body size, and if their perception deters adopt healthier lifestyle behaviors that will lead to positive health outcomes (i.e., reduced sedentary activities). Chapter 3 will provide a review of the research design and rationale, role of the researcher, methodology, issues of trustworthiness and summary.

Chapter 3: Research Method

Obesity is a complex preventative public health issue that disproportionally affects the well-being of AA women (Dingfelder, 2013). The obesity rates among AA women remain higher than any other racial group or gender category (Young, 2018). The prevalence of obesity stems from a number of different sources (Top et al., 2019), including genetic, metabolic, environmental, and lifestyle. The purpose of this study was to gain a greater understanding of AA women's perceptions of AA male preferences about female body sizes and how those perceptions influence personal weight management and obesity attitudes among AA women. In Chapter 3, I will detail the research design and rationale, my role as the researcher, the methodology, and issues of trustworthiness for the research.

Research Design and Rationale

In this study, I answered the following research questions:

1. Do AA women believe AA men prefer larger body types and might this contribute to problems with obesity?
2. How does AA women 's perception of AA males' preference regarding female body type shape how women think about their own weight?

For the present study, a qualitative methodological approach, phenomenology, was selected to investigate AA women's perception of males' preferences for certain female body types. The goal of phenomenological research is to explore the lived experiences of a particular concept or phenomenon (Creswell & Creswell, 2018; Lin,

2013; Moore et al., 2017). Qualitative research using phenomenology allows for researchers to investigate patterns among a small number of individuals by asking in-depth questions to gain a deeper understanding of individuals' everyday experience (Creswell & Creswell, 2018; Lin, 2013; Moore, et al., 2017). Phenomenology affords researchers the opportunity to examine individuals through the various lenses: emotions, relationships, organizations, or cultures (Patton, 2015).

Phenomenology is one of the five common qualitative research methodologies used to explore and understand individuals or groups. The phenomenological approach best fits this study because it focuses on how AA women who are overweight or are challenged with obesity interpret the male's preference for a particular body type. The other frequently used strategies of qualitative inquiry include narrative research, grounded theory, ethnography, and case studies; these approaches were deemed not appropriate for this study. The narrative analysis is a detailed approach because it offers an understanding of life experience for one individual (Creswell & Creswell, 2018). The intent of the grounded theory approach does not focus on the theoretical content but theory development, which is not the focus of this study. Ethnography was not an appropriate option because it refers to providing a scientific description of a cultural group that has evolved over a certain length of time. Lastly, case studies seemed poorly suited to the present study given its focus on examining one or more individuals, events, programs, and activities.

The phenomenological approach has three common derivative perspectives: heuristic research, ethnomethodology, and symbolic interactionism. For the present

study, a hermeneutic phenomenological approach was applied to investigate how AA women perceive and adhere to AA males' preference to certain body size and if their perception deters or encourages them to foster healthier behaviors leading to positive health outcomes. The hermeneutic philosophy was originally described by Schleirmacher and later applied to human science research by Wilheim Dilthey (Patton, 2015). This philosophy offers researchers an opportunity to analyze data for interpretative understanding or meaning. In hermeneutic methodologies, the primary data collection technique is in-depth conversations or interviews with the research and the participants (Bene, 2012). Engaging, meaningful discussions will provide an opportunity to investigate the thought processes and lived experiences of the participants.

Researchers have used the phenomenological approach to analyze an array of health and wellness perspectives among multicultural people including AA grandmothers assuming parental roles over their grandchildren and how the role contributes to physical and emotional stress (Bene, 2012), exploring the lived experiences of diabetes self-management (DSM) from their cultural perspective (Tiedt & Sloan, 2014), analyzing Chinese mothers lived experiences dealing with caring for children with atopic eczema (Cheung & Lee, 2011), investigating obese AA women and how they rationalize the meaning around obesity and bariatric surgery (Moore et al., 2017), and understanding the lived experiences of Japanese fathers transitioning from more traditional roles to fatherhood (Iwata, 2014). Hermeneutic methodologies have also been applied in obesity research (Grant & Boersma, 2005). Phenomenological examinations have also been widely used to probe deeper into the understanding of AA women's lived experiences, as

a phenomenological strategy of inquiry is an effective way to grasp the explicate meaning from information-rich interviews. In a study that investigated the body frames of AA women and girls, Williams et al. (2013) explored the transgenerational meanings and experiences among obese AA girls and their mothers. The researchers found that transgenerational eating habits, sedentary lifestyles, and AA cultural body size preferences significantly influenced obesogenic behavior and at-risk health outcomes among AA girls.

Using a qualitative approach enabled me to identify how AA women internalized AA male preferences for female body size and how these perceived preferences affected women's views regarding body size and image. Using such methods provided a magnified scope of the social and cultural underpinnings of body size perceptions among AA women. The qualitative method was chosen given the nature of the research questions and the need to obtain a deeper understanding of the persistent problem of obesity among AA women. This understanding was achieved through analyzing emergent themes that helped identify patterns off occurrence in this population (Brigitte, 2018).

Role of the Researcher

The role of the researcher in qualitative studies is to understand how and why behaviors take place (Sutton & Austin, 2015). My role as a researcher was to be transparent with the participants while creating awareness and transcribing the details gathered during the interview sessions. During the research process, my main goal was to build rapport with the participants, collect data, and remain unbiased. As the researcher, I

accessed the thoughts and feelings of AA women, which created a platform for understanding the meaning of their ascribed perceptions and experience (Sutton & Austin, 2015). I made sure that the information transcribed is reliable and valid (Creswell & Creswell, 2018).

As the researcher, I understood that my biases and thoughts about obesity among AA women may played a part in making sense of the data and identifying themes. To minimize this potential risk, I used member checking to make sure the transcribed information was honest and accurate (Creswell & Creswell, 2018). In doing so, each participant was provided an opportunity to review the transcribed data and offer feedback on the accuracy. If discrepancies were found in the data, the participants were offered an opportunity to make modifications, deletions, and/or additions to the text that best reflected their interview answers. For instance, if the participants discussed several experiences over the course of the interview and then felt that their statements were not represented accurately, they were offered an opportunity to make any necessary corrections.

During the online interview process, I considered other ethical issues that may arise for the protection and safety of the participants. This was a great concern based on researcher vulnerability during in-depth online interviews, especially when participants shared personal stories that would potentially reopen wounds. When I collected rich data during in-depth interviews, it was a high priority to remain sensitive to the risk of the participants. In doing so, I disclosed to the participants that the interview questions may trigger various emotions when discussing sensitive topics.

Methodology

Participant Selection Logic

The snowball method was used to recruit AA women for this study. Qualitative inquirers often used snowball sampling because it allows current participants to assist in recruiting new participants for the study by providing them with a short description of the study and the contact information to the researcher (Creswell, 2013). The snowball method was the best sampling method for this study because it allowed me to recruit AA women via email because the study was impacted by the COVID-19 pandemic. The primary limitation when using a snowball method is the inability to ensure the generalizability of the findings. However, a snowball sampling method allowed me to recruit participants with limited access to individuals in the community and obtain the information-rich cases for the most effective use of smaller resources. This often entails identifying and selecting potential participants who are well versed on the phenomenon of interest (Patton, 2002). The snowball sampling method also enables qualitative researchers to rely upon their expertise when recruiting participants in the study (Naderifar et al., 2016).

The target population for this study were obese AA women. A total of nine participants were be interviewed which ensured that data saturation was reached (i.e., no new themes are being observed in participant' responses). To participate, six criteria had to be met: (a) female; (b) self-identify as African-American (AA) or biracial (AA and White); (c) being heterosexual; (d) being at least 18 years old; (e) Body Mass index of 30 or more calculated as weight (lb) [height (in)] ^{2} x 703]; and (f) having access to a

computer or smartphone with a reliable internet connection. Participants were not required to have a high school diploma. The BMI calculations were based on the self-reported weight and height of individuals. AA women who were interested in participating in the study contacted the researcher by telephone or email.

Participants were recruited online from local various organizations (i.e., churches and academic institutions) and from the Walden University Participant Pool. The IRB and Walden University Participant Pool were contacted via email to gain permission to add this study to the participant pool webpage. The IRB approval number 04-29-21-0164895 was granted after the required form was submitted. After all required criteria were submitted, the study was approved to be posted on the participant pool webpage.

Various local organizations (i.e., churches and academic institutions) within AA communities were also contacted by a recruitment letter via electronic mail to gain permission to have digital flyers sent to the students, staff, and/or members of the local organizations, and to display digital flyers on the institutions' social media for recruitment of AA women. I contacted the local institutions and gained permission for digital flyers to be sent to students' and members' email. Digital flyers were displayed on the institution's social media for participant recruitment purposes. The digital flyer contained the location of the research study and outlined of the interview criteria, eligibility requirements, and my contact information (i.e., phone number and email) for AA women who wanted to participate or inquire about the study. The timeline for recruitment and for the interview process was approximately 6 months.

Following the initial contact, the potential participants were emailed a copy of the

nature of the study, and an informed consent that was to be signed electronically. An emailed signed informed consent was required to participate in the live video interview. The initial digital prescreening to determine eligibility will be conducted via phone using a pre-screening script (see Appendix A). I also requested that the participants provided a self-reported weight and height in order to calculate their BMI. Once the participant's eligibility was established via a 5–10-minute prescreening digital survey powered by Survey Monkey, a 30-to-60-minute semistructured interview was scheduled via Zoom.

Interview Instrument

For this research study, I used Zoom technology for live interviews and a semistructured interview protocol (Kallio et al., 2016). Semistructured interviews are known for collecting information based on individuals verbal expressions where the participant is presented with open ended questions (Jamshed, 2014). These in-depth interviews are usually conducted once for the duration of 30-to-60-minutes (interview questions are listed in the following sections). Semistructured interviews are an effective and powerful method that allows for researchers and the participants to dialogue in a guided format augmented by follow up questions, probes, and comments (Dejonckheere & Vaugh, 2019).

The development of the interview questions was guided by the PWM. Specifically, the questions were developed using six criteria: subjective norms, prototype, intention, willingness, perceived power, and perceived behavior control. The questions were designed to determine if AA women's current health behavior patterns, points of view, perceived vulnerability, and social norms are influenced by prior behaviors and

how they think others perceive them. The constructs used to develop the research questions are reasoned path, social reaction path, and behavioral willingness, and prototype perception. Reasoned path explained how AA women 's attitude about their perception of male's preference of female body size may contribute to their willingness to maintain, gain, or lose weight. The social reaction path was used to explore what type of social context influences AA women to engage in healthy behaviors. The questions explored behavioral willingness by inquiring if AA women would engage in healthier lifestyle choices if specific situations were more favorable. Prototype perception explored if AA women engagement in unhealthy lifestyle choice was based on similar behaviors in their community.

Subjective Norm Criteria

1. Do you believe how you were raised impacted your food choices and health behaviors today?
2. Do you believe how you ate in the past (i.e., during your upbringing) has an impact on your eating patterns now?
3. Were there any discussions in your family about the importance of eating healthy and exercising?
4. What types of food were served during family dinners or gatherings?

Prototype Criteria

5. What do you consider a healthy body to be? What does that look like to you?

6. Are there certain things that make you feel more or less secure about your body size?
7. When it comes to choosing romantic partners, do you believe AA males want a particular body size?

Perceived Power Criteria

8. Do you ever feel a sense of loss of control when you are eating?
9. Is your eating behavior ever influenced by your emotions (i.e., sad, happy)?
10. Do you think your body size affects your relationships (i.e., marriage, civil unions, intimate relationships, friendships, family relationships, acquaintanceships)?

Intention and Willingness Criteria

11. Do you feel secure about your body size?
12. Do you ever feel that you should change your body by exercise or cosmetic surgery to appeal more to AA males?
13. Have you ever reached out to a personal trainer or nutritional expert to help with weight loss?

Perceived Behavior Control Criteria

14. Do you find it difficult to maintain a healthy weight size?
15. Besides the attitudes of AA men, are there other people or things in the

culture that influence your thoughts about your body size and how you take care of your body and health?

Guided Questions Related to Research Questions

16. Do AA males' thoughts about their preferred female body size influence you to lose or maintain the same weight?
17. Do AA males' thoughts about their preferred female body size make you feel good or bad about your size/weight? Why?

Procedures for Recruitment Participation and Data Collection

Recruitment Participation

The setting for this study was impacted by the COVID-19 pandemic. Recruitment was conducted via a 5-10 minute prescreening digital survey powered by Survey Monkey and Zoom Video conference calls as face-to-face interviews were not permissible.

In accordance with Walden University's guidelines for research during the pandemic, I followed the protocol outlined on Form C: Ethics Self-Check Application for IRB Approval. I used a snowball method to recruit participants, who would email me if they were interested in participating in the study. I emailed a consent form to each participant with a link that directed them to the Survey Monkey form. A submitted form from survey monkey was confirmation that they consented to participate in the study. The participants who agreed to proceed with interviews were contacted by email to schedule an interview via Zoom videoconference. The researcher and the participant were only

present during the Zoom video conference. No compensation was offered for being a participant in the study.

The participants for this study were heterosexual AA women 18 years or older with a Body Mass index of 30 or more calculated as weight (lb) [height (in)] ^{2} x 703]. The participants were required to have a computer and/or smartphone with internet access. Nine participants signed informed consent forms and agreed to participate in this study. The participants were informed that they may withdraw from the study at any time without penalty. Participants could contact the researcher to ask any questions or study findings.

Data Collection

The data collection for this research was derived from a 5-10 minute prescreening digital survey powered by Survey Monkey, and 30-to-60-minute semi-structured, in-depth interviews via Zoom video conferencing with AA women living in the United States.

The Zoom semi-structured interviews were used to understand the perceptions of AA women about AA men's thoughts for a preferred body size. The Zoom video conferencing assisted in gathering a wealth of knowledge and explored the perceptions and experiences of obese AA women. Developing and asking open-ended questions provided the AA women an opportunity to express their views regarding obesity and thoughts about their own body size. Additionally, the Zoom video conference allowed the research to ask probing questions to identify how AA women internalize AA preferences for female body size and how they consequently affect their views regarding their own

body size. There were 9 participants in the study. During the interviews I used an audio recorder to record the data feed. The participants were contacted via email to schedule an interview prior to the Zoom video conferencing. After all the interview data was recorded, I later transcribed the data for coding and thematic analysis.

The entire interview process was conducted in a two-month time frame. The individual semi-structured live-video feeds allowed me to collect data such as in-depth responses from the participants. Asking open-ended questions regarding health perceptions among AA women assisted with discussing information that is sensitive in nature to the obesity phenomenon. The online video-feed interviews gave me a better understanding of AA women's perceptions and feelings about the obesity epidemic. A follow-up email was sent to participants for review of the transcribed responses to make sure their responses were interpreted accurately and reflected the participants' authentic experiences.

Debriefing Procedures

Debriefing is essential to research studies to ensure that participants are not harmed by helping them deal with adverse feelings and thoughts after the Zoom interview (Berg, 2007). Before the start of each Zoom interview, I explained the meaning of debriefing to each participant (see Appendix G for debriefing document). During the debriefing session, each participant had an opportunity to discuss any favorable or unfavorable feelings that may have arisen during the study. I made arrangements with a health care provider to offer additional coping mechanisms for participants' uneasy emotional state, if required.

Follow-Up Procedures

At the beginning of each Zoom interview, I informed participants that a follow up email will be initiated for clarification on the statements made during the Zoom interviews. After the interview, I provided an emailed transcribed replica of our Zoom live-video interview for review to the participant. Upon review, I advised the participants to share any discrepancies they observed on the transcribed copy so that it may be revised. I asked for all discrepancies be sent to my email within 14 days. If the participants did not respond within 14 days, I assumed the transcribed information did not have any discrepancies.

Data Analysis

In this study, there were six stages in the analysis plan. Thematic analysis was a method that assisted the researcher in identifying, analyzing, and transcribing patterns or themes that emerge from the data (Braun & Clarke, 2006). The first stage involved the researcher familiarizing themselves with the data by closely reading and interpreting participant responses during the early stages of the analysis. In this stage it was important for the researcher to understand both the depth and the breath of the content of the data. The second stage consisted of developing initial codes from the data. When coding the researcher identified a feature of the data that is meaningful to the study. The third stage involved refocusing on the codes to develop themes. In order to do so, the researcher organized the data into a thematic map. In the fourth stage, the researcher reviewed and refine the themes. In this stage, the researcher decided if some of the themes need to be combined, separated, or discarded. The fifth stage of the data analysis involved defining

and labeling the themes that was be presented in the analysis of the study. The sixth step involved developing the final analysis and writing up the report. The content of this study was sensitive in nature and my thematic analysis reflected the views of the participants in a discretionary manner.

The thematic analysis approach was considered best for this study because it allowed the researcher to identify, analyze, and report patterns within the data set in rich detail. In doing so, the researcher reported on the experiences, meanings, and the reality of participants in a thematically organized way. This method allowed the researcher to make a number of assumptions about the nature of the data transparent by explicitly exposing the 'essentialness' of a theme. The presence of a theme identifies the importance of the data in that it is presented in the research question and reflects patterns or reoccurring meanings in the data set. The 'essentialness' of the theme reflects something important in relation to the research question. This type of analysis allowed for a flexible and useful research tool to gather rich, detailed, and a complex accounting of data.

The data analysis for this study began with transcribing all of the audio recordings gathered by the live video feeds. I transcribed participant' responses into a Word document. I read and interpreted participant responses to identify which ones coincide with the prototype willingness model. I exported interview responses into an Excel spreadsheet to organize all the codes. Using the Excel spreadsheet, I coded the participant responses in order to identify the themes. The themes were developed based on guiding questions that will be directly used to answer the research questions proposed in this

research. Using the Excel spreadsheet enabled me to group thematic responses that are both similar and different. The detailed information gathered from the interviews was transcribed verbatim in order to develop a thematic analysis.

Issues of Trustworthiness

Credibility

Credibility is an integral part of qualitative research in so far as helping to increase confidence in the validity of the findings and interpretation of the data. Credibility addresses several criteria including the truth value, consistency, confirmability, and applicability (Noble & Smith, 2015). The truth value allows researchers to present participants' viewpoints and statements from the interviews clearly and accurately. Consistency in the study holds the researcher accountable by making sure their decisions are clear and transparent (Krefting, 1991). Neutrality in the study was achieved once the truth value, consistency, and applicability had been acknowledged. The study showed credibility when readers are able to apply the findings of the research in other contexts, settings, and groups (Noble & Smith, 2015). In this study, I addressed credibility of the research by developing an audit trail, performed member checks, and conducted, and used rich, thick descriptions.

Audit trails offer elements of trustworthiness in qualitative research methods by readers being able to familiarize themselves with the study to audit the research and confirm the findings (Carcary, 2009). This process is done by examining the methodological and analytical processes of the researcher (Nowell et al., 2017).

Member checking is essential because it enables the researcher to check for accuracies in the qualitative findings by developing a final report for the participants to review (Birt, Scott, Cavers, Campbell, & Walter, 2016). The intended purpose of the participants' review and the follow up interviews was to provide the members of the study an opportunity to comment on the findings in the review.

Using thick rich descriptions to articulate the findings can add validity to the study (Nowell et al., 2017). Thick rich descriptions help readers to envision the setting and offer them details of the discussed share experiences (Ponterotto, 2006). Thick descriptions evoke emotionality and self-feelings by presenting details, context, emotions, and the complexities of social relationships that unite individuals (Ponterotto, 2006). The purpose of thick descriptions does not solely mean to provide details, but the main intention is to interpret the circumstances, ideas, intentions, and strategies to describe social action (Ponterotto, 2006).

Transferability

Transferability is an important part of qualitative research as it aids individuals in determining whether the findings from the study can be transferred to other settings (Tobin & Begley, 2004). The reports from the qualitative research must present data rich descriptions in the research that detail the participants in the study and the setting in which the study took place in order for transferability to exist (Kuper et al., 2008). Individuals interested in the research process can then decide if the findings are transferrable to another location (Nowell et al., 2017).

Dependability

Dependability serves as a measure to develop stability of the data over time and conditions while reducing researcher bias (Nowell et al., 2017). For researchers to achieve dependability, the research process has to be clear, concise, rational and traceable (Koch, 1994). The research is dependable when individuals are able to analyze and understand the information (Lincoln & Gubu, 2004). Auditing the study ensured that there was dependability in the research.

Confirmability

Confirmability refers to neutrality which means the potential congruence between two or more people about data accuracy (Creswell, 2007; Nowell et al., 2017). The objective of confirmability was to make sure that the conclusive findings and interpretations of the researcher stems from the data (Lincoln & Gubu, 2004). When creditability, transferability, and dependability were determined, confirmability was achieved (Koch, 1994).

Ethical Procedures

Ethical issues may surface at the initial phase of the study, during data collection, in data analysis, while reporting findings, and in their dissemination (Fazli et al., 2018). During the writing process, the researcher should anticipate ethical concerns that may arise. Protecting the research requires qualitative researchers develop trust with the participants, encourage integrity in the study, build rapport, avoid fraudulent analysis, inform participants about the nature of the study, maintain confidentiality, refrain from misconduct and impropriety, and appropriately handle challenging problems (Creswell,

2007).

For this research, I developed IRB documents from Walden University and it was made known to the local organizations where I will ask permission to recruit participants. A copy of the IRB's approval letter is provided as Appendix D. De-identification will ensure the participant's responses are not revealed to preserve the privacy of the research participants. The transcribed and coded responses were secured in a password protected computer. The coded responses were only be revealed to the researcher. The identification of the participants was removed from the transcribed copies. The researcher provided copies of the informed consent form and a confidential statement for the participants; see Appendix D. The participants were informed that they are not under any obligation to start or continue with this research and had the right to withdraw from the study at any time. The well-being of the participants during the research process was a primary concern.

Treatment of Participants

The concerns that may occur in qualitative studies may involve confidentiality, privacy, and informed consent. In order to avoid putting participants at risk I had my research reviewed by Walden University's Institutional Review Board (IRB) (Creswell, 2007). Submitting my research proposal to the IRB offered protection against any violation of participants' human rights. I developed an informed consent for the participants to sign to avoid causing harm. The informed consent educated the participants about the nature of the study. Within the informed consent the participants were aware of the reasons for data collection, how the data was utilized, what questions

were asked during the interview, how their statements would remain private and confidential, what potential risks may occur, and their being able to withdraw from the study at any time.

During the interview, a significant amount of personal information was shared. In efforts to keep the shared statements private, I informed the participants that information discussed during the interviews would only be viewed by my committee and myself. For extra security measures, I secured electronic files, full transcripts and any identifying contact information in a locked fire-resistant file cabinet, and in a password protected computer for the term required by Walden University. After the allotted time period, I will eliminate all of the documents pertaining to the study.

Ethical Concerns Related to Recruitment Materials and Process

Ethical issues did not arise during the planning, processing and recruitment in this qualitative design. In this study's recruitment process some AA women were sensitive about being overweight or obese. The nature of the study caused some AA women to be reluctant to participate. The disclosure of the research regarding the reoccurring obesity problem among AA women offered the participants transparency about the study's aims. Ethical concerns were addressed in the recruitment letter that will be sent electronically to local organizations. The digital flyer informed individuals that all personal information will be kept confidential. The researcher's contact information was displayed on the digital flyer in the event the participants would like to discuss any additional information regarding the nature of the study.

Ethical Concerns to Data Collection

In data collection, it was imperative that researchers did not violate human rights, and avoid physical, psychological, and social harm. In this study, scientific integrity was considered at each point in order to uphold ethical standards and to protect participants in an ethical way. In order for the participant to gain trust I made sure to build rapport with them prior to the interview process. There was a request for approval sent to institutional review board to conduct the study, informed consent forms were provided to participants that fully disclose the nature of the study, rapport was cultivated between the researcher and the participants, the privacy of the participants will be protected, reporting multiple findings in the study, and assigning fictitious names to protect the privacy of the participants (Creswell, 2010). Additional elements in this study's consent form included: the identification of the researcher, identification of subsidized faith based organization, identification of the nature of the study, identification of the gains for participating, identification of the magnitude of participant involvement, indication of how many members participated, the possible risks involved, a formal assurance of confidentiality and privacy, a promise that participants could withdraw at any time, and inclusion of contact information for participants in case of lingering questions (Sarantakos, 2005). Considering the ethical issues in the study helped to avoid many pitfalls that can compromise participants safety before, during, and after the research has been concluded (Brigitte, 2018).

The following procedure was in place to inform the participants of the research:

- Local businesses and organizations in the Louisville area were contacted

and briefed on the study in a recruitment letter to gain permission to display flyers on their social media. The digital flyers were used to recruit participants from the targeted facilities.

- Individuals who were interested contacted the researcher by phone and/or email as indicated on the digital flyers.
- After individuals expressed their interest to participate in the study, consent forms were emailed to obtain their consent.
- After receiving the signed informed consent forms, I emailed the participants to schedule a 45-60-minute live video feed interview with the individuals who signed the informed consent form.
- In the Zoom interview, participants were reminded that they are not under any obligation to start or resume participation in the study.
- During the interview, participants were told that they may withdraw from the interview for any reason without penalty. Reasons for their decision to not continue to participate, were not required.
- If a participant chose not to remain in the study, the researcher would have documented the withdrawal using a revocation form.
- Should an adverse event occur during the study, the participant could have withdrawn from the study and the researcher would submit an adverse event reporting form.
- I documented participant responses from the video feed gathered during the Zoom interviews, from notes taken during the interviews and from

audio tape recordings.

- A follow-up email was sent to participants for review of the transcribed responses to make sure their responses were interpreted accurately and reflected the participants' authentic experiences.

Treatment of Data

In this study, privacy and confidentially was a primary concern. I guaranteed confidentiality to each participant by assuring them that their data will be protected in two forms. Any paper versions of transcribed data were stored in a fire-resistant file cabinet, and electronic data was secured and kept on a password protected computer.

The participants were informed that their data would only be viewed by the members of the research committee. Study data will be kept for 5 years. The archived participant approved data will be destroyed in several ways. On the computer, I will move the data to the trash can on the desktop. To permanently delete the data from the computer, I will empty the desktop trash can. For transcribed and written recordings, I used a home shredder to cross shred all of the paper documents.

Summary

The objective of this stage of qualitative research was to address the research inquiry regarding how AA women's perceptions of male preferences about female body influence their personal weight management and obesity attitudes. This chapter detailed how a qualitative design with a phenomenological approach was used to obtain the stories and shared experiences of AA women encountering obesity. Additionally, the chapter reviewed how the data was collected, organized, coded, and analyzed. Qualitative

studies are known for collecting data using many different approaches and sorting the information according to common themes. In this study, the semi-structured interviews were used to collect data to identify themes related to how AA women perceive male preferences for female size.

Rich and detailed information highlighted in the study gathered from the live video feed semi-structured interviews conducted with the participants over a six-month time period. This study entailed coding data and extrapolating relevant themes from these codes. The live video feed semi-structured interviews were audio taped, transcribed, and transferred to the computer an Excel Microsoft spreadsheet. Handwritten information during the live video feed semi-structured interviews were filed in a fire-resistant file cabinet. All electronical data entered remained confidential and were secured on a password protected computer to provide additional assurances of privacy for the participants. Ethical concerns involving informed consent was a primary concern throughout the entire research process to avoid harm to the participants. After the completion of this research, I will detail and discuss the data in chapter four. The final findings and conclusion will be presented in chapter five.

Chapter 4: Results

The purpose of this qualitative study was to gain a greater understanding of AA women's perceptions of AA male preferences about female body sizes. This study was also designed to examine the influence of AA females' perceptions about AA male preferences for female body size on personal weight management and obesity attitudes. Although obesity is an ongoing epidemic, AA females perceive obesity differently than their counterparts. But there is limited knowledge on why AA women continue to be overweight and obese and how they describe their thought process on what obesity looks like. To address this gap in the literature, I sought to answer the following research questions: Do AA women believe AA men prefer larger body types? How do AA women's perceptions of male's preferences for a specific female body type affect how they may think about their own weight?

In Chapter 4, the following sections will be discussed: the setting of the semistructured interviews, specific demographics and descriptions of the participants, and the data collection and analysis procedures. Additionally, the summary will discuss the trustworthiness and results of the study. The Data Collection section will include the number of the participants, location, and length of the interviews. Additionally, this section will include how the interviews were recorded and data was collected. The Data Analysis section includes information on the process used to move from codes to category and theme development.

Setting

The setting for this study was impacted by the COVID-19 pandemic. Recruitment

was conducted via Zoom video conference calls as face-to-face interviews were not permissible. In accordance with Walden University's guidelines for research during the pandemic, I followed the protocol outlined on Form C: Ethics Self-Check Application for IRB Approval. I used a snowball method to recruit participants, who would email me if they were interested in participating in the study. I emailed a consent form to each participant with a link that directed them to the Survey Monkey form. A submitted form from Survey Monkey was confirmation that they consented to participate in the study. The participants who agreed to proceed with interviews were contacted by email to schedule an interview via Zoom videoconference. The participant and me were only present during the Zoom video conference. No compensation was offered for being a participant in the study.

Demographics

The participants for this study were heterosexual AA women 18 years or older with a BMI of 30 or more calculated as weight (lb) [height (in)] ^{2} x 703]. The participants were required to have a computer and/or smartphone with internet access. Nine participants signed informed consent forms and agreed to participate in this study. In this session, I will outline the demographics of the sample. Five participants ranged from 40–55 years of age, and four were in the 56–65 range. Table 2 shows the physical characteristics of participants.

Table 1

Personal Health Characteristics of Participants

Height	Weight	Normal Weight	BMI	Obese/Overweight
5'5"	385	107-140	64.06	Obese
5'1"	218	100-131	41.19	Obese
5'1"	260	100-131	49.12	Obese
5'1"	214	100-131	40.43	Obese
5'6"	250	118-154	40.35	Obese
5'3"	190	104-141	33.65	Obese
5'5"	240	114-149	30.93	Obese
5'2"	173	104-135	31.64	Obese
5'6"	236	118-154	30.09	Obese

Note. Table reflects the data provided by the participants on their current height, weight, calculated body mass index (BMI; CDC, 2022), and weight status for all women participants.

Data Collection

For this qualitative study, I collected data using 5-to-10-minute prescreening digital surveys powered by Survey Monkey, and 30-to-60-minute semistructured, in-depth interviews via Zoom video conferencing with nine AA women living in the United States. The Zoom interviews were used to understand the perceptions of AA women about AA men's thoughts for a preferred body size. The Zoom video conferencing assisted in gathering a wealth of knowledge and explored the perceptions and experiences of obese AA women. Developing and asking open-ended questions provided the AA women an opportunity to express their views regarding obesity and thoughts about their own body size. Additionally, the Zoom video conference allowed the research to ask probing questions to identify how AA women internalize AA preferences for female

body size and how they consequently affect their views regarding their own body size. During the interviews I used an audio recorder to record the data feed. The participants were contacted via email to schedule an interview prior to the Zoom video conferencing. After all the interview data was recorded, I later transcribed the data for coding and thematic analysis.

Data Analysis

This thematic analysis followed the six-step process outlined by Braun and Clarke (2006):

1. Analyzing and transcribing collected data.
2. Recording similar interests pertinent to the study and developing codes for these.
3. Recalling important codes as a source for generating themes
4. Analyzing the themes for context and relevance (thematic map)
5. Categorizing and identifying each theme.
6. Developing a report for analyzed data.

Each interview was audio recorded and transcribed to organize the data and prepare it for analysis. The transcripts were arranged in a Microsoft word document where the data was extensively reviewed. After arranging the data in the document, the individuals' points were reviewed to reflect their overall meaning. This allowed me to write general notes within the document and form thoughts about the information and begin the coding process. After coding the transcripts, the codes were segmented into categories (i.e., themes). Identifying themes during the coding process allowed for

additional layers of the inductive analysis, allowing the reader to better understand the experience and perspective of participants.

A total of 167 codes were obtained from the nine interviews. The codes were then analyzed for similarities and were eventually condensed into eight themes. After further analysis, these were reduced to four themes. The thematic analysis addressed AA women's thoughts and male preferences regarding their body size.

Evidence of Trustworthiness

Four aspects of trustworthiness (i.e., creditability, transferability, dependability, and confirmability) were established to ensure that the study findings were credible.

Credibility

Credibility was an essential part of this research analysis. Credibility was ensured by adhering to four criteria: truth value, consistency, confirmability, applicability. Each transcript was collected without bias and recorded precisely, without subjective influence. During the interview, I dedicated a considerable amount of time with each participant to gather adequate information to answer the research questions. For each interview, I was careful not to influence the thoughts of the participants with my own personal bias of being an African American woman who has dealt with weight management. Saturation was met after interviewing nine participants. Both positive and negative thoughts concerning AA women's perceptions of their body size were reported in the final analysis.

Transferability

Transferability was integral part of the research because it will allow individuals

to transfer findings to other settings. In this research, participants expressed their personal lived experiences and thoughts freely while being audio recorded and transcribed. The information collected in this small sample of AA women allowed for transferability to a larger pool of participants in similar situations using a similar framework and methodology.

Dependability and Confirmability

Dependability was ensured by auditing the study and reducing researcher bias. Confirmability was achieved because creditability, transferability, and dependability were determined. Dependability and confirmability were apparent through the data collection, data analysis, and the shared experiences expressed during the interviews by the research participants. My role as the researcher was to be transparent with the participants minimizing potential biases while transcribing the data gathered during the interview sessions. Confirmability of the data was ensured through objective data collection, accurate audio recordings, member checking, and correctly transcribing each interview.

Results

The data review and analysis confirmed recurring personal experiences that were shared by a majority of the AA women during Zoom video conference interviews. The patterns shared among the participants were relevant to the research questions: Do AA women believe AA men prefer larger body types? How do AA women's perceptions of male's preferences for a specific female body type affect how they think about their own weight? The themes and related codes listed in Table 2 provide a way to understand certain trends among African American women who are challenged with obesity. After

the data collection and inductive analysis, there were five themes that emerged.

Table 2

Code and Theme Development

Theme	Code Examples
T1: Women's Thoughts about Body Size	• Confidence more important than weight • Feelings more important than weight • Secure with weight • Individualistic attitude • Change only for self
T2: Social Environmental Influences	• Some fat people are healthy • Some skinny people are unhealthy • Influence by friends, TV, and AA men • Influenced by social media • Being fat doesn't mean unhealthy
T3: Women's Perceptions of Males Preference to Body Size	• Will not change for AA men • Not influenced by AA men's desires and perceptions • I live in my body not men • My weight my decision • AA men prefer bigger women • AA men want some meat and curves • AA men like what is on social media
T4: Women's Perceptions Body Size and Romance	• Confidence attracts romance • Size doesn't stop romance • Size doesn't affect intimacy • No problem with intimacy and relations

Theme 1: Women's Thoughts About Body Size

AA women's perceptions regarding body size is a vital indicator for recognizing health risk and body weight status (Cameron et al., 2018). The participants in this study expressed their thoughts and opinions about female body size. The thoughts and opinions shared by each woman in the study offered a wealth of information that provided insight on their personal perceptions about their body size. The open-ended interview questions that addressed women's thoughts about their body size ("What do you consider a healthy

body to be?" "Do you feel secure with your body size?") resulted in a pattern of codes associated with personal opinions about body size and weight. Each participant was forthcoming with their thoughts about their body size and weight with statements such as "I believe that confidence is more important than weight," "I don't feel bad about my weight," "I will only change my body for myself," "I am confident with my body size," "Size doesn't matter to me," "I exercise for myself," "Losing too much weight looks unhealthy," and "I like being curvy," were common.

One respondent expressed that because of her short stature and sedentary lifestyle the weight gain had been impactful to her body. She commented on how she would love to lose 25 pounds. While this would keep her in the obesity category, she believed if she lost more than 25 pounds, she would not appear healthy. As indicated by this participant, her personal healthy body type is one that reflects a curvy figure. Below she expressed her thoughts about female body size:

> I don't have a bad shape it's just in different places. I've gained weight and that comes with older age and because I'm short the weight has got to go somewhere. I am 5'1", I am very short and I am 218 pounds. So, I would love to lose about 25 pounds. I don't want to lose 50 pounds because honestly, I believe if I got down to 150 pounds, I would not look healthy. I like more curvature. (P2)

Participant 3 shared her viewpoint on female body size by expressing that being larger doesn't imply that she is unhealthy. The participant felt that a larger body size was only problematic if someone else made negative remarks about her body size, or if she felt that negative health side effects would jeopardize her body's ability to function

properly. Below, participant 3 discusses her thoughts about female body size.

> I am the largest I have ever been. It's takes some getting used to and I am trying to figure out if I really want to get used to it. But overall, it depends on if I am healthy. If I can walk without feeling winded then I am okay. I only feel discomfort with my body size if someone points it out. For instance, like when a guy at a bar said to me that he doesn't like fat girls. (P3)

Participant 4 expressed that she was fully aware of what a healthy body should resemble. She expressed that she would accept having a BMI of 30.59 (a weight that would keep her in the obese category), because she believed that she would look better being 150 pounds. Below she expressed her thoughts about body size.

> A healthy body would be one that is not overweight. The body looks good when it's not fatty, and your nails and skin are healthy. At 4'1" I am okay with being 150 pounds. I would love to be 120 pounds, but I think I would look better at 150. I have a nice booty and I am proud of my booty. (P4)

Another respondent suggested that a healthy body size depends on how she looks in her clothes and if the body functions properly. She felt that an unhealthy body is one that is subjected to aches, pains, and poor digestion. Below she expressed her ideas about body size:

> For me a healthy body is to be able to hold the weight, like my body doesn't ache if I am the right size or if I digest foods within a day or less. I am not secure about my body size, but I am confident. A bathing suit makes me feel insecure about my body size; I would not wear a bikini, I don't like cleavage and showing my body

in that regard. I can stand to lose a couple of pounds, but it doesn't define me. (P9)

Theme 2: Social Environment Influences

Culturally, African American women have had more permissive influences from their community and social circles to maintain heavier body types (Ard et al., 2013). Specific interview questions (e.g., "Are there other people or things in the culture that influence your thoughts about your body size? "Are there things in your culture that influence your thoughts about how you take care of your body and health?") were asked to understand African American women's perspectives on the social environmental influences that may affect their body size. The responses to the interview questions resulted in recurring codes associated with several social environmental influences regarding body weight. Participants were candid when answering questions about the social factors that may or may not influence their body weight with statements such as, "People are influenced by TV" "Friends influence my thoughts" "Social media influences my body size" "Unhealthy people increase awareness," and "Society constructs unhealthy thoughts."

Participant 3 indicated that friends were influential in her thoughts about her weight. She was more so influenced by the thoughts and opinions of her female friends as opposed to her male counterparts. Below are her comments on the topic of social environmental influences.

Men do not influence my thoughts about weight per se, but some of my friends do. So, I have a friend that I used to train with and she has recently done a lot of

> cosmetic things to her body by getting nipped and tucked to be smaller. It makes me question and puts a spark in my head like maybe I am not okay. She does influence my thoughts, but not enough to ultimately make me do anything. (P3)

Participant 4 expressed how she believes that all women are influenced by men and the media to alter the way they look. She felt that the social influence creates changes in female behavior and perception about their weight. Below she states:

> I think I am influenced by what African American men desire. I think we are all influenced to a certain degree, but that would be more on the spectrum of being smaller than larger. TV and social media by all means cause me to see these pretty women and pretty girls and other things that definitely influence me to be a different size. Looking at this will give the misperception that you are not the right size or that men don't like fat women, but that's not true, all men do not like skinny women. (P4)

One respondent was not compelled to alter her eating habits and physical activity based on social media, however, she mentioned that she was influenced by her social environment by observing the eating habit of others around her. She commented as follows:

> You know I'm not really into social media, but as I get older it's harder to take weight off when you want to. I am cognizant of what I watch other people eat and I see that they may be like diabetic or unhealthy or something like that. It makes me want to be more cognizant of what I'm putting in my mouth because you really don't want to have those chronic diseases that are likely to increase

> comorbidities and at some point in our life, we got to come to a realization that if we don't change then the process is going to be the same. (P7)

Another participant responded that she was mainly influenced by an individual on social media to begin living a less sedentary and healthier lifestyle. She shared:

> There's this one lady I do follow on social media and she kind of inspires me to be more consistent with exercise. She's my age and I know I can be looking like that, but I must be consistent, right? (P8)

Theme 3: Women's Perceptions of Body Size and Romance

The body's perceived attractiveness often plays a key role in romantic relationships for both men and women (Meltzer et al., 2014). The interview questions allowed the study participants to share their feelings and perceptions about body size and their romantic relationships. The specific open-ended question that was posed to the participants regarding romance and body type was: "Do you think your body size affects your romantic relationships? When it comes to choosing romantic partners, what type of body size do you believe AA males prefer?" Some of the responses included: "Confidence attracts romance," "Body size doesn't affect romance," "Body size doesn't affect intimacy," "Weight affects intimacy" "I don't get any complaints" and "I do not have a problem with intimacy and intimate relations."

One respondent indicated that her body size was somewhat of a hinderance in her romantic involvement with her significant other. She shared the following:

> I think my weight makes intimacy limited because my husband and I are both fat. So yeah, in a sense weight has affected us because we have both gained weight so

> we really can't have the expectations that we did before. I noticed that there are some things we can't do anymore because some of the things do not look the same. (P3)

Another respondent noted that a voluminous body size was preferred by African American men during romantic involvements because it would be considered more comfortable and pleasurable. She commented:

> I think African American men want a curvy and thick woman. If she was curvy and thick with a flat stomach that would be a plus. It's rare to see someone with a flat stomach and thick. I think they like a woman that has cushion. I don't think they want a woman that is skinny because there is nothing to hold onto. You know I think this is a season for big girls. (P4)

Theme 4: Women's Perceptions of African American Male Preference for Body Size

Historically, African American women body types has been thought of as a sign of beauty within the AA community (Meshreki & Hansen, 2004). Culture and ethnicity have been significantly influential regarding women's body weight and size in the African American community (Thornborrow et al., 2018). During interviews, participants expressed wholeheartedly and candidly their thoughts about how they perceived male preferences for female body sizes with comments such as "African American men prefer bigger women over skinny women," Bigger women are African American men's preferred choice," "AA prefer curves," "I believe I should change for AA men," "Men want women with some meat," "All men do not prefer skinny women," were common.

One participant's perception of African American men desires was that big

women was their preferential choice as opposed to smaller women.

> I think African American men prefer women that are not obese, but some like fat women. All of my brothers, cousins, uncles, and grandfathers always like fat girls. I think men out there prefer "healthy" women. It's interesting because some men like my brothers, they all like big women. A lot of African American men, I don't know why, like big women to a certain degree. (P4)

Participant 6 had a similar perception of African American men's preferences as the previous participants, sharing that she believed that African American men preferred larger women as opposed to skinny women.

> A lot of men don't like skinny women. They like women that have some meat on them. No matter how big I got my husband never complained about my weight. I don't think weight is a problem for men. African American men need to accept me as I am. I mean you met me when I was heavy so you can deal with me now. (P6)

Another participant respondent believed that African American men historically perceived the standard of beauty for African American women was being voluminous. She stated that:

> I don't know that I have any strong thoughts. I think that culturally African American men are used to seeing a certain shape of a woman. Culturally, they like curves and I think historically that has been their preference, so that's what they know. (P7)

Participants were also forthcoming when expressing their perspectives on whether

they were influenced by a male's thoughts regarding whether they lose or gain weight by answering specific questions such as ("Do AA males' preference for a particular female body size make you feel good or bad about size/weight? "Do you ever feel that you should change your body by exercise or cosmetic surgery to appeal more to AA males? "Do you believe African American males' thoughts about your body size influenced you to lose, gain or maintain weight?")

The participants expressed strong feelings regarding their viewpoint on whether AA males influenced their weight gain or weight loss ("I'm not influenced by men's desires" "Not influenced by AA men's perceptions" "AA men do not influence me" "I live in my body and men do not dictate" "My weight is my decision" "My weight has nothing to do with men's thoughts" "Will not change for AA men" "Will not lose weight for AA men.") Some of the women expressed their thoughts about what body types they believed African American men preferred. Additionally, women were candid in their comments when stating that AA men did not influence them to lose, gain, or maintain their weight. For example, one respondent shared that, African American men are not influential regarding her weight and size. She felt that her size and beauty were based on her personal ambitions. In this case, it appears that the participant has more of an individualistic outlook as opposed to a more collectivist cultural viewpoint.

> No, I mean whether or not an African American male would perceive beautiful as being bigger or smaller doesn't have anything to do with him. Being bigger or skinny has everything to do with me. It's my choice. I mean I have to live in this body. You know, it's me, not him. I do not let him dictate anything. (P1)

Participant 2 had a similar viewpoint as the previous participant, sharing that African American men do not influence her desire to be a certain size. She noted:

> It doesn't matter what an African American male wants. They should take me as I am. If I am not what they want, they can move on because I am not going to change. If I change, it is because I want to. If I lose weight, I will be losing weight based off my weight loss goals not because he wants me to be a little bit thicker or thinner. They can take me as I am or not at all. (P2)

While there are several representations of African American women in the media, one respondent from the interview noted that African American men prefer women to resemble African American women in the media. She also shared those African American women in the media are not realistically depicted in the media. Her perception is that African American men are drawn to the African American image in the media. (P3)

> African American men got options with social media. Guys want you to look like women they see on TV or social media like Beyonce, Cardi B and Nicki Manaj and it's not real. I tend to be more individualistic, so I don't care what African American men want. Take me as I am for who I was meant to be. If they don't like it, then they can move on.

Summary

Chapter 4 delineated the results of this study by using a thematic inductive analysis. The purpose of this study was to gain a greater understanding of AA women's perceptions of AA male preferences about female body sizes. In this chapter, the research

qualifications, exact number of participants, the demographics, the data collection method, and the inductive analysis of the data were outlined. The code and theme development are presented in the table below. The study addressed creditability, transferability, dependability, and confirmability as key components for evidence of trustworthiness. Each theme was reinforced with direct quotes from the recorded transcripts of the participants.

All participants appeared eager to provide answers during the Zoom video interview video conferences. Willing and forthcoming participants allowed for the researcher to understand their experiences and to possibly shed light on the obesity epidemic among African American women. Each participant expressed that being obese was a personal decision and that they were not impacted to maintain, lose, or gain weight by African American males or by anyone else within their community. Additionally, a majority of the participants asserted that they were comfortable and confident with their body type and their body size, and that if they needed to lose weight, they were able to do so without any motivation or influence from social or environmental factors. Essential information pertaining to the interviews are all documented in all recordings, transcripts, codes, and themes. Chapter 5 will encapsulate the study findings, address the findings from previous research, increase awareness and more understanding in the African American community, and discuss the study limitations and directions for future research.

Chapter 5: Discussion, Conclusions, and Recommendations

Obesity continues to impact the lives of AA women by putting them at greater risk for premature death and progressive diseases. Carrying excessive body weight can contribute to noncommunicable diseases such as type 2 diabetes, cardiovascular disease, diabetes, and cancer. The purpose of this phenomenological study was to understand the lived experiences and thoughts of nine African American women during their participation in a 30–45-minute semistructured interview. My primary goal for this study was to gain a deeper understanding of AA women's perceptions of AA male preferences about female body sizes. I sought to highlight the experiences and thoughts of AA women who are challenged with obesity through various responses within the semistructured interviews.

I analyzed and transcribed the data collected to make inferences about the information from the interviews. Second, I created codes as a source to develop themes for context and relevance to the study. Next, I categorized each theme and developed a report for the data. Research Question 1 (Do AA Women believe AA men prefer larger body types?) elicited the following themes: (a) women's perceptions of AA male preferences for body size, and (b) women's perceptions of body size and romance. Research Question 2 (How do AA women's perceptions of male preferences for specific female body types affect how they think about their weight?) brought forth the following themes (a) women's thoughts about body size, and (b) social environmental influences.

Interpretation of the Findings

The interview responses of most participants were similar as they viewed their obesity as a personal choice as opposed to being influenced by the perceptions of AA men. The PWM which has been utilized in previous studies to examine individuals' willingness to participate in pro-health behaviors and/or health risk behaviors was used in this study to understand how AA women's behavioral intentions and attitudes are related to the obesity challenges. For example, Participant 2 stated, "I don't want to lose 50 pounds because honestly, I believe if I got down to 150 pounds, I would not look healthy. I like more curvature." These results reflect the PWM by examining AA women's health behaviors and focusing on their health risk.

The findings revealed AA women's attitudes and their willingness to engage in certain risky health behaviors. For example, Participant 2 may not have planned on engaging in obesity-risk behaviors, but because she perceives being curvy as a cultural norm she avoids participating in physical activity and healthy eating behaviors to maintain a healthy normal weight. Many AA women were not compelled to lose or maintain a healthy weight thus making a conscious decision to remain obese. For example, Participant 4 said, "I think African American men want a curvy and thick woman. I don't think they want a woman that is skinny because there is nothing to hold onto. You know I think this is a season for big girls." Examining this scenario through the reasoned path lens Participant 4 is making a conscious decision to remain obese because she feels as though AA men desire the comfort of bigger women. Reasons participants in this study cited for maintaining an obese body may be pointing to a significant

contributor to the obesity epidemic among AA women. Within the AA community, it has become a norm to be obese and has been celebrated in the media as something to aspire to as indicated by one of the participants who expressed that, “it is a season for big girls.”

The literature has indicated that on average larger body type frames are preferred by AA men and that heavier weights are reported by AA women (Rosen et al., 2013). In the study, most of the participants shared that AA men do not primarily influence their body weight. For example, Participant 1 shared, “my weight doesn’t have anything to do with a man, it’s my choice not his. I mean I have to live in this body, not him. You know it’s up to me not him. I don’t let him dictate anything.” Participant 2 shared, “It doesn’t matter to me what men want, they can take me as I am.” Participant 3 shared, “I tend to be more individualistic, so I don’t care what men think about my weight. Take me baby as I am for who I was meant to be. If you don’t like it then move on.” Participant 6 shared, “AA men need to accept me as I am. I mean if he met me when I was heavy so he can deal with me now” were consistent responses among most participants in this study.

These findings support the PWM, which has been utilized to explore an individual’s intention to participate in healthy proactive or at-risk behavior (Gerrand et al., 2008; Monds et al., 2018). The PWM is reflective in several responses from the participants indicating AA women who remained obese were personally driven to do so. Several women expressed in the interviews that AA men preferred larger body types; however, they also asserted that AA men’s desires for larger body types were not the primary reason for remaining obese. For example, Participant 2 asserted that “If I am not what men want they can move on. A man can take me as I am and then if get smaller then

yay for him but if I stay the same size, it is what it is. I am not going to change, if I change it is because I want to." Another participant shared, "Men do not influence my thoughts about weight per se, but some of my friends do." Overall, the findings highlighted the ways in which AA women's satisfaction with their current body weight encouraged them to maintain a larger body image or silhouette. Though engaging in physical activity decreases the chances of chronic diseases (Mama et al., 2020), most AA women continue to remain obese due to decreased negative body image satisfaction and being confident with their current size (Ford & Pickett, 2020). The AA women in this study were more concerned with how they look and feel about their body as opposed to ascribing to a healthy weight according to the BMI standard. This data was supported by many participant responses:

- I don't have a bad shape it's just in different places. I've gained weight and that comes with older age and because I'm short the weight has got to go somewhere. I am 5'1", I am very short and I am 218 pounds. So, I would love to lose about 25 pounds. I don't want to lose 50 pounds because honestly, I believe if I got down to 150 pounds, I would not look healthy. I like more curvature. (P2)
- I am the largest I have ever been. It takes some getting used to and I am trying to figure out if I really want to get used to it. But overall, it depends on if I am healthy. If I can walk without feeling winded then I am okay. I only feel discomfort with my body size if someone points it out. For instance, like when a guy at a bar said to me that he doesn't like fat girls. (P3)

- At 4'1" I am okay with being 150 pounds. I would love to be 120 pounds, but I think I would look better at 150. I have a nice booty and I am proud of my booty. (P4)
- You know I'm not really into social media, but, as I get older it's harder to take off the weight when you want to. I am cognizant of what I watch other people eat and I see that they may be like diabetic or unhealthy or something like that. I makes me want to be more cognizant of what I put in my mouth because you really don't want to have those chronic diseases that are likely to increase comorbidities and at some point in our life, we got to come to the realization if we don't change then the process is going to be the same. (P7)
- When I weigh myself or get weighed at the doctor's office, I don't say, oh I'm unhealthy. As long as I can fit my current clothes and don't have to go out and buy bigger sizes, I am satisfied. I feel comfortable with my body. (P8)
- For me a healthy body is to be able to hold the weight, like my body doesn't ache if I am the right size or if I digest foods within a day or less. I am not secure about my body size, but I am confident. A bathing suit makes me feel insecure about my body size; I would not wear a bikini, I don't like cleavage and showing my body in that regard. I can stand to lose a couple of pounds, but it doesn't define me. (P9)

Research has shown that though AA women are knowledgeable about the factors and consequences related to obesity, they often fail to engage in healthy lifestyle choices. Despite the data and research on living a healthy lifestyle and obesity prevention AA

women remain the population most challenged with being overweight and obese. According to the Minority Health Report (2018), AA women are the most challenged ethnic group in terms of being overweight and obese and more likely to live sedentary lifestyles. This population is also more likely to develop chronic illnesses such as high blood pressure, high levels of blood fat, cancer, heart disease, diabetes, and stroke. Medical conditions such as breast cancer are more prevalent among AA women than among their counterparts (Siddarth & Sharma, 2018). Obesity numbers among AA women continue to rise largely due to poor eating patterns and sedentary lifestyles that were sociocultural and psychosocial factors (Sallis & Glanz, 2006, as cited in Knox-Kazimierczuk et al., 2020).

Limitations of the Study

As stated in Chapter 1, the study included several limitations. One of limitations was that the research was conducted in an online setting which may have skewed the study's results. The second limitation was the sample size of the subset population. Given the sample size the study may have limited external validity/generalizability in terms of the participants' attitudes and experiences being representative of the AA female population.

Recommendations

There was limited qualitative research on the thoughts and perceptions of African American women regarding obesity. The current study primarily examined overweight African American women and how they perceive African American men's perceptions about their body size. Future research could also examine African American male's

perceptions of African American women's body size as well as their sense of how women perceive themselves with respect size. Examining the current issue from this perspective may provide African American women with up an idea of how AA men view AA women. With the current research provided it will be beneficial to examine how males perceive African American women's self-reflective body image thoughts and to examine how the opinions of both AA men and AA women thoughts coincide. The recommendation for this research will further shed light on additional contributing factors of obesity among African American women. While such studies will not clarify how obesity impacts health, they could help us to understand factors that may contribute to obesity.

Future qualitative research could also be directed toward obesity among African American women who reside in particular environments such as disadvantaged and obesogenic neighborhoods. Limited qualitative studies have been conducted on African American women's thought about the challenges of engaging in healthier lifestyles living while living in various environmental conditions. Understanding AA women perceptions regarding how disadvantaged neighborhoods affect their ability to maintain a healthy lifestyle would be a key component in understanding the prevalence of obesity among this population. Examining the factors of obesity from this point of view may help health professionals and community leaders collaborate to identify ways to help curtail the obesity epidemic among African Americans.

A final recommendation is related to future qualitative studies examining the impact of the obesity epidemic based on the cultural beliefs of African American women.

Some cultural values that could influence African American women's body image may include hair styling practices (Justin & Jette, 2022), obesity positivity influencers (Johannson, 2020), and/or ethnic perceptions of body image (Ford & Pickett, 2020). It would be important for future qualitative research examining these issues to do so from a cultural perspective to better understand the complexity of the culture and its impact on attitudes toward weight, body size and health among African American women. Research addressing cultural factors will allow health professionals to develop better health interventions designed to combat obesity, specifically tailored to the needs of African American women. Future studies regarding various obesity factors among African American women may assist health professionals to design interventions that target specific beliefs and behaviors which may be serving as obstacles to effective weight management. In doing so, the study may provide more depth and reasoning for obesity among African American women.

Recommendations for Practice

Obesity can be a dangerous health condition for individuals. The current study revealed that while many AA women are aware of some of the health conditions associated with obesity, they are not alarmed enough to strive for the recommended healthy body weight. The study also indicated that while AA women were in in some ways influenced by the thoughts of AA men, their choice for maintaining their body weight was ultimately a personal choice. The health care community could use the findings from this study as a basis to better understand how to empower AA women to effectively transition to ideal body weight by offering nutritional and physical fitness

programs on their own terms. Health professionals can use the study findings to inform efforts to develop more effective programs for AA women challenged with obesity to better improve their overall health and wellness. Health professionals could also offer detailed programs that address "meta-perceptions" (i.e., the thoughts individuals have about how others perceived them), a cultural nutritional meal plan, and a physical fitness program. Providing specific health-targeted programs for AA women challenged with obesity is important to address their individual needs, preferences, and health concerns. The specifically tailored health programs should consider individual needs such as achievable outcomes, cultural background, compassion for health issues, and a safe space for patients to express their health goals and life experiences. AA women's perceptions of AA men's preferred body type is one-way culture may be infused into an obesity-related health screening.

Implications

Positive Social Change

This study has the potential to contribute to social change by exploring obesity through analyzing the thoughts and perceptions regarding body size among African American women 18 years and older. The results of the research provide a deeper understanding of AA women's beliefs regarding AA males' view of ideal body size, and how it may influence them to manage their weight. Additionally, the findings from this study may contribute to their community by helping health professionals to develop tailored health screenings centered around the perceptions of AA women to provide better weight management and obesity prevention programs. Such programs may offer

health psychologists an opportunity to address the psychological factors (i.e., mental health, negative thinking and low self-esteem) associated with the health risk behavioral lifestyles among AA women.

The findings in this study can contribute positively to the communities of AA women 18 years and older who are challenged with being overweight and obese. Understanding the experiences and shared viewpoints of AA women regarding their perceptions of AA males' preference for female body size allows researchers to better comprehend the underpinnings of the obesity epidemic among AA women. This research study serves as a blueprint to analyze the reasons for obesity among AA women 18 years and older and may offer additional information regarding how these women can better manage their weight. The study provided some insight into why African American women are obese. Understanding the complications that come along with being obese, participating in regular exercise, drinking water, consuming fruit and vegetables, getting adequate sleep, and managing stress can positively impact the health of AA women 18 years and older.

Theoretical Implications

The study is guided by the PWM. According to the PWM model, perceptions, perceived vulnerability, and social norms are associated with lifestyle choices and behavior intentions. Thus, the PWM model is most suitable for analyzing the obesity epidemic among African American women's perceptions of male preference for female body size and the intention to engage in healthy behaviors.

In this study, the African American women 18 and over mentioned African American males' preference was primarily for curvy and thick women. Some of the African American women participants mentioned that they were not influenced by the thoughts of individuals within the community, but they understood that being "thick and curvy" was not discouraged within the African American community. In the study, African American women expressed that they were comfortable and confident with their size even though they believed they needed to lose some weight. African American women indicated their desire for engaging in healthier lifestyles was not influenced primarily by AA men's preference, but by their willingness to improve their health and well-being. In the study, AA women understood the importance of not being overweight but placed a higher value on the appearance of being curvy.

Methodological Implications

This qualitative research study used a qualitative approach as it examined the shared experiences of AA women 18 years and older during interviews over Zoom video conferencing. The objective of the study was to explore the thoughts and feelings of AA women and how they interpreted AA males' perceptions regarding body size as well as how this may have influenced their own health and wellness lifestyle choices. Additionally, the qualitative methodology, thematic analysis, was utilized to better understand their perceptions, thoughts, and feelings regarding obesity. The overall quality and richness of the data and the themes that emerged provide support for the selected methodology.

Conclusion

Engaging in healthy eating habits and refraining from participating in a sedentary lifestyle can prevent and reduce the adverse health conditions associated with obesity. In many cases, AA women are the foundation of their families and relationships. This research study allowed AA women's authentic voices to be heard, considered, and valued for a better understanding of their challenges with obesity. Candid expressions and thoughts shared by AA women may catalyze health professionals to create programs geared to help reduce obesity and to further investigate specifically tailored programs to decrease the number of obesity cases among this population.

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Appendix A: Prescreening Script

1. There is a great deal of concern today regarding the obesity epidemic and how to handle it. Because of the sensitive nature of the topic, I am going to ask you some personal questions and I need your frank and honest answers. Your responses are confidential and will be used only for research purposes. What it your name?
2. What is your sex?
    - Female
    - Male
    - Unspecified
3. What is your date of birth? (MONTH/DAY/YEAR)
4. What is your race? *(Multiple answers possible)*
    - White
    - African American
    - American Indian or Alaska Native
    - Asian
    - Biracial
    - Multiracial
    - Other *(specify)*_____
5. Where do you currently reside:
6. What is your height and weight ?
7. What is your sexual orientation?

8. Do you have a computer/and or smart phone with internet access?

Appendix B: Interview Questions

1. Do you believe how you were raised impacted your food choices and health behaviors today?
2. Do you believe how you ate in the past (i.e., during your upbringing) has an impact on your eating patterns now?
3. Were there any discussions in your family about the importance of eating healthy and exercising?
4. What types of food were served during family dinners or gatherings?
5. What do you consider a healthy body to be? What does that look like to you?
6. How do you feel about your own body size?
7. Do you feel secure about your body size?
8. Are there certain things that make you feel more or less secure about your body size?
9. Do you think your body size affects your romantic relationships?
10. When it comes to choosing romantic partners, do you believe AA males want a particular body size?
11. Do AA males' thoughts about their preferred female body size influence you to lose or maintain the same weight?
12. Do AA males' thoughts about their preferred female body size make you feel good or bad about your size/weight? Why?
13. Do you ever feel that you should change your body by exercise or cosmetic surgery to appeal more to AA males?

14. Besides the attitudes of AA men, are there other people or things in the culture that influence your thoughts about your body size and how you take care of your body and health?

Appendix C: Debriefing Script

Thank you for taking part in this research! Debriefing is designed to allow you, the participant, to express your concerns, thoughts, and feelings after the study. The goal of this study was to determine how African American Women perceive male preferences of female body size. In this study, we covered in-depth topics about food choices, body satisfaction, and thoughts about African American males' perceptions regarding body size. Your participation is not only greatly appreciated by the researchers involved, but the rich data collected could possibly help people challenged with obesity and other weight relate issues.

Please read the material on this form carefully to learn important information about your experience in this study, and ask me any questions that you have. After this debriefing, you may choose to have information I collected about you removed from this research study.

If You Have Any Questions or Concerns

Please keep a copy of this Debriefing Form for future reference. If you have any questions or concerns about this study and the research procedures used, you may contact me, Misty Withers, at [redacted], or my committee chair, Dr. John Astin at [redacted]. If you have any questions regarding your rights as a research participant in this study, you may contact the Director of the Walden University Institutional Review Board, Dr. Leilani Gjedstall at [redacted]. In case you experience any adverse effects that you feel result from being in this study, please contact me. I am also giving you a list of counseling services where you may obtain help with any anxiety or discomfort you might experience.

To be completed by Participant

My signature below indicates that I have read and understand the information in this debriefing form, (select one)

____ I give permission for the data collected from or about me to be included in the study.

____ I DO NOT give permission for the data collected from or about me to be included in the study.

Print name of participant

Signature of participant, Date

To be completed by Researcher

I confirm that the participant named above has been given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered to the best of my knowledge and ability. A copy of this Debriefing Form has been provided to the participant.

Print name of primary investigator

Signed name of primary investigator Date