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The Perception of Obesity Among African American Women 35 Years and Older in Houston, Texas

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Walden University

College of Health Sciences

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2016

Abstract

Perception of Obesity Among African American Women 35 Years and Older in Houston,
Texas

by

Bernadette E. Osuji

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Public Health

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Abstract

As obesity has reached an epidemic level, the female population age 35 years and older is struggling with increased risks of death from type 2 diabetes, hypertension, coronary heart disease, stroke, and certain cancers. The purpose of this study was to explore the perception of overweight and obesity among African American women 35 years and older in Houston, Texas. A phenomenological approach was adopted for this study to explore the perception of overweight and obesity among African American women 35 years and older in Houston, Texas. This study was also guided by the Health Belief Model as a conceptual framework in relation to overweight prevention and obesity control. Flyers were distributed to recruit participants from church, fitness center, and AllcareMedical Center. Ten African American women 35 years and older living in Houston, Texas were selected to participate for this study. The selected participants were either obese, overweight, at risk of being obese or overweight, or had family member who is either overweight or obese. Face-to-face interviews were conducted to collect data, and the information collected was coded for themes. Findings indicated the need to engage in physical exercise and eating right as strategies to reduce the rate of obesity. The study contributes to social change through awareness and education as it encourages health professionals to use the findings to develop relevant strategies to understand the impact of obesity while using the perceptions of overweight and obesity to improve health and well being among African American women 35 years and older.

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Dedication

This dissertation is dedicated to my wonderful family: my husband and best friend Louis, and my children, Queen, Laura, and Alessia, for their understanding, patience, and support throughout the dissertation process. I will always support you guys in pursuit of your dreams.

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Chapter 1: Introduction to the Study

Introduction

Texas is one of the ten leading states with obesity prevalence over 25 percent (Center for Disease Control and Prevention [CDC], 2012). Overweight and obesity are health risks attributed to insufficient physical activity. Insufficient physical activity is an established risk factor related to numerous chronic diseases that could lead to premature death (Shuval et al., 2013). The CDC (2010) defines obesity as having a body mass index (BMI) of 30 or more, which is calculated by dividing a person's weight in kilograms by that person's height in meters squared (kg/m^2). This study not only aimed to assess the risk factors and health implications of overweight and obesity, but its findings may be used to increase health awareness and identify multiple impediments to physical activity. This study's findings on overweight and obesity in Houston, Texas, also support other research studies that may help reduce the rate of chronic diseases associated with overweight and obesity. Evidence suggested that some individuals do not regularly engage in physical activity for different reasons, such as lack of time, insufficient finances, and neighborhood crime (Shuval et al., 2013). By engaging in physical activity and eating healthy food, young and old can improve their quality of life, increase their energy, and improve their wellbeing (Texas Department of State Health Services, 2013).

This chapter is broken into the following major sections: background, research gaps, problem statement, purpose of study, research questions, conceptual framework, nature of study, possible types and source of information and data, definition of key terms, assumptions, scope, limitations and delimitations, significance of the study, and

finally, the summary. The background summarizes the literature and the scope of the study, identifying the gap from previous research and the need for the study. The problem statement provides a clear and relevant understanding of the problem of this study; the purpose of the study clarifies the aim, objective, and intent of the study; while the research questions guide the study as it provides detailed understanding of the perceptions of obesity among African American women from the participants themselves.

Background

Ogden, Carroll, Brian, and Flegal (2014) noted that 34.9% of adults and 17 % of youths in the United States are obese, although the prevalence has remained stable from 2003 to 2010. Flegal, Carroll, Ogden, and Curtin (2010) recognized obesity as a national health threat and a major public health challenge. Obesity is one of the ten leading U.S. health indicators, associated with increased risk of death from type 2 diabetes, hypertension, coronary heart disease, stroke, and certain cancers (Gostin, 2008). The medical complications of obesity affect the brain, causing stroke as well as leading heart, liver, lung, uterus, knee, feet, breast, and kidney problems (CDC, 2010). As the CDC's (2012) Behavioral Risk Factor Surveillance System (BRFSS) indicates, Texas is one of the ten leading states in the United States with obesity prevalence over 25 percent. According to the Surgeon General's report (2010), the obese population doubled between 1990 and 2002 leading to approximately 300,000 deaths annually.

Obesity is a significant problem in Houston. Houston received national recognition for this problem when Men's Fitness Magazine ranked it as the fattest city in

the United States (Texas Department of State Health Services, 2012). With an estimated county population of 3,984,349, Houston has a high percentage of persons living below the poverty level, 22% compared to 13% for the U.S income of \$50,007 (Texas Department of State Health Services, 2012). In comparing obesity prevalence among African American women 35 years and older in Houston, Steffen et al. (2006) recommended increasing physical activity to lower body mass. While Steffen et al. focused on the entire city of Houston, this research study aims at understanding the perceptions of overweight and obesity among African American women in Houston in order to assist them and to make a difference in their community. Public health strategists encourage women to engage in physical activity for 30 minutes or more at least five times a week to improve health outcomes for both obesity and cancer, each of which disproportionately affects African American adults (James, Leone, McNeill & Campbell, 2008). In an attempt to address the impact of being active and eating healthy, James et al (2008) compared the relationships between health behavior and cancer prevention, and the relationships between fruit and vegetable consumption, physical activities, and routine screening and cancer prevention. Fallon, Wilcox, and Laken (2006) encouraged health care providers to increase counseling their clients since a greater number of cases of those diagnosed with certain diseases and obesity were attributed to inadequate counseling.

Williams, Taylor, Wolf, Lawson, & Crespo (2008) expressed concern over the perceptions of healthy weight and appropriate body size as shaped by the media and entertainment industry. The Surgeon General's Vision for Healthy People and Fit

Nation(2010) suggested that every one play a role in the prevention and control of obesity, as the epidemic threatens the historic progress made in increasing Americans' health quality and years of healthy life. If obesity is well managed, older adults can benefit from maintaining a healthy body weight, which reduces the medical complications associated with obesity and the rate of obesity as a risk factor for many chronic conditions, including stroke, heart disease, cancer, and arthritis (CDC, 2010). Although overweight and obesity continues to increase in the Houston community despite the seriousness of the health problem and premature death, looking at overweight and obesity from a population perspective may provide insight to why the problem persists and illuminate the role for researchers in mitigating it (Gostin, 2008).

Problem Statement

According to James, Pobee, Oxidine, Brown, and Joshi (2012), the health burdens of obesity are severe, especially among African American women, who experience lower life expectancy and higher rates of chronic diseases than the general population.

More than one-third of U.S. adults (35.7%) are obese, and 17% of youth in the United States are obese, although the prevalence remained stable between 2003 and 2010 (Ogden, Carroll, Brian &Flegal, 2013). Though inadequate physical activities and unhealthy eating habits have been associated with obesity, the aim of this study will help to identify how obesity is perceived among African American women 35 years and over in Houston, Texas. Evidence shows that obesity among women is a serious problem (Martorell, Khan, Hughes, &Grummar-Strawn, 2000). The Mayo Clinic (2012) purports that obesity puts women at significant risk to develop rheumatoid arthritis, type

2diabetes, high blood pressure, stroke, and heart disease. Similarly, Flegal, et al, (2010) recognized obesity as a national health threat and a major public health challenge.

As little is known as to how those at risk experience or live with this health issue, this study will focus on understanding the perceptions of overweight and obese African American women 35 years and older in an effort to reduce the rate of obesity through awareness, and to educate those at risk in that community. In addition, as the medical cost of obesity is high in the United States, in 2008 the costs were estimated to be \$147 Billion (CDC, 2015). Based on this, and with the annual nationwide productive costs of obesity obesity-related absenteeism range also noted by CDC (2015) between \$3.38 billion (\$79 per obese individual) and \$6.38 billion (\$132 per obese individual, CDC (2007) suggested that obesity be addressed through a comprehensive approach across multiple settings and sectors that can change individual nutrition and physical activity behaviors and the environments and policies that affect these behaviors.

Purpose of the Study

The purpose of this study is to explore the perception of overweight and obesity among African American women 35 years and older in Houston, Texas. This study aims to investigate existing opportunities to work with those at risk in the community through education, creating awareness and programs to encourage physical activity and good eating habits in order to improve the health conditions of the people in that community. James et al. (2012) explained that African American women have the highest prevalence of adult obesity in the United States, pointing out that African American women are less likely to participate in weight-loss programs and tend to have a low success rate when

they do. No evidence has shown to date reasons for low success; however, many believe that most weight-loss programs are generic and ignore culturally influenced factors such as body image, beauty, and traditions, and fail to without consider the stigma, prejudice, and discrimination that obese individuals experience because of their weight. The participants in this study will be given the opportunity to express themselves, comment, and share ideas and experiences of this health problem as it affects them.

Research Questions

RQ1: What are the perceptions and views of African American women 35 years and older in Houston, Texas in regard to overweight and obesity?

RQ2: In what ways do the consumption of high energy foods, inactive lifestyle, insufficient physical activity, and lack of accessible pathways in the neighborhoods affect overweight and obese African American woman, 35 years and older in Houston, Texas?

RQ3: How could engaging in physical activity and healthy eating be utilized to reduce the rate of overweight and obesity for African American women 35 years and older in Houston, Texas?

RQ4: What are the barriers that impact overweight and obesity among African American women 35 years and older in Houston Texas?

Conceptual Framework

This qualitative research study used a phenomenological approach to reveal meaningful ideas and experiences related to the circumstances of overweight and obesity.

Phenomenology helps a researcher to discern how participants understand the meaning of the phenomenon and their lived experiences. In this study, I attempted to penetrate beyond the manner in which the participants described their experiences to the structures that underlay consciousness in order to make sense of how those at risk view obesity. A phenomenological study involves identifying and locating participants who have experienced or are experiencing the phenomenon that is being explored (Rudestam & Newton, 2015). Rudestam & Newton (2015) further explained that the goal of the qualitative method is to understand experiences from the point of view of those who live them. For this reason, phenomenology was considered for this research study.

Phenomenology allows for the selection of individual cases without generalizing any particular group. For this research study on the perception of obesity among African American women 35 years and older in Houston, Texas, the conceptual framework helped to identify the risk factors of obesity and its consequences, which provided clear understanding of how obesity is perceived by those individuals at risk. This framework allowed for a focus on the different ideas, experiences, and misconceptions about obesity.

This research study adopted the Health Belief Model (HBM) as a conceptual framework because it is based on the areas of prevention and implementation of health actions to reduce the burden that overweight and obese individuals place on the healthcare system. The HBM is based on the following constructs: perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cues to action, and self-efficacy (Kline & Huff, 2007; Glanz, Rimer, & Viswanath, 2008). These constructs are linked to positive health condition through appropriate health action.

Fertman and Allensworth (2010) state that a person's actions to change behavior results from the person's evaluation of several constructs. *Perceived susceptibility* is about a person's belief on the vulnerability of the diseases and health conditions associated with overweight and obesity, which helps individuals to change their unhealthy eating habits or inactive lifestyle. This research study indicated an awareness of susceptibility to heart disease, type 2 diabetes, stroke, sleep apnea, and some cancers that was enough to result in those at risk making changes.

The seriousness of the health conditions known to be associated to overweight and obesity among African American women 35years and older and its consequences is the *perceived severity*. Through education and awareness, those at risk will understand the threat of overweight and obesity and that will create in them the fear and concern of developing heart disease, type 2 diabetes and other health complications (McKenzie, Neiger, & Thackeray, 2009).

Weighing the importance of healthy eating and active lifestyle to reduce heart disease, stroke and type 2 diabetes is *perceived benefit*. The *perceived barriers* are the conditions that will negatively impact the possibility of taking the necessary health actions. Perceived benefit and perceived barriers are key predictive factors for behavior change (Fertman & Allensworth,(2010).Furthermore, Fertman & Allensworth(2010) believe that the perceived benefits and perceived barriers are the strongest predictive factors for behavior change, and the likelihood of taking action to change increases when benefits outweigh barriers.

Cues to action are those instructions or reminders that can be used to facilitate changes (Fertman&Allensworth, 2010). This research study aimed at educating the individuals at risk of overweight and obesity, encouraging them to eat healthy and exercise more. Cues to action would help them in this pursuit (McKenzie et al, 2009).

Self-efficacy is an individual's belief that the individual is capable of engaging in a particular behavior (Fertman&Allensworth, 2010). When people accept their own susceptibility to harm and understand the benefits of altering their behavior, they are more likely to take health instructions seriously and follow through with action, such as engaging in healthy eating and physical activities.

A variety of factors such as behavioral, environmental, genetic, and economic characteristics, medical history, and drug use are also responsible for causing people to become overweight and obese (CDC, 2012). The purpose of this phenomenological framework was to help understand and describe the phenomenon of overweight and obesity, and to discover various ways of assisting those at risk by observing and interviewing participants who experienced it. This qualitative inquiry was needed to enhance existing health initiatives and intervention programs for health improvement in our society, to further obesity awareness, and help to change people's behavior to reduce obesity. This approach provided a detailed understanding of obesity among African American women from the participants themselves, and helped to identify the health problems they have encountered over the years. Such information can be used to understand their perceptions and limitations regarding this challenge as well as potentially instigate future studies.

Nature of the Study

This study used the qualitative research methodology to identify the challenges of obesity as perceived by the study participants'. Phenomenology is considered an appropriate strategy of inquiry for deriving a general description of the subject studied, and describing the experiences of the participants (Creswell, 2009). The strategy for this study involved visiting research sites, observing the behavior of individuals, and conducting interviews, which allowed participants to speak for themselves about their health issues as part of the data collected, analyzed, and interpreted. As Creswell suggested, attention was given to the specific locations where these individuals live and work to better understand the historical and cultural settings. This required selecting at-risk participants from the population for data collection, which occurred at various stages during the process of program planning (McKenzie et al, 2009). This overall approach was also used to identify the holistic meaning of obesity among those at risk.

Possible Types and Sources of Information or Data

For this study, data was gathered from multiple sources such as interviews, observations, and documents rather than relying on a single source (Creswell, 2009). The ten participants selected were African American women from the Houston, Texas area, who were 35 years and older. The responses from interviews and observations helped to answer questions regarding their geographical, cultural, and ethnic origins. Face to face interviews in a natural setting were implemented for assessing their individual concerns. One of the key advantages of collecting data in this way was the opportunity to observe participants' behaviors by engaging in their activities(Creswell, 2009).

The participants were recruited from a church, fitness center, and the Allcare Medical Center. All facets of the study were thoroughly explained to the participants prior to their signing the consent form to take part in the study. During the course of the study, I provided them with an understanding of the risks of obesity and informed them about healthy diet and activities to help reduce the rate of obesity and control the associated health risks. I used Nvivo software to manage the data collected.

Definitions of Key Terms, Concepts, and Constructs

Behavioral Risk Factor Surveillance System (BRFSS): A nationwide behavioral surveillance system used by the state health departments as a standard procedure to collect data through a series of telephone interviews with U.S adults.

Body mass index: A number calculated from a person's weight and height. BMI provides a reliable indicator of body fatness for most people and is used to screen for weight categories that may lead to health problems (CDC, 2015).

Cues to action: Making use of instructions or reminders in preparation to take action or make change.

Obese: Having a BMI of 30 or more, which is calculated by dividing a person's weight in kilograms by that person's height in meters squared (CDC, 2010).

Overweight: Having a BMI of 25 or higher, which is calculated by dividing a person's weight in kilograms by that person's height in meters squared (CDC, 2010).

Perceived barriers: Factors believed to hinder obtaining the necessary information, support, and motivation to change behavior.

Perceived benefits: The positive health outcomes believed to result from specific behavior changes.

Perceived severity: The degree of negative consequences believed to be posed by an unmitigated health issue.

Perceived susceptibility: The degree to which individuals believe they are vulnerable to negative health consequences.

Self efficacy: The belief by an individual in that individuals ability to accept health situation, understand the pertinent issues involved, and be able to successfully manage the health condition (Glanz, Rimer, & Viswanath, 2008; Kline & Huff, 2007).

Assumptions

It was assumed that the appropriate population was selected and that the questions were clearly understood. It was also assumed that the participants provided honest responses to the questions used to understand how best to assist those at risk in the community. Finally, it was assumed that the result was represented accurately and professionally without bias and without influencing the participants. This assumption was considered vital since the study involved direct interaction with the participants. If bias had been introduced, the result of this study would not have been helpful or relevant for future studies.

Scope, Limitation, and Delimitation

The scope of this study was limited to African American women 35 years and older living in Houston, Texas. The participants were either obese, overweight, or at risk of being obese or overweight. To meet these criteria, the participants had a body mass

index (BMI) of equal to or greater than 25 kg/mg. This implies that the individuals in question were carrying more weight than their height accommodated. The sample comprised of 10 participants who were willing to share their ideas and experience of their perceptions of this health problem without any financial remuneration for doing so.

Significance of the Study

According to the CDC (2010), being overweight or obese increases the likelihood of certain diseases and other health problems. Although substantial research in this area exists, this health issue still needs more studies to understand how those who are a risk of being overweight or obese perceive this health problem. In addition to cardiovascular and other risks, being obese or overweight impacts the emotional and social wellbeing of a person (Wilkinson & Pickett, 2009). According to the CDC's (2012) statistical summary for the United States, the rate of obesity was 41.2% in 2010 for women and 31.6% for men, which suggests a higher incidence of obesity for women. This serious health problem is associated with health conditions that can reduce quality of life and increase the risk for many serious chronic diseases and premature death (CDC, 2010).

The implications for positive social change are that this study allowed me to encourage those at risk to engage in physical activities, eat healthy, go for routine medical checkups, and receive health education, as well as provide a better understanding of ways to encourage better health seeking behaviors for those who are overweight, obese, or at risk of being so. This may help to reduce the number of overweight and obese individuals, increase their life expectancy, and generally improve the health of the communities.

Summary

This chapter highlighted the health threat of obesity in the United States. As chapter 1 highlighted the major sections of this study, the background summarized the scope of the study and the purpose of the study. The problem statement provided clear and relevant understanding of the problem of this study. The questions guided the study to provide detailed understanding of the perceptions of obesity among African American women as perceived by the participants themselves. The conceptual framework, the limitations, and delimitations were also provided in this chapter. Chapter 2 presents an overview of obesity, the challenges of obesity, and their risk factors supports the research rationale for this study.

Chapter 2: Literature Review

Introduction

A number of research studies indicate that Houston, Texas is one of the fattest cities in the United States, and that its female population age 35 years and older is increasingly struggling with an epidemic of obesity (Texas Department of State Health Services, 2012). Thorough investigation of the factors, causes, effects, solutions, and preventive measures associated with obesity indicates that it is a problem that can be reduced by making health lifestyle choices; eating healthy and being physically active (National Institutes of Health, 2012). One of the most critical solutions to this problem appears to be behavioral change. Research has shown that obese individuals' mindset detrimentally affects their health more than any other factor associated with the disease (Puhl & Heuer, 2010). Facts, statistics, and theories offer much clarification regarding the difficult battle these women face, but several gaps exist in the research literature that, if filled, could benefit obese individuals and researchers investigating the problem of obesity. This section includes the literature regarding the subjects of overweight, obesity, and their risk factors and supports the research rationale for this study. In an attempt to indicate attitudinal differences between African Americans and European Americans, Sylvester (1994), in investigating the health concerns of African Americans, was concerned about two major aspects: African Americans' attitudes towards healthcare systems and African Americans' attitudes toward sources of health information. This study will focus more on creating awareness to the problem of obesity so that those at risk are encouraged to engage in lifestyles that will ameliorate the problem of obesity.

Obesity Overview

More than two-thirds of U.S. adults are overweight or obese. Also, over half of African American women are obese (compared to 37.1% of African American men and 32.8% of European American women) (Ogden et al., 2014). Table 1 represents an existing disparity based on race/ethnicity.

Table 1

Existing Disparities Based on Race/Ethnicity

Race/Ethnicity	Rate of overweight or obesity
Black women	83%
Hispanic women	77.2%
White women	63.2%

Obesity has been defined as a BMI of greater or equal to 30kg/mg. (Flegal et al., 2010). The BMI is a reliable indicator and of obesity and overweight based on an individual's weight and height, it is relatively expensive and to determine as it does not require highly trained personnel (CDC, 2015). The BMI classifications for adults are as follows,

- Underweight: BMI < 18.5 kg/m²,
- Healthy weight: BMI 18.5-24.9 kg/m²,
- Overweight: BMI 25.0-29.9 kg/m², and
- Obese: BMI >= 30 kg/m².

The BMI is calculated from an individual's height and weight using the following

formula: $BMI = \frac{\text{weight in pounds}}{\text{height in inches}^2} \times 703$ (CDC, 2015,).

Essentially, BMI indicates that individuals carrying more weight than their height accommodates (BMI $\geq 30 \text{ kg/m}^2$) are obese. United States residents have struggled with this problem of obesity, which substantially increased from 1990 to 2000 (Mokdad et al, 2001). In their explanation, it was indicated that the prevalence of obesity (BMI ≥ 30) was 20.9% in 2001 vs 19.8% in 2000. According to Mokdad et al, (2001) 27% of US adults did not engage in any physical activity, and another 28.2% were not regularly active while only 24.4% of US adults consumed fruits and vegetables 5 or more times daily. In addition to this, Mokdad et al, (2001) also noted other illnesses, such as diabetes and heart disease which have been documented as increasing among US adults.

According to the BFSS analysis for 1999-1998, self reported weight was associated with a 9% increase in the prevalence of diabetes (Mokdad et al, 2001). In 1999-2000, Mokdad et al. (2001) also indicated that the average age of US adults increased by 0.5kg as the prevalence of diagnosed obesity increased by 6%. Mokdad et al, (2001) therefore suggested that that increasing physical activity, improving diet, and sustaining these lifestyle changes can help to reduce the risk of both diabetes and increased weight. In addition Mokdad et al, (2001) suggested improved healthcare plans, lowered calorie intake, and augmented physical fitness regimens.

Since this research focuses on two populations, (African American and women of the age range in question), there is need for this research to create awareness and educate those at risk or those African American women who have no concern about the health

effects that can and will occur by being overweight and/or obese. This approach will encourage the individuals at risk to work together with healthcare providers to create an environment that support a healthy lifestyle (CDC, 2015). The key to achieve and maintain a healthy weight and reduce the risk factors of overweight and obesity will involve a change in lifestyle which includes healthy eating and regular physical activity (CDC, 2015). Finally, African American women are also either unaware or have no concern about how European American men and women take measures to ensure that they do not experience these sorts of ailments and health defects. This research project will identify missing information regarding the age range of 35 years and older, as this will help understand how overweight and obesity is perceived by those at risk. As noted by CDC, (2015) obesity is higher among middle age adults, 40-59 years old (39.5%) than among younger adults, 20-39 years (30.3%) or adults over 60 years or older.

By the late 2000s, obesity had increased to over 30% of the American population (Flegal et al., 2002). (Flegal et al., 2002) noted a 68% increase on both obesity and overweight when combined with no significant difference to either males or females. Though 1999-2000 reflected no substantial tendency of women experiencing superior percentages of the disease; still women demonstrated higher prevalence of obesity just over 35% than did men, approximately 32%. Furthermore, in 2009-2010, the prevalence of obesity was 35.5% among adult men and 35.8% among adult women, with no significant change compared with 2003-2008 (Flegal, Carroll, Ogden, & Curtin, 2007). Such research results indicate the concentration of obesity found among women when compared to men.

As more comprehensive research approach and data became available to the general public and scientific community, type 2 diabetes, liver and gallbladder disease, sleep apnea, other respiratory issues, osteoarthritis, and gynecological issues were found to be associated with obesity (CDC, 2015). CDC, (2015) also noted that the medical care costs of obesity in the United States are high. As researchers identified that obesity causes hypertension, dyslipidemia, type 2 diabetes, coronary heart disease, stroke, and multiple types of cancer (CDC, 2009). What is not known, however, is which of these disorders are most prevalent in men versus women. Along with these obesity-related health problems being on the rise, costs of health care are also on the rise. CDC (2009) emphasized how critical it is to take effective steps to contain and reduce the enormous burden of obesity on our nation. Based on this, the CDC Director Thomas Frieden, recommends Common Community Measures for Obesity Prevention Project, guided by a systematic process that include strategies to promote the availability of affordable healthy food and encourage physical activity or limit sedentary activity, support safe communities that support physical activity, and encourage communities to organize for change (CDC, 2009).

According to Hammond & Levine, (2010) the estimated data from the national health expenditure account revealed the annual obesity increase from 6.5% to 9.1% in 2006 and the estimated cost may be as high as \$147 billion annually. The medical costs for people who are obese were \$1,429 higher than those of normal weight (CDC, 2012). In addition to these costs, it was noted that the annual nationwide productive costs of obesity related absenteeism range between \$3.38 billion (\$79 per obese individual) and \$6.38 billion (\$132 per obese individual) (CDC, 2015). Such potential economic impact will help to understand the seriousness of obesity epidemic, and why this research study focuses on how obesity is perceived by African American 35 years and older.

Morbidity, mortality, and life expectancy are key factors to consider in relation to obesity. As mortality represents the death rate morbidity highlights the risks of diseases and illnesses associated to overweight and or obesity, while life expectancy measures the average years of life of a given population (CDC, 2014). Life expectancy may be defined as the average number of years one person born in a particular year can be expected to live when compared to age-specific death rates. At the turn of the 20th century, life expectancy was calculated as just over 47 years of age (Department of Health and Human Services, 2010). Morbidity costs are those costs which encompass forgone income due to lack of productivity, decreased activity, increased absences, and augmented sick/bed days. Mortality costs are futuristically-estimated morbidity costs (CDC, 2012). Decreased life expectancy is directly attributable to obesity.

According to research on life expectancy of various populations, the United States remains a country of lower life expectancy when compared to over 15 other countries with populations of one million or more people (Department of Health and Human Services, 2010). Americans have many mindsets, habits, behaviors, and choices in common when it comes to their health. As this research study focuses on the perception of overweight and obesity among African American women, a better knowledge and understanding of the risk factors will help to access recent progress to meet the high priority health objectives (CDC,2014).

Olshansky et al. (2005) estimated that the effect of obesity on life expectancy in the United States could be improved if every person who currently is obese were to lose enough weight to achieve an "optimal" body mass index of 24 kg/m.

As obesity research records have proved that obesity has doubled in the past decades since the 1970's (CDC, 2009), other information is offered to further define the elements of the study, such as physical and general activity. For Borrel, Samuel, and Lalitha (2014), the burden of obesity is identified to be highest among adults aged 45 to 64 years for all-cause, and cardiovascular disease (CVD) specific mortality among women and for all-cause mortality. Steffen et al. (2006) concluded that males of younger age, higher educational certification, and occupancy are more likely to participate in physical activity. The 20 years between 1980 and 2000 were highly associated with the trend of obesity. However, only 8 – 12% of men and women engaged in physical activity for 30 minutes or more at least five times weekly. Increased physical activity contributed, however, to BMIs of 1-2kg/mg. And if this is not taken into consideration, Olshansky et al. (2005) believe that the life-shortening effect of obesity could increase from 2 to 5 years or even more in the coming decades as younger obese individuals carry their increased mortality risk into middle age and old age. A balanced research approach to answering this question is needed as there exists little consensus about the reasons for the trend (Montez & Zajacova, 2014). The remaining issues that must be considered include the age range of the women referred to within these studies, and whether the researchers referred to all adult men and women in their studies (Steffen et al., 2006).

Combined sources and data reveal that the aforementioned information is the forerunner for advanced study of today. Foundational research on obesity is essential to the cure and prevention of the illness. In conducting this study, I have contributed more current data and information to the obesity literature (Steffen et al., 2006).

Based on the premises that adult African American women are most often affected by health issues, lower life expectancy, and the overall physical experience of obesity, the increase of obesity has been especially pronounced within this African American group; obesity prevalence is predicted to be over 70 percent by 2020 (Cohen, 2014).

Causes of Obesity

Morbidity, generational factors, environment, and other socioeconomic factors are the primary focus when investigating the causes of obesity. CDC concluded that one's behavior may cause obesity. Eating imbalances and lack of physical activities are behavioral factors which the CDC has found to contribute to overall poor health. Studies have shown that both genes and behavior must be considered when diagnosing a person as being overweight. Having genes deems the individual more vulnerable to obesity, in combination with other characteristics such as excessive eating habits and/or low levels of fitness (CDC, 2012).

Thus, both genes and behavior determine if an individual will be obese. Culture and thought process are also principal factors in determining whether an individual will be obese. African American females behave in a negative manner when it comes to their

health. Their thought processes are not focused on physical activity. This could constitute habitual natures that may result in bodily changes transported through genes.

The socioeconomic example of health, including obesity, is a topic of great concern within the health community and those studying obesity. It is important to this project, as it indicates information about the targeted groups.

As researchers investigate the socioeconomic pattern of obesity from different schools of thought, important information is coming to light. One theory of obesity is that of generational mobility. This implies that different segments of one's lineage or demographic pools may either surpass or fail to meet the level of success of others. Intra-generational mobility occurs when members of certain generational groups ascend or descend the social ladder. Inter-generational mobility occurs when certain members of the generational lineage excel more or less than their ancestors. According to this theory, it is in fact the social ladder that would permit one to indulge in a more healthful life. In turn, this person is considered to be at lower risk of an illness such as obesity.

Studying social mobility can reveal several other factors that would affect one's health. Funds spent on educational purposes, one's experience of geographical segregation, mental state, and mood are all predecessors of this concept. The social consequence of obesity is the representation of what is called a "spirit level," which is a comparison of social mobility to income inequality. Depending on the foundation of social mobility, income inequality has a prime influence on a person's ability to afford to be healthy (Wilkinson & Pickett, 2009). As indicated by Wilkinson & Pickett (2009), several countries were represented to show this phenomenon across the world (p.160). It

should be noted that in America, if one experiences a low level of social mobility, then one's income inequality is predominantly high (Wilkinson & Pickett, 2009).

Those who invest more in education tend to be more passionate about social mobility. This means that those who are more educated make more money and socially mobilize at steeper rates than those who are less educated. Research has shown that those countries with the highest education budgets exceed all others in regard to success and social mobility. These inequalities are directly related to one's inability to access tools of better health, which is a leading cause of obesity and other ill health conditions (Wilkinson & Pickett, 2009).

Research has shown that those who become affected by overweight and obesity frequently become complacent in their current state of being, preventing them from desiring to progress to any degree. This, in turn, creates a negative reality for those affected, in that they begin to believe the state they are in is all they are permitted to have in life. These individuals surround themselves with others in similar situations in an attempt to feel accepted. Research involving ethnic persons of this humble class shows that these individuals, having poor health, surround themselves with others who have similar illnesses and conditions, thereby dooming the group to a repetitive cycle of poor health. Those of affluent, upper-echelon society experience the opposite of this phenomenon, as they surround themselves with individuals who are more mentally, socially, physically, and economically advanced, reinforcing positive health habits, and discouraging poor health conditions (Wilkinson & Pickett, 2009).

Researchers noted that those most affected by the socioeconomic paradigm are those who have less of an inclination to embark on higher education, have a lower income, less initiative to surpass those in their social circles or lineage, and, therefore, have a lower probability of being healthy and a higher probability of being obese. Information about the socioeconomic paradigm and inter- and intra-generational mobility is advantageous to this line of research, as it indicates other segments that lead to reducing the rate of overweight and obesity within most affected groups, such as African American women (Wilkinson & Pickett, 2009). This project has one criticism for Wilkinson and Pickett. Although these researchers mentioned specific ethnic groups, such as African Americans, they did not address specific age groups or races.

Female Obesity

Research has shown that there is no significant difference between female and male obesity rates, but most recent findings indicate otherwise. Female rates of being overweight or obese continuously show themselves to be a more interesting branch of study. Several studies and advance knowledge databases have been offered to add credence to the health risks of obesity. As most researchers studying obesity focus broadly on adult males, adult females, or children, in order to focus on a segmented group, such as African American women of a certain age and demography, one must combine and synthesize research (i.e. the focus of this project).

Records indicate several risks associated with obesity among women, obese women have a far greater chance of developing rheumatoid arthritis, coronary disease, arthritis, and several autoimmune diseases. Women who are obese are at a 20% greater

risk for struggling with arthritis particularly (Mayo Clinic, 2012). “Overweight and obesity significantly increase medical costs and pose a staggering burden on the U.S. medical care delivery system” (Healthy People 2020, 2014). In cities such as Houston, Texas, these rates of chaos and dysfunction become even more heartbreaking as researchers attempt to investigate the causes, effects, and various factors involved in obesity.

Houston Obesity

In Houston, Texas, obesity has reached an epidemic level. Understanding the disorder is an ongoing concern, especially for researchers and those interested in the advancement of obesity prevention strategies. Based on the research presented herein, the root of the obesity problem with adult, female Houston residents (especially those age 35 years and older) rests with these women’s habits and thought processes.

Houston is one of the sickliest cities in the state of Texas. Harris County, of which Houston is a part, is the most troubled and overweight county in Texas. Presently, almost 60% of adults in the Houston metropolitan area are classified as overweight and obese. Ironically, Houston is home to the largest medical center in the world: Memorial Hermann-Texas Medical Center (TMC). TMC employs over 93,000 health professionals and provides the most populated accumulation of healthcare facilities. The Center for Clinical and Translational Sciences Training [CCTST](n.d) assists organizations, advocates, and practices that engage and empower communities to reduce health, social, and educational disparities (CCTST). Houston is a large city, and contains many outlets to improve one’s health. Based upon previous research and this newly presented data,

adult females in Houston cannot afford the medical services, do not wish to partake in them, or are not educated enough to know that they should participate in health programs. These mindsets are conducive to becoming obese. Table 2 depicts the percentage of smokers, as well as the physically inactive and obese in Harris County, the state of Texas, and the United States.

Table 2

Harris County Health Statistics

Harris County Health Statistics			
Percent of Population (County, State, Nation) with Lifestyle – related Health Risk			
	Harris	Texas	U.S.
Smoking (2010)	17%	16%	17%
Obesity (2009)	29%	30%	27%
Physical inactivity (2009)	23%	27%	24%

Note. Harris County Health Statistics Graph retrieved from CDC (2014).

Harris County is a predominantly ethnic community. Many obese people in Houston are of ethnic origin. Harris County ranks 154th of the state of Texas' 233 counties in relation to health, economic, and physical environmental factors and behavior (CDC, 2014). Harris County statistics are a direct reflection of Houston approximations, as Houston is the largest city in Harris County; Houston is also the Harris County seat. As of 2013, USA today regarded Houston as the fattest city in Texas. Given that Harris County is a Houston appendage, Harris County estimations are close to those of Houston, so they are quite alarming (Hellmich, 2013). “We all have to look at what we can do about this epidemic of obesity that's raging throughout this country and throughout the

world” (John Foreyt as published in USA TODAY by Hellmich, 20013). As he encourages everyone to join in reducing the rate of this epidemic, he also calls everyone to join the Texas style to have an on ongoing Lean Houston campaign (Hellmich 20013).

How a population thinks, eats, and acts could determine their health and the economic consequences on the healthcare system (Texas Department of State Health Services, n.d). According to Gloria and Steinhardt (2010), the Texas Nutrition Environment Assessment in Restaurants (TxNEA-R) is currently being developed as a Texas adaptation of the Nutrition Environment Measures in Restaurants (NEMS-R) to assess the availability of healthier foods and beverages, and barriers and facilitators to healthy choices in prepared food outlets. The tool will be available in 2016. As Gloria and Steinhardt noted, accurate measurement of dietary choices is needed for Texans whose food choices are being influenced by other cultures, to develop a comprehensive healthy food plan in retail stores, and to help conduct reliable pilot tests of stores, comparing foods in high and low income neighborhoods. Since research has shown that adult African American women make up the highest population of overweight persons in Houston, one can understand why this group is being studied. It may also be noted that it is a lack of desire, overpowering desire, and/or lack of knowledge that can cause this group to consume such foods that can put them at health risks.

Researchers have expressed concern that positive body images among overweight Black women may contribute to elevated obesity in the Black community. These findings have implications for weight intervention with this population (Chithambo & Huey, 2013). “Healthy weight” is supposedly how one is perceived by Media, and peers were

identified as facilitators of personal perception, especially among women. In a city where most women are overweight, the image of being overweight is considered more acceptable. The question still remains on why women should lose weight if their perception of themselves is enmeshed in the perception of those who themselves are in poor health (Williams et al., 2008). Although perceptions of middle-aged African American women are not specifically addressed in this study, it is important to consider the relevance of the data provided. To provide some support for this assertion; Chithambo and Huey (2013) noted that on average, Black men prefer a heavier female body weight, and that the ideal body weight reported by Black women is higher.

The Texas Department of State Health Services' (TDSHS) used the Texas Bringing Healthy Back program to outline a mass of mindsets which supply the damages of obesity. By enforcing its initiatives, the program's administrators identified a bulk of female views toward health which contribute to their shortcomings. Inclusive of the Bringing Healthy Back campaign, six videos are hosted on their website in an attempt to encourage communities to communicate and share education revolving around obstacles which impede health and wellness. This implies that disparity groups, such as the Houstonian African American female population, do not convene and educate themselves in groups, nor do they share information within their immediate circles (TDSHS, 2013).

Bringing Healthy Back is a movement that also encourages nutrition and physical activity. It may be reasonably implied from this information that it is a consensus that officials at the TDSHS feel that Houstonians do not engage in enough physical fitness or eat sufficiently balanced diets. Since the portion of the Houston population that is obese

is primarily made up of adult African American females, the same can be assumed of them. As African American women are the most affected, it may also be reasonably concluded that this group suffers from this lack of activity and holistic dieting, and, therefore, feel that it is not important to be mindful of either attribute (TDSHS, 2013). Increasing awareness and behavioral changes are also two suggestions made by the CDC to impact the health of those at risk because future interventions for obesity among the Black population may benefit from promoting health and wellness as primary advantages of weight loss, rather than focusing on enhanced physical appearance (Chithambo& Huey, 2013). Also, this may offer credence to the idea that Houston women do not practice appropriate behavioral methods which directly affect their lack of physical fitness and calorie consumption (CDC, 2007).

The TDSHS is an advocate for the health of the state and, most importantly, those cities and annexes which are experiencing a higher degree of challenge enforcing and/or maintaining health and wellness practices. The Department focuses on the community, rather than individuals, reiterating the idea that communities such as the most affected urban communities of Houston, Texas do not think of themselves as a communal effort and are, therefore, more highly challenged by issues such as obesity. Obese women of Houston in particular, have been found not to compel to healthy activities in their communities, such as watching less TV, eating more vegetables and fruits, consuming less of high sugar content foods, and high sugar beverages. The TDSHS also noted lack of encouragement to breastfeed in the communities. Research reveals much about the

communities in question and, more poignantly, the female individuals who occupy said communities.

Prevention

Prevention is the result of all effort put forth for the progression of the study of obesity. This portion of research is essential to the most crucial element of the problem: what Houston women aged 35 years and older are not doing since it has been suggested that Black Americans associate thinness with poor health and economic instability (Chithambo & Huey, 2013). Researchers have focused on the causes rather than the effects of obesity. This line of thinking is far more advantageous than any other facet of research. Other professionals and researchers of this branch of study have agreed with these sentiments and found several preventive methods for obesity and overweight tendencies. According to Chithambo and Huey, defining their mindset toward them as clueless or ignorant may render African American women less susceptible to media influences that define female beauty primarily on the basis of thinness.

The National Prevention Strategy has partnered with the Health Promotion and Public Health Councils to address various prevention strategies. In the process of this initiative, various preventive care strategies have been revealed for the knowledge of those who are obese and are at risk of becoming obese. Communal support, expert advice, clean air, filtered water, physical fitness, and increased health professional attention have all been identified as noteworthy facets to thwart obesity (CDC, 2014). The CDC highlighted several other ways to prohibit obesity on a generational scale. Individuals are advised to facilitate healthy and safe community environments,

preventive community and clinical groups; positively influence one another to make more healthy choices; and lessen health disparities. This initiative most often refers to the community and the family when addressing obesity. For this reason, community involvement may be considered the most worthwhile and comprehensive tool of preventive method.

The US Department of Health and Human Services clearly documents the community as a more than essential tool for the process of obesity deterrence. The individual's health is thought of as merely a segment of the community's overall health. Community health is said to be a product of individual beliefs, attitudes, and behaviors. Partnerships and groups formed in the community by healthy and well persons have been shown to be an effective way for creating awareness on the issues of health with those of lesser health understanding and opportunity within the same community. According to the Department, healthy people have been exemplary models of strategic management within federal, state, community, and other public/private sector partnerships for years. For these reasons, the Department encourages churches, businesses, local governments, and civic, municipal, and other professional organizations to join in the assistance of the community (Department of Health and Human Services, 2010)

Conclusively, prevention is far more important than the cause of any disease, as it enlightens the researcher on what individuals are not doing correctly to inhibit the object of discussion. Community, environment, support, and hospital visitation are chief preventive measures of obesity. These are ways for the researcher to know what has detrimentally affected the populations and what is lacking. Close examination

and analysis of the given premises reveals the abovementioned activities are not common activities of adult African American females in Houston, Texas. Nevertheless, the research is missing concrete information regarding the proposed age group, and such data is needed to complete this project.

Concluding Thoughts

Research has shown that obesity is a generational disease and disorder which highly affects African American women in Houston, Texas. Based upon recent and historical findings, obesity is an epidemic and an unfortunate health condition caused by inadequate physical activity, poor eating habits, and behavioral attitude or one's lifestyle. Both external and internal factors increase an individual's propensity to become obese, thus augmenting their ability to influence someone else of their lineage or communal circle as well. All of these elements are dependent on particular thought processes which in turn, can cause behavioral and physical harm which are associated with overweight and obesity.

Evolving research and scientific offerings indicate that historical causes and preventive measures, such as genes, are not as applicable in today's world. Modern research and observation has shown that cities such as Houston Texas, with overweight populations, as previously mentioned with high risks of heart disease, stroke, and other related health conditions impact one's quality of life. Lack of this sort of organized support is a key indicator of why African American women 35 years and over in Houston, Texas are obese.

Most research regarding the topic of obesity is lacking critical factors, such as particular age, ethnicity, and socio-demographic information. Much of the research focuses on percentages of those affected and the illnesses caused by obesity, but lacks detailed perception of obesity demonstrated by these groups. Nevertheless, it is a common feature of much obesity research to focus on the causes of obesity. Populations such as African American women in Houston, Texas are individuals of ill-formed habits, behaviors, and mindsets which scientists, academia, and professional researchers have found to be their ultimate demise. The future of the exploration of obesity forms its grounds on the aforementioned, but may be more beneficial by exposing missing links, such as exact age ranges and gender-oriented facts. This research seeks to bridge these gaps. The project was conducted so that it could be a useful additive to the existing study of overweight and obesity as it helps reduce the increasing prevalence of overweight and obesity in both children and adults, which is a serious concern for Texas.

Chapter 3: Methodology

Research Design

I consider the qualitative research method appropriate for this research because it helped me to explore the meaning of overweight and obesity in a way that could not be explained in numbers and could only be understood relation to the lived experiences of individuals. This approach allowed me to observe and interview the participants who could provide the holistic knowledge of the phenomenon. This qualitative research study provides a clear interpretation of the phenomenon, unlike a quantitative research study. The qualitative research study also emphasizes process and meanings over measures of quantity, intensity, and frequency (Rudestam& Newton, 2015). I used open-ended questions in qualitative interview gather individual meanings so that the significance and complexity of the phenomenal could be inductively (Creswell, 2009).

The qualitative research method was used in this study to allow for flexibility in exploring the phenomenon of overweight and obesity among African American women in their own natural environment (Rudestam& Newton, 2015). The qualitative method was justified over the mixed method for this research study because the qualitative data consisted of detailed descriptions of events, situations, and behaviors from people about their experience and beliefs. Secondly, as the phenomenon explored in the qualitative study contains information about the participants and the site conveyed with an emerging design and research words drawn from the language of qualitative inquiry, this research study does not require the predictions that the researcher would make about the expected

relationships among variables in making interpretations of the of the meaning of the data (Creswell, 2009).

The qualitative approach was considered for this study since the research questions were based on the problem statement and focused on understanding the problem (Creswell, 2009). A qualitative approach was the only way to answer the research questions which were to understand the perceptions and views of African American women 35 years and older to overweight and obesity, their recommendations for those at risk to help reduce the rate of obesity and health related illness, to help understand the need to engage in physical activity and eating healthy to reduce overweight and obesity, and the need to engage in physical activity and eating healthy to reduce overweight and obesity, and finally to help understand the barriers that impact overweight and obesity among African American women 35 years and older in Houston, Texas which was to reduce obesity which is one of the ten United States leading indicators associated with increased risk of death, chronic diseases, and certain cancers (Gostin, 2008).

Though Rudestam and Newton (2015) and Creswell both identified the use of other qualitative approaches such as ethnography, grounded theory, case study, and narrative, I considered the phenomenological approach for this study because phenomenology attempts to describe and elucidate the meanings of human experience, (Rudestam & Newton, 2015). I consider phenomenology appropriate because the research questions were designed to provide understanding of how African American women perceived overweight and obesity. Phenomenology could help in determining the impact of the perceptions of overweight and obesity among African American women in

Houston, Texas, on their health and well-being. According to Rudestam and Newton, phenomenology helps the researcher to understand how the participants understand the meaning of the phenomenon and their lived experiences as the researcher's attempts to get beneath the manner in which people describe their experience to the structures that underlie consciousness. This procedure involved studying the subjects extensively, over a prolonged engagement in order to develop patterns and relationships of meanings (Creswell, 2009).

An ethnographic approach was not selected because it tends to explain the cultural behavior and its interpretations. It is guided by people's culture: the way they behave, their actions and words, and their organizational life (Rudestam & Newton, 2015).

Grounded theory was also not selected for this study because it aims at discovering the theoretical concept of social psychological processes and the social structure of a specific topic. It is a way of conceptualizing the experience of an aggregate of individuals to build theory (Rudestam & Newton, 2015). In addition, this process was not suited for this study because as a discovery oriented approach, grounded theory research involves using multiple stages of data collection and refinement and an interrelationship of categories of information. This was not needed for this study.

Case study was not selected because of its focus on a single individual, organization, or event in an intensive effort to understand a single unit of study within a complex context (Rudestam & Newton, 2015). Case studies are bounded by time and activities to collect detailed information using a variety of collection procedures over a sustained period of time (Creswell, 2009).

Finally, narrative approach was not selected for this research study because the narrative approach researcher employs the experiences and events disclosed by the participants to reconstruct past experiences in the context of the meaning that the participants made of them in the present (Rudestam & Newton, 2015).

Role of the Participant

Ten African American women 35 years and older living in Houston, Texas were selected to participate in this study. Five participants were between the ages of 35 and 55, and five participants were from 56 years and older. The ten participants were recruited from a church, fitness center, and Allcare Medical Center. Generally, the number of participants for a phenomenological study should be equal to or less than 10 (Walden University, 2012). Based on that guideline, I believe that 10 participants were a sufficient number of women for this study because as a qualitative study it aims at understanding the participants' experiences with overweight and obesity. This research study relied as much as possible on the participants' views of the situation being studied, as noted in Creswell (2015). Study participants had to be either obese, overweight, or at risk of being obese or overweight, with one or more of the illnesses such as type 2 diabetes, heart disease, high blood pressure, or some type of cancer associated with overweight and obesity. They also needed to be an African American woman living in Houston, Texas over the age of 35. The two categories of participants, five between the ages of 35 to 55 and five aged 56 years or older were strategically chosen to address the health problem under study and promote health programs for that population. A particular educational level was not required for participation, as this study was not directed to economic,

educational, and environmental inequalities at the individual and community level for the research (McKenzie, Neiger, & Thackeray, 2009). In other research, income and education levels have been associated with differences in the occurrence of many conditions associated with ill health, such as heart disease, and obesity (Fertman&Allensworth, 2010).

The purpose of the study was made known to the church leader, the health center owner, and the owner of the fitness center. This helped to ensure proper arrangements for recruitment. The participants were adequately informed of the nature of the study invitation process and indication of their willingness to participate was documented. It is important that the researcher develop an informed consent form for the participants to sign before they engage in the research (Creswell, 2009).I obtained approval from the Walden Institutional Review Board (IRB) prior to allowing the participants to sign the consent form (IRB approval study #10-02-15-0170846)

Role of the Researcher

At the completion of identifying the participants, my role as a researcher was to investigate and collect the required data using the best of knowledge, ability, and skills to gather detailed information. I utilized the skills and knowledge acquired during my internship with Harris county public health and environmental services (HCPHES) in which health event programs were organized to assist the participants. I collected relevant information from the participants during open-ended interviews to explore and understand their perception of overweight and obesity. I used good communication,

listening, and writing skills learned over the years to assist the participants with respect while I protected their privacy and confidentiality.

The ability and skills of the interviewer are critical to conducting a good interview that gathers sufficient details to make analyses less complicated (Issel, 2009). To engage in quality interviews of the participants, a safe environment for the interview was provided to participants. As a result of the ethical issues that could arise, the code of conduct for researchers was applied and implemented in commentaries to respect the vulnerable population and site for research (Creswell, 2009). A researcher must be a good listener and be able to anticipate inappropriate information and know when to stop the discussion. It was my duty as a researcher to provide privacy and confidentiality for participants' identities and information.

Purpose of the Study

The purpose of this study was to explore the perception of overweight and obesity among African American women 35 years and over in Houston, Texas. This study aimed at investigating and exploring existing opportunities to work with those at risk in the community through education create awareness to encourage physical activity, and encourage good eating habits. An expected outcome was that the researcher would better understand the health conditions of the people in that community. James et al. (2012) explained that African American women have the highest prevalence of adult obesity in the United States, pointing out that African American women are less likely to participate in weight-loss programs and tend to have a low success rate when they do so. Since records have shown evidence of proven risk factors of obesity, a focus group was not

chosen. The participants were either obese, overweight, at risk of being obese or overweight, or have a family member who is going through this health problem. These individuals were willing to provide information from ideas and lived experiences which are quicker and in a short time as, according to James et al., some individuals believe that most weight-loss programs are very generic and ignore culturally influenced factors, such as body image, beauty, and traditions without considering the stigma, prejudice, and the discrimination that obese individuals experience because of their weight. The participants were given the opportunity to express themselves, comment, and share ideas and experiences of this health problem as it affects them.

Research Questions

The following research questions helped participants to define and understand overweight and obesity, explain specific behavioral and environmental factors affecting overweight and obesity, and the way in which overweight and obesity is perceived from a personal perspective.

1. What are the perceptions and views of African American women 35 years and older to overweight and obesity?
2. In what ways does the consumption of high energy foods, inactive lifestyle, insufficient physical activity, and lack of accessible pathways in the neighborhoods affect overweight and obese African American woman, 35 years and older in Houston, Texas?

3. How could engaging in physical activity and healthy eating be utilized to reduce the rate of overweight and obesity for African American women 35 years and older in Houston, Texas?
4. What are the barriers that impact overweight and obesity among African American women 35 years and over in Houston, Texas?

Ethical Protection of Participants

After the selection of the participants and the site had been established, the purpose of the study and their privacy was explained. They were also informed that their participation was without monetary attachment or any possible benefit from participation. They were told that they were protected from any danger that could arise from the study, and that psychological or medical help was available in event of any harm.

It was my responsibility to utilize the university's ethical standards since authorization from IRB was required before conducting the research. A copy of the consent form was provided to every participant with guarantee of confidentiality. Fertman and Allensworth (2010) noted that projects involving human participants must undergo review by an independent IRB because participants have rights that need to be protected. It was the responsibility of the IRB to make an informed decision on whether the research was ethical, whether informed consent was sufficient, and whether appropriate safeguards had been put in place.

Sample Recruitment Tools

For effective recruitment of participants, the following procedure was required:

- The owners of the Extreme Worship Center, Goza Dance Fitness, and Allcare Medical Center were contacted to inform them of the purpose of the study (see Appendix A).
- Flyers with my contact information were distributed to create awareness and motivate the interested participants (see Appendix B). The contact number provided was for those interested to reach the researcher, and to indicate their interest and availability.
- Interested participants who called were interviewed using initial interview questions to establish their eligibility to participate over the phone (see Appendix C).
- Eligible participants were invited for the second interview (see Appendix D).
- The details and copies of documents regarding the study were made available. Also the consent form was provided.
- Participants were informed to read and understand the materials before they sign them. They were advised to keep a copy of the consent form for themselves.

Data Collection Procedure

This study required the cooperation of the leaders and owners of the selected establishments to accomplish what was needed from the available data of this study. The initial questions (see Appendix C) allowed me to know the participants' backgrounds, and it also gave participants the opportunity to ask questions, if any, concerning the

study. The interview questions were constructed in a way to assist the participants to answer questions to the best of their knowledge to explore and understand the health problem and to share their experiences. The questions were the same for all ages. This was followed by second interview (see Appendix F). This was a one-to-one interview of selected participants. I utilized a tape recorder, field notebooks, and diary during the interview to chronicle their thinking, feeling, experiences, and perceptions throughout the research process (Creswell, 2013). Other forms of data collection included observations and documents (Creswell, 2009). The interview process allowed the researcher to understand the participant's background and their experiences. Collected data should be treated as confidential, whether the differences are related to ethnicity, socioeconomic status, disability, age, or other attributes (Fertman&Allensworth, 2010). I also created a data chart to track those who were interviewed and the data collected. It is important to note that this was an open ended interview and was carried out in a quiet and safe environment.

Data Analysis Procedure

Data analysis in a qualitative research involves analyzing information from participants in steps within a specific strategy of inquiry (Creswell, 2013). These steps include reviewing, organizing, and coding the collected information. To provide meaningful summary, taped interviews were carefully listened to and transcribed verbatim, and field notes and diary were reviewed to ensure every interview transcript was understood, organized, and documented (Rudestam& Newton, 2015). The aim for this data analysis was to reduce, organize, synthesize, and summarize information to

make sense of the information, and to be able to make inferences about the priority population (McKenzie et al., 2009). Every analysis irrespective of the type of data analysis starts with the process of variable identification. These variables were those attributes which could be measured or observed (Creswell, 2009). The next step involved categorizing the information from the participants as they were sorted and reviewed. The representation of the findings includes the use of tables and in a clear and concise manner to better explain the procedure. This process employed Nvivo to manage the data.

Verification of Findings

This section ensures the validity of the findings. Roberts (2010) referred to validity as the credibility factor that helps the reader to trust one's data analysis. This proves that the result is founded, sound, and reliable. Although validation of findings occurs throughout the steps in the process of research (Creswell, 2009), to ensure validity, reliability, and consistency for this study, the researcher made sure that the data collection strategies were appropriate and interviews were completed.

Rudestam and Newton (2015) recommended researchers ascertain credibility by spending time with the participants to check for distortion; exploring participants' experience in detail; tape recording interviews for comparison with the recorded data; clarifying tentative findings with the participants; and checking multiple sources of data such as writing records, diaries, and field notes. It is important to understand that though these procedures were identified for use, they were subject to change as the study progressed. To evaluate the quality of the qualitative research study, Creswell (2009)

indicated the importance of mastering the language of qualitative paradigm of inquiry using some of the following procedures to enhance trustworthiness of the research study.

This research study adopted member checking. This involved returning to the participants with the written narrative to confirm the accuracy and credibility to reduce errors (Rudestam & Newton, 2015). Reducing errors also involves having a good understanding of the study, being able to ascertain the researcher's role, the participant's position and basis for selection, and the context from which data was gathered (Creswell, 2009).

I employed an audit trail to enhance the trustworthiness of this qualitative research study, keeping track of data and the evidence of how the data were reduced, analyzed, and synthesized, as well as notes that reflected my thoughts, hunches, and reactions (Rudestam & Newton, 2015). This involved documentation of data to make sure relevant activities and observations in this study were recorded to provide an understanding of the processes used to arrive at the conclusions.

Summary

This chapter explained the detailed process of the methodology that was required to explore the perception of overweight and obesity among African American women 35 years and older in Houston, Texas. I followed the steps through the process and strategy involved in research design to collect data, establish the role of participants, describe the data collection and data analysis procedures, and verify findings and coding. The presentation of findings for the research is presented in chapter 4.

Chapter 4: Results

Introduction

The purpose of this study was to explore the perception of overweight and obesity among African American women 35 years and over in Houston, Texas. This study sought to inform programs and policies for those at risk of being overweight or obese in this community through education, awareness, and programs to encourage physical activity and good eating habits. The research questions guiding this study were:

RQ 1: What are the perceptions and views of African American women 35 years and older in Houston, Texas, in regards to overweight and obesity?

RQ 2: In what ways do the consumption of high energy foods, inactive lifestyle, insufficient physical activity, and lack of accessible pathways in the neighborhoods affect overweight and obese African American woman, 35 years and older in Houston, Texas?

RQ3: How could engaging in physical activity and healthy eating be utilized to reduce the rate of overweight and obesity for African American women 35 years and older in Houston, Texas?

RQ4: What are the barriers that impact overweight and obesity among African American women 35 years and older in Houston Texas?

This chapter presents the setting, demographics, data collection, data analysis, evidence of trustworthiness, and the results of the analyses as related to the research questions.

Research Setting

Questions presented to each participant were identical; however, they were repeated for those who could not understand. Some changes were made on the interview dates for the convenience of the participants and to accommodate their time. Such changes prolonged the time for the interview to be finished. Some appointments were rescheduled many times due to bad weather, as some areas were flooded.

Participants' suggestions in support of the prevention measures to reduce the rate of obesity among African American woman 35 years and older were an indication of perceived susceptibility. Such ideas when combined during the process of transcribing and coding the data assisted in organizing and analyzing the collected data. It is important to note that such data from the 10 participant's helped to better understand the phenomenon and join other researchers for future studies to reduce obesity and improve the health of the community.

Demographics

Table 3 shows the demographic data for the participants. Included are age, education, employment, level of physical activity, and marital status.

*Table 3**Participant Demographic Data*

Demographic	<i>N</i>	Percent
Age		
37-55	5	50
56 and older	5	50
Education		
High school diploma	4	40
GED	2	20
College degree	3	30
3 years college	1	10
Employment status		
Employed	8	80
Student	1	10
Retired	1	10
Physically active		
Active	9	90
Inactive	1	10
Marital status		
Single	4	40
Married	4	40
Divorced	1	10
Separated	1	10

Data Collection

Ten participants were recruited from a church, medical center, and fitness center. The recruitment flyers with my contact information were distributed to create awareness and motivate the interested participants (see Appendix B). Potential participants were found at Extreme Worship Center, Allcare Medical Center, and Goza Dance Fitness. Interested participants were interviewed over the phone using initial interview questions

to establish their eligibility to participate (see Appendix C). Those participants who were interested but not eligible to participate were identified from the phone interview. When eligibility was established, the researcher followed up with recruiting the participants by e-mailing or faxing the consent forms to the potential participants. Eligible participants were invited for an interview in a safe location as agreed upon. The worship center was available on Monday. Goza Dance Fitness and the medical center were closed on Saturdays. Thus, such days as were convenient were chosen for data collection to ensure privacy and respect for the participants. As the purpose of the study and their privacy were explained to every participant, the consent form was being provided with guarantee of confidentiality.

Data was collected from participants through face-to-face open-ended question interviews. One of the key advantages of collecting data in this way was the opportunity to observe participants' behaviors during the interviews and to interact with them. I used a tape recorder, field notebook, and journal during the interview to record the discussions. I also created a data chart to track the participants interviewed and the data collected. All collected data are appropriately stored in locked cabinet for a minimum of five years, after which I may decide to destroy them.

Data collection included an initial screening interview protocol (by telephone) (see Appendix C), and a second face-to-face one on one interview protocol with open ended questions (see Appendix E). During the initial interview, one of the participants started crying when asked if she would want to invite any of her friends or family members (see Appendix C) because she had lost her mother from diabetic coma. When

unusual circumstances like that happened, I respectfully thanked the participant and discontinued the interview with the participant to avoid further risk of anxiety, emotional stress, or personal intrusion.

Data Analysis

Data analysis in a qualitative research involves analyzing information from participants in steps such as reviewing the collected data and organizing and coding collected information within a specific strategy of inquiry (Creswell, 2013). I reduced, organized, synthesized, and summarized data to make sense of the information and to be able to make inferences about the priority population. The next step involved categorizing the information from the participants.

I moved inductively from coded units to larger representations including categories and themes by conducting a thematic analysis. Themes and subthemes were categorized. I also calculated frequencies and percentages for each theme and sub-theme. I present a summary of themes and data to support each finding in the Study Results section.

RQ1. What are the perceptions and views of African American women 35 years and older in Houston, Texas, in regard to overweight and obesity?

Research Question 1 addressed the first common theme: the perceptions and views of African American women 35 years and older to overweight and obesity. Interview questions 1-4 were designed to answer the first research question. Table 4 shows the invariant constituents, the number of participants, and the percentage of participants from which two primary themes emerged from the analysis: (a) “I consider

myself overweight” and (b) “I don’t consider myself as being overweight or obese. The responses by most participants focused on negative opinions. Most participants considered themselves overweight. For example, Participant 5 said she considered herself at risk of being overweight and obese and the doctor has even told her to try and lose at least 10 pounds to stay fit and healthy.

Table 4

Invariant Constituents – Overweight/Not Overweight

Invariant constituents	No. of participants	% of participants
I consider myself overweight.	8	80
I don’t consider myself as being overweight or obese.	2	20

Thematic Category 2 shows the positive characteristics presented by a ninth participant with regard to overweight and obesity. The invariant constituent central to the next theme is as follows: I don’t consider myself as being overweight or obese.

Participant 2 did not consider herself as being overweight or obese.

Table 5 shows the invariant constituents, the number of participants, and the percentage of participants from which two primary themes emerged from the analysis: (a) Medical problems from being overweight and obese and (b) Eating late at night excessively and not drinking a lot of water and exercising. The responses by most participants focused on negative opinions. Most participants mentioned medical problems from being overweight and obese as the risk factors of overweight and obesity.

Table 5

Invariant Constituents – Medical Problems/Eating Late

Invariant constituents	No. of participants	% of participants
Medical problems from being overweight and obese.	9	90
Eating late at night, excessively and not drinking a lot of water and exercising	1	10

Table 6 shows the invariant constituents, the number of participants, and the percentage of participants from which two primary themes emerged from the analysis: (a) the greatest concern about being overweight is developing various health issues, and (b) fears of being limited in terms of what the participant was used to doing before. The responses by most participants focused on negative opinions. Most participants mentioned various medical health issues (Thematic Category 1).

Table 6

Invariant Constituents – Participants' Greatest Concern

Invariant constituents	No. of participants	% of participants
My greatest concern about being overweight is developing various health issues.	9	90
My fears being limited in terms to what I was used to doing before.	1	10

Thematic category 2 shows the additional negative characteristics presented by the participants with regard to the risk factors of overweight and obesity. The invariant constituent central to thematic category 2 is as follows: One is being limited in terms to what one is used to doing before. Participant # 2 could not walk around easily.

Table 7 shows the invariant constituents, the number of participants, and the percentage of participants from which three primary themes emerged from the analysis: (a) Overweight has affected me in a way I can't wear what I want to wear, (b) I have to take medication, and (c) Being overweight has caused death to so many overweight people. The responses by most participants focused on negative opinions. Most participants had to take medication. The most important and highly relevant themes that emerge from the aggregation of the invariant constituents illustrates that overweight has affected most participants in a way they cannot wear what they want to wear.

Table 7

Invariant Constituents – Clothing/Medication/Death

Invariant constituents	No. of participants	% of participants
Overweight has affected me in a way I can't wear what I want to wear.	6	40
I have to take medication.	4	40
Being overweight has caused death to so many overweight people.	1	10

The next thematic category shows the additional negative characteristics presented by the participants with regard to the impact of obesity and overweight. The invariant constituent central to the next theme is as follows: I have to take medication. Four participants had to take medication because of obesity and overweight. Participant # said that her overweight was the reason why she had high blood pressure.

RQ2. In what ways do the consumption of high energy foods, inactive lifestyle, insufficient physical activity, and lack of accessible pathways in the neighborhoods affect overweight and obese African American woman, 35 years and older in Houston, Texas?

Research Question 2 addressed the second common theme: the perceptions and views of African American women 35 years and older to overweight and obesity. Interview questions 6 and 8 were designed to answer the second research question. Table 8 shows the invariant constituents, the number of participants, and the percentage of participants in which one primary theme emerged from the analysis: The benefit of understanding how this can be prevented will help me to be careful with what I eat. The responses by ten participants focused on positive opinions. Ten participants thought that the benefits of understanding how overweight and obesity could be prevented was important because if they had known what they know now about overweight and obesity. Being educated allowed Participant # 8 to take care of herself more and made her aware of the risk factors that were preventable.

Table 8

Invariant Constituents – Benefit of Understanding Health Risks

Invariant constituents	No. of participants	% of participants
The benefit of understanding how overweight and obesity can be prevented while helping the participants to be careful with what they eat	10	100

Table 9 shows the invariant constituents, the number of participants, and the percentage of participants in which two primary themes emerged from the analysis: (a) Some regulations/policies are needed to impact healthy lifestyle, and (b) Some

regulations/policies are not needed to impact healthy lifestyle. The responses by most participants focused on positive opinions. Most participants thought that some regulations/policies were needed to impact healthy lifestyle. For example, Participant #4 thought that some regulations/policies could save life.

Table 9

Invariant Constituents – Regulations/No Regulations

Invariant constituents	No. of participants	% of participants
Some regulations/policies are needed to impact healthy lifestyle.	9	90
Some regulations/policies are not needed to impact healthy lifestyle	1	10

The next thematic category shows the negative characteristics presented by the participants with regard to the impact of obesity and overweight. The invariant constituent central to the next theme is as follows: Some regulations/policies are not needed to impact healthy lifestyle. Participant #7 thought that some regulations/policies were not needed to impact healthy lifestyle.

Table 10 shows the invariant constituents, the number of participants, and the percentage of participants in which two primary themes emerged from the analysis: (a) Being physically active has helped me reduce my body weight and (b) I wish I had someone to work out with. The responses by most participants focused on positive opinions. Most participants thought that being physically active has helped them reduce their body weight (Thematic Category 1). Thematic Category 2 shows the negative characteristics presented by the participant with regard to the impact of obesity and

overweight. The invariant constituent central to Thematic Category 2 is as follows: I wish I had someone to work out with me. Participant #7 said, “Well I am not as physical as I should be and am not as sedentary as well.”

Table 10

Invariant Constituents – Physical Activity/Workout Partner

Invariant constituents	No. of participants	% of participants
Being physically active has helped me reduce my body weight.	9	90
I wish I had someone to work with me.	1	10

RQ3. How could engaging in physical activity and healthy eating be utilized to reduce the rate of overweight and obesity for African American women 35 years and older in Houston, Texas?

Research Question 3 addressed the third theme: the beliefs and attitudes of African American women 35 years and older in Houston, Texas to engage in physical activity and healthy eating to reduce overweight and obesity. Interview question 6 was designed to answer the first research question. Table 11 shows the invariant constituents, the number of participants, and the percentage of participants in which two primary themes emerged from the analysis: (a) Beneficial, and (b) Not beneficial. The responses by most participants focused on positive opinions. Most participants thought that going to fitness center and indulging in physical exercise and eating right has been beneficial. By changing the way Participant 1 ate she has seen a difference in her weight.

The next thematic category shows the negative characteristics presented by the participants with regard to the impact of obesity and overweight. The invariant constituent central to the next theme is not beneficial. Participant 7 did not think that going to a fitness center and indulging in physical exercise and eating right has been beneficial.

Table 11

Invariant Constituents – Fitness Center Beneficial/Not Beneficial

Invariant constituents	No. of participants	% of participants
Beneficial	9	90
Not Beneficial	1	10

RQ 4. What are the barriers that impact overweight and obesity among African American women 35 years and older in Houston Texas?

Research Question 4 addressed the fourth theme: the barriers that impact overweight and obesity among African American women 35 years and over in Houston, Texas. Interview question 7 was designed to answer the first research question. Table 12 shows the invariant constituents, the number of participants, and the percentage of participants from which four primary themes emerged from the analysis: (a) Time, (b) Food, (c) Financial factors, and (d) Support, preparation, and motivation are helpful. The responses by most participants focused on negative opinions. Most participants mentioned time (Thematic Category 1). The main challenging factor for Participant #5 was time.

Thematic Category 2 shows the additional negative characteristics presented by

the participants with regard to the challenging factor that could impact the prevention of overweight and obesity. The invariant constituent central to Thematic Category 2 is food. The hardest part for Participant 9 was changing her eating habits.

Thematic Category 3 shows the additional negative characteristics presented by the participants with regard to the challenging factor that could impact the prevention of overweight and obesity. The invariant constituent central to the next theme is financial factors. Participant 2 mentioned financial factors.

Thematic Category 4 shows the additional negative characteristics presented by the participant with regard to the challenging factor that could impact the prevention of overweight and obesity. The invariant constituent central to the next theme is as follows: support, preparation, and motivation. Participant 7 had this challenge to lose at least five pounds before she went home. As stated in the consent form, there were no penalties for withdrawing or not completing the interview. Codes were used in reporting the data collected to enhance the confidentiality of information collected from the participants making this study a non-identifier study.

Table 12

Invariant Constituents – Barriers That Impact Overweight and Obesity

Invariant constituents	No. of participants	% of participants
Time	4	40
Food	4	40
Financial factors	1	10
Support, and preparation, and motivation are helpful	1	10

Evidence of Trustworthiness**Credibility**

Credibility is the ability to demonstrate that the findings of the study are believable from the perspective of the participants. Credibility was achieved by ensuring that the findings accurately reflected the perspectives of the participants. Credibility was achieved by transcribing the interviews in the presence of the participants and by having each participant review the transcript prior to analysis.

Transferability

Transferability is determined by the ability to apply the findings from the study to a similar context. Transferability was assessed by showing that the sample represents the target population. Though my sample was made up individuals from different segments in the Houston community, all participants were African American 35 years and older residing in Houston, Texas who volunteered to share their experiences, providing various perspectives for realistic and rich results. CDC (2014) considers community involvement as the most worthwhile and comprehensive tool of the preventive method, and the

information from the selected group helped the researcher to understand how the population is affected and identify the preventive measures missing for this proposed population, since such information is required for the completion of this project. For this reason this study followed the encouragement of the U.S department of Health and Human services (2010) to involve churches, local governments, municipals, and other professional organizations to join in assisting the community. This is in agreement with what Creswell (2009) indicated as to how the researcher enters the informants' world and that through ongoing interaction seeks the informants' perspectives and meanings.

Dependability

Dependability is the ability to replicate the study with similar outcomes. Dependability was assessed by stating all processes elaborately and allowing another researcher to repeat them. The study demonstrated dependability by utilizing the validity strategy to ensure accuracy before the final report and to prove the credibility of the findings. To establish this, this study adopted rich thick description for the findings to ensure validity and reliability, member checking for accuracy, and audit trailing for trustworthiness and debriefing, which means involving someone with indepth knowledge to assist to enhance the accuracy of the finding.

Confirmability

Confirmability is the quality of the results made by an inquiry in terms of how well participants back them up. Confirmability was ensured by the reviewing of the collected data, which is being used as evidence to the participants' information to the study.

Study Results

RQ1. What are the perceptions and views of African American women 35 years and older in Houston, Texas, in regards to overweight and obesity?

Research Question 1 addressed the first common theme: the perceptions and views of African American women 35 years and older to overweight and obesity. Interview questions 1 to 4 were designed to answer the first research question. Tables 13 to 16 display the data collected that correlates with interview questions 1 to 4. Table 13 shows the invariant constituents (i.e., units that do not overlap), the number of participants, and the percentage of participants.

The following discussion presents the invariant constituents that show a sign of their significance. Examples from the interviews of the participants are used to support the themes of the data. The first thematic label was determined from eight invariant constituents. The invariant constituents central to the theme are as follows: (a) I consider myself overweight (b) I don't consider myself as being overweight and obese.

Table 13

Invariant Constituents – Overweight/Not Overweight

Invariant constituents	No. of participants	% of participants
I consider myself overweight.	8	80
I don't consider myself as being overweight and obese.	2	20

The responses by most participants focused on negative opinions. Most participants considered themselves overweight. The most significant and highly relevant themes that emerge from the aggregation of the invariant constitutes illustrates that most

participants consider themselves at risk of being overweight and obese. Thematic Category 1 (“I consider myself overweight”) shows the most prevalent groups of groups of characteristics mentioned by participants (see Table 14). The frequency with which the invariant constituents were mentioned and the breadth of participants’ responses with regard to them was enough for Thematic Category 1 (I consider myself overweight.) to be considered an apparent thematic category.

Table 14

Perception of Overweight and Obesity - Quotes

Invariant constituents	Quotes
I consider myself overweight.	<p>P1 “Yes, I consider myself overweight. I wouldn’t necessarily say that I am obese but I do feel as if I am not completely in shape.”</p> <p>P 3 “Yes I do.”</p> <p>P5 “Yes, I do consider myself at risk of being overweight and obese and the doctor has even told me to try and lose at least 10 pounds to stay fit and healthy.”</p> <p>P 6 “Yes I do consider myself as obese, I say this because waist line has continued to increase recently and my weight has also increased from 165 in 2007 to 230 pounds now.”</p> <p>P7 “Sometimes. Do you want me to clarify. When I go to put on clothes it might be too tight, and I feel do I look good in it or not, if I want take off I say ooh. I am just being honest. If I think about myself of being obese, am short for stature and you know to me within last ten years I just learned of the word obese. The was not there you know and I guess may be and I know that there are other people larger than myself and may be probably taller than me and they themselves don’t see themselves as obese, but really what is obese is because your height is 5ft and may be weigh 150 pounds or 180 pounds I don’t know.”</p> <p>P# 8 “Yes I do consider myself at risk of being overweight and obesity.”</p> <p>P 9 “Yes, because I have a family member who is diabetic, Hypertensive, and suffering from congested heart failure (CHF).”</p> <p>P10 “Yes and I am trying my best to control my weight.”</p>
I don’t consider myself as being overweight and obese.	<p>P2 “No, I don’t consider myself as being overweight and obese. I don’t think I am overweight and obese, I am moderate in size, I am very active, I go to gym and work out and those kind of thing help to stable my weight.”</p> <p>P4 “No. I do not consider myself as being overweight and obese.”</p>

Most obese African American women considered themselves

overweight. Chithambo and Huey’s (2013) study supports these findings. Researchers

have expressed concern that positive body images among overweight Black women may contribute to elevated obesity in the Black community. These findings have implications for weight intervention with this population (Chithambo and Huey 2013). Chithambo and Huey noted that on the average, Black men prefer a heavier female body weight, and that the ideal body weight reported by Black women is higher on average.

Eight participants had something in common because they considered themselves overweight. Participant 5 said she considered herself at risk of being overweight and obese and the doctor has even told her to try and loose at least 10 pounds to stay fit and healthy. Participant 6 agreed with him. She also considered herself as obese. Waist line has continued to increase recently and her weight has also increased from 165 in 2007 to 230 pounds now. Participant 7 agreed with others. She also considered herself as obese:

When I go to put on clothes, it might be too tight, and I feel “Do I look good in it or not”. I am just being honest. If I think about myself of being obese, am short for stature and you know to me within last ten years I just learned of the word “obese”. I know that there are other people larger than myself and may be probably taller than me and they themselves don’t see themselves as obese, but really what is obese is because your height is 5ft and may be weighing 150 pounds or 180 pounds.

Participant 10 agreed with fellow participants. She also considered herself at risk of being overweight and obese. She was trying her best to control her weight.

Thematic Category 2 shows the positive characteristics presented by a ninth participant with regard to overweight and obesity. The invariant constituent central to

Thematic Category 2 is as follows: I don't consider myself as being overweight and obese. Two obese African American women are different from others. They did not consider themselves as being overweight and obese even though they were overweight and obese.

Participant 2 did not consider herself as being overweight and obese. She was moderate in size. She was very active. She worked out. Participant # 4 agreed with her. She did not consider herself as being overweight and obese.

The following discussion presents the invariant constituents that show a sign of their significance. Examples from the interviews of the participants are used to support the themes of the data. Table 15 shows the invariant constituents, the number of participants, and the percentage of participants. The first thematic label was determined from nine invariant constituents. The invariant constituents central to the theme are as follows: (a) Medical problems from being overweight and obese and (b) Eating late at night, excessively and not drinking a lot of water and exercising.

Table 15

Invariant Constituents – Medical Problems/Eating Late at Night

Invariant constituents	No. of participants	% of participants
Medical problems from being overweight and obese.	9	90
Eating late at night, excessively and not drinking a lot of water and exercising	1	10

The responses by most participants focused on negative opinions (see Table 16). Most participants had something in common since they mentioned medical problems

from being overweight and obese as the risk factors of overweight and obesity. The most important and highly relevant themes that emerge from the aggregation of the invariant constituents illustrates that most participants are concerned about medical problems from being overweight and obese. Medical problems from being overweight and obese tended to be important for most participants.

Table 16

Risk Factors of Overweight and Obesity - Quotes

Invariant constituents	Quotes
Medical problems from being overweight and obese.	<p>P4 “Medical problems from being overweight and obese.”</p> <p>P7 “One thing I would consider is diabetes. But other people larger than me may not have diabetes and they are comfortable in their skin and their weight but they cannot move as fast, I have seen people that can’t move faster than me. Another thing is the heart.”</p> <p>P5 “Some of the risk factors are stroke, heart disease, and high blood pressure.”</p> <p>P6 “The risk factors of overweight and obesity are Diabetes, blood pressure, and heart disease.”</p> <p>P1 “The risk factor of being overweight and obesity are heart problems, high blood pressure and diabetes.”</p> <p>P2 “The number one major risk factors is heart problem, if you are obese the chances of getting heart problem is more than somebody who is not overweight and if you are overweight the chances of being diabetic is also more.</p> <p>P3 The risk factors are diabetes which is one of the risk factors, heart disease as being part of being overweight.</p> <p>P9 “The risk factors are high cholesterol, diabetes, isolation from friends and family and not being mobile can be risk factors.”</p> <p>P8 “I think I should consider shortness of breath, high blood pressure, diabetes, and stroke. As am talking many overweight people are having the same problem and cannot do certain things without struggling.”</p>
Eating late at night, excessively and not drinking a lot of water and exercising.	<p>P10 “Eating late at night, excessively and not drinking a lot of water and exercising.”</p>

Most obese African American women mentioned medical problems from being overweight and obese as the risk factors of overweight and obesity. Mayo Clinic's (2012) study supports these findings. According to Mayo Clinic (2012), several risks are associated with obesity among women. Obese women have a far greater chance of developing rheumatoid arthritis, coronary disease, arthritis, and several autoimmune diseases. Women who are obese are at a 20% greater risk for struggling with arthritis particularly. "Overweight and obesity significantly increase medical costs and pose a staggering burden on the U.S. medical care delivery system" (Healthy People 2020, 2014). In cities such as Houston, Texas, these rates of chaos and dysfunction become even more heartbreaking, as researchers attempt to investigate the causes, effects, and various factors involved in obesity.

Thematic Category 1 (Medical problems from being overweight and obese) shows the most prevalent groups of characteristics mentioned by participants. The frequency of the invariant constituents and the breadth of participants' responses were enough for Thematic Category 1 (Medical problems from being overweight and obese) to be considered an apparent individual thematic category. Nine participants mentioned medical problems from being overweight and obese as the risk factors of overweight and obesity. Participant 7 said,

One thing I would consider is diabetes. But other people larger than me may not have diabetes and they are comfortable in their skin and their weight but they

cannot move as fast. I have seen people that can't move faster than me. Another thing is the heart.

Participant 5 agreed with her. She also mentioned medical problems from being overweight and obese as the risk factors of overweight and obesity. She regarded stroke, heart disease, and high blood pressure as the risk factors of overweight and obesity.

Participant 6 agreed with her. She regarded diabetes, blood pressure, and heart disease as the risk factors of overweight and obesity.” Participant 2 also agreed with her. Participant 2 said,

The number one major risk factors are heart problem. If you are obese, the chances of getting heart problem are more than somebody who is not overweight. If you are overweight, the chances of being diabetic are also more.

Participant # 9 also agreed with her. She regarded high cholesterol, diabetes, isolation from friends and family and not being mobile as the risk factors of overweight and obesity.

Thematic Category 2 shows the additional negative characteristics presented by the participants with regard to the risk factors of overweight and obesity. The invariant constituent central to Thematic Category 2 is as follows: Eating late at night, excessively and not drinking a lot of water and exercising. One participant is different from others. Participant10 said “Eating late at night, excessively and not drinking a lot of water and exercising.”

The following discussion presents the invariant constituents that show a sign of their significance. Examples from the interviews of the participants are used to support

the themes of the data. Table 17 shows the invariant constituents, the number of participants, and the percentage of participants. The first thematic label was determined from nine invariant constituents. The invariant constituents central to the theme are as follows: (a) My greatest concern about being overweight is developing various health issues, and (b) One is being limited in terms to what one is used to doing before.

Table 17

Invariant Constituents – Health Issues/Limitations

Invariant constituents	No. of participants	% of participants
My greatest concern about being overweight is developing various health issues.	9	90
One is being limited in terms to what one is used to doing before.	1	10

The responses by most participants focused on negative opinions (see Table 18). Most participants mentioned medical and various health issues. The most important and highly relevant themes that emerge from the aggregation of the invariant constituents illustrates that most participants' greatest concern about being overweight is developing various health issues. Various health issues tended to be important for most participants. Most obese African American women's greatest concern about being overweight is developing various health issues. Chithambo & Huey (2013) study does not support these findings.

Table 18

Participants' Greatest Concern of Being Overweight and Obese - Quotes

Invariant constituents	Quotes
My greatest concern about being overweight is developing various health issues.	<p>P1 "My greatest concern about being overweight is developing various health issues. Health issues can affect the way I live my daily life."</p> <p>P3 "The greatest concern is my weight. I would want to live a long and health life with no health or medical problem. So I always do what I am supposed to do even though I have high blood pressure I have it under control. I just try to eat healthier as food has been my weakness, and exercise as much as I can."</p> <p>P4 "My greatest concern would be health problem leading to death."</p> <p>P5 "My greatest concern is that being overweight and obese would increase the chances of having health problems, such as diabetes, high blood pressure, and that is why doctor is asking me to exercise to lose weight."</p> <p>P6 "My greatest concern is how to reduce my weight. I am really scared I feel that I am close to developing a serious health problem. I cannot stand for long without gasping for air."</p> <p>P7 "My greatest concern, I don't have diabetes in my family but that would be a greater concern. And at my age now I don't have diabetes and am glad but I am diagnosed as having blockage at the age of 42years I was smaller than what I am now but I did not have heart attack. So when you have blockage you are considered as having a heart disease and this is kind of bad for me too because why does it have to be a disease?"</p> <p>P8 "I am really concerned about diabetic due to my increasing weight gain in the last few years. I have a blood pressure problem and my doctor is constantly telling me to reduce my weight to help me reduce the risks of other health problems."</p> <p>P10 "Diabetes, the medications that are taken. I already am taking the insulin; If I can lose weight then I'll be taken off the medication."</p> <p>P9 "My greatest concern is not being able to stand on my two feet for more than 5 minutes, fitting into a vehicle or spending time with grand kids because they are very active."</p>
One is being limited in terms to what one is used to doing before.	<p>P2 "When one is overweight and obese, one is being limited in terms to what one is used to doing before. You can't walk around easily, you can't have fun and there are many things you can't do when you are obese. If you are somebody that has a little kids it is going to be hard on you to take them around or may be go out to the park and to play with them and stuff like that."</p>

It has been suggested that African Americans associate thinness with poor health and economic instability (Chithambo & Huey, 2013). Researchers have focused on the causes rather than the effects of obesity. This line of thinking is far more advantageous than any other facet of research. Other professionals and researchers of this branch of study have agreed with these sentiments and found several preventive methods for obesity and overweight tendencies. According to Chithambo and Huey (2013), defining their mindset toward them as clueless or ignorant may render African American women less susceptible to media influences that define female beauty primarily on the basis of thinness.

Thematic Category 1 (My greatest concern about being overweight is developing various health issues) shows the most prevalent groups of characteristics mentioned by participants. The frequency with which the invariant constituents were mentioned and the breadth of participants' responses with regard to them were enough for Thematic Category 1 (My greatest concern about being overweight is developing various health issues) to be considered an individual thematic category. Nine participants' greatest concern about being overweight was developing various health issues. Participant 7 said, "My greatest concern about being overweight is developing various health issues. Health issues can affect the way I live my daily life." Participant 3 agreed with her. The greatest concern was her weight. She would want to live a long and health life with no health or medical problem. She always did what she was supposed to do even though she had high blood pressure. She had it under control. She just tried to eat healthier as food has been her weakness, and exercise as much as she could. Participant 5 agreed with her. Her

greatest concern was that being overweight and obese would increase the chances of having health problems, such as diabetes, high blood pressure. The doctor asked her to exercise to lose weight. Participant # 7 also agreed with her. Participant 7 said,

I don't have diabetes in my family but that would be a greater concern. And at my age now I don't have diabetes and am glad but I am diagnosed as having blockage at the age of 42years. I was smaller than what I am now but I did not have heart attack. So when you have blockage, you are considered as having a heart disease.

This is kind of bad for me too.

Participant # 8 also agreed with her. She was really concerned about diabetes due to her increasing weight gain in the last few years. She had a blood pressure problem. Her doctor told her to reduce her weight to help her reduce the risks of other health problems.

Thematic Category 2 shows the additional negative characteristics presented by the participants with regard to the risk factors of overweight and obesity. The invariant constituent central to Thematic Category 2 is as follows: One is being limited in terms to what one is used to doing before. Participant 2 said,

When one is overweight and obese, one is being limited in terms to what one is used to doing before. You can't walk around easily. You can't have fun and there are many things you can't do when you are obese. If you are somebody that has kids, it is going to be hard on you to take them around or may be hard to go out to the park and to play with them.

The following discussion presents the invariant constituents that show a sign of their significance. Examples from the interviews of the participants are used to support

the themes of the data. Table 19 shows the invariant constituents, the number of participants, and the percentage of participants. The first thematic label was determined from six invariant constituents. The invariant constituents central to the theme are as follows: (a) Overweight has affected me in a way I can't wear what I want to wear, (b) I have to take medication, and (c) Being overweight has caused death to so many overweight people.

Table 19

Invariant Constituents – Effects of Overweight

Invariant constituents	No. of participants	% of participants
Overweight has affected me in a way I can't wear what I want to wear.	5	50
I have to take medication.	4	40
Being overweight has caused death to so many overweight people.	1	10

The responses by most participants focused on negative opinions (see Table 20). Overweight has affected most participants in a way they cannot wear what they want to wear. The most important and highly relevant themes that emerge from the aggregation of the invariant constituents illustrates that overweight has affected most participants in a way they can't wear what they want to wear. Various health issues tended to be important for most participants.

Table 20

Impact of Obesity and Overweight - Quotes

Invariant constituents	Quotes
Overweight has affected me in a way I can't wear what I want to wear.	<p>P3 "This overweight has affected me in a way I can't wear what I want to wear because they can't fit me right and sometimes."</p> <p>P# 5 "From the time I gained some weight, my dress size changed my health has depreciated. I don't like go anywhere again because I cannot fit into my good dresses. This is not right and I get angry at myself."</p> <p>P6 "See. I find it difficult to fit into my dresses. I am on diet but that is not the problem rather the problem lies in follow up with the program and eating right. I cheat on my diet. My sister and my mom are diabetic and I don't want to get there."</p> <p>P1 "Being overweight affects my life daily. When I go shopping it is hard for me to fit into certain clothes because they do not compliment my body, causing me to feel insecure about myself."</p> <p>P2 "One time in my life I was overweight when I was pregnant with my first baby that time I wasn't going places, I was limited and also finding clothes was a big problem and I was wearing mainly men's clothing. I could not find any reasonable clothes that will size me, and I could not play with my kids, I hated going out."</p>
I have to take medication.	<p>P7 "The thing is that it makes you feel like I need to lose any of my weight, You know I don't want to leave this world earlier that's one thing, I have to take medication to keep my cholesterol down and sometimes I miss it and anybody else that I know of, I do know some people that are larger than me that don't take cholesterol."</p> <p>P8 "For me, my overweight is the reason why I have high blood pressure and I am taking a blood pressure medication. My mom is diabetic and my aunt died last year of congested heart failure. I understand that if I do not do something, I might end up with more health problems."</p> <p>P9 "It has affected my family and myself, due to being overweight and poor eating habit I have been placed on high blood pressure pills."</p> <p>P10 "Not being able to sleep good at night, being involved in certain activities and shortness of breath. It has also affected someone I know because she had type2 diabetes and suffered from an injury that is hard to heal."</p>
Being overweight has caused death to so many overweight people.	<p>P 4 "Being overweight has caused death to so many overweight people. My best friend was diabetic and died from heart disease."</p>

Thematic Category 1 (Overweight has affected me in a way I can't wear what I want to wear) shows the most prevalent groups of characteristics mentioned by participants. The frequency with which the invariant constituents were mentioned and the breadth of participants' responses with regard to them were enough for Thematic Category 1 (Overweight has affected me in a way I can't wear what I want to wear) to be considered apparent individual thematic category. Five participants said that overweight has affected them in a way they could not wear what they wanted to wear. Participant 3 said that when she went shopping, it was hard for her to fit into certain clothes because they did not compliment her body, causing her to feel insecure about herself. Participant 2 agreed with her:

One time in my life I was overweight when I was pregnant with my first baby.

Finding clothes was a big problem and I was wearing mainly men's clothing. I could not find any reasonable clothes that would fit.

Participant 5 agreed with her. From the time she gained some weight, her dress size changed. She did not like going anywhere again because she could not fit into her good dresses. She thought that this was not right. She got angry at herself. Participant 6 also agreed with her. She found it difficult to fit into her dresses. She was on a diet. However, that was not the problem. The problem was in follow up with the program and eating right. She cheated on her diet. Her sister and her mom were diabetic and she did not want to get there.

Thematic Category 2 shows the additional negative characteristics presented by the participants with regard to the impact of obesity and overweight. The invariant

constituent central to the next theme is as follows: I have to take medication. Four participants had to take medication because of obesity and overweight. Thus, they are different from others. Participant 7 said,

The thing is that it makes you feel like I need to lose any of my weight. You know, I don't want to leave this world earlier that's one thing, I have to take medication to keep my cholesterol down and sometimes I miss it and anybody else that I know of. I do know some people that are larger than me that don't take cholesterol.

Participant 8 agreed with her. Her overweight was the reason why she had high blood pressure. She had to take a blood pressure medication. Her mom was diabetic and her aunt died last year of congestive heart failure. Participant 9 agreed with her. It has affected her family and herself. Due to being overweight and poor eating habits, she has been placed on high blood pressure pills.

Thematic Category 3 shows the additional negative characteristics presented by the participants with regard to the impact of obesity and overweight. The invariant constituent central to the next theme is as follows: death. One participant is different from others. Participant 4 thought that being overweight has caused death to so many overweight people. Her best friend was diabetic and died from heart disease. They mentioned morbidity and mortality as key factors to consider in relation to obesity. CDC's (2012) study supports these findings.

Morbidity costs are those costs which encompass forgone income due to lack of productivity, decreased activity, increased absences, and augmented sick/bed days.

Mortality costs are futuristically-estimated morbidity costs (CDC, 2012). Decreased life expectancy is directly attributable to obesity. Life expectancy, in and of itself, may be defined as the average number of years one person born in a particular year can be expected to live when compared to age-specific death rates. At the turn of the 20th century, life expectancy was calculated as just over 47 years of age (Department of Health and Human Services, 2010).

RQ2. In what ways do the consumption of high energy foods, inactive lifestyle, insufficient physical activity, and lack of accessible pathways in the neighborhoods affect overweight and obese African American woman, 35 years and older in Houston, Texas?

Research Question 2 addressed the second common theme: the perceptions and views of African American women 35 years and older to overweight and obesity.

Interview questions 6 and 8 were designed to answer the second research question.

Tables 21 to 23 display the data collected that correlates with interview questions 6 and 8.

Table 21 shows the invariant constituents, the number of participants, and the percentage of participants.

The following discussion presents the invariant constituents that show a sign of their significance. Examples from the interviews of the participants are used to support the themes of the data. The first thematic label was determined from one invariant constituent. The invariant constituent central to the theme is as follows: The benefit of understanding how this can be prevented will help me to be careful with what I eat.

Table 21

Invariant Constituents – Understanding Prevention

Invariant constituents	No. of participants	% of participants
The benefit of understanding how overweight and obesity can be prevented will help the participants to be careful with what they eat	10	100

The responses by ten participants focused on positive opinions (see Table 22). Ten participants thought that the benefit of understanding how overweight and obesity could be prevented was important because they wish they had known what they know now about overweight and obesity. The most important and highly relevant themes that emerge from the aggregation of the invariant constituents illustrates that the benefit of understanding how overweight and obesity can be prevented will help me to be careful with what you eat. The benefit of understanding these health risks to prevent overweight and obesity tended to be important for most obese African American women.

Table 22

Benefits of Understanding Prevention - Quotes

Invariant constituents	Quotes
The benefit of understanding how overweight and obesity can be prevented will help the participants to be careful with what they eat	<p>P1 “Being educated allows me to take care of myself more and makes me aware of the risk factors that are preventable.”</p> <p>P2 “Knowing the risk factors will help to guide you on things to eat knowing when to eat knowing the right food to eat and the foods that can make you to be obese, basically lifestyle changes you don’t have to eat everything you see you, it better to eat in moderations so that’s one of the things that I learn.”</p> <p>P5 “Understanding the health risks motivates me to stay healthy and fit since obesity is linked to my blood pressure.”</p> <p>P8 “I think if I had known what I know today I would not have been placed on a blood pressure medication. It is annoying that I should take this one pill everyday and don’t know when to stop.”</p> <p>P4 “Reminds me of not overeating and exercising daily.”</p> <p>P7 “The way we eat, I don’t eat like I used to eat. I used to eat more and I think that out of conveniences I eat worst now. I know that’s sad. I do cook at home, and make sure I have all the food group and still go out to grab hamburgers and a few donuts.”</p> <p>P9 “Watching what I eat, exercising and educating myself on obesity and doing all the remedies that are necessary that will cause me to be healthy.”</p> <p>P 3 “The benefit of understanding how this can be prevented will help me to be careful with what you eat.”</p> <p>P6 “The benefits of understanding how these can be prevented is important because if I had known what I know now about overweight and obesity, I would have been more careful with what I eat and changed my lifestyle.”</p> <p>P10 “The benefit of understanding how health risks can be avoided will help me eat better, understanding why I should eat healthy and the key steps I should take to help me be health. Knowing how to prevent it would be a good tool to have.”</p>

Cohen (2014) supports these findings. Based on the premise that adult African American women are most often affected by health issues, lower life expectancy, and the overall physical experience of obesity, the increase of obesity has been especially pronounced within the African American group. Obesity prevalence is predicted to be over 70 percent by 2020.

Thematic Category 1 (The benefit of understanding how overweight and obesity can be prevented will help me to be careful with what you eat.) shows the most prevalent groups of characteristics mentioned by participants. The frequency with which the invariant constituents were mentioned and the breadth of participants' responses with regard to them were enough for Thematic Category 1 (The benefit of understanding how overweight and obesity can be prevented will help me to be careful with what you eat.) to be considered an apparent individual thematic category. Participant 6 said,

The benefits of understanding how these can be prevented is important because if I had known what I know now about overweight and obesity, I would have been more careful with what I eat and changed my lifestyle.

Participant # 10 agreed with her. The benefit of understanding how health risks can be avoided would help her eat better, understanding why she should eat healthy and the key steps she should take to help her be healthy. Knowing how to prevent obesity would be a good tool to have. Participant 2 agreed with her. She said,

Knowing the risk factors will help to guide you on things to eat knowing when to eat knowing the right food to eat and the foods that can make you to be obese.

You don't have to eat everything you see. It is better to eat in moderation so that's one of the things that I learn.

Participant 8 agreed with her. Being educated allowed her to take care of herself more and made her aware of the risk factors that were preventable.

The following discussion presents the invariant constituents that show a sign of their significance. Examples from the interviews of the participants are used to support the themes of the data. Table 23 shows the invariant constituents, the number of participants, and the percentage of participants. The first thematic label was determined from nine invariant constituents. The invariant constituents central to the theme are as follows: (a) Some regulations/policies are needed to impact healthy lifestyle, and (b) Some regulations/policies are not needed to impact healthy lifestyle.

Table 23

Invariant Constituents – Regulations/Policies

Invariant constituents	No. of participants	% of participants
Some regulations/policies are needed to impact healthy lifestyle.	8	80
Some regulations/policies are not needed to impact healthy lifestyle	1	10

The responses by most participants focused on positive opinions (see Table 24). Most participants thought that some regulations/policies were needed to impact healthy lifestyle. The most significant and highly relevant themes that emerge from the aggregation of the invariant constitutes illustrates that some regulations/policies are

needed to impact healthy lifestyle. Some regulations/policies tended to be important for most obese African American women.

Chithambo and Huey's (2013) study does not support these findings. It has been suggested that African Americans associate thinness with poor health and economic instability. According to Chithambo and Huey, defining their mindset toward them as clueless or ignorant may render African American women less susceptible to media influences that define female beauty primarily on the basis of thinness.

Table 24

Perceptions of Regulations/Policies - Quotes

Invariant constituents	Quotes
Some regulations/policies are needed to impact healthy lifestyle.	<p>P1 “Yes I feel like in order for us to live in a healthy environment there needs to be certain laws and regulations when it comes to what people eat.”</p> <p>P2 “Yes I think we need from elementary schools even in the kindergarten all the way to high school and make it part of the curriculum not like an elective schools so it will help kids to know the importance of eating healthy, give them healthy foods at school instead of junk so when they grow they will know that it is good to eat healthy and exercise and these are one of the things to prevent you from getting heart diseases and you know diabetes.”</p> <p>P4 “Yes, it can save life and save on medical bills, it is important that we are aware of the healthy choices and resources that we have around us and make great use of them.”</p> <p>P5 “To some extent, I mean regulations could help to provide the necessary guidelines to be healthy.”</p> <p>P# 6 “Yes. However today some restaurants are advised to cut down on calories to help improve the health of their customers. I think some kind of regulations is required to impact the health of those who eat outside.”</p> <p>P7 “Free country people should spend their money the way they want, but I think that you have a lot of doctors that says taking an aspirin a day is good for you, and you have some that say is not and some say drinking water is good and some say too much is bad. So you can’t really regulate the way people eat, I remember when fries used to be one size, there are no such things as small medium and large sizes. McDonald serves a certain amount of food versus chick-fil-a giving a large amount of food. You know there are no options and it is cheaper too now. I think the government should regulate the amount of chemicals in food for instance we have chicken that has been injected and that is really bad. So they should regulate them and limit all these chemicals in our food.”</p> <p>P9 “Yes, I think the food industry has been doing a great job at that by having healthy selections at restaurants and fast food places.”</p> <p>P10 “Yes, especially for people who need insurance or have a critical illness that need medication on the daily basis, there needs to be a policy in place. Because when there is a rule in place people tend to do better. I’m a person who works better under construction.”</p>
Some regulations/policies are not needed to impact healthy lifestyle	<p>P8 “Talking about regulations and policies, If I don’t challenge myself to obey them and be serious with them, they cannot work out. I don’t think I need any regulations and police on what to eat.”</p>

Thematic Category 1 (Some regulations/policies are needed to impact healthy lifestyle.) shows the most prevalent groups of groups of characteristics mentioned by participants. The frequency with which the invariant constituents were mentioned and the breadth of participants' responses with regard to them was enough for Thematic Category 1 (Some regulations/policies are needed to impact healthy lifestyle) to be considered an individual thematic category. Participant 7 said:

Free country people should spend their money the way they want, but I think that you have a lot of doctors that says taking an aspirin a day is good for you, and you have some that say is not and some say drinking water is good and some say too much is bad. So you can't really regulate the way people eat, I remember when fries used to be one size, there are no such things as small medium and large sizes. McDonald serves a certain amount of food versus chick-fil-A giving a large amount of food. You know there are no options and it is cheaper too now. I think the government should regulate the amount of chemicals in food for instance we have chicken that has been injected and that is really is bad. So they should regulate them and limit all these chemicals in our food.

Participant 4 agreed with her. She thought that some regulations/policies could save life. She thought that it was important that she was aware of the healthy choices and resources that she had around her and made great use of them. Participant 5 agreed with her. She thought that regulations could help to provide the necessary guidelines to be healthy.

Participant 6 agreed with her. She said:

Yes however today some restaurants are advised to cut down on calories to help improve the health of their customers. I think some kind of regulations is required to impact the health of those who eat outside.

Participant 9 agreed with her. She thought that the food industry has been doing a great job at that by having healthy selections at restaurants and fast food places. Participant 10 agreed with her. She said:

Yes, especially for people who need insurance or have a critical illness that need medication on the daily basis, there needs to be a policy in place. Because when there is a rule in place, people tend to do better. I'm a person who works better under construction.

Thematic Category 2 shows the negative characteristics presented by the participants with regard to the impact of obesity and overweight. The invariant constituent central to the next theme is as follows: Some regulations/policies are not needed to impact healthy lifestyle. One participant thought that some regulations/policies were not needed to impact healthy lifestyle. Participant # 7 said, "Talking about regulations and policies... If I don't challenge myself to obey them and be serious with them, they cannot work out. I don't think I need any regulations and police on what to eat.

The following discussion presents the invariant constituents that show a sign of their significance. Examples from the interviews of the participants are used to support the themes of the data. Table 25 shows the invariant constituents, the number of participants, and the percentage of participants. The first thematic label was determined

from nine invariant constituents. The invariant constituents central to the theme are as follows: (a) Being physically active has helped me reduce my body weight and (b) I wish I had someone to work with me.

Table 25

Invariant Constituents – Benefits of Physical Activity

Invariant constituents	No. of participants	% of participants
Being physically active has helped me reduce my body weight.	9	90
I wish I had someone to work with me.	1	10

The responses by most participants focused on positive opinions (see Table 26). Most participants thought that being physically active has helped them reduce their body weight. The most significant and highly relevant themes that emerge from the aggregation of the invariant constitutes illustrates that being physically active has helped them reduce their body weight.

CDC's (2014) study supports these findings. Physical fitness and increased health professional attention have all been identified as noteworthy facets to thwart obesity (CDC, 2014). The CDC highlighted several other ways to prohibit obesity on a generational scale. Individuals are advised to facilitate healthy and safe community environments, preventive community and clinical groups, positively influence one another to make more healthy choices, and lessen health disparities.

Table 26

Benefits of *Physical Activity* - *Quotes*

Invariant constituents	Quotes
Being physically active has helped me reduce my body weight.	P 1 “Being physically active has caused me to lose 15 pounds. because I work out before I go to work it helps feel energized and prepared for my day.”
	P2 “Like I said early I walk out five times a week, and by me walking out it makes to understand that after walking I don’t need to be eating junk because I don’t want to mess out the efforts wasted in the gym you know so walking out helps me to maintain my weight and it guides me on what to eat and what not to.”
	P3 “A lot. You feel good as you keep your weight down and be more active, and I think it makes you feel better too.”
	P 4 “Being physically fit has given me more energy and less stress. I also feel better as a person mentally and physically.”
	P5 “Being physically active has helped me reduce my body weight. I feel good, secure and confident.”
	P6 “By being active my waist line drops from what it used to be, and I feel better knowing that by reducing my weight my chances of developing some health risks are less.”
	P 8 “Being physically active can help me lose weight. This may also help me to reduce my high blood pressure, control my cholesterol levels enhance my blood flow rate to avoid blockage.”
	P9 “What has helped me was walking and doing Zumba dancing has helped me lose some weight, feel better and also lowered my blood pressure.”
	P10 “Walking is the only thing that I’m comfortable doing. When I lost weight previously it was due to walking. It easier for me to exercise when I don’t feel like I’m exercising, for example ill got to the mall and walk around for an hour but it doesn’t feel like an hour because I’m doing something fun that I like. I try to do things that are fun that works for cardio physical strength, and before I know it I have lost 40 pounds.”
I wish I had someone to work with me.	P7 “Well I am not as physical as I should be and am not as sedentary as well. Yes I am in the middle of the road. I wish I had someone to work with you. That’s a good motivator especially as a woman.”

Thematic Category 1 (Being physically active has helped me reduce my body weight.) shows the most prevalent groups of groups of characteristics mentioned by participants. The frequency with which the invariant constituents were mentioned and the breadth of participants' responses with regard to them was enough for Thematic Category 1 (Being physically active has helped me reduce my body weight.) to be considered an individual thematic category. Being physically active has caused Participant # 1 to lose 15 pounds. She worked out. She went to work. It helped her feel energized and prepared for her day. Participant 2 agreed with her. She worked out five times a week. She did not need to be eating junk because she did not want to mess out the efforts wasted in the gym. Working out helped to maintain her weight and it guides her on what to eat and what not to. Participant 5 agreed with her. Being physically active has helped her reduce her body weight. She felt good, secure and confident. Participant 6 agreed with her. She said,

“By being active my waist line drops from what it used to be, and I feel better knowing that by reducing my weight my chances of developing some health risks are less.”

Participant 9 agreed with her. What has helped her was doing Zumba dancing. It has helped her lose some weight and feel better.

Thematic Category 2 shows the negative characteristics presented by the participant with regard to the impact of obesity and overweight. The invariant constituent

central to Thematic Category 2 is as follows: I wish I had someone to work out with me.

One participant was different from others. Participant7 said,

Well I am not as physical as I should be and am not as sedentary as well. Yes I am in the middle of the road. I wish I had someone to work with me. That's a good motivator especially as a woman.

RQ3. How could engaging in physical activity and healthy eating be utilized to reduce the rate of overweight and obesity for African American women 35 years and older in Houston, Texas?

Research Question 3 addressed the third theme: the beliefs and attitudes of African American women 35 years and older in Houston, Texas to engage in physical activity and healthy eating to reduce overweight and obesity. Interview question 6 was designed to answer the first research question. Table 27 shows the invariant constituents, the number of participants, and the percentage of participants. Table 28 displays the data collected that correlates with interview question 6.

The following discussion presents the invariant constituents that show a sign of their significance. Examples from the interviews of the participants are used to support the themes of the data. The first thematic label was determined from nine invariant constituents. The invariant constituents central to the theme are as follows: (a) Beneficial, and (b) Not Beneficial.

Table 27

Invariant Constituents – Benefits of Fitness Centers

Invariant constituents	No. of participants	% of participants
Beneficial	9	90
Not Beneficial	1	10

The responses by most participants focused on positive opinions (see Table 28). Most participants thought that going to fitness center and indulging in physical exercise and eating right has been beneficial. The most important and highly relevant themes that emerge from the aggregation of the invariant constituents illustrate that going to a fitness center and indulging in physical exercise and eating right has been beneficial. Going to fitness center and indulging in physical exercise and eating right tended to be important for most participants.

CDC's (2014) study supports these findings. Physical fitness and increased health professional attention have all been identified as noteworthy facets to thwart obesity. The CDC highlighted several other ways to prohibit obesity on a generational scale. Individuals are advised to facilitate healthy and safe community environments, preventive community and clinical groups, positively influence one another to make more healthy choices, and lessen health disparities.

Table 28

Benefits of Fitness Centers - Quotes

Invariant constituents	Quotes
Beneficial	<p>P1 “Yes, just by changing the way I eat I have seen a difference in my weight, though I have a really busy work schedule I try my best to work out 2-4 times a week.”</p> <p>P2 “Yes, personally I can testify on this. Personally I can say that I am classified as fat when I was pregnant with my first and second baby, I was obese but the only way was going to the gym, walking out four times a week. I kind of gained 74 pounds but by the following year I lost everything so walking out increase your metabolism, it guides you on what to eat and it helps in reducing your weight.”</p> <p>P3 “Yes I do , even though I don’t go to gym a lot I believe it is very beneficial I feel much better. It is very beneficial.”</p> <p>P4 “Yes. It has been beneficial. I have been exercising and doing the right thing, as far as eating I have learned that by cutting out soda I have felt better. Eating small portions have helped also.”</p> <p>P5 “I would say yes, each day I start doing something, walking out, I feel good. And I believe that will help to keep me away from getting sick.”</p> <p>P6 “I enrolled in a fitness center to help manage my weight, this is working for me and I am enjoying it.”</p> <p>P8 “I believe going to fitness center and indulging in physical exercise and eating right are beneficial. It pays to be consistent, some days I do and some days I don’t think I should worry about that.”</p> <p>P9 “Yes. It has, since I’ve been diagnosed with high blood pressure I have been following the doctor’s orders and exercising and it has prevented me from having light dizziness, less headaches my blood pressure has been lowered and I have been feeling way better.”</p> <p>P10 “Yes if you stay constant, because I have lost over 80 pounds due to consistency.”</p>
Not Beneficial	<p>P7 “No because some days I don’t go and am just wasting my money and I would get up and go walk in my neighborhood quicker than I would go to the gym.”</p>

Thematic Category 1 (Beneficial) shows the most prevalent groups of characteristics mentioned by participants. The frequency with which the invariant constituents were mentioned was enough for Thematic Category 1 (Beneficial) to be considered an apparent individual thematic category. Nine participants had something in common because they thought that going to a fitness center and indulging in physical exercise and eating right has been beneficial. Participant 1 said, "Yes, just by changing the way I eat I have seen a difference in my weight though I have a really busy work schedule I try my best to work out 2-4 times a week. Participant# 2 agreed with her. She was classified as fat when she was pregnant with her first and second babies. She was obese but the only way was going to the gym, walking out four times a week. She gained 74 pounds but by the following year she lost everything, so working out increased her metabolism. It guided her on what to eat and it helped in reducing her weight. Participant 4 agreed with her. Going to a fitness center and indulging in physical exercise and eating right have been beneficial. She has been exercising and doing the right thing. As far as eating is concerned, she has learned that by cutting out soda, she has felt better. Eating small portions has helped. Participant 5 agreed with her. She said, "I would say yes, each day I start doing something, working out, I feel good. And I believe that will help to keep me away from getting sick." Participant 9 agreed with her. Going to a fitness center and indulging in physical exercise and eating right have been beneficial. She has been diagnosed with high blood pressure. She has been following the doctor's orders and exercising. It has prevented her from having light dizziness and fewer headaches. Her blood pressure has been lowered and she has been feeling much better.

Thematic Category 2 shows the negative characteristics presented by the participants with regard to the impact of obesity and overweight. The invariant constituent central to Thematic Category 2 is as follows: Not Beneficial. One participant did not think that going to a fitness center and indulging in physical exercise and eating right has been beneficial. Participant 7 said, “No because some days I don’t go and am just wasting my money and I would get up and go walk in my neighborhood quicker than I would go to the gym.”

RQ4. What are the barriers that impact overweight and obesity among African American women 35 years and older in Houston Texas?

Research Question 4 addressed the fourth theme: the barriers that impact overweight and obesity among African American women 35 years and over in Houston, Texas. Interview question 7 was designed to answer the first research question. Table 29 shows the invariant constituents, the number of participants, and the percentage of participants. Table 30 displays the data collected that correlates with interview question 7.

The following discussion presents the invariant constituents that show a sign of their significance. Examples from the interviews of the participants are used to support the themes of the data. The first thematic label was determined from four invariant constituents (see Table 29). The invariant constituents central to the theme are as follows: (a) Time, (b) Food, (c) Financial factors, and (d) Support, Preparation, and motivation are helpful.

Table 29

Invariant Constituents – Barriers That Impact Overweight and Obesity

Invariant constituents	No. of participants	% of participants
Time	4	40
Food	4	40
Financial factors	1	10
Support, and preparation, and motivation are helpful	1	10

The responses by most participants focused on negative opinions (see Table 30). Most participants mentioned time and food. The most important and highly relevant themes that emerged from the aggregation of the invariant constituents illustrate that the challenging factors are time and food. Time and food tended to be important for most participants.

Most obese African American women thought that time and food was the challenging factors that could impact the prevention of overweight and obesity. CDC's (2014) study supports these findings. According to the CDC, time and food are the challenging factors that can impact the prevention of overweight and obesity.

Table 30

Barriers That Impact Overweight and Obesity - Quotes

Invariant constituents	Quotes
Time	<p>P1 “One of the challenging factors is time. In order for me to see a change in my health I need to dedicate time out of my day to make sure I am eating right and exercising enough.”</p> <p>P5 “The main challenging factor for me is time. Balancing work time, family and time to exercise.”</p> <p>P6 “My challenging factors would include, making out time. Depending on how busy the day was for at work, and sometimes after being in a long traffic, I don’t feel like going out to the fitness centers.”</p> <p>P8 “My first challenging factor is time, I work 9 hours, 8am- 5pm Monday through Friday, I have to travel for 1hour 45 minute to get home and the next thing I know is to stretch myself in front of the TV and that is it for that day. This happens any day I go to work, now tell me how I can fight obesity like this. I like food this my worst challenge.”</p>
Food	<p>P# 3 “It could be food, that’s what I like.”</p> <p>P9 “The hardest part for me is changing my eating habits. Once you get used to eating a certain way and not putting a lot of effort towards exercising, has really caused obesity and a lot of high risk factors.”</p> <p>P10 “Waiting till you are hungry to eat, because when you wait to eat, you pretty much eat whatever is in front of you. I noticed that if I eat fruit and piece of toast it takes me a little longer to get hungry. As long as I don’t wait till I’m hungry to eat it helps me not over eat.”</p> <p>P4 “Watching your diet.”</p>
Financial factors	<p>P2 “Well one of the challenging factors could be financial factors, when you go to the grocery stores you see so many things you know you tell people to eat healthy things but you find out that most of those things are very expensive. When one don’t have the money it will be very hard for him or her to eat healthy to maintain that healthy lifestyle. So finance is one of the major problems.”</p>
Support, and preparation, and motivation are helpful	<p>P7 “Oh well, this is through In the next two weeks I have this challenge to lose at least five pounds before I go home so my sister can see I have lost some weight and that’s two weeks. And I think we have a wardrobe challenge, this is what it is but for me to lose weight I need probably support. About 3years ago I was vegetarian, and what helped me was what my sister said, she said preparation was key. She called me every day but another sister put me on a thousand calorie diet every day and I dropped down to 40 pounds so I think support, preparation, and motivation is helpful.”</p>

Thematic Category 1 (Time) shows the most prevalent groups of characteristics mentioned by participants. The frequency with which the invariant constituents were mentioned and the breadth of participants' responses with regard to them were enough for Thematic Category 1 (Time) to be considered an apparent individual thematic category. Four participants had something in common because they thought that one of the challenging factors was time. Participant 1 said, "One of the challenging factors is time. In order for me to see a change in my health I need to dedicate time out of my day to make sure I am eating right and exercising enough." Participant 5 agreed with her. The main challenging factor for her was time. Participant 6 agreed with her. She said, "My challenging factors would include, making out time." Depending on how busy the day was at work, and sometimes after being in long traffic, she did not feel like going out to the fitness center. Participant 8 agreed with her. Her first challenging factor was time. She worked 9 hours, 8am to 5pm Monday through Friday. She had to travel for 1hour 45minutes to get home and the next thing she knew was to stretch herself in front of the TV.

Thematic Category 2 shows the additional negative characteristics presented by the participants with regard to the challenging factors that could impact the prevention of overweight and obesity. The invariant constituent central to Thematic Category 2 is Food. Three participants said that one of the challenging factors could be food instead of time. Participant 3 said, "It could be food, that's what I like." Participant 9 agreed with her. The hardest part for her was changing her eating habits. She said, "Once you get used to

eating a certain way and not putting a lot of effort towards exercising, it has really caused obesity and a lot of high risk factors.” Participant 10 agreed with her:

Waiting till you are hungry to eat, because when you wait to eat, you pretty much eat whatever is in front of you. I noticed that if I eat fruit and piece of toast it takes me a little longer to get hungry. As long as I don’t wait till I’m hungry to eat it helps me not over eat.

Thematic Category 3 shows the additional negative characteristics presented by the participants with regard to challenging factors that could impact the prevention of overweight and obesity. The invariant constituent central to Thematic Category 3 is Financial Factors. One participant thought that one of the challenging factors could be financial factors instead of food and time. Participant 2 stated:

Well one of the challenging factors could be financial factors. When you go to the grocery stores, you see so many things you know you tell people to eat healthy things but you find out that most of those things are very expensive. When one don’t have the money, it will be very hard for him or her to eat healthy to maintain that healthy lifestyle. So finance is one of the major problems.

Thematic Category 4 shows the additional negative characteristics presented by the participants with regard to challenging factors that could impact the prevention of overweight and obesity. The invariant constituent central to Thematic Category 4 is as follows: Support, Preparation, and Motivation. Participant 7 thought that one of the challenging factors could be support, preparation, and motivation instead of food, time, and financial factors.

Participant 7 had a wardrobe challenge to lose at least five pounds before she went home. Thus, her sister could see she had lost some weight.

Three years ago Participant 7 was vegetarian. What helped her was what her sister said. She said preparation was key. She called her every day but another sister put her on a thousand calorie diet every day and she dropped 40 pounds. Thus, she thought support, preparation, and motivation were helpful.

Summary

Research Question 1 addressed the first common theme: the perceptions and views of African American women 35 years and older to overweight and obesity. Interview questions 1 to 4 were designed to answer the first research question.

The invariant constituents central to the first theme were as follows: (a) “I consider myself overweight”, (b) “I don’t consider myself as being overweight or obese.” The invariant constituents central to the second theme were as follows: (a) Medical problems from being overweight and obese and (b) eating late at night, excessively and not drinking a lot of water and exercising. The invariant constituents central to the third theme were as follows: (a) “My greatest concern about being overweight is developing various health issues,” and (b) “My fear is being limited in terms of doing what one is used to do before.” The invariant constituents central to the fourth theme were as follows: (a) “Overweight has affected me in that I can’t wear what I want to wear, “(b) “I have to take medication,” and (c) “Being overweight has caused death to so many overweight people.”

Research Question 2 addressed the second common theme: the perceptions and views of African American women 35 years and older to overweight and obesity.

Interview questions 6 and 8 were designed to answer the second research question.

The invariant constituent central to the fifth theme is The benefit of understanding how this can be prevented will help me to be careful with what I eat. The invariant constituents central to the sixth theme are as follows: (a) Some regulations/policies are needed to impact healthy lifestyle, and (b) Some regulations/policies are not needed to impact healthy lifestyle. The invariant constituents central to the seventh theme are as follows: (a) Being physically active has helped me reduce my body weight and (b) I wish I had someone to work with.

Research Question 3 addressed the third theme: the beliefs and attitudes of African American women 35 years and older in Houston, Texas to engage in physical activity and healthy eating to reduce overweight and obesity. Interview question 6 was designed to answer the first research question. The invariant constituents central to the eighth theme are as follows: (a) Beneficial, and (b) Not Beneficial.

Research Question 4 addressed the fourth theme: the barriers that impact overweight and obesity among African American women 35 years and over in Houston, Texas. Interview question 7 was designed to answer the first research question.

The invariant constituents central to the ninth theme are as follows: (a) Some regulations/policies are needed to impact healthy lifestyle, and (b) Some regulations/policies are not needed to impact healthy lifestyle.

Chapter 5 will include an overview of an interpretation of the research study findings, insights on the findings, recommendations for future research in this area, implications of social change, and the conclusion of the research study.

Chapter 5: Discussion, Conclusion, and Recommendations

Introduction

Obesity is associated with various health risks that have significantly affected African American women 35 years and older. This chapter will review and summarize the research study that will help to reveal the health risks leading to chronic diseases or even death. Obese individuals are greatly affected by individual mindsets, habits, behaviors, and choices. In chapter 2, I noted that obesity doubled in the past decades since the 1970s and that the perceptions of obesity among African American women 35 years and older demonstrated ambiguity and misconceptions regarding the implications of obesity and overweight for their health. As Flegal et al. (2010) noted, several risks are associated with obesity among these women. Researchers have shown interest in strategies to mitigate the epidemic of obesity among African American women. Since previous researchers noted that most adult African American women are affected, it may be presumed that such a group might lack proper physical activity and proper nutrition.

The purpose of this study was to explore perceptions of overweight and obesity among African American women 35 years and older in Houston, Texas. Though this study sought to provide data to inform policies for those at risk of being overweight or obese in the community through education, awareness, and programs to encourage physical activity and good eating habits. The qualitative research method was used to advance on understanding of the meaning of overweight and obesity for these women and to express meanings related to their lived experiences that could not be conveyed through numbers. The phenomenological approach was adopted for this study because it provides the

framework to describe and elucidate the meanings of human experience (Rudestam & Newton, 2015).

Ten African American women were recruited as participants from a church, medical center, and fitness center. Recruitment flyers with contact information were distributed to create awareness and motivate interested candidates. Participants were found at Extreme worship center, Goza Dance Fitness, and Allcare Medical Center.

Eligible participants were invited for an interview in a safe, agreed-upon location. The worship center was available on Monday. Goza Dance Fitness and the medical center were closed on Saturdays. Thus, such days as were convenient were chosen for data collection to ensure the privacy and respect to the participants.

I reduced, organized, synthesized, and summarized data to make sense of the information and to be able to make inferences about the priority population. The next step involved categorizing the information from the participants. I moved inductively from coded units to larger representations including categories and themes by conducting a thematic analysis.

Research Question 1 (What are the perceptions and views of African American women 35 years and older in Houston, Texas, to overweight and obesity?) elicited the following themes: (a) "I consider myself overweight," (b) "I don't consider myself as being overweight or obese," (c) Risk factors of overweight and obesity, (d) Participants' greatest concerns in being overweight or obese, and (e) Impacts of obesity and overweight.

Research Question 2 (In what ways do the consumption of high energy foods, inactive lifestyle, insufficient physical activity, and lack of accessible pathways in the neighborhoods affect overweight and obese African American woman, 35 years and older in Houston, Texas?) brought forth the following themes: (a) Benefits of understanding these health risks to prevent overweight and obesity, (b) Some regulations/policies are needed to impact healthy lifestyle, and (c) Being active helps to reduce weight. In the study, being active has helped most African American women 35 years and older to reduce weight.

Research Question 3 (How could engaging in physical activity and healthy eating be utilized to reduce the rate of overweight and obesity for African American women 35 years and older in Houston, Texas?) produced the following theme: Going to fitness a center and indulging in physical exercise and eating right can reduce the rate of overweight and obesity. In the study, going to a fitness center and indulging in physical exercise and eating right have been identified as noteworthy strategies to reverse obesity. These findings support the findings of other studies.

Research Question 4 (What are the barriers that impact overweight and obesity among African American women 35 years and over in Houston Texas?) generated the following theme: Challenging factors of time, food, financial factors, and support could support the prevention of overweight and obesity.

Interpretation of the Findings

The responses by most participants focused on negative opinions. Most participants considered themselves overweight. For example, Participant 5 said she

considered herself at risk of being overweight or obese and the doctor had even told her to try to lose at least 10 pounds to stay fit and healthy. These findings support the findings of other studies and the HBM that states that perceived susceptibility, perceived severity, perceived barriers, cues to action, and self-efficacy are linked to positive health condition through appropriate health action. There are links among these constructs. Perceived susceptibility deals with the thought of being overweight or obese; it is the concern or fear of developing health issues associated with overweight or obesity. Perceived severity indicates an individual understanding of this degree of threat and consequence of health issue. The importance of being healthy (perceived benefit) helps the individual to focus on taking positive action to mitigate the problem such as, in the case of obesity and overweight, being physically active, eating right to reduce the health risks and lose weight, and generally living a healthy lifestyle. During the interviews, most participants who experienced this health problem or had a family member going through this health issue agreed that such understanding is beneficial to staying healthy (see Table 6). In the HBM perceived barriers the circumstances believed to limit the possibility of taking remedial action such as impediments to getting the necessary information, support, and motivation to change. Cues to action are strategies to prepare those at risk to understand how to take action to make changes. According to Glanz, Rimer, and Viswanath (2008) and Kline and Huff (2007), the ability to accept the health situation and be ready to manage the health condition defines self-efficacy.

Such expression explains overweight among African American women may contribute to elevated obesity in the African American community. These concerns have

implications for weight intervention with this population. Chithambo and Huey (2013) noted that on the average, African American men prefer a heavier female body weight, and that the ideal body weight reported by African American women is higher on average.

In this study, most participants mentioned developing medical problems from being overweight or obese as the risk factors about which they were concerned. For example, Participant # 7 said, “I don’t have diabetes in my family but that would be a greater concern.”

These findings support the HBM that states that perceived susceptibility, perceived severity, perceived barriers, cues to action, and self-efficacy are linked to a positive health condition through appropriate health action. For example, when Participant # 7 said that health issues can affect the way she lives her daily life, Participant 3 agreed with her and indicated how she would want to live a long and a healthy life with no health or medical problems. Though her greatest concern was her weight and high blood pressure, she had it under control. She has also tried to eat healthier as food has been her weakness, and has exercised as much as she could. All these could be linked to a positive health condition through an appropriate health approach. I believe that the concern for the risk factors leads to understanding the effects or the risk related the health issues, the limitations to achieving positive healthy condition, and the need to plan and take preventive measures. This can be achieved by making early visits to a doctor’s clinic to detect health risks, engaging in physical activities, and also making healthy food choices. Participant #3 also demonstrated doing

what she was supposed to do to keep her blood pressure under control. Such perceptions are motivating to one, to recognize the need to initiate preventive measures, while taking into consideration the barriers and challenges to exercise or to eat right, as most of the participants indicated. Acknowledging the benefit is the key to motivate positive health action.

Mayo Clinic (2012) found that most obese African American women mentioned medical problems from being overweight and obese as the risk factors of overweight and obesity. In addition, Mayo Clinic found that obese women had a far greater chance of developing rheumatoid arthritis, coronary disease, arthritis, and several autoimmune diseases. They found that obese women were at a 20% greater risk for struggling with arthritis particularly.

CDC (2012) found that decreased life expectancy was directly attributable to obesity and that morbidity costs were those costs which encompassed forgone income due to lack of productivity, decreased activity, increased absences, and augmented sick/bed days. According to the CDC, mortality costs are futuristically-estimated morbidity costs.

Research Question 2 (In what ways do the consumption of high energy foods, inactive lifestyle, insufficient physical activity, and lack of accessible pathways in the neighborhoods affect overweight and obese African American woman, 35 years and older in Houston, Texas?) addressed the following themes: (a) benefit of understanding these health risks to prevent overweight and obesity; (b) some regulations/policies are needed to impact healthy lifestyle; and (c) being active has helped to reduce weight. Most

participants mentioned the benefit of understanding these health risks to prevent overweight and obesity. Participant # 10 said, “The benefit of understanding how health risks can be avoided would help me eat better, understanding why I should eat healthy and the key steps I should take to help me be healthy.” In the study, most participants thought that being physically active has helped them reduce their body weight.

These findings support the HBM that states that perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cues to action, and self - efficacy are linked to a positive health condition through appropriate health action. Understanding the risk of overweight and obesity leads to the need to engage in being physically active, to overcome the limitations and challenges to good health, and to make decisions to act positively using available opportunities to live a healthy lifestyle (see Table 4).

According to Cohen et al. (2014), the increase of obesity has been especially pronounced within the African American group. Cohen et al.’s research suggests that obesity prevalence is predicted to be over 70 percent by 2020. In addition, Cohen et al. suggested that adult African American women are most often affected by health issues, unhealthy lifestyle, lower life expectancy, and the overall physical experience of obesity.

Most participants thought that some regulations/policies were needed to impact healthy lifestyle. For example, Participant # 7 said,

Free country people should spend their money the way they want, but I think that you have a lot of doctors that says taking an aspirin a day is

good for you, and you have some that say is not and some say drinking water is good and some say too much is bad.

Chithambo and Huey's (2013) study does not support these findings. Their study suggests that African Americans associate thinness with poor health and economic instability and defining their mindset toward them as clueless or ignorant may render African American women less susceptible to media influences that define female beauty primarily on the basis of thinness.

Research Question 3 (How could engaging in physical activity and healthy eating be utilized to reduce the rate of overweight and obesity for African American women 35 years and older in Houston, Texas?) addressed the following theme: Going to a fitness center and indulging in physical exercise and eating right could reduce the rate of overweight and obesity. Most participants thought that going to a fitness center and indulging in physical exercise and eating right has been beneficial. Participant# 5 said, "I would say yes, each time I start doing something, working out, I feel good. And I believe that will help to keep me away from getting sick."

These findings support the HBM that states that perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cues to action, and self-efficacy are linked to a positive health condition through appropriate health action. Most participants indicated during the interview that knowledge of the risks of being overweight and obese, considering themselves at risk, the motivation to visit the doctor's clinic for early detection of illnesses that could result in severe health problems or lead to

death, and having family members going through preventable health issues serve as influential factors to engage in healthy lifestyle.

According to CDC (2014), going to the fitness center and indulging in physical exercise and eating right have all been identified as noteworthy facets to thwart obesity. The CDC highlighted several other ways to reduce obesity on a generational scale. It advised individuals to utilize healthy and safe community environments.

Research Question 4 (What are the barriers that impact overweight and obesity among African American women 35 years and over in Houston Texas?) addressed the following theme: Challenging factors that could impact the prevention of overweight and obesity. In the study, most participants thought that time and food were the most challenging factors that could impact the prevention of overweight and obesity. For example, Participant # 8 said her first challenging factor was time. Participant # 9 said that the hardest part for her was changing her eating habits.

These findings support the HBM that states that perceived susceptibility, perceived severity, perceived benefits, perceived barriers, and cues to action are linked to a positive health condition through appropriate health action. The link involves being aware of the health risks, understanding the risk factors and how to overcome them , acknowledging the benefit, and being motivated to change their behavioral lifestyle.

CDC (2014) interviewed obese African American women. Their research suggests that time is the most challenging factor that can impact the prevention of overweight and obesity. In addition, CDC's research suggests that food is also a challenging factor that can impact the prevention overweight and obesity.

Limitations of the Study

The scope of this study was limited to African American women, 35 years and over living in Houston, Texas who are either obese, overweight, or at risk of being obese or overweight. The sample is comprised of 10 participants, willing to share their ideas and experiences of their perceptions of this health problem without any financial obligation. The recruitment took place in a natural environment, which means in their own environment where participants could freely express themselves without being influenced. Based on this, the qualitative research method was adopted to allow flexibility in exploring the phenomenon to understand overweight and obesity among African American women in their own natural environment (Rudestam & Newton, 2015). As noted by Lincoln and Guba (1985) the attempt was not to understand one, but multiple realities.

As the study was limited to the qualitative method and phenomenological approach, credibility was achieved by making sure that the findings showed lived experiences of African American women 35 years and older. The member check procedure was used when the material was submitted to the participants. The face to face interview provided for validity.

Dependability was achieved by enabling another researcher to replicate the study, making sure data is interpreted accurately with particulars, rather than generalizations (Creswell, 2009). To achieve this, this study adopted a meaningful interpretation.

Transferability was achieved by ensuring that African American women 35 years and older represented the target population. Obese African American women were asked

take part in the study. Participants agreed to participate in the research by signing the form.

The future of the exploration of obesity may be more beneficial by exposing missing links, such as exact age ranges and gender-oriented facts to bridge gaps, as well as conducting the project so that it becomes a useful additive to the existing study of overweight and obesity. Since the participants in this study are African American women 35 years and older, this instrument makes it most appropriate for exploring lived experiences of African American women 35 years and older for future studies.

Recommendations

These were limited studies that examined lived experiences of African American women 35 years and older. The study dealt with the overweight and obesity perceptions and views of these African American women.

Researchers should measure if obesity significantly affects African American women's health, controlling for age. Researchers should examine the impact of obesity on African American women's health by using a longitudinal research design.

The researcher recommends that future research should examine the impact of obesity on African American men's health. Researchers should use a regression analysis to measure the impact of obesity on African American men's health. The recommendation for research addresses gaps in the research and elucidates upon the findings of the study by examining the impact of obesity on African American men's health.

It is further recommended that future research examine if obesity affects African American adolescent children's health. Parents may appreciate studies of African American adolescent children that can improve their health. The recommendation for research addresses gaps in the research and the findings of the study by examining the impact of obesity on African American adolescent children's health.

In future quantitative studies, it would be helpful to examine the impact of obesity on immigrant women's health. Future research may bridge the gap by examining the impact of obesity on immigrant women's health. It may be shown that obesity significantly affects immigrant women's health.

A quantitative study that examines the impact of obesity on White women's health can result in the future theory generation. Future research may show that obesity significantly affects female White women's health. The recommendation for research addresses gaps in the research and expounds upon the findings of the study by examining the impact of obesity on White women's health.

Final recommendation is related to a quantitative study that examines the impact of obesity on women's health internationally. Future research may bridge the gap in literature by examining the impact of obesity on women's health internationally. Future research may show that obesity significantly affects women's health internationally. The recommendation for research addresses gaps in the research and expounds upon the findings of the study by examining the impact of obesity on women's health internationally.

Implications

Positive Social Change

This study has the potential impact for positive social change by exploring the perceptions and views of African American women 35 years and older of overweight and obesity. The study will enable African American women 35 years and older to improve their health. The social change implications of the study will be the knowledge gained that can be utilized to understand the impact of obesity on African American women's health.

The result of the study is significant in comprehending the social environments of which African American women 35 years and older think of their obesity. Comprehending experiences of African American women 35 years and older regarding obesity is important when the researcher sees their significance. The study is important because it allows researchers to comprehend African American women 35 years and older. The study can be a blueprint to examine factors that will enable African American women 35 years and older to improve their health. Indulging in physical exercise can enable African American women 35 years and older to improve their health.

Theoretical Implications

The study is guided by the HBM. According to the HBM model, perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cues to action, and self-efficacy are linked to a positive health condition through appropriate health action. Thus, the HBM model is most appropriate for describing the perceptions and views of African American women 35 years and older to overweight and obesity.

In this study, most African American women 35 years and older mentioned medical problems from being overweight and obese as the risk factors of overweight and obesity and were concerned about obesity. In the study, being active has helped most African American women 35 years and older to reduce weight. In the study, going to fitness center and indulging in physical exercise and eating right have been identified as ways to reduce the rate of obesity. In the study, most obese African American women thought that time and foods were the challenging factors that can impact the prevention overweight and obesity.

Methodological Implications

This study used a phenomenological approach because it focused on lived experiences of African American women 35 years and older in Houston, Texas. As the objective of this study was to establish lived experiences of African American women 35 years and over in Houston, Texas, phenomenological approach answered the research questions. The results from the study imply that a phenomenological approach is most appropriate for lived experiences of African American women 35 years and over in Houston, Texas.

Recommendations for Practice

Health professionals should have good relationships with African American women 35 years and older. In the study, obesity is significantly correlated with medical problems. The researcher recommends that health professionals should use the study to understand how to develop relevant strategies to deal with the relationship between obesity and medical problems.

It is recommended that health professionals should use the findings to examine African American women's strategies to deal with obesity. The researcher recommends that health professionals who explore how they can encourage African American women to exercise should use the current study. It is recommended that health professionals should ensure that African American women possess the strategy for improving their health.

Conclusion

Healthy eating and being physically active to reduce obesity and prevent the health risks of overweight and obesity are necessary and important. Insights from participants may help health providers, policy makers, and researchers to plan for projects by reducing the number of overweight and obese African American women 35 years and older in Houston, Texas, increase the expectancy, and become a healthy community in the future. Insights from participants suggest implementations of policy, regulations, and measures to benefit those at risk by encouraging them to engage in physical activities, eat healthfully, receive health education, and go to routine checkups.

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Appendix A: Church Leaders, Fitness Center owners, Health Centers, Heads of Work
Places, and Organizations

Date:

Name:

Dear (Name)

My name is Bernadette E. Osuji, a doctoral student of Walden University. I am currently conducting a research study on the perception of obesity among African American women 35 years and older in Houston, Texas. As overweight and obesity control is an ongoing study, this study not only aims to assess the risk factors and health implications of overweight and obesity, but will also use its findings to increase health awareness and identify the multiple impediments to physical activity. I will need answers to some questions to support other research studies as they will help reduce the rate of chronic diseases associated with overweight and obesity

I appreciate your assistance as I look forward to assist in closing the gap from previous research on how overweight and obesity is perceived among African American women 35 years and older in Houston, Texas. I am willing to come and explain the study and its purpose. All interested individuals will be 35 years and older. Participants are free to withdraw at anytime, and any information collected will be kept confidential with no names attached.

Doctoral Student

Walden University

Goza Dance Fitness

13960 Wertheimer Road

Houston, Texas 77077

September, 16,, 2015

To:

Bernadette Osuji

Research Student

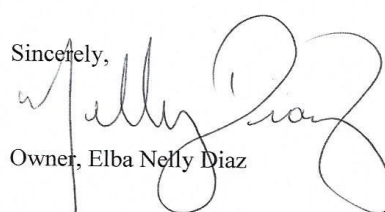
Walden University

You are welcome at Goza Dance Fitness to distribute flyers and conduct interviews to complete your research on the perception of obesity among African American women 35 years and older in Houston, Texas with interested customers who fall within this age limit.

For any questions please feel free to contact me at

713- 614 -1124

Sincerely,

A handwritten signature in black ink, appearing to read "Elba Nelly Diaz", written in a cursive style.

Owner, Elba Nelly Diaz

SHENG-KUN YAO, MD

All care medical Center
9110 Bellaire Boulevard, Suite E
Houston, TX 77036

September, 16, 2015

To:

Bernadette Osuji
Research Student
Walden University

To whom it may concern

This is to confirm your permission to distribute flyers and conduct interviews in this clinic, to complete your research on the perception of obesity among African American women 35 years and older in Houston, Texas.

Thanks for the interest to use this medical center.

Sincerely,

Owner, Dr. Sheng – Kun Yao

A handwritten signature in black ink, appearing to be 'SK Yao', with a long horizontal flourish extending to the right.

Appendix B: Flyers**Public Health Research Study**

Inviting African American women 35 years and older, to participate in a study on the perceptions of overweight and obesity among African American women in Houston Texas.

Contact:
Bernadette E. Osuji
713-443-0722 or
Bernadette.osuji@waldenu.edu



Public Health Research Study

Inviting African American women
35 years and older, to participate in
a study on the perceptions of
overweight and obesity among

**If you are interested please Contact
Bernadette E. Osuji
713-443-0722 or
Bernadette.osuji@waldenu.edu**



Appendix C: Initial Interview (by Phone)

Date:

Location:

Name of Interviewer:

Name of interviewee:

1. What is your name and how would you describe your ethnic origin?
2. How old are you?
3. What would you describe as the risk factors of being at risk for overweight and obese?
4. How do you think overweight and obesity could be prevented or controlled?
5. How do you spend your idle time?
6. Would you want to invite any of your friends or family members if you accept to be interviewed?
7. How did you know or hear about this research study?
8. What could be your challenges to participate in this study, and how do you plan to overcome such challenges?

Appendix D: Letter to Participant

Name of Participant

Address

Dear (Name)

My name is Bernadette E. Osuji, doctoral student at Walden University. I am currently conducting a research study as a partial fulfillment of my PhD degree in Public health. This study aims at understanding the perceptions of overweight and obesity among African American women 35 years and older in Houston, Texas. Overweight and obesity are health risks attributed to insufficient physical activity which is related to numerous chronic diseases that could lead to premature death. Although overweight and obesity continues to increase in the Houston community despite the seriousness of the health problem and premature death, this study will address overweight and obesity from the population perspective to provide insight to why more researches are needed to reduce the rate of overweight and obesity in our community.

I will very much appreciate your participation to provide useful information to this study. We will meet three times, and each session could last between 35 to 45 minutes. The initial meeting will last about 30 minutes where you will be asked five or more background questions to confirm your eligibility to participate in this study over the phone. Future meetings will be agreed upon in a safe and comfortable environment for better understanding of the purpose of the study, and finally following a scheduled meeting. All data collected for this study are confidential, and your name will not in any way be associated to the information. You are free to withdraw at any time as the participation is voluntary.

To schedule when we can meet at your convenient time and date please contact me at; (713) 443 – 0722 or email me at Bernadette.osuji@waldenu.edu.

Sincerely,

Bernadette E. Osuji

PhD Student
Walden University

Appendix E: Second Questionnaire (Main Interview)

1. Do you consider yourself at risk of being overweight and obesity?
2. What would you consider as the risk factors of overweight and obesity?
3. What would be your greatest concern of being overweight and obese?
4. How would you explain how overweight and obesity has affected you or any one you know?
5. What would you consider as the benefits of being physically active?
6. Has going to fitness centers and indulging in physical exercise and eating right proved to be beneficial?
7. What could be the challenging factors that could impact the prevention of overweight and obesity?
8. Do you think some regulations/policies are needed to impact healthy lifestyles?
9. What would be your suggestions to improve the risk factors of overweight and obesity?
10. In what way has being physically active helped you to reduce weight?