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Influence of Media Messages on Obesity and Health Perceptions Among African American Women

Carolyn Grant
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Walden University

College of Health Sciences

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Carolyn Grant

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Walden University
2016

Abstract

Influence of Media Messages on Obesity and Health Perceptions

Among African American Women

by

Carolyn Grant

MS, Northwestern University, 1986

BA, Spelman College, 1985

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Public Health

Walden University

November 2016

Abstract

African American women have the highest prevalence of overweight and obesity in the United States, thus increasing their risks for chronic diseases. Their understanding of their health status and response to it could be triggered by messages in the media, yet few researchers have examined this topic with African American women. The purpose of this phenomenological study was to explore how advertisement and editorial content in media contributed to perceptions African American women have about overweight and obesity. Following the theoretical foundation of the social cognitive theory, the research questions explored what messages study participants encountered and which messages prompted behavior changes. Ten African American females age 25 and older were recruited and interviewed about their understanding of overweight and obesity, chronic disease risks, and self-efficacy. Codes and themes about obesity, health risks, physical activity, eating, and body image were extracted line by line from interview transcripts. Six themes emerged: obesity as viewed by participants, perceptions of health risks, impact of media messages, perceptions of body image, encouragement from media, and steps to improve personal health. These results indicated that media messages are factors in the development of the views African American women have about being overweight or obese and motivated them to adopt health improving behaviors. Messages in the media can contribute to shifting the imbalance of overweight and obesity among African American women. Additionally, the results can inspire public health officials, health communication researchers and media professionals to develop and disseminate informative health related messages.

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Table of Contents

List of Tables	vi
List of Figures	vii
Chapter 1: Introduction to the Study.....	1
Introduction.....	1
Background of the Study	2
Statement of the Problem.....	6
Nature of the Study	7
Research Questions.....	9
Purpose of the Study	9
Theoretical Base.....	10
Social Cognitive Theory and Mass Media.....	12
Definition of Terms.....	15
Assumptions.....	16
Limitations	16
Delimitations.....	17
Significance of the Study	18
Implications for Social Change.....	19
Summary	20
Chapter 2: Literature Review	21
Literature Search Strategies	22
Theoretical Foundation: Social Cognitive Theory.....	24

The Use of Social Cognitive Theory in Media Studies	27
Phenomenology as the Conceptual Framework.....	29
Studies Related to Key Variables	32
Obesity Risks and Health Behaviors in African American Women.....	33
Perceptions of Obesity Among African American Women	39
Overview of Media Content and Messages	41
Media Use	43
Magazine Content	47
Mass Media Campaigns.....	49
Health Messages on Television and Radio Programs.....	52
Summary	56
Chapter 3: Research Method.....	58
Introduction.....	58
Research Design and Rationale	59
Role of the Researcher	61
Methodology	63
Participant Recruitment Logic	63
Instrumentation	66
Researcher Developed Instrument	67
Validity of Data Collection Instruments	68
Procedures for Pilot Study	68
Procedures for Recruitment Participation and Data Collection.....	69

Data Collection	69
Debriefing Procedures	70
Follow-Up Procedures	71
Data Analysis Plan	71
Issues of Trustworthiness.....	75
Credibility	75
Transferability.....	77
Dependability	77
Confirmability.....	78
Ethical Procedures	78
Treatment of Human Participants	78
Ethical Concerns Related to Recruitment Materials and Process.....	80
Ethical Concerns Related to Data Collection.....	81
Treatment of Data	82
Summary	82
Chapter 4: Results	84
Introduction.....	84
Pilot Study.....	85
Setting	87
Demographics	87
Data Collection	89
Date Analysis	90

Step 1. Transcript.....	91
Step 2. Significant Statements.....	91
Step 3. Formulated Meanings.....	93
Step 4. Categories.....	95
Step 5. Exhaustive Description of the Phenomenon.....	102
Step 6. Fundamental Structure.....	102
Step 7. Validation of Exhaustive Description and its Fundamental Structure.....	102
Results.....	102
Theme 1: Obesity as Viewed by Participants.....	104
Theme 2: Perception of Health Risks.....	107
Theme 3: Impact of Media Messages.....	110
Theme 4: Perceptions of Body Image.....	117
Theme 5: Encouragement from the Media.....	119
Theme 6: Steps to Improve Personal Health.....	122
Discrepant Data.....	126
Evidence of Trustworthiness.....	127
Credibility.....	128
Transferability.....	128
Dependability.....	129
Confirmability.....	129
Summary.....	130

Chapter 5: Discussion, Conclusions, and Recommendations.....	131
Introduction.....	131
Key Findings.....	132
Interpretation of the Findings.....	134
Understanding Obesity.....	137
Perception of Health Risks and Impact of Media Messages.....	138
Media Influence on Health Behavior.....	139
Body Images of Women.....	141
Limitations of the Study.....	142
Recommendations for Future Research.....	143
Implications for Positive Social Change.....	146
Conclusion.....	148
References.....	150
Appendix A Informed Consent Form.....	181
Appendix B Participant Recruitment Letter.....	183
Appendix C Recruitment Flyer.....	184
Appendix D Interview Protocol.....	185
Appendix E Demographic Questionnaire.....	186
Appendix F Interview Topics and Questions.....	187
Appendix G Form for Review and Evaluation of Instrumentation.....	188
Appendix H Member Checking for Validation Letter.....	190

List of Tables

Table 1 Participants’ Demographics..... 89

Table 2 Example of Significant Statements..... 92

Table 3 Examples of the Process of Creating Formulated Meanings from Significant
Statements 94

Table 4 Example of How the Theme “Impact of Media Messages” Was Constructed from
Different Formulated Meanings and Clusters of Themes..... 96

Table 5 Themes..... 97

List of Figures

Figure 1.Body Mass Index Table..... 86

Chapter 1: Introduction to the Study

Introduction

African American women have the highest prevalence of overweight and obesity in the United States. Overweight and obese levels among African American women have surpassed those of women in other racial categories and those of African American and White men. Statistics have shown that 78.2% of African American women over the age of 20 were overweight or obese compared to 76.1% of Hispanic women and 61.2% of White women (Flegal, Carroll, Ogden, & Curtin, 2010). Such levels have placed African American women at risk for life threatening health problems and have contributed to health disparities among African American women, as they have been disproportionately affected with obesity-related health problems.

Obesity has been identified as a risk factor for hypertension, diabetes mellitus, some cancers, cardiovascular disease, and stroke, and it has been associated with an increased risk for all-cause mortality (Ogden, Yanovski, Carroll, & Flegal, 2007). These health risks, resulting from unhealthy ranges of body weight among women overall in the United States, has led to burdensome societal costs, particularly for the individual woman's health and life expectancy (Hammond & Levine, 2010; Mack et al., 2004). Being overweight or obese means an individual has excess body weight (Ogden et al., 2007). Overweight and obesity are both commonly defined by body mass index (BMI), the measurement of body fat. Weight greater than what is generally considered healthy for a given height is categorized as overweight or obese, according to the Centers for Disease Control and Prevention (CDC, 2013). This measurement for adults is determined

by using weight and height to calculate a number called the BMI, which correlates with an individual's amount of body fat (CDC, 2013). The CDC (2013) defined an adult with a BMI between 25 and 29.9 as overweight and an adult with a BMI of 30 or higher as obese.

The continual increase in overweight and obesity levels among African American women has been attributed to numerous factors including socioeconomic and education status (Coogan et al., 2010; Gaston, Porter, & Thomas, 2011; James, Fowler-Brown, Raghunathan, & Hoewyk, 2006), lack of access to appropriate foods (Dubowitz et al., 2008; Moore & Rouz, 2006; Treuhaft & Karpyn, 2010), low physical activity (Gletsu & Tovin, 2010; Mack et al., 2004; Zoeller, 2009), culture (Blixen, Sing, Xu, Thacker, & Mascha, 2006; Johnson & Broadnax, 2003; Liburd, 2003), and mass media (Henderson & Kelly, 2005; Tirodkar & Jain, 2003).

While researchers have pointed to numerous contributing factors of overweight and obesity among African American women, mass media was the focus of this study. The aim of the study was to assess the influence of messages in mass media on African American women's perceptions of overweight and obesity risks and whether those messages encourage changes in behavior that may prevent or reduce overweight and obesity.

Background of the Study

Mass media has been defined as radio, TV, newspapers, magazines, billboards, films, recordings, books, the Internet, and smart media—communication channels used to reach a large number of people at the same time (Wimmer & Dominick, 2014). These

channels have been the focus of studies on mass media and health communication (Nicolson, Gardner, Grayson, & Powe, 2005). Mass media has been used to disseminate messages pertaining to health and plays an important role in how obesity is perceived (Bandura, 2001b). It has an important role in influencing individuals' perceptions of health and health behaviors (Siegel & Lotenberg, 2007; Wright, Sparks, & O'Hair, 2012). Through mass media content, Americans are exposed to many different messages and images of health (Wright et al., 2012). What Americans see in newspapers, magazines, television, and on the Internet and what they hear on the radio can influence what they think about and how to think about it (Siegel & Lotenberg, 2007). Furthermore, the health information Americans receive from media channels could boost their attitudes and self-efficacy about engaging in healthy lifestyles (Lee, 2010).

African American individuals have been found to be voracious consumers of television, radio and print media (The Nielsen Company & the National Newspapers Publishers Association, 2012). African Americans traditionally turned to magazines, television, and radio, especially those geared toward them, and the Internet for news and other information (Guskin, Mitchell, & Jurkowitz, 2013; Len-Rios, Cohen, & Carunay, 2010). They also believed that Black media was more relevant to them and their concerns than general media channels (The Nielsen Company & the National Newspapers Publishers Association, 2012). With that belief, in this study, magazine publications aimed at African American audiences in the United States were highlighted; these included *Essence*, *Heart & Soul*, and *Ebony*. *Essence* reaches 61% of African American women ages 18 and older in the United States (*Essence Magazine*, 2013). While it has a

paid circulation of 1,104,871 subscribers (Alliance for Audited Media, 2012), the magazine claims to have more than 7.7 million readers (Essence Magazine, 2013). *Heart & Soul* is described as the preeminent health and fitness magazine for today's African-American woman. The publication has a bimonthly circulation of 300,000 and a readership of more than 1.5 million, according to figures retrieved from its website, HeartandSoul.com. *Ebony* targets African American male and female readers, but the majority of its readers are female (Johnson Publishing, 2013). *Ebony* has a paid circulation of 1,288,553 subscribers (Alliance for Audited Media, 2012). Each of these publications is available electronically through the Internet, one of the channels through which messages are disseminated. In recent years, magazine publishers have moved toward electronic versions of their publications. Guskin, Moore, and Mitchell (2011) asserted that the digital gap between African Americans and other ethnic groups is closing and various publishers are exploring the use of electronic tablets to reach these groups.

It was likely that African American females received messages about food, physical activity, weight loss, obesity, and body image through radio and television programming. The amount of time African American women watched television may have contributed to the amount of messages they received. The Nielsen Company and the National Newspapers Publishers Association (2012) found that “the average African American viewer watches almost six and half hours of television a day” (p. 20).

Researchers have explored television and magazine content, including advertisements targeting African American female audiences and the role the media plays

in shaping the perceptions they have about their bodies (Duerksen et al., 2005; Henderson & Kelly, 2005). However, few studies have gauged if the advertisements and other media content contributed to the perceptions that African Americans have about overweight and obesity and what impact, if any, the messages had on their behavior or desire to change their weight status and improve their health (Friedman, Laditka, Laditka, & Matthews, 2010; Lee, 2010; Manganello & Blake, 2010; Mastin & Campo, 2006).

The vast amount of information about human values, styles of thinking, and behavior patterns was gained from exposure to mass media (Bandura, 2001b). The media, particularly magazines, newspapers, and the Internet, has been a leading source of information about health for many Americans and was used by those who aim to influence the behavior of individuals (Grilli, Ramsay, & Minozzi, 2009; Magazine Publishers of America, 2008; Maibach, Weber, Massett, Hancock, & Price, 2006; Smith, 2011). Communicating health information was a vital part of influencing behavior whether the cause was preventing obesity, raising awareness about the uninsured, or encouraging cancer screening (Rideout, 2008). Popular entertainment television shows can serve as health educators, even shows in the soap opera and comedy genres (Rideout, 2008).

Obesity is among the most addressed health topics in the media. According to the Kaiser Family Foundation and the Pew Research Center (2009), obesity and diabetes were among the top four diseases that garnered attention in market newspapers, television network news programs, cable television news, radio news, and online news over a six month period from January through June 2009. This study may be considered as a

contribution to the body of academic literature because I closely examined how African American women interpreted and used information about overweight and obesity that they received from television, magazines, newspaper, radio, and the Internet. Mastin and Campo (2006) advocated for studies that give African American women a voice to express how health information in Black media influenced their perceptions, attitudes, beliefs, and behaviors, specifically as it related to overweight and obesity.

Statement of the Problem

The problem addressed in this research study was the influence of mass media messages in shaping perceptions African American women have about overweight and obesity. Although a wide range of messages and models have been disseminated in the media, researchers needed to explore how these messages contributed to the perceptions women have about obesity. Studies have shown that mass media may be a contributing factor to the imbalance of overweight and obesity levels among African American women (Duerksen et al., 2005). According to Duerksen et al. (2005), the type of content and advertising presented in magazines reaching African American women and main stream publications has influenced individual levels of health education, awareness, and behaviors among this population. In addition, the percentage of advertisements and editorials promoting healthy eating and strategies regarding diet, overweight, and obesity differed in African American women's magazines and mainstream publications, thus impacting African American women's behaviors (Campo & Mastin, 2007).

Health messages in the media have influenced how African American women perceive weight issues. The mass media has played an influential role in today's society, so it was important to understand how African American women are affected.

Nature of the Study

In this study, I used a phenomenological approach to explore how African American women perceived media messages about obesity. Phenomenological research explores how people “make sense of experience and turn experience into consciousness, both individually and as shared meaning” (Patton, 2002, p. 104). The phenomenon that was the focus of this study was the influence of mass media on African American women's perceptions of overweight and obesity and their related health risks. This influence can occur as a result of media consumption. Consumption of media is characterized by what people read, what television programs they watch, what radio programs they listen to, and how they use or interpret the information from different forms of media (The Pew Research Center, 2013). Thus, consumption was part of their experience or interaction with the mass media. This approach was selected because it allowed study participants to share their thoughts of how their perceptions and behaviors regarding overweight and obesity were shaped by the messages they read, heard, or saw in the media. This approach also allowed me to gauge how African American women interpreted the messages they encountered in the media. The phenomenological approach captures the essence or meaning of lived or shared experiences for several individuals (Creswell, 2007; Patton, 2002).

For this study, a purposive sample of eight to 10 African American women was sought. Daymon and Holloway (2011) said qualitative sampling generally consists of small sampling units that allow the researcher to study the phenomenon in-depth. One of the goals of qualitative sampling is to reach saturation, which occurs when no new data deemed important to the study emerge (Daymon & Holloway, 2011). Interviews were conducted with the women to gather their responses to a prepared set of questions. All interviews were tape recorded and transcribed verbatim. Interviews lasted an average of 30 minutes. Participants were African American women who were 25 years old and older and who had a minimum of a high school degree. Having a high school degree was an indication that participants had the cognitive skills necessary to understand messages in the media and to access information that affects health behavior (Yu, 2012). Participants had to be overweight or obese. In addition to meeting the age and health criteria, participants had to regularly engage in one or more of the following activities: watch television content including advertisements and programs, listen to radio advertisements and programs, or read advertisements and editorial content in traditional or digital formats of magazines such as *Essence* magazine or *Ebony* magazine that target an African American female audience. Participants were not bound by one particular television show, radio program, or magazine because they might have been influenced by messages presented in a range of media.

Geographically, the study was limited to women living in Beaufort County or Jasper County of South Carolina. Participants were recruited through African American churches and organizations.

Research Questions

In this phenomenological study, the following research questions were addressed:

1. What messages do African American women learn from the media with regard to being overweight or obese?
2. Do those messages affect the perceptions that African American women have about overweight and obesity?
3. Do the messages in the media contribute to African American women's knowledge of risks for obesity-related conditions such as diabetes, hypertension, and high cholesterol?
4. Do messages in the media contribute to physical activity and food consumption behavior among African American women?

Purpose of the Study

Health messages can be delivered through various media channels including television, radio, magazine, newspapers, and the Internet. They can also be distributed through planned media campaigns that appear in different media channels. Lee (2010) believed that "receiving health information from media channels and from significant others could lead one to engage in healthy lifestyle behaviors by boosting attitudes, social norms, and self-efficacy, on which these healthy behaviors are based" (p. 49). The purpose of this study was to explore how messages delivered through the media contributed to the perceptions African American women have about overweight and obesity and whether African American women were influenced by the messages to engage in health behaviors to reduce health risks or improve their health status.

Because African Americans were found to be voracious consumers of television, radio, and print media (The Nielsen Company & National Newspaper Publishers Association, 2012), they had direct exposure to media where messages are presented. Among the media they may have consumed were ethnic magazines such as *Essence*, *Heart & Soul*, and *Ebony* and radio programs that targeted African American audiences such as *The Steve Harvey Morning Show*, *The Tom Joyner Morning Show*, *The Yolanda Adams Morning Show*, and *The Doug Banks Show*. They may also have been exposed to messages they read or saw in local newspapers in the market where they lived or on television programs they watched in markets where they live. Those messages took the form of product advertisements, editorial content or commentary, and models and characters whose behavior they observed. In this research, I gathered explanations of the kind of media exposure African American women experienced and what influential elements or information they extracted from messages in the media.

Theoretical Base

The social cognitive theory (SCT), originally referred to as the social learning theory, was used as the framework for this research study. American psychologist Bandura is credited as being one of the main architects of the SCT's contemporary version (Bandura, 2001b; McAlister, Perry, & Parcel, 2008; Santrock, Mackenzie-Rivers, Leung, & Malcomson, 2003). SCT is a frequently used health behavior theory that explores the concept of reciprocal determinism, the interactions between people and their environment, and the psychosocial determinants of health behavior (McAlister et al., 2008; National Cancer Institute (NCI), 2005). The theory is built upon a triadic model of

behavioral determinants, personal determinants, and environmental determinants (Bandura, 2001b). Bandura's (2001b) belief is that these three factors influence each other bidirectionally. In other words, human behavior results from interaction of these factors. Personal determinants include cognitive, affective, and biological events (Bandura, 2001b). Behavioral determinants reflect individuals' actions or ability to perform certain actions that may be observed or learned (Bandura, 2001b; Campo & Mastin, 2007). Environmental determinants are outside forces such as messages and images that are presented in mass media including magazines, newspapers, television, and the Internet; access to services, physical features, and family and friends who may influence a person's outlook or decisions (Bandura, 2001b; Campo & Mastin, 2007). These determinants were the focus of the interview protocol used to capture data from study participants. The semi structured interview contained questions related to constructs of the SCT. Campo and Mastin (2007) stated that behavior such as eating and exercise, personal factors such health beliefs and emotional reactions, and environmental factors such as food availability and social support can influence overweight and obesity in a person.

Bandura's (2004) philosophy is that the quality of health is influenced by lifestyle habits and that people have the ability to manage their health. In exploring how media influences health and lifestyle habits, researchers have turned to SCT. The theory is frequently used to frame studies exploring mass media influence on the consumption of products and health and health and weight messages among African American women (Campo & Mastin, 2007; Privera & Kean, 2008), African American women's

knowledge of weight and behaviors they model (Kean & Prividera, 2007), and behavior (O'Rorke, 2006). Kean and Prividera (2007) stated that the SCT can serve as a lens to investigate how mediated images affect African American women's perceptions and images regarding their weight.

Along with reciprocal determinism, other key concepts of SCT are behavioral capability, which emphasizes knowledge to perform a specific behavior, outcome expectations, self-efficacy, observational learning, incentive motivation, facilitation, self-regulation, and moral disengagement (McAlister et al., 2008; NCI, 2005).

Social Cognitive Theory and Mass Media

Bandura (2001b) not only used SCT to analyze social determinants of human behavior in general, but he further used it to analyze how communication influenced human thought, effect, and action. The SCT provides a conceptual framework to analyze communication pathways and links media to recipients' behavior and understanding (Bandura, 2001b). As such, it can shed light on how people perceive and use messages that they receive from mass media. According to Bandura (2001b),

Communications systems operate through two pathways. In the direct pathway, they promote changes by informing, enabling, motivating, and guiding participants. In the socially mediated pathway, media influences link participants to social networks and community settings that provide natural incentives and continued personalized guidance, for desired change. (p. 265)

Media today are available in many formats, including television, newspapers, magazines, radio, and the Internet, where users may be exposed to websites,

advertisements, online versions of magazines and newspapers, live streaming of radio programs, and social media sites such as Facebook. The messages delivered through media may be presented in advertisements, mass media campaigns, news stories, and editorial content (Duerksen et al., 2005; Kolodinsky & Reynolds, 2009; Mastin & Campo, 2006). Advertisements provide consumers with images of recommended behaviors or lifestyle choices and can contribute to public awareness and access to information about health conditions (Duerksen et al., 2005; Prividera & Kean, 2008).

Concepts central to SCT as it relates to mass communication include symbolizing or cognitive, self-regulatory, self-reflective, and vicarious processes (Bandura, 2001b). Bandura (2001b) asserted that people are exposed to symbols and role models in the media, especially television, and that they learn from what they observe in the media. In addition to role models, behaviors could be observed as well. Prividera and Kean (2008) claimed that “social learning theory is particularly appropriate to studying the consumption practices of African American women because research indicates that the role models for food preparation and consumption abound in African American culture and the media” (p. 53). As defined by Bandura (2001b),

Cognitive factors partly determine which environmental events will be observed, what meaning will be conferred on them, whether they leave any lasting effects, what emotional impact and motivating power they will have, and how the information they convey will be organized for future use. (p. 267)

The self-regulatory construct maintains that people have the capacity to react and determine self-direction (Bandura, 2001b). Their reactions may stem from their decision

to participate in activities and from the positive and negative reactions they have based on their performance (Bandura, 2001b). In further description of this process, Bandura (2001b) stated that people motivate and guide their actions, proactively setting challenging goals and then mobilizing their resources, skills, and efforts to fulfill them.

Observational experiences and learning are central to the vicarious construct that Bandura explained in the SCT for mass communications. According to Bandura (2001b), people's conceptions of social reality are greatly influenced by vicarious experiences such as what they see, hear and read, and as a result, they act on their images of reality. A core part of this process or learning experience is modeling influences. By drawing on the range of modeled patterns of thoughts and behavior observers are exposed to through various means, observers can transcend the bounds of their immediate environment (Bandura, 2001b.).

Like self-efficacy is central to behavioral capabilities, symbolic modeling is central to fully understand media effects (Bandura, 2001b). This involves observing behaviors as they are presented in mass media, obtaining information from mass media, extracting information from symbolic conceptions they receive from the mass media, selectively retaining and acting on the information, and exhibiting the behavior that is presented in mass media.

For this study, I used SCT to develop interview questions to assess mass media influence on African American women's perceptions of overweight and obesity and their related health risks. The influence had some bearing on perceptions African Americans have about health risks of overweight and obesity, the benefits of different health

practices, and the skills to perform a given behavior. The SCT was also used to guide questions pertaining to the influence of the media on African American women's perception of overweight and obesity. When I analyzed data from the interviews, I looked for themes reflective of the SCT.

Definition of Terms

Advertising: The placement of paid promotional or public service messages in the media in order to generate awareness of and support for a product, service or behavior, or to entice consumers to purchase of products or services, or to adopt behavior(U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute, 2008).

Body mass index: Weight generally is measured using body mass index (BMI). BMI, which correlates with a person's amount of body fat, uses height and weight measurements to determine if a person is overweight or obese (CDC, 2013). An adult who has a BMI between 25 and 29.9 is considered overweight and an adult who has a BMI of 30 or higher is considered obese (CDC,2013).

*Influence:*The art and technique of informing individuals and public audiences about important health issues and motivating them toward action (Schiavo, 2007).

Media effects: The consequences individuals, groups, institutions, and social systems experience or have following exposure to media (Glanz, Rimer,& Viswanth, 2008). However, those consequences—changes in beliefs or behavior—depend upon other factors. The content of a message, its formal features, or the context in which a

message is embedded influences whether or not an individual connects with the message (Institute of Medicine of the National Academies, 2002).

Perception: The process of assessing or interpreting information in one's surroundings through one's ability to see, hear or become aware of something (Froemling, Grice, & Skinner (2011); Oxford University Press (2016). Perceptions can be influenced by environmental elements such as the media (Froemling et al., 2011).

Assumptions

In this study, the following assumptions were reflected:

1. African American women relied on mass media for health information (Mastin & Campo, 2006; Prividera & Kean, 2008; Smith, 2011).
2. The media contributed to perceptions African American women have about overweight and obesity and their related risk factors (Mastin & Campo, 2006).
3. African American women were aware of the influence of media on their health behaviors (Beaudoin, Fernandez, Wall, & Farley, 2007; Caburnay et al., 2008; Kahn, 2001; Len-Rios et al., 2010).

Limitations

Several limitations impacted the research. Findings from this qualitative, phenomenological study cannot be generalized to the larger community of African American women because of the geographic location of the study, sample size, and sampling method (Liburd, 2003). The study was limited to 10 women. With a small sample, it is difficult to apply findings to a larger population of African American women. Purposeful sampling, which is commonly used in qualitative studies, was used to

identify study participants. As such, the sample of women was not representative of the diverse social, educational, and economic backgrounds of African American women.

Delimitations

The study focused on African American women because they have the highest prevalence of overweight and obesity. While purposive sampling was used to recruit African American for this study, the sampling was not be limited by socioeconomic status since the prevalence of obesity cuts across all backgrounds of African American women.

Study participants, however, were limited to African American women living in the low country region of South Carolina. I selected this region as this population of women was most accessible to me when I began the research. The study was open to African American women defined as overweight or obese. Women were asked to self-report their weight and height on a demographic questionnaire. I used a BMI chart and guidelines for weight categories to verify participants' weight status (National Institutes of Health, National Heart, Lung and Blood Institute & North American Association for the Study of Obesity, 2000). African American women who were overweight or obese provided personal perspectives as a result of being in these weight categories.

In this study, I focused on African American women who accessed traditional media, which were also available digitally through the Internet. Traditional media included television, radio, and print publications such as newspapers and magazines. According to the Pew Research Center (2013), more Americans continue to get news and information from traditional platforms rather than digital platforms such as digital/online,

email, Twitter, social networking, or podcast. At the time of the survey, conducted by the Pew Research Center (2013) in 2012, 71% of the respondents said they watched television news, read a print newspaper, or listened to radio news. The Internet was included because many traditional media, primarily newspapers and magazines, deliver electronic versions of their publications online for their subscribers.

Significance of the Study

Some researchers concluded that more studies were needed to understand the effects of health media messages on African American women. Among them are Mastin and Campo (2006) who asserted that researchers should develop studies that would allow individuals to express how overweight and obesity information provided in Black media influence their perceptions, attitudes, beliefs, and behaviors. This research will be added to the body of qualitative research that focuses on how African American women perceive and use the health messages they received through mass media. Those messages pertained to food, eating, physical activity, weight, and their role in their families and communities, all of which may connect to overweight and obesity.

An initial review of literature showed that media images of the ideal body size may influence how African American women perceive themselves (Davis, Clark, Carrese, Gary, & Cooper, 2005). Further examination of the health media messages contributed to understanding why obesity has continued to rise among this segment of the population. Health messages presented in the media have the potential to significantly influence the public's health related knowledge and behaviors, but little was known about their ability to comprehend those messages (Mazor et al., 2010).

Through this research, I was able to shed light on how African American women interpreted messages about obesity and overweight to which they were exposed. The research provided insight into whether African American women perceived the messages they read, heard, or saw as contributing to their perceptions of overweight and obesity and whether those messages influenced behaviors that could reduce overweight and obesity and related health risks.

Implications for Social Change

In order to improve the health status of African American women and the United States population overall, emphasis must be placed on those conditions that cause disease. Overweight and obesity are both conditions that lead to chronic diseases that affected individuals may have for a lifetime.

The role of mass communication has important professional implications. Media tools and media campaigns help public health professionals reach audiences and provide them with the information necessary to make decisions and adapt changes pertaining to their health. As health planners consider how to reach targeted audiences, specifically African American females, they must have knowledge of how this segment of the population perceives, receives, and uses information presented through different media channels and health communication interventions. Likewise, it can contribute to both the fields of communication research and media effects research, which “investigates how the media influence the knowledge, opinions, attitudes, and behaviors of audience members” and “how audience members affect the media” (NCI, 2005, p. 30).

Summary

Overweight and obesity continue to be burdensome and costly health problems in the United States, especially among African American women. African American women perceive these two conditions to be a major threat to their health. The media were major sources of health information for women. As such, they influenced how African American women perceived overweight and obesity and how they responded to the messages they received.

The goal of this study was to understand if the media influenced African American women's perceptions of overweight and obesity. It shed light on the consequences they experienced as a result of being exposed to health messages in the media and whether or not they modeled the messages they observed. This could be critical to changing their behavior in order to improve their health.

In Chapter 2 of this dissertation, I review literature that addresses the prevalence of overweight and obesity and how those conditions contributed to health risks in African American women, media exposure of health issues, and behavior among African American women. I also review literature that has used the phenomenological approach and SCT as a framework for research. In Chapter 3, I provide an overview of the research methodology that guided my research. I present study results in Chapter 4. In Chapter 5, I discuss the results and offer research recommendations.

Chapter 2: Literature Review

The purpose of this study was to explore how African American women perceived media messages about overweight and obesity and whether these messages influenced their behaviors to reduce health risks or improve their health status. In research studies, media messages embedded in food and other advertisements, television shows, sometimes as part of a phenomenon known as edutainment, radio programs, and print editorial content have been linked to health perceptions and behavior among African American women, in many cases, as they relate to weight issues (Beaudoin et al., 2007; Campo & Mastin, 2007; Duerksen et al., 2005; Kean, Prividera, Boyce & Tamara Curry, 2008). Weight issues, particularly being overweight or obese, have been major health threats for African American females. Numerous studies have emphasized the problem of obesity among Americans, but it is especially significant in African American women (Blixen, Singh & Tracker, 2006; Centers for Disease Control and Prevention (CDC), 2009; Flegal et al., 2010; Kumanyika, 2005; Mack et al., 2004). Nearly 80% of African American females, described as non-Hispanic Black women, were overweight or obese between 1999 and 2008 (Flegal et al., 2010). As a result, “the increased prevalence of obesity among African American women makes it likely that they bear a disproportionate burden of co-morbidities attributable to obesity, such as diabetes, hypertension, and hyperlipidemia” (Deitz, 2001, p. 275). Obesity has also lead to increased health care costs (Hammond & Levine, 2010) and increased risk of death among African American women (Boggs et al., 2011).

In this chapter, I review literature pertaining to obesity, physical activity, eating, chronic diseases, and weight management messages in the media. In the first part of this review, I discuss the use of the SCT in research on obesity among African American women. The second part of the review is focused on messages in the media that contributed to the perceptions African American women had about overweight and obesity. In the final part of the review, I focus on the variables under study: perceptions and obesity. Both qualitative and quantitative studies were examined.

Literature Search Strategies

To prepare for the review, extensive searches were conducted for peer-reviewed articles and resources using Internet search engines including Google, Google Scholar, Bing, and the Walden University's On-line Library. Databases used for the search within the Walden University On-line Library included CINAHL Plus with full text, the Cochrane Database of Systematic Reviews, Communication and Mass Media Complete, Academic Search Complete, Medline with Full Text, Psyc Articles, Family and Society Studies Worldwide, and Sage Research Methods. Articles were also retrieved from Biomed Central, PubMed and the Centers for Disease Control and Prevention's Health Communication Science Digest, a monthly electronic newsletter that lists peer-reviewed articles about health messages, health communication, and communication techniques and trends. The searches identified full-text articles published from 1998 through 2014. Searches were based on single terms or a combination of terms including *African American women, audience research, black women, body mass index, communication, communication theory, health literacy, health messages, hermeneutics, mass media, mass*

media messages, media, media literacy, observational learning, obesity, overweight, phenomenology, social cognitive theory, symbolic modeling, weight, and weight loss interventions.

Research studies were included if they addressed obesity and obesity-related health risks and behaviors among African American women, and the influence or effects of mass media messages on health behaviors and perceptions among African American women, particularly as they related to obesity and overweight. I also included qualitative studies that used phenomenology as an approach to a specific topic of study and interviews as a method to gather data from African American women. The search criteria netted more than 150 journal articles, studies, and textbooks.

Articles about overweight and obesity among African American females were found through the following Internet search engines: Google, Google Scholar, Bing, and the Walden University Online Library, which included CINAHL Plus with full text, Academic Search Complete, Medline with Full Text, Psyc Articles, Family and Society Studies Worldwide, and Sage Research Methods. Articles were also retrieved from Biomed Central, PubMed, and the Centers for Disease Control and Prevention. Specific search terms included *obesity in African American women, obesity in Black women, body mass index of African American women, body mass index of black women, hypertension and obesity in African American women, diabetes and obesity in African women, weight loss in African American women, statistics about obesity, chronic diseases and obesity, and qualitative studies of obesity in African American women.*

To identify articles about mass media messages and mass media messages pertaining to overweight and obesity, I used the Google, Google Scholar, and Bing Internet search engines. I also accessed the following databases through the Walden University Online Library: CINAHL Plus with full text, Academic Search Complete, Medline with Full Text, Psyc Articles, Family and Society Studies Worldwide, and Sage Research Methods. Specific search terms included *media*, *mass media*, *mass media messages and obesity in African American women*, *mass media messages and obesity in Black women*, *obesity and media; obesity, media and African American women*, *media literacy*, *health literacy*, *media effects*, *health communication*, *qualitative studies of media messages*, *mass media health messages*, and *audience research*.

To identify articles pertaining to SCT, I used the Google, Google Scholar, and Bing Internet search engines. I also accessed articles through databases in the Walden University Online Library: CINAHL Plus with full text, Academic Search Complete, Medline with Full Text, Psyc Articles, Family and Society Studies Worldwide, and Sage Research Methods. I specifically used the following terms and phrases to search for articles germane to this theory: *social cognitive theory*, *social learning theory*, *health communication*, *health communication theory*, *Albert Bandura*, *symbolic modeling*, *observational learning*, *social cognitive theory and African American women*, and *qualitative research about social cognitive theory and African American women*.

Theoretical Foundation: Social Cognitive Theory

The SCT is a commonly used framework to study determinants that influence an individual's knowledge and behavior. It has also been the foundation of research studies

on media consumption, media content, and media effects among targeted populations. Developed by Bandura, the SCT focuses on personal, behavioral, and environmental components. These components are part of the core construct of SCT, reciprocal determinism. This construct focuses on the interactions between people and their environment and the psychosocial determinants of health behavior (McAlister et al., 2008; NCI, 2005). According to Bandura (2004), those core determinants

Include *knowledge* of health risks and benefits of different health practices, *perceived self-efficacy* that one can exercise control over one's health habits, *outcome expectations* about the expected costs and benefits for different health habits, the health *goals* people set for themselves and the concrete plans and strategies for realizing them, and the *perceived facilitators* and social and structural *impediments* to the changes they seek. (p. 144)

From SCT, the constructs of observational learning and reciprocal determinism was helpful in shaping interview questions that were used to facilitate discussion with study participants. In addition, these constructs were useful in the data analysis phase. Information gathered in the research was analyzed to see if it aligned with core constructs or to see if core constructs emerged through information that participants shared during data collection. In the literature, researchers have explored whether components of the SCT were incorporated into media content and advertisements and how they shaped attitudes and behavior (Campo & Mastin, 2007; Mastin, Campo, & Askelson, 2012, Prividera & Kean, 2005). They also examined whether the media had any influence on the core determinants espoused as part of the SCT (Campo & Mastin, 2007; Mastin et al.,

2012, Prividera & Kean, 2005). Likewise, in my research, I used the constructs and determinants to determine if they shaped perceptions held by African American women and if those perceptions played a role in behavior change.

Bandura (2004) argued that the SCT was promising in that it could be a framework for strategies aimed at inducing behavior change. He discussed the central role of self-efficacy, the belief that individuals have in themselves to produce the desired effects of their actions. The media could be beneficial in encouraging changes in health habits, and Bandura discussed how this could occur. In his research on health promotion, Bandura found that health communication could alter health habits through a direct pathway whereby the media promote changes by informing, modeling, motivating, and guiding personal changes. A second pathway, Bandura discussed, was the social mediated pathway, whereby media connects individuals to social networks in which they are engaged and community settings to which they have access. Many of the research studies I reviewed aligned with the direct pathway in that the researchers discussed and analyzed health messages in content, advertisements and campaigns that aimed to inform, motivate, and suggest personal changes. Individuals may have processed and modeled behavior observed in the media. As Bandura (2001b) stated, “a vast amount of information about human values, styles of thinking, and behavior pattern is gained from the extensive modeling in the symbolic environment of the mass media” (p. 271). He argued that people were likely to exhibit modeled behavior if they perceived the outcomes to be valuable.

The Use of Social Cognitive Theory in Media Studies

SCT has been used in several studies exploring mass media. Prividera and Kean (2005), for example, used the SCT as a basis for their analysis of print advertisements in two women's magazines, *Essence*, which is geared to African American females, and *Cosmopolitan*, which is predominantly geared to toward White women. They explored prominent themes used in the product advertisements and examined how health and weight messages were constructed. Prividera and Kean stated that the social learning theory, often referred to as the SCT, was particularly appropriate for studying the consumption practices of African American women because researchers have indicated that role models for food preparation and consumption abound in African American culture and the media. Their analysis showed that three consistent themes emerged in product advertisement featured in *Essence* magazine: family, culture, and tradition; product taste; and messages on health. Prividera and Kean argued that, while many of the advertisements sent strong messages about health and were positive in building awareness on nutrition, others may contribute to individuals being obese or overweight.

Campo and Mastin (2007) used the SCT to frame their study in which they examined editorial content related to overweight and obesity in three mainstream and three African American women's magazines. One of their research aims was to determine which components of SCT—behavior, person, or environment—were suggested in the advertisement and content. The authors stated that “overweight and obesity are influenced by eating and exercise patterns (behavioral), health beliefs and emotional reactions (personal), and food availability and social support (environmental)”

(Campo & Mastin, 2007, p. 230). In their research, Campo and Mastin concluded that individuals who read magazines learned about healthy choices and normative behaviors. Specifically, they stated that “media have the ability to not only directly influence individual behavior change, but also to influence behavioral change indirectly by linking individuals to social networks and community settings” (p. 231).

Mastin et al. (2012) used the SCT as the basis for their study of weight-loss obstacles faced by low-income African American women who resided in public housing in Flint, Michigan. The authors interviewed 46 women between the ages of 18 and 65 to get their perspective on being overweight or obese and the struggles they faced with their weight conditions. Variables of the SCT were used to shape the research questions posed in the interviews. Questions focused on participants’ knowledge of health issues they were dealing with, perceived weight loss efficacy, weight loss outcome expectations, weight loss goals, support systems as they related to healthy eating and exercise, media use for health information, and obstacles that prevented them from following a healthy diet and getting regular exercise. The authors found that the women lacked a clear understanding as to the extent of obesity and overweight among African American women and basic knowledge about diet and physical activity based on their own behaviors. The authors referred to one of their previous studies (Campo & Mastin, 2007) to support their finding that participants’ thoughts on overweight and obesity may have been influenced by individual-based solutions provided in the media. They argued that media advocacy can be used as a framework to address health issues from individual and environmental perspectives (Mastin et al., 2012).

Phenomenology as the Conceptual Framework

Phenomenology inquiry and analysis were used to explore African American women's perception of overweight and obesity as presented in the media and what they gained from the media to affect weight related behaviors such as eating and physical activity. The aim of phenomenology is to capture the meaning of lived experiences of a concept or a phenomenon (Creswell, 2007; Patton, 2002; Sayre, 2001). Sayre (2001) said through this approach, personal experiences are gathered and used to describe the essence of those experiences. The experiences can be manifested in a range of forms. It may be an emotion, a relationship, a program, an organization, or a culture (Patton, 2002).

Phenomenology, which is among five common approaches used in qualitative research, fit the research inquiry of this study because it captured how African American women with overweight and obesity issues interpreted messages in the media. The analysis was conducted to identify themes. The other approaches, narrative research, grounded theory, ethnography, and case study, were not appropriate for this study. Narrative research is limited to the experience of a single individual while the intent of grounded theory is to generate or discover a theory (Creswell, 2007). Ethnography focuses on a cultural group and delves deeply into their lives and interactions while the case study approach examines an issue through exploration of one or more cases (Creswell, 2007). Of all the approaches, phenomenology has been most closely compared to grounded theory (Goulding, 2003; Sayre, 2001). The main difference between the two approaches was that phenomenology begins with a research question and grounded theory leads to a research question for testing (Sayre, 2011). Moreover,

both use similar data collection methods (Sayre, 2011), such as in-depth, face-to-face interviews with study participants and/or focus group interviews.

Within the phenomenology approach, research is interpreted through different theoretical perspectives. For this research, data collection was guided by a philosophical method called hermeneutics. The hermeneutic perspective can be used to shed light on consumer experiences and the factors that influence those experiences (Sayre, 2001). Researchers that embrace the hermeneutic philosophy incorporate qualitative methods in their research as a way of establishing context and meaning for what people do (Patton, 2002). According to Sayre (2001),

This perspective argues that a person's understanding of his or her life experiences reflects broad cultural viewpoints as they are expressed through language or retained as self-interpretations. Hermeneutics seek to highlight an often unspoken background of socially shared meanings to reveal how cultural viewpoints are adapted to the consumer's unique life situation. Access to the person-culture dialogue provides researchers with a useful framework for interpreting the text of depth interviews. The approach also demonstrates important linkages between consumption activities and the construction of one's self-image. (p. 97)

Researchers have used phenomenology to explore health-related beliefs and experiences of African American, Hispanic/Latino, American Indian, and Hmong people with diabetes (Devlin, Roberts, Okaya, & Xiong, 2006); the relationship between health, hunger, and food insecurity among African American women (Chilton & Booth, 2007);

women's experience of weight loss during the postpartum period (Montgomery et al., 2011); and African American women's views on the superwoman role and how the role influenced stress, strength, and health (Woods-Giscombe, 2010). It is also an approach commonly used in market and consumer research (Sayre, 2001), which is similar to the thrust of this research on African American women's interpretation of media messages. Through the lens of the phenomenological approach, researchers may "learn about and elaborate on a behavioral or consumption phenomenon as it manifests itself for consumers," (Sayre, 2001, p. 91). As an analytical approach, phenomenology may be used to grasp and elucidate the meaning, structure, and essence of the lived experience of a phenomenon for a person or group of people (Patton, 2002).

Researchers like Wilson and Washington (2007) have advocated the use of phenomenology in delving deeper into experiences of African American women. A phenomenological research approach is one that can be used to affirm the experiences of African American women, whose perspective may incorporate beliefs and values evident in their heritage and culture (Wilson & Washington, 2007). In her study of the superwoman phenomenon among African American women, Woods-Giscombe (2010) used the phenomenological approach to explore African American women's views on stress, strength and health. According to Woods-Giscombe, the superwoman phenomenon is descriptive of the superwoman role or strong Black woman role reflected among African American women. Woods-Giscombe stated that the current health disparities that African American women face may result from their legacy of strength when dealing with stress. Woods-Giscombe explored the characteristics of the

superwoman phenomenon such as manifesting strength and suppressing emotions, perceived benefits such as preservation of the African American community and families, perceived liabilities such as stress-related health behaviors and contributing contextual factors such as spiritual values and lessons from foremothers.

Devlin et al. (2006) used a phenomenological approach in a study about the health-related beliefs and experiences of African American, Hispanic/Latino, American Indian and Hmong people with diabetes. This approach helped the researchers understand participants' experiences with health problems (Devlin et al., 2006). Based on the phenomenological approach, Devlin et al. stated that themes came from the data collected in focus group sessions and were not constrained by the original questions the researchers posed to participants.

In this research study, phenomenology is applicable to exploring how African American women perceive and respond to media messages, and whether those messages encourage them to adopt behaviors that could result in improved health status. Media scholars refer to this experience or interaction with the media as media use or media consumption (Kean et al., 2008). In this study, I used interviews to gather information from participants. This method required the use of open-ended questions to guide in-depth discussions about the topic (Sayre, 2001).

Studies Related to Key Variables

The key variables discussed in this literature review include obesity, perceptions of obesity and overweight and mass media messages. The emphasis of the study is on how African American women perceive the influence of mass media messages on obesity

and health perceptions. Therefore, it is important to present a discussion on obesity risks and health behaviors among African American women, especially since research has documented and supported findings of African American having the highest prevalence of obesity. The perceptions that African Americans have with regard to obesity is presented. An overview of media content and messages is presented to shed light on research that has explored messages targeted toward audiences such as African American females and how African American females make use of media.

Obesity Risks and Health Behaviors in African American Women

More than a third of American adults age 20 and over are obese (Ogden, Carroll, Kit, & Flegal, 2012). As noted above, overweight and obesity have been found to be more prevalent among African American women than among White women and Hispanic women in the United States. Generally, obesity is clinically measured as BMI, which is weight in kilograms divided by height in meters squared (Hammond & Levine, 2010). The CDC (2013) classifies an adult with a BMI between 25 and 29.9 as overweight and an adult with a BMI of 30 or higher as obese. Obesity has been cited as a contributing factor to numerous health conditions such as coronary heart disease, breast cancer, stroke and type 2 diabetes, asthma and arthritis (Hammond & Levine, 2010; Liburd, 2003; Mack et al., 2004; Palmer, Adams-Campbell, Boggs, Wise, & Rosenberg, 2007; Roger et al., 2012; Stolley, Sharp, Wells, Simon, & Schiffer, 2006). Some of these conditions are perceived by African American women to be their most serious health threats (Sadler et al., 2005) and researchers have found that these conditions tend to be

more prevalent in African American women (Roger et al., 2012). They are also among the leading causes of death for African American women.

Being overweight or obese contributes to the incidence of diabetes mellitus, commonly referred to as diabetes, in African American women. Diabetes mellitus is “caused by the body’s inability to produce or properly use insulin, a hormone required to convert sugar, starches, and other food into energy” (CDC, 2011, para.1). Being overweight or obese leads to insulin resistance and compensatory hyperinsulinemia, which in turn are implicated in the development of type 2 diabetes (Bassuk & Manson, 2008). According to the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK, 2011), diabetes mellitus affects 25.8 million people of all ages in the United States and is the major cause of heart disease and stroke. Type 2 diabetes is the most common and tends to be about two to four times higher among Black, Hispanic, American Indian, and Asian Pacific Islander women than among White women (CDC, 2011). It can lead to kidney failure, heart disease, non-traumatic lower-limb amputations, blindness, and depression (CDC, 2011). Bassuk and Manson (2008) cited the Nurses Health Study, which found that of five lifestyle variables—obesity, physical inactivity, poor diet, current smoking, and alcohol abstinence—excess body weight was by far the most important predictor of the onset of type 2 diabetes.

In a prospective study using data from 49,766 women that participated in the Black Women’s Health Study, Krishan, Rosenberg, Djoussé, Cupples, and Palmer (2007) found that BMI was a strong predictor of type 2 diabetes in African American women. They stated that women whose BMI was greater than 25 had 23 times the risk of

developing diabetes compared to women who were not overweight. The authors argued that most cases of diabetes could be prevented if women avoided being overweight or obese. Liburd (2003) also argued that weight loss can reduce the risk of the onset of type 2 diabetes and control the disease. In exploring the perception of their relationship with food among focus groups of African American women with type 2 diabetes, Liburd concluded that “African-American women with type 2 diabetes are subject to multiple sociocultural and environmental influences on their eating and other health-related behaviors” (p. 164).

Hyperlipidemia, which consists of high blood cholesterol and other lipids, is also attributable to obesity. African American women have high blood cholesterol levels, though it does not surpass that of Caucasian women. The normal level for total blood cholesterol levels for adults age 20 and older is less than 200 mg/dl (Roger et al., 2012) but a large percentage of African American females over the age of 20 have blood cholesterol levels above 200 mg/dl. Among adults age 20 and older, 41.2 percent of non-Hispanic Black women had total blood cholesterol levels over 200 mg/dL, based on 2005-2008 data (Roger et al., 2012) and 10.3 percent of non-Hispanic Black women had blood cholesterol levels of 240 mg/DL or higher during 2009-2010 (Carroll, Kit, & Lacher, 2012). High blood cholesterol levels put women at risk for cardiovascular disease (Ogden, Yanovski, Carroll, & Flegal, 2007). This risk is further hampered by being overweight or obese, which raises the risk for cardiovascular disease through effects on established risk factors such as hypercholesterolemia, hypertension, and hyperglycemia (Bassuk & Manson, 2008). Studies have linked losing weight to lowering high blood

cholesterol levels, which can lead to reduced risks of cardiovascular disease (Roger et al., 2012; Zoeller, 2009).

Hypertension is yet another a condition tied to being overweight or obese. It too is more prevalent in African Americans (Roger et al., 2012; Zoeller, 2009). Among adults age 20 and older, 42.9 percent of non-Hispanic Black women had high blood pressure defined as systolic pressure of 140 mm Hg and/or diastolic pressure 90 mm Hg or greater; took antihypertensive medication, or had been told at least twice by a physician or other health professional that they had high blood pressure (Roger et al., 2012). The ideal blood pressure level for adults age 20 and older is 120/80 mm Hg (Roger et al., 2012).

Being obese can contribute to significant medical costs. In 2008, the medical costs associated with obesity were estimated to be as high as \$147 billion a year or almost 10% of all medical spending (Hammond & Levine, 2010). Obesity can also contribute to work productivity costs such as higher rates of disability benefits, premature mortality, absenteeism, and higher insurance expenses related to diseases attributed to being obese or overweight (Hammond & Levine, 2010).

There are numerous factors that contribute to obesity among African American women. Studies have shown a correlation between obesity and physical inactivity or sedentary lifestyles (CDC, 2012a; Gletsu & Tovin, 2010; Zoeller, 2009); socioeconomic and education status (CDC, 2012a); cultural food traditions, preferences, and preparation (Liburd, 2003), and acceptance of body size among African American women compared to body size acceptance of women of other races (Befort, Thomas, Daley, Rhode, &

Ahluwalia, 2008; Davis et al., 2005). African American women tend to lead more sedentary lifestyles, which contributes to a higher prevalence of overweight and obesity in that population. In their study of differences in dietary intake, physical activity, and body image in a large sample of Latin-American and Black women, Sánchez-Johnsen et al. (2004) found that Black women engaged in more sedentary behaviors than Latin-American women. They concluded that a number of factors could contribute to higher obesity rates among black women including the combined effect of a higher caloric and fat intake, increased sedentary behavior, and greater acceptance of body image. By reducing obesity and overweight, individuals can reduce their risk for some chronic health issues (Curtis & Wilson, 2005). Being physically active and consuming healthy foods are among the strategies that can help reduce obesity (CDC, 2008). Mack et al. (2004) noted that “roughly 70% of women in each race/ethnic group (72.0% white women, 68.3% black women, 69.4% Hispanic women) wanted to weigh less, and just under one half of the women were actively trying to lose weight,” (p. 1019). People with heart attack, colon cancer, diabetes and high blood pressure may control their weight, reduce their risk for stroke and receive therapeutic benefits with regular physical activity (CDC, 2008). While physical activity is one strategy that can be used to reduce obesity, it is not one that is always adopted by African American women. Although African American women want to weigh less, they reportedly participated in less leisure time physical activity and were less likely than White or Hispanic women to meet recommended guidelines for physical activity (Mack et al., 2004).

Individual socioeconomic status, represented by education and income, has also been associated with obesity in African American women. Krishnan, Cozier, Rosenberg, and Palmer (2010), using data from the Black Women's Health Study, found that the association of neighborhood socioeconomic status with diabetes incidence appeared to be present at all levels of BMI and across education and income levels. In their review of data from the 2000 Behavioral Risk Factor Surveillance System, Mack et al. (2004) found that higher levels of education were significantly associated with not being obese among Hispanic, White and African American women. African American women with less than a high school education were less likely to attempt to lose weight than women with some college education (Mack et al., 2004).

Other research has brought cultural factors to light when it comes to understanding obesity among African American women and barriers they face to lose weight or strategies that could help reduce the prevalence of obesity. Befort et al. (2008), for instance, found that African Americans viewed occupational and daily activities as sufficient exercise, and that this view created a barrier to physical activity. Several researchers have indicated that self-acceptance of weight may also contribute to higher levels of overweight and obesity among African American women (Baturka, Hornsby, & Schorling, 2000; Hendley et al., 2011; Jefferson & Stake, 2009). In research by Befort et al. (2008) that focused on perceptions of body size, weight and weight loss, African American women expressed acceptance of larger body sizes, both in terms of attractiveness and perceived health. They also expressed concern about their body image and how sociocultural factors such as family-centeredness of their culture and culturally

embedded acceptance of larger sizes influenced their weight yet, they recognized the need to lose weight in order to improve their health.

Sociocultural influences impact obesity levels as well. Those include behavioral factors such as eating and food preparation among African Americans. In the study by Befort et al. (2008), African American women recognized that traditional African American foods and preparation of those foods as well as having a family life centered around large meals contributed to weight gain.

Perceptions of Obesity Among African American Women

Several researchers have explored perceptions and attitudes that African American women have about obesity, behaviors related to reducing obesity, and diseases to which obesity contributes (Befort et al., 2008; Blixen, Singh, Xu, Thacker, & Mascha, 2006). Froemling et al. (2011) described perception as “the process of assessing information in your surroundings” (p. 31). This process, which shapes particular views that individuals may have or that contributes to their understanding and awareness of information, can be influenced by environmental elements such as the media (Froemling et al., 2011; Liburd et al., 1999; Sadler et al., 2005). It can also contribute to behaviors people exhibit with regard to their health. McKenzie and Skelly (2010) stated that “perceptions are important motivators to actions such as risk reduction behaviors” (p. 767).

African American women have mixed perceptions about obesity that stem from a number of factors, including cultural background, tolerance for or satisfaction for larger body sizes, and barriers to physical activity (Befort et al., 2008; Blixen et al., 2006;

Thomas et al., 2008). Befort et al. (2008) stated that “within the context of African American culture, obese women may have unique perceptions regarding body image and weight loss that influence their weight-related behaviors” (p. 412). In research by Blixen et al. (2006), African American women viewed the words obesity and overweight as stigmatizing, yet they felt the larger body size did not affect their self-esteem. Having a larger body size, however, had some effect on social and physical aspects of their lives. Befort et al. (2008) found similar perceptions among African American women in a study they conducted. Participants in the study expressed tolerance for larger body sizes, but were dissatisfied with their own weight and wanted to lose weight in order to avoid medical complications that resulted from chronic conditions they suffered or to prevent weight-related diseases they witnessed among members of their families (Befort et al., 2008). In a study of 30 African American and Caucasian women, the African American women indicated their own as well as their family members and spouses’ satisfaction with their larger body size, but were concerned about the impact of weight on their health. Culturally, African American women find larger body sizes to be more attractive, which contribute to their acceptance of larger body sizes (Thomas et al., 2008).

The perceptions that African American women have about obesity may or may not cause them to lose weight or sustain weight loss, if they have lost weight. Research on how perceptions translate into behavior appears to be mixed but Thomas et al. (2008) stated that an awareness and/or understanding of the health risks associated with being overweight may be an important factor in the desire to lose weight. In a study involving 1,055 African American women, Sadler et al. (2005) found that awareness of seriousness

of heart disease, cancer, cerebrovascular disease, and diabetes among African American women was associated with increased adherence to recommended behaviors. Being overweight or obese has been found to contribute to these diseases and African American women perceive these diseases to be among their greatest health threats (Sadler et al., 2005).

Overview of Media Content and Messages

The influence of media on obesity has been the subject of several studies that have explored how the media shapes women's perceptions of their body size and satisfaction or dissatisfaction with their bodies. Such studies show that women are attempting to meet media ideals of thinness (Martino, Dillon, & Jordan, 2008). But media can also influence women's behaviors regarding their size, behaviors to reduce chronic health conditions related to being overweight and obese, choices about food purchase and consumption, which could affect weight, and decisions about their health. These influences emerge through messages or content that are embedded or promoted in advertisements for food, weight products and other items (Duerksen et al., 2005; Henderson & Kelly, 2005), editorial content highlighting weight issues, weight management, chronic diseases, or lifestyle (Tirodkar & Jain, 2003; Weathers, 2003); and media campaigns designed specifically to encourage weight loss, increase awareness of health conditions like obesity, or promote increased physical activity. Public health professionals and communication and media experts have spent more than three decades developing mass media campaigns to change health behavior and modify health beliefs through the use of verbal and nonverbal messages (Institute of Medicine of the National

Academies, 2002). The information women receive from the media can contribute to their perceptions of health risks, their knowledge of how to lower risks and their ability to weigh the pros and cons of selecting health alternatives (Duerksen et al., 2005). In addition, media experts argue messages just don't exist in a vacuum and act upon audiences (Gunter, 2000). People interpret and act upon messages based on their perspectives and values. According to Gunter (2000),

Audiences place their own interpretations upon these messages in the light of their pre-existing knowledge, values and opinions, and the expectations that are placed upon them by their surrounding social and cultural milieu in regard to their general conduct and behavior. (p. 12)

An example of media influence can be found in a study by Rowe (2010) who studied African American women's "perspective on obesity, disease causation, and their ideas on the functionality of cultural, social, historical, environmental and psychological forces in altering healthy eating habits" (p. 789). In one of the focus group exercises that Rowe used to generate responses from women, participants cited that they learned about healthy and unhealthy food choices from media mentors such as Oprah Winfrey. Boyce (2007), however, argued that the potential influence of the media on behavior is limited. Although the media can provide knowledge and awareness of health related issues, there is little evidence that it can stimulate behavior change (Boyce, 2007). On the other hand, Emery, Szczpka, Powell, and Chaloupka (2007) argued that obesity reflects modifiable behaviors similar to those of smoking-related behaviors, and as such, public health anti-obesity media campaigns could perhaps contribute to reductions in population obesity.

Media Use

Researchers have argued that more focus needs to be placed on African American women's health issues, including overweight and obesity (Mastin & Campo, 2006; Sadler et al., 2005). In 2003, the African-American Collaborative Obesity Research Network and the Think Tank on Enhancing Obesity Research at the National Heart, Lung and Blood Institute (NHLBI) recommended research priorities that could lead to healthy weight status among African Americans (Kumanyika et al., 2005). The research priorities ranged from obtaining a better understanding of the health effects of obesity on African Americans and the social and environmental context for weight gain and control to determining and designing effective approaches and strategies for weight loss and weight control. Emphasis on such health issues may be addressed through the media, which can influence health behaviors, knowledge and consumption of products advertised in the media, especially food (Chandra, Paul, & Emmett, 2005; Mazor et al., 2010; Prividera & Kean, 2005). According to Mastin and Campo (2006), individuals' overweight and obesity perceptions, beliefs, attitudes, and behaviors can be addressed through media, which are ubiquitous and typically target narrowly defined audiences.

The media is considered to be a major source of health information for African Americans, therefore it can be viewed as contributing to their food choices, whether or not they engage in physical activity, whether they should diet to lose weight or whether they should make other changes to improve or protect their health (Len-Rios et al., 2010). American women turn to electronic media such as television and the Internet for information on products and services, and therefore are exposed to range of messages that

could be pertinent to their lives (Kahn, 2001; Nielsen Media Research, 2011). In a report examining the differences and similarities in media use of American women across the four primary ethnic groups, Hispanic/Latino, African American, Asian American, and Caucasian/White, Nielsen Media Research (2011) found that

For the women of today, media technology is not simply about entertainment; it is about making life better. Solid majorities of women across ethnicities said that computers, cell phones and smart phones improve their lives in meaningful ways. In fact, multicultural women in the U.S. had the highest penetration of smart phones than women in other developed countries as well as those in emerging markets. (p. 7)

African American females, on average, are greater consumers of television than other groups. According to Larranaga (2007),

African-American households watch television an average of 75.8 hours per week versus 53.6 hours for all others. They are greater subscribers to digital services, premium channels and pay-per-view programs. They also use cellular phones and the Internet routinely, though at a lower penetration rate (61%) than other minorities (who have a need to communicate to their homeland). (p. 5)

However, one study found media usage to be highest among African American women when compared to other women. According to Nielsen Media Research (2011), African American women ranked high in the usage of the internet (93%), television (96%), and cell phone (94%). A 2005 Nielsen Media Research report found that there are 30% more women than men in African-American households with televisions, and

that they average a higher viewing percentage than adults, men and children on both weekdays and weekends. Magazine consumption is high among African American adults, with 86% reading an average of 10.7 issues a month compared to 85% of U.S. adults overall reading an average of 7.5 issues a month (Magazine Publishers of America, 2008). The market profile developed by the Magazine Publishers of America did not break down reader audience by gender. However, the report identified magazines that were popular among African American readers based on the percentage of African American readers and percent of African American readers compared to the total African American population. *Black Enterprise*, *Jet*, *Essence*, *Ebony*, and *Vibe* emerged in the top 10 of all magazines measured in the study. These magazines cater to African American audiences, and *Essence*, in particular, targets African American females.

As noted, media usage by African American females clearly demonstrates that media is an essential part of their lives. With access to television, magazines and other sources, African American females are therefore exposed to an array of messages and rely on media for information relevant to their lives. Sadler et al. (2005) stated that African American women's reliance on the media for information demonstrates that media professionals are key partners in efforts to increase health awareness and health promoting behaviors. They argued that "women clearly have the opportunity for more frequent, extended and repetitive exposure to the media-disseminated health information than to physician-disseminated information" (p. 36).

However, Mazor et al. (2010) suggested that little is known about people's abilities to comprehend health messages on television and other mass media. It is

therefore important to understand media effects on African American women, thus answering the question of how the message can influence beliefs or behavior change (Institute of Medicine of the National Academies, 2002). According to Potter (2011),

Exposure to media influence can be either direct or indirect. Direct influence occurs when people physically encounter a media message. Indirect is when people do not physically encounter a message, but when elements of that message are transmitted to them through other people (through conversations, way of dress, way of acting, etc.), objects (encounters with media advertised products), or procedures (rules of institutions that have been shaped by mass media). Also, exposure can take place in an unconscious as well as a conscious state. Thus, people do not need to be paying attention—or even be aware—of a particular media message or media messages in general in order for them to be exposed to the influential elements in those messages. (p. 906)

Although studies indicate that African American women receive their health information from the media, others find that the media may have a different effect on obese women attempting to reduce their weight. Davis et al. (2005), in their study of weight loss experiences of obese women, argued that “American cultural support of sedentary lifestyles, excessive food availability, and media influences appeared to make weight loss challenging” (p. 1540) for both African American and White women. In addition, they found that cultural influences, such as church and sorority meetings; food type, preparation and abundance; and beliefs and expectations about foods further complicated successful weight management among African American women.

Magazine Content

Researchers have analyzed health messages in the media, including messages presented in product advertisements and editorial content in women's magazines (Duerksen et al., 2005; Mastin & Campo, 2006; Prividera & Kean, 2005) and television shows targeting African Americans (Henderson & Kelly, 2005; Tirodkar & Jain, 2003). They have also studied the effect of mass media campaigns developed to encourage physical activity and healthy eating, behaviors that contribute to reducing women's risk for hypertension, type 2 diabetes, cholesterol, and other health conditions that can result from being overweight or obese (Beaudoin, et al., 2007).

Cohen et al. (2010) stated that African Americans and other minority groups strongly connect to media that target their ethnic group or community. In their study, Mastin and Campo (2006) stated that magazines targeting Black populations are one just media source that African American women turn to for health information. These women use the information to help make decisions regarding health and nutrition not just for themselves. The impact of magazines is important because readers are able to linger over and return to advertisements and editorial content in magazines (Mastin & Campo, 2006). The content presented in magazines targeting mainstream female readership and specifically African American women may influence what products they buy and what behaviors they adopt to address their personal health issues. The content also may be reflective of the health disparities that exist among women. Duerksen et al. (2005) argued that "disparities in exposure to health-related mass media messages may be among the environmental factors contributing to the racial and ethnic imbalance in health outcomes"

(p. 1). While some research suggested that African American women get most of their health information from the media (Sadler et al., 2005), other research findings indicated that African American women are exposed to fewer advertisement and content containing advertisements promoting positive health behavior (Duerksen et al., 2005).

Duerksen et al. (2005) explored health-related advertising and health promotion cues in 12 women's magazines catering to Hispanic, African American and Caucasian women. They found that popular African American magazines such as *Ebony*, *Essence*, *Heart and Soul*, and *Upscale*, published fewer health-promoting advertisements and more health-diminishing advertisements for African American women than magazines targeting Caucasian women, including *Family Circle*, *Good Housekeeping*, *Ladies Home Journal*, and *Women's Day*. Advertisements deemed to be positive in African American publications focused on prescription drugs, over the counter drugs, vitamins and supplies, medical treatments and procedures, sun protection, healthy foods and beverages, weight loss and low calories foods and beverages, and health-related organizations and charities. The study concluded that "variations in the quantity and content of health-related information among magazines read by different ethnic groups may contribute to racial disparities in health behaviors and health status" (Duerksen et al., 2005, p. 1).

Mastin and Campo (2006) reviewed and analyzed food and non-alcoholic beverage advertisements in the leading African American publications, *Essence*, *Jet*, and *Ebony*, and editorial content related to overweight and obesity to determine whether the messages sent by the advertisements and editorial content work in tandem to model strategies and behaviors that help prevent and overcome overweight in obesity. The

results of their research showed that most of the advertisements focused on foods and non-alcoholic beverages that were nutritionally poor. However, the health editorial content related to overweight and obesity were more positive in that the content consistently promoted a healthy, balanced diet and physical activity (Mastin & Campo, 2006). Over time, the content about weight reduction consistently promoted two primary individual strategies: balanced diet and physical activity.

In Kean, Prividera, Boyce, and Tamara-Curry's research (2008), the authors investigated the relationship between media use, media literacy and food consumption. They surveyed 129 African American women to find out whether their use of media was associated with their choices regarding food consumption. The research results showed that magazine consumption and watching TV news was positively associated with consumption of healthy foods. The consumption of unhealthy foods including fast foods was negatively associated with newspaper reading. The authors concluded that exposure to news media manifested in consumer eating behavior because it tended to feature editorial content with more accurate information regarding the impact of the consumption of different types of food.

Mass Media Campaigns

A number of interventions on physical activity and food consumption used mass media campaigns to target specific populations with the hope that messages delivered in those campaigns would prompt behavior change. There is evidence that behavior change can occur with comprehensive media campaigns that have specific goals. In the study by Emery et al., (2007) comparing population exposure to paid media campaigns for tobacco

use and obesity prevention, they noted that “to the extent that obesity reflects modifiable behaviors that have similarities with smoking-related behaviors, public health anti-obesity media campaigns promise to contribute to reductions in population obesity” (p. S257).

Beaudoin et al. (2007) evaluated a mass media campaign that promoted walking and fruit and vegetable consumption among a predominately, low-income population of 18 to 49-year-old African American females in New Orleans. The media campaign included media messages that appeared in television and radio advertisements, and on side-panel and taillight streetcar signs. The ads, which featured African American characters, made specific recommendations about walking and eating more fruits and vegetables. The study found that the participants’ attitudes toward physical activity and fruit and vegetable consumption improved based on message recall. The study’s authors stated that “these findings suggest a media effects model in which the dissemination of the media campaign messages led to improvements in people’s attitudes related to healthy diet and physical activity” (p. 221). While study findings reflected a change in attitude, it did not clearly support the hypothesis that the campaign media messages led to behavior change. The authors concluded, however, that behavior change is still likely over the long term, because message awareness can influence attitudes, which, in turn, will influence behaviors (p.222).

In 2004, the U. S. Department of Health and Human Services and The Advertising Council launched a healthy lifestyles and disease prevention media campaign—Take a Small Step to Get Healthy—to increase awareness about obesity and promote

behavior change. Planners sought to reverse the trend of overweight and obesity in the U.S. and health consequences resulting from these conditions (U.S. Department of Health and Human Services & The Advertising Council, 2004). Although the campaign was designed to reach the general population, there were specific efforts made to reach African American and Latino populations. The campaign, based on Bandura's social cognitive theory, was broadcasted through television, radio, newspaper, magazine, Internet and out-of-home media, and provided public service health messages that offered people information on how they could modify their lifestyles to become healthier (p. 6). The campaign used focus groups to assess people's knowledge, attitudes, beliefs and behaviors. Taking into consideration barriers that people have for getting healthy and unrealistic messages and images people glean from media, planners developed a series of messages to reach targeted audiences and guide them to a specific website for more in-depth information. Post- production focus group analyses of the campaign found that the campaign appeared to resonate more powerfully among African American participants than Hispanic/Latino participants. African Americans were more interested in visiting the website and expressed greater interest in the Campaign content and creative features. African Americans also generally agreed that small changes in eating habits and physical activity could impact their weight and health status (84%, vs 67% of Hispanics). (U.S. Department of Health and Human Services & The Advertising Council, 2004, p. 40)

In 2012, HBO and the Institute of Medicine collaborated with the Centers for Disease Prevention and Control and the National Institutes of Health to bring attention to

the problem of obesity in the United States through a media program (CDC, 2012b).

The program was a four-part documentary series, *The Weight of the Nation*, broadcast nationally in May, 2012. The documentary, which included DVDs, a book, community discussion guides, online and social media presence, highlighted the severity of the obesity crisis and the groundwork for the societal transformations that must take place in order to slow, arrest and eventually reverse the prevalence of obesity and bring the nation to a healthier weight (CDC, 2012b).

Health Messages on Television and Radio Programs

Individuals are also exposed to a considerable amount of health messages through advertisements on television programs and health content or story lines presented on television shows through the phenomenon of edu-tainment. From an educational point of view, the health content in television shows have the potential to influence the public's knowledge, attitudes and behavior (Murphy, Hether, & Rideout, 2008). Television shows can also reinforce existing behavior, demonstrate new behaviors and affect audience emotions (CDC, n.d.). Health messages presented in food advertisements have been the focus of several studies in general, research on food advertisement found that nutrient poor foods were promoted to African American audiences, which could prompt them to make unhealthy choices that could contribute to the risk of overweight and obesity and health-related consequences (Henderson & Kelly, 2005; Tirodkar & Jain, 2003).

Henderson and Kelly (2005) tracked types of food advertisements and weight related claims made during commercials appearing on both general market and African American television programming. A total of 553 food advertisements were analyzed as

part of this qualitative study. The researchers used a coding methodology to categorize the food advertisements. They found that more food advertisements appeared during African American programming than in the general market. The advertisements were more likely to be for fast food, candy, soda, or meat. They also examined food advertisements that made weight claims such as those that stated the food was lean, light, or could aid in weight management. They found that more advertisement with claims related to fat content appeared during African American programming while the advertisements that promoted food products claiming to be lean or light were featured in general programming. Henderson and Kelly (2005) concluded that the prevalence of advertisements that promoted foods of poor nutrition to African Americans should be a public health concern because they could be damaging to a population already at risk of overweight, obesity, and comorbid conditions. In addition, Henderson and Kelly's research strengthens the need for this study, as they also indicated that "more research is needed to assess whether consumers' knowledge and food choice behaviors are affected by advertisements that make nutrition-related claims" (p. 195).

Tirodkar and Jain (2003) examined and compared food messages that appeared on episodes of television shows that targeted the general population and African American audiences. The goal of their quantitative research was to explore health-related content of television aimed at specific audiences as such research had not been conducted previously. They taped and viewed top shows targeting general audiences ("Friends", "Frasier", "Jesse," and "Stark Raving Mad") and African American audiences ("Moesha", "Malcolm and Eddie", "Jamie Fox," and "The Parkers") based on Nielsen

Media ratings for 1999. While they found that the episodes for these shows contained about the same number and type of food and beverage content, they differed in character images presented. The African American programs featured characters that were likely to be overweight and young, and advertisements that promoted consumption of candy and soft drinks or soda. They concluded that food messages could prompt African Americans to consume low-nutrient foods and soda. They also stated that while having overweight characters could be an accurate portrayal of the prevalence of obesity among African Americans, they could endorse the acceptance of obesity and its adverse health consequences.

Murphy et al. (2008) analyzed 723 hours of television content, including the top prime time shows viewed by general, African American and Hispanic audiences during the years 2004, 2005, and 2006. In general, they found that most health topics dealt with an unusual illness or disease, but there were storylines that focused on chronic diseases related to obesity such as heart disease, cancer and diabetes. They also examined consumption of food and beverage since their depictions on television may have an influence on attitudes and behaviors of viewers (p. 10). They found that shows viewed by African American and Hispanic audiences were likely to contain almost every type of food and beverage, including sit-down meals, fruits and vegetables, desserts or sweets, beer and wine, and hard liquor. The researchers noted that there were numerous foods and beverages shown in the sampling of episodes they previewed, but health storylines about exercise, nutrition and obesity were few. Murphy et al. noted that of those three storylines, exercise storylines were featured more on shows popular among African

Americans than on the top-rated general audience shows across all three seasons in their sample. The researchers concluded that the low number of storylines pertaining to health represents a lost opportunity for health communicators to alert viewers to symptoms, treatment and prevention of illnesses they may face.

Media campaigns usually rely on radio to disseminate health messages. As a medium, it reaches diverse segments of the target audience. Hall, Johnson-Turbes, and Williams (2010) stated the Black radio, which is an avenue used to reach African American audiences, can be used to heighten the awareness of many health issues, deliver powerful messages, promote specific public health programs, and recruit African Americans into intervention studies. However, the authors argued that Black radio is used more often for political and social issues than it is for health issues. They recommended that public health practitioners use Black radio more often as part of media strategies. In recent years though, Black radio has been used as a platform to discuss overweight and obesity issues in African American women and to encourage healthy eating and physical activity (Steve Harvey Morning Show, 2012; Doug Banks Radio Show, 2012).

In recent years, radio show hosts on African American radio programs discussed the high prevalence of obesity in African American women and men. In February 2012, the Steve Harvey Morning Show featured nutritionist and author J.J. Smith, who discussed how listeners could make lifestyle changes to lose weight and be healthy by eating better. She was to select five listeners to personally coach for 90 days. Listeners were invited to tune into their local radio stations to follow the participants' progress and get advice on how they could reduce their weight. Following reports of obesity in African

American women and men, the Doug Banks Radio Show (2012) invited listeners to call and provide feedback either verbally or online at the show's website on whether they felt soul food contributed to their weight status. Listeners' responses ranged from commentary on obesity, exercise and soul food to diabetes and other health issues that resulted from being overweight. These national shows are just two examples of how radio disseminated information about health and helped to address health disparities among African Americans.

Summary

Audiences, including African American women, are inundated with a preponderance of health messages promoting healthy lifestyles, messages that promote consumption of food and beverages that could impact their health, and messages that reflect certain ideals of body images. Messages are delivered to targeted audiences through editorial content, advertisements, and media campaigns within their environments. These messages contribute to interactions between people and their environments. They may also contribute to the determinants that shape their perceptions and thus their behaviors. How messages are perceived and acted upon by African American women is the phenomenon that will be explored in this study. African American women have the highest prevalence of obesity and overweight in the United States. Media contributes to the perceptions that African American women have about obesity and overweight. This is an indication of the role media plays in their lives and how African American women consume information from the media. Some research studies have concluded these findings based on content analysis of media that uncovered

types of messages that African American women are exposed to through media and how those messages are likely to contribute to behavior (Duerksen et al., 2005; Kean, et al., 2008; Mastin & Campo,2006). However, there is a gap in the literature regarding the way in which African American women actually perceive those messages. The messages may influence knowledge, attitudes, beliefs, and behaviors among African-American women. Beyond the health messages they read and hear, it is important to know what impact, if any, the messages are having on African American women and how they respond to them. This study gave African American women a voice to share how they interpreted media messages and express how the messages have influenced their perceptions and behaviors.

In Chapter 3, the research design and methodology used to gather information from African American women is described. African American women, who were the participants in this study, provided details of their actual experiences with media, the kinds of content or messages they saw or heard in the media, and how they perceived those messages.

Chapter 3: Research Method

Introduction

The purpose of this study was to explore how messages delivered through the media contribute to the perceptions African American women have about overweight and obesity and whether African American women are influenced by the messages to engage in health behaviors that would reduce risks or improve their health status related to overweight and obesity. Media experts have defined such influence as media effects (Glanz et al., 2008; Gunter, 2000). Media effects are the consequences individuals, groups, institutions, and social systems experience following exposure to media (Glanz et al., 2008). Following exposure to advertisements, health messages embedded in storylines, and editorial content on radio and television programs and print publications and the Internet, the health behaviors and perceptions of African American women could potentially be influenced by what these women have seen, read, or heard (Kean & Privedera, 2007; Privedera & Kean, 2008).

African American women have the highest prevalence of overweight and obesity in the United States (Flegal et al., 2010). Research indicated that health messages in the media may shape African American women's perceptions of overweight and obesity and can be influential in behavior changes to increase healthy eating and physical activities (Beaudoin et al., 2007; Mastin & Campo, 2006; Wakefield, Loken, & Hornik, 2010). Eating a proper diet and engaging in an active lifestyle could help to reverse trends of obesity among this population and the resulting chronic diseases (O'Neil & Nicklas, 2007; Wilborn et al., 2005). In previous studies, researchers have analyzed

advertisements and editorial content of food and health found African American women's magazines such as *Essence* magazine (Campo & Mastin, 2007; Duerksen et al., 2005; Henderson & Kelly, 2005; Mastin & Campo, 2006; Prividera & Kean, 2005). Limited qualitative research has been done to explore how African American women perceived and responded to health messages in media, including those that appeared in advertisements and content in magazines, on television, and in media campaigns. In fact, Campo and Mastin (2007) addressed the need for studies in which African American women are interviewed to assess their awareness of overweight- and obesity-related information in African American media and their use of the information. In this chapter, I describe the study's design, sample, data collection and analysis, my role as the researcher in data collection, and ethical considerations for the research.

Research Design and Rationale

In this study, I explored and answered the following research questions:

1. What messages do African American women learn from the media with regard to being overweight or obese?
2. Do those messages affect the perceptions that African American women have about overweight and obesity?
3. Do the messages in the media contribute to African American women's knowledge of risks for obesity-related conditions such as diabetes, hypertension, and high cholesterol?
4. Do messages in the media contribute to physical activity and food consumption behavior among African American women?

The phenomenon focused on in this study is African American women's consumption of media and effects of media on their perceptions. I used the phenomenological approach to explore this phenomenon. The phenomenological approach is traditionally used to explore the lived experiences and perceptions of study participants. The approach is common in marketing, which involves media, and business research that seeks to capture the perspective of consumers who have experienced certain phenomena (Sayre, 2001). Researchers seek to understand the behavioral or consumption phenomenon as they evolve to consumers (Sayre, 2001). Through the phenomenological process, the research focuses on gathering descriptions from study participants that will be useful in understanding the phenomenon under study (Creswell, 2007; Sayre, 2001).

The researcher in a phenomenological study has the opportunity to interact with participants through in-depth interviews in order to gain a deeper understanding of the phenomenon and develops a composite description of the essence of those experiences learned from participants (Creswell, 2007). In-depth interviews are one of the data collection methods used in qualitative research and are particularly useful in phenomenological approaches (Bloomberg & Volpe, 2008).

I selected the phenomenology approach for this study because of its emphasis on capturing the lived experiences or descriptions from participants. This emphasis on lived experiences made this approach appropriate for media studies. Brennen (2013) stated that qualitative researchers study elements of media studies as cultural practices through which people make meaning out of their lives. Unlike other approaches, phenomenology

is used to study a process, an action or an interaction (Creswell, 2007). In this study, the participant interaction was with media and the actions that resulted from this interaction. This interaction was described as media effects. In addition, the way different segments of the population interact with media could be driven by their cultural exposure to media. Research has shown, for instance, that a higher percentage of African American women use media than other women. A 2011 study by Nielsen Media Research found that African American women ranked higher than other races of women in the usage of the Internet, television, and cell phone. For African Americans, the media has become a major source of health information and impacts decisions about their food choices, physical activity, and weight loss (Len-Rios et al., 2010).

Role of the Researcher

In qualitative research, the researcher is an active participant. One of the hallmarks of qualitative research is the role of the researcher as the data-gathering instrument (Patton, 2002; Savenye & Robinson, 2001). In this research study, I served as the instrument since I was the person gathering data (Brodsky, 2008b). In qualitative research, “the researcher becomes a part of the study by interacting closely with the subjects of the study” (Savenye & Robinson, 2001, p. 1172). This interaction in my research was carried out through semistructured interviews that I conducted with the study participants. As the instrument, I conducted interviews with participants who voluntarily agreed to be part of the research process. Researcher biases that could arise in this study related to the researcher as the instrument. Like study participants, I, as the researcher, could bring my own perceptions about overweight and obesity shaped by my

interactions with media. However, in phenomenological research, the researcher must be able to comprehend the participants' experiences. This was achieved through a process known as bracketing "in which qualitative researchers put aside their own feelings and beliefs about the phenomena under consideration to keep from biasing their observations" (Nieswiadomy, 2012, p. 181).

In qualitative research, bracketing may be used to help achieve rigor in the study. In this process, the researcher typically identifies his or her vested interests, personal experience, cultural factors, assumptions, and hunches that could influence how he or she views the study's data (Fischer, 2009). Upon identification, this information is put aside or shelved (Fischer, 2009). Bracketing can take place in all phases of the research and some researchers suggest it be done even before the research question is established and continue throughout the entire research process (Tufford & Newman, 2012). In other cases, researchers incorporated bracketing during data collection and during data analysis as study findings evolve (Fischer, 2009). In this study, I used bracketing during data collection and data analysis. I accomplished this through a process referred to as memoing (Tufford & Newman, 2012). I maintained a log of my activities and thoughts throughout the process.

The memos, which can take the form of observational notes or methodological notes, may include the researcher's acknowledgement and foregrounding of his or her preconceptions (Tufford & Newman, 2012). These notes helped enhance data collection, particularly during interviews which was being used as a method to gather data. As Tufford and Newman (2012) stated,

During the data collection phase, the researcher can engage in a process of bracketing by writing observational comment memos and theoretical notes, which denote the researcher's feelings and thoughts. Diligence in writing these memos and notes following interviews can surface cognitive and affective preconceptions and enable deeper engagement with the data. (p. 90)

Fischer (2009) said the goals of bracketing are to check whether the researcher is imposing meanings on the data in an effort to get rid of biases and to specify the perspectives through which meanings can become evident. Reflecting on the process of bracketing, Fischer further noted that the setting aside of researcher interests and assumptions does not have to be maintained until data analysis is completed. As a matter of fact, the researcher should question those assumptions and even correct them (Fischer, 2009).

Methodology

Participant Recruitment Logic

Purposeful sampling was used to recruit African American females for the study. Qualitative researchers have often used this sampling strategy (Baturka et al., 2000; Berg, 2007; Fouquier, 2011). Purposeful sampling, also sometimes referred to as purposive sampling, is used in qualitative research to identify specific audiences that would provide rich data (Berg, 2007; Patton, 2002). The main limitation presented by using a purposive sampling strategy is the inability to generalize the study to a wider audience (Berg, 2007). Purposeful sampling leads to a greater understanding of the phenomenon under investigation through the selection of information-rich cases, (Bloomberg & Volpe,

2008). The participants are recruited because they would offer useful information about the phenomenon being studied (Patton, 2002). This type of sampling strategy is aimed at gaining insight about the phenomenon rather than empirical generalizations from a sample to a population (Patton, 2002). When developing a purposive sample for a research project, researchers may also use their special knowledge or expertise about some group to recruit subjects who represent the population being studied (Berg, 2007).

The target population for this study was African American females who live in Beaufort and Jasper counties in South Carolina. I selected these counties because they are geographically accessible to me. Participants were required to be age 18 or older and be overweight or obese. The prevalence of overweight and obesity is highest among African American women between the ages of 20 and 79 (Ogden et al., 2007). Among this age group, the prevalence of overweight and obesity has been significantly higher among those women between the ages of 40 and 59 (Ogden et al., 2007).

In addition, participants were required to regularly engage in one or more of the following activities: watch television content including advertisements and programs, listen to the radio advertisements and programs, or read advertisements and editorial content in magazines such as *Essence* magazine or *Ebony* magazine that target an African American female audience. Participants were asked to participate in the study to gauge how the media influences their perceptions and behaviors pertaining to overweight and obesity.

For data collection, I needed access both to women who met the inclusion criteria of the study. I used purposeful sampling to recruit study participants. I recruited

participants through organizations that serve or cater to African American populations including African American churches and a community-based organization made up predominantly of African American women. I distributed letters (see Appendix B) and flyers (see Appendix C) to those organizations to reach the target population. I asked the contact persons to post the flyer on their bulletin board at their churches, if one was available, so potential participants could see it. I also asked the contact person for the organization to distribute the letter and flyer to their members. The flyer contained my contact information, so women interested in participating in the study could call me directly or send me an email regarding participation. An incentive of a \$10 cash gift card was offered to women for participating. The incentive was not meant to entice participation but to acknowledge participants' time and voluntary participation in the research.

Women who responded to my request for study participants were screened with a brief set of questions pertaining to their age, weight, and media consumption activities to assure they met the criteria for inclusion in the study. My goal was to secure eight women to participate in the study, aside from the two women who participated in the pilot study that preceded the main study. In qualitative studies, saturation is critical to make sure the sample provides the data or rich information needed to address the research questions. Research studies that have involved interviews tended to have sample sizes of 10 to 30 participants (Baturka et al., 2000; Fouquier, 2011). However, researchers have stated that there is no magic number of interviews that must be done; instead, the researcher should interview as many as necessary in order to gather insight, information,

and understanding about the issue under study (Brennen, 2013). There are several factors that will help the researcher determine the appropriate number of interviews, including saturation. Brennan stated that the length and depth of the interview conversations, and the kind of information obtained should be taken into consideration (p.30). When the same information is heard repeatedly and less and less new information is being obtained from study participants, this is an indication that the researcher has reached a point of saturation and can end the interview process (Brennan, 2013). In my research, saturation was reached with the 10 women who participated in the both the pilot and main phases of the study.

Instrumentation

For this research study, I conducted semi structured interviews, which were based on a pre-established set of questions asked to all study participants (Brennen, 2013). Interviewing is considered to be a valuable method to gather useful, interesting, relevant, or important information (Brennen, 2013; Savenye & Robinson, 2001). An interview is a purposeful conversation between two people and is focused on specific topics (Brennen, 2013). More than other types of interviews, semi structured interviews offer more flexibility in how questions are asked and the order in which they are asked (Brennen, 2013). During the interview, the interviewer may even ask follow-up questions to delve more deeply into some of the topics to clarify a respondent's answers (Brennen, 2013, p. 28).

The instruments that were used in the data collection phase of my research included an interview protocol (Appendix D), a demographic profile (Appendix E), a set

of open-ended questions (Appendix F), and a tape recorder to audio-record the interview. The interview protocol outlined how the interview sessions would be conducted and in what time frame. The demographic profile shed light on participants' background, education, and personal information such as age, gender, and ethnicity and helped explain what may be underlying an individual's perceptions (Bloomberg & Volpe, 2008). The demographic profile reflected a diverse group of women, which provided a range of opinions.

For the research, I produced a series of open-ended interview questions that evolved from the main research questions established for the research study. The questions were reviewed by two experts – a university professor who teaches media studies classes at Elon University in North Carolina and a psychologist who is in private practice and specializes in eating disorders. Based on the feedback from these experts, the interview questions did not require revisions. The interview was designed to gather perceptual information, which is participants' perceptions related to the subject being research (Bloomberg & Volpe, 2008). Perceptual information relies on interviews to uncover participants' descriptions of their experiences related to how those experiences influenced the decisions they made and whether they had a change of mind or a shift in attitude (Bloomberg & Volpe, 2008).

Researcher Developed Instrument

Qualitative research studies are unique because of their focus on certain phenomena. Thus, instrumentation used to gather data may be unique as well. For this research study on the perceived influence of mass media on African American women's

perception of overweight and obesity, I developed the interview instrument that was used (see Appendix F). Questions for the interview were derived from the main research questions and were reviewed by two experts with knowledge in media studies and eating disorders.

Validity of Data Collection Instruments

The validity of the data collection instrument was determined in two ways. First, the questions in the interview instrument were reviewed by two experts – a university professor who teaches media studies classes and a psychologist who specializes in eating disorders. Both of these individuals were provided a copy of the proposal and the instrument to review. They were provided with a form (see Appendix G) to review and evaluate the validity and reliability of the qualitative instrument. They were asked to use the form to specifically gauge whether the instrument will collect the appropriate data for this research study. The second strategy used to determine the validity of the data collection instrument was a pilot study, which is discussed in the next section.

Procedures for Pilot Study

Pilot studies are mini versions of a full-scale study. Conducting a pilot study increases the likelihood of success in the main study. Pilot studies can provide valuable insight for other researchers. According to Van Teijlingen and Hundley (2001),

One of the advantages of conducting a pilot study is that it might give advance warning about where the main research project could fail, where research protocols may not be followed, or whether proposed methods or instruments are inappropriate or too complicated. (p.1)

For this study, I used a pilot study to refine interview protocols and questions. I also used it to help refine the recruitment process for identifying eligible participants. This allowed me to see how well the data analysis process worked for identifying emerging themes and coding information according to the data analysis plan.

For the pilot study, I used convenience sampling to select two participants for the interviews. This allowed me to conveniently identify participants for the pilot study. Participants in the pilot study needed to be part of the target population and needed to meet the same criteria as the target population in the main study in order to participate in the research.

For participants recruited for the pilot study, I followed the same procedures for data collection. Participants were provided with informed consent so they understood the scope and purpose of the study, how their information would be used and how their confidentiality would be protected. I used the researcher developed instrument of interview questions to interview participants. The interviews were recorded with a tape recorder. The interviews were transcribed and analyzed according to the data analysis plan discussed later in this chapter.

Procedures for Recruitment Participation and Data Collection

Data Collection

Data for this research study was collected through interviews that I, as the researcher, conducted. Based on responses to the recruitment plan, I followed up with potential candidates to ensure they met the study criteria. It took six months to recruit eight participants. Interviews were scheduled over two months. I made arrangements with

the participants to conduct interviews in convenient locations. I used a tape recorder to record the interviews.

Debriefing Procedures

Debriefing is an important step in helping study participants cope with any adverse feelings or thoughts that may arise as a result of the data collection process. As stated by Berg (2007), “in the interest of ensuring no harm to participants, it is important to debrief the subjects and to determine if they require any assistance, counseling, or explanations for questions they have been asked during the course of the interview” (p. 75).

In my research, I incorporated debriefing into the interview process. Prior to the start of each interview, I explained to the participants what debriefing is and why it is an important part of the process. Debriefing occurred at the end of each interview. At that point, I gave participants the opportunity to discuss any positive or negative feelings they had with regard to the interview process or to being interviewed. I offered to provide them with the name and number of a local counselor who had agreed to speak with them confidentially and recommend strategies to cope with their feelings if needed. None of the participants required such assistance. Other debriefing steps in my research included:

1. Getting the participant’s contact information including a current telephone and email address. Although debriefing occurred at the end of the actual interview, I called each participant see if they had any concerns that arose after the interview was over. None of the participants raised any concerns after the interview or in follow-up contacts.

2. I provided each participant with my telephone numbers and email address so they could to contact me with any concerns or questions they had following the interview. None of the participants contacted me with concerns or questions.

Follow-Up Procedures

At the start of the interviews, I informed participants that they will be contacted for clarification of any statements made in the interview through member checking strategies. After the interview, I emailed each participant a transcribed copy of their interview to review. They were advised to notify me of any discrepancy they find in the document so that it may be corrected. None of the participants notified me of any discrepancies or errors.

Data Analysis Plan

The data collected as part of this research study were rich description and commentary retrieved from study participants through the semistructured interviews. Data analysis actually begins early in the research process. As stated by Savenye and Robinson (2001),

Early in the study, the researcher will begin to scan recorded data and to develop categories of phenomena. These categories are usually called *codes*. They enable the researcher to manage data by labeling, storing, and retrieving it according to the codes. Of course, the codes created depend on the study, setting, participants, and research questions, because the codes are the researchers' way of beginning to get at the meaning of data. (p. 1187)

Following each interview, I transcribed the data and used the transcriptions to identify major themes and coded content to those major themes. Since this study was based on the phenomenological approach, data was analyzed using Colaizzi's strategy for analyzing descriptive phenomenological data (Shosha, 2012). In phenomenological analysis, data analysis is based on the transcripts and the researcher "goes through the data (e.g., interview transcriptions) and highlight(s) 'significant statements, 'sentences, or quotes that provide an understanding of how the participants experienced the phenomenon" (Creswell, 2007, p. 61).

Colaizzi's process for phenomenological data analysis includes the following seven steps (cited in Shosha, 2012; Edward and Welch, 2011; and Wojnar and Swanson, 2007):

1. Each transcript should be read and re-read in order to obtain a general sense about whole content.
2. Significant statements that pertain to the phenomenon under study should be extracted from each transcript. These statements must be recorded on a separate sheet noting their pages and line numbers.
3. Meanings should be formulated from these significant statements.
4. The formulated meanings should be sorted into categories, clusters of themes, and themes.
5. The findings of the study should be integrated into an exhaustive description of the phenomenon under study.
6. The fundamental structure of the phenomenon should be described.

7. Validation of the findings should be sought from the research participants to compare the researcher's descriptive results with their experiences.

I applied these seven steps in order to determine themes and meanings from the interview data I collected. The eventual outcome sought from applying Colaizzi's seven-step strategy was to generate a description about the phenomenon of mass media influence on African American women's perception of overweight and obesity, the health risks associates with being overweight or obese, and the strategies they have employed to reduce overweight or obese as a result of exposure to media messages. The seven steps helped identify critical statements that shed light on the phenomenon. The researcher then uses the statements to develop themes, which are then used to write a textural description, a description of what the participants experienced and a structural description, a description of the context or setting that influenced how the participants experienced the phenomenon (Creswell, 2007).

Along with application of Colaizzi's strategy, I used NVivo 11 Starter software from QSR International (2015a) for organization of interview transcripts and to assist with analysis of interviews. In relation to Colaizzi's steps, for instance, the NVivo software was useful in carrying out step 2. Rather than writing out significant statements on paper, they were organized within the NVivo software. QSR (2015b) included suggested steps for using NVivo 11 Starter to explore perceptions through interviews. Since my research involved exploring perceptions held by study participants, the steps were pertinent to conduct data analysis. Those steps were importing documents, which were the transcribed interviews, coding emerging themes and creating memos to record

my discoveries and ideas (QSR International, 2015b). In addition, queries were used to explore connections between themes (QSR International, 2015b). It was important to understand the connections between themes as well as those themes that emerged as different or opposite of major themes. Different or opposite information are referred to as discrepant data or negative cases.

Discrepant data, such as opposing views from study participants, should be a part of the study's analysis and can add to a study's credibility. This data can increase the researcher's understanding of patterns and trends that do not fit within the dominant patterns and trends uncovered in the research (Patton, 2002). Not only can these negative cases strengthen a good study, but they can protect against researcher biases in what and how data are seen and reported (Brodsky, 2008a). The analysis of negative data "is necessitated by purposely sought or spontaneously appearing pieces of data that differ from the researcher's expectations, assumptions, or working theories," (Brodsky, 2008a, p.553). The nature of the discrepant information is included in the data analysis and results sections of the research paper so readers are aware of these comments and how the researcher has dealt with them. Discrepant information that runs counter to themes should be addressed by discussing evidence that supports the themes as well as information that contradicts them (Creswell, 2009). Presenting this contradictory evidence helps make the account more realistic and thus, more valid (Creswell, 2009). Other discrepant data, such as incomplete comments or incoherent statements made by participants, may not be used unless they are clarified by a participant in the study.

Issues of Trustworthiness

Issues of trustworthiness reflect the validity and rigor of the research study. Trustworthiness is evaluated on the following criteria: credibility, transferability, dependability, and confirmability (Bloomberg & Volpe, 2008; Daymon & Holloway, 2011; Given, 2008).

Credibility

In qualitative research, researchers must create credibility and consistency throughout the research document (Jensen, 2008). This can be achieved through numerous methods including peer review, member checks, audit trails, and reflexivity in the data analysis phase. Credibility shows consistency in the research by ensuring that appropriate research model is used with recruited participants and creates a believable link between what the participants expressed and the themes and codes that emerged (Jensen, 2008). As Jensen (2008) stated, “the accuracy of this process for both the readers and participants creates a measure of credibility to the research project” (para. 1). Ultimately, the study is credible “if readers recognize in the findings the meaning that the research has for them in their own social context,” (Daymon & Holloway, 2011, p. 85). In this study, I addressed credibility specifically by creating an audit trail and conducting member checks and a peer review.

Daymon and Holloway (2011) stated that all research should have an audit trail – a detailed record of the decisions made before and during the research and a description of the research process. Having an audit also means that the researcher will keep documentations such as raw data, field notes, and data collection and analysis procedures

in order to provide evidence when necessary (Daymon & Holloway, 2011). Throughout the research process, beginning with this proposal, I maintained a record of my decisions related to the theoretical, methodological and analytical choices for my study. Another step that I employed, as suggested by Daymon and Holloway (2011), was making notes of transcripts, field notes, notes of reflexive and analytical thoughts; all of these contribute to the dependability of the research.

Peer review is conducted by using colleagues who are knowledgeable in the research area to review and critique the research and data analysis findings (Jensen, 2008). For peer review, my research data analysis was reviewed by my dissertation committee.

Member checks are when study participants are asked to check the understanding of the data they provided by having them review their transcript and the data analysis results to make sure the interpretation is accurate and consistent with their beliefs and perceptions of the context being studied (Jensen, 2008).

Daymon and Holloway (2011) provided these specific purposes of member checking:

- To find out whether the researcher is presenting the reality of the participants in a way that is credible to them;
- To provide opportunities for participants to correct errors which they might have made in their discussions with the researcher;
- To assess the researcher's understanding and interpretation of the data;
- To challenge the researcher's ideas; and

- To gather further data through participants' responses to the researcher's interpretations.

To carry out member checks, I asked participants to review the research transcripts of their interview to make sure it adequately documents their comments and accurately reflects the information they revealed during the data collection process (see Appendix H).

Transferability

Transferability, which deals with generalizability or external validity, can be achieved through thick description in the data analysis. Thick description helps to establish the quality of the research and is also linked to the audit trail (Daymon & Holloway, 2011). It also enables readers to make their own informed judgments about how this research might link with their experiences and draw their own conclusions (Daymon & Holloway, 2011). In this study, I recorded descriptions of the settings and the interviews in my audit notes.

Dependability

As noted in the above section, an audit trail can help to achieve dependability in the study. This means the study has been carried out in a stable and consistent manner (Daymon & Holloway, 2011). Through the use of the audit trail, I noted my decision-making processes for the research. For any future audit purposes, audit notes will aid in evaluation of the adequacy of my analysis (Daymon & Holloway, 2011).

Confirmability

In order to achieve confirmability, the researcher must “show how the data are linked to their resources so that a reader can establish that the conclusions and interpretations arise directly from them” (Daymon & Holloway, 2011, p. 86). The audit trail was critical in this step because it tracked the steps taken in the research process.

Ethical Procedures

Treatment of Human Participants

Ethical issues that could arise in this qualitative study revolved around informed consent, confidentiality, and data access and ownership (Bloomberg & Volpe, 2008; Frank-Nachmias & Nachmias, 2008; Patton, 2002). Informed consent was used as part of this research to protect study participants. I also submitted an application to the Institutional Review Board (IRB) at Walden University to conduct the study because it involved human participants.

Treatment of human participants was outlined as well in the approved IRB application, #01-13-15-0094573. IRB approval ensured that I met the standards to conduct the research. According to Walden University (2013):

The Institutional Review Board consists of staff and faculty members from each of Walden’s major research areas and is responsible for ensuring that all Walden University research complies with the university’s ethical standards as well as U.S. federal regulations and any applicable international guidelines. (p. 1)

Each person who agreed to be a part of the research was required to complete an informed consent form (see Appendix A). Informed consents were obtained before the

data collection phase. Obtaining informed consent from participants meant they agreed to participate in the research as an exercise of their choice, free from any element of fraud, deceit, duress, or similar unfair inducement or manipulation (Berg, 2007). Through informed consent, participants were informed of the purpose of collecting the information, how the information was to be used, generally what they would be asked in the interview, how their responses and confidential information would be handled, and what the risks and benefits were of being interviewed (Brennen, 2013; Patton, 2002). In this process, I explained to participants how the research study will shed light on the relationship between media and society (Brennen, 2013).

Because of the personal information that was to be shared, I assured participants that my committee and I would be the only ones with access to the full set of data. Transcripts of the interviews were shared with the participants. They were asked to verify that what appeared in the transcript was accurate based on the interviews; this is called member-checking (Daymon & Holloway, 2011). I have secured data in a locked file at my home, where it will be maintained for the period of time required by Walden University. After that period, documents will be shredded. Informed consent also involved informing participants about their right to withdraw from the study at any time (Kvale, 2007).

Women who agree to participate in the interviews may be concerned about confidentiality, which deals with protecting participants' identity and personal health information such as weight or chronic conditions that may evolve in the data collection phase. Issues related to confidentiality include protection of information communicated

and right of privacy for participants (Frank-Nachmias & Nachmias, 2008). The informed consent document included a statement that describes how participants' personal health information would be kept confidential and who would have access to their information. As the researcher, I transcribed the interviews and have access to the audio recordings and transcriptions. In addition, participants were informed that their information may be shared with my Walden University dissertation committee selected to review my work. To further protect participants' identities, I only used the initials of participants' names.

Ethical Concerns Related to Recruitment Materials and Process

Ethical concerns that could arise as part of the recruitment materials and process could relate to obtaining the subjects' informed consent to participate in the study, securing confidentiality, and considering the possible consequences of the study for the subjects (Kvale, 2007). There also could be a concern of African American women who are overweight or obese actually stepping forward to participate in the research. I addressed this in the recruitment letter and flyer by indicating that all participants' information will be kept confidential. I included my contact information so interested women could call me directly if they had any questions regarding participation or the purpose of study. It was imperative that they fully understood the study before they agreed to participate. As part of the research study, participants received a \$10 cash gift card. Offering an incentive can raise questions about its effect on participants' responses (Patton, 2002). For my research, I explained to participants that the receipt of an incentive should not influence their responses. It was meant to thank them for their time in participating in the interview process.

Ethical Concerns Related to Data Collection

In research, it is important to accurately present information. In qualitative research, transcription errors are likely to occur. Easton, McComish and Greenberg (2000) described some of these errors as mistyped words that change the meaning of a phrase or sentence, the misinterpretation or mishearing of a word on the part of the person transcribing the tape, or unfamiliarity of slang terms or words specific to a culture. They suggested such pitfalls can be avoided if the researcher serves as both the interviewer and the transcriber. For this research, my role was both as the interviewer and the transcriber. To go further in making sure information is accurately transcribed, I sent a copy of the transcript to participants for their review as well. I checked the transcripts for any errors including misspelled words, inaccurate punctuations or mistyped words. Taking this step to correct any errors helped ensure the reliability of the data.

As the researcher, I was also cognizant that ethical issues could arise during data collection. This could have included the potential of participants withdrawing from the study for personal reasons. During the briefing of data collection and in the informed consent document, participants were informed that they could withdraw from the study at any point. Withdrawal of subjects could affect sample size for the study. Knowing that there was possibility of one or more participants withdrawing from the study, my goal was to recruit other participants in order to keep an adequate sample size. The interview process itself could give rise to ethical issues. Researchers have to take into account potential consequences subjects may experience as a result of the interview; those consequences may include stress during the interview and changes in self-understanding

(Kvale, 2007). Following the interview, there was a debriefing phase. Participants were asked about their feelings to assess whether they were stressed by any portion of the interview. I made sure they were aware of available sources available to address interview stress or changes.

Treatment of Data

Confidentiality was stressed throughout the research phase, and I assured participants of how their data would be protected. Data protection was achieved by storing information on two compact discs for use in computers. That data was not stored on the computer to avoid loss of data that may result from computer related issues. Only my dissertation committee and I have access to the data.

Summary

The goal of this stage of research was to gather perceptual information that will address the research questions regarding African American women and their interpretation of messages in the media that pertain to overweight and obesity. Several hallmarks of qualitative research were evident in this study: the researcher as participant and the researcher as the instrument. As the research instrument, I had a significant role in carrying out the instrument protocol to conduct interviews that yielded rich responses that were used to describe theoretical concepts as part of the social cognitive theory. This chapter described how data was gathered, coded and analyzed. The use of semi-structured interview is just one method of gathering data for qualitative research. In this research, it helped the researcher to gather the rich, data needed to explore the topic and test the theory. This chapter was also critical in outlining how study participants were identified

and engaged in research. Thus ethical considerations such as informed consent were important in protecting participants throughout the research process. Upon implementation and completion of the research, data was discussed and presented in chapter four. The conclusion of the study is presented in chapter five.

Chapter 4: Results

Introduction

The objective of this phenomenological study was to explore the influence of mass media messages in shaping perceptions African American women have about overweight and obesity. The study evolved from other researchers who suggested that messages delivered through the media may contribute to perceptions African American women have about overweight and obesity (Duerksen et al., 2005; Henderson & Kelly, 2005; Kean, Prividera, Howard III & Gates, 2014; Mastin & Campo, 2006; Tirodkar & Jain, 2003). Researchers have also suggested that African American women engage in health behaviors that could reduce health risks or improve their health status related to overweight and obesity as a result of media messages they see, hear, or read (Duerksen et al., 2005; Henderson & Kelly, 2005; Kean et al., 2014; Mastin & Campo, 2006; Tirodkar & Jain, 2003). The results or actions individuals carry out as a result of exposure to media are defined by experts as media effects (Finnegan & Viswanath, 2008). My research was based on the lived experiences of African American women whose lifestyle behavior and perceptions pertaining to their weight and health may be attributed to media messages to which study participants said they had been exposed. For this study, data analysis was conducted on data collected through interviews with eight African American females who consumed different media in their daily lives.

This chapter is divided into several sections to address research questions, emerged themes, and the study results. In the first sections, I present information about the pilot study, which was conducted to ensure the efficiency of interview protocol for

data collection, the setting, and the participant demographics. Data collection and analysis are discussed in following sections. Finally, evidence of trustworthiness and the study results are presented. The chapter is concluded with a summary.

Pilot Study

Prior to implementation of the main study, I conducted a pilot study to determine the appropriateness of the research protocol (Appendix D), a demographic profile (Appendix E), and the interview instrument, which consisted of 13 open-ended questions (Appendix F). As a mini version of the main study, a pilot study can provide valuable information for the researcher and identify areas of weaknesses in the study (Van Teijlingen & Hundley, 2002). The pilot study included recruitment of pilot study participants and an interview with each participant. Participants for the pilot study were recruited from the target population at two local churches—the First African Baptist Church and the Agape Family Life Center/Greater Pentecostal Church—which are both located in Jasper County, South Carolina. Key contacts at both churches distributed the recruitment flyer over a four-week period. This included posting fliers to church bulletin boards and placing them in church worship programs, which are handed to church members at worship services, and in other locations in the church where it may be picked up by members.

Through First African Baptist Church, two participants responded to the flyer. No individuals from the Agape Family Life Center/Greater Pentecostal Church contacted me to participate in the pilot study. Both women recruited through the First African Baptist Church qualified to participate in the interview. One participant was in the 41 to 50 age

category and other was in the category of women over the age of 51. Both women were married, had college degrees, and were considered obese according to BMI table from the National Heart, Lung and Blood Institute (2013), which provides categories for overweight, obese or morbidly obese according to an individual’s weight and height (see Figure 1). This is a widely used chart that is available on the Internet.

		Body Mass Index Table																																				
		Normal								Overweight								Obese								Extreme Obesity												
BMI		19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	
Height (Inches)	Body Weight (pounds)																																					
	58	91	96	100	105	110	115	119	124	129	134	138	143	148	153	158	162	167	172	177	181	186	191	196	201	205	210	215	220	224	229	234	239	244	248	253	258	
59	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	173	178	183	188	193	198	203	208	212	217	222	227	232	237	242	247	252	257	262	267		
60	97	102	107	112	118	123	128	133	138	143	148	153	158	163	168	174	179	184	189	194	199	204	209	215	220	225	230	235	240	245	250	255	261	266	271	276		
61	100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185	190	195	201	206	211	217	222	227	232	238	243	248	254	259	264	269	275	280	285		
62	104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191	196	202	207	213	218	224	229	235	240	246	251	256	262	267	273	278	284	289	295		
63	107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	191	197	203	208	214	220	225	231	237	242	248	254	259	265	270	276	282	287	293	299	304		
64	110	116	122	128	134	140	145	151	157	163	169	174	180	186	192	197	204	209	215	221	227	232	238	244	250	256	262	267	273	279	285	291	296	302	308	314		
65	114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210	216	222	228	234	240	246	252	258	264	270	276	282	288	294	300	306	312	318	324		
66	118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216	223	229	235	241	247	253	260	266	272	278	284	291	297	303	309	315	322	328	334		
67	121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223	230	236	242	249	255	261	268	274	280	287	293	299	306	312	319	325	331	338	344		
68	125	131	138	144	151	158	164	171	177	184	190	197	203	210	216	223	230	236	243	249	256	262	269	276	282	289	295	302	308	315	322	328	335	341	348	354		
69	128	135	142	149	155	162	169	176	182	189	196	203	209	216	223	230	236	243	250	257	263	270	277	284	291	297	304	311	318	324	331	338	345	351	358	365		
70	132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243	250	257	264	271	278	285	292	299	306	313	320	327	334	341	348	355	362	369	376		
71	136	143	150	157	165	172	179	186	193	200	208	215	222	229	236	243	250	257	265	272	279	286	293	301	308	315	322	329	336	343	351	358	365	372	379	386		
72	140	147	154	162	169	177	184	191	199	206	213	221	228	235	242	250	258	265	272	279	287	294	302	309	316	324	331	338	346	353	361	368	375	383	390	397		
73	144	151	159	166	174	182	189	197	204	212	219	227	235	242	250	257	265	272	280	288	295	302	310	318	325	333	340	348	355	363	371	378	386	393	401	408		
74	148	155	163	171	179	186	194	202	210	218	225	233	241	249	256	264	272	280	287	295	303	311	319	326	334	342	350	358	365	373	381	389	396	404	412	420		
75	152	160	168	176	184	192	200	208	216	224	232	240	248	256	264	272	279	287	295	303	311	319	327	335	343	351	359	367	375	383	391	399	407	415	423	431		
76	156	164	172	180	189	197	205	213	221	230	238	246	254	263	271	279	287	295	304	312	320	328	336	344	353	361	369	377	385	394	402	410	418	426	435	443		

Source: Adapted from Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report.

Figure 1. Body mass index table. The Body Mass Index table is made available to the public on the website of The National Heart, Lung and Blood Institute (n.d.). Retrieved from http://www.nhlbi.nih.gov/guidelines/obesity/bmi_tbl.pdf

Both pilot study participants also read *Essence* or *Ebony* magazines, which target African American women, listened to radio programs targeting African American women, and regularly watched television programs, especially some targeting African American audiences. The interviews were conducted according to the research protocol. The interview with each participant took 30 minutes to complete. Both participants felt

the questions were appropriate and understandable. Based on their responses, I did not need to make any changes to the interview protocol or the interview questions.

Following the conclusion of the pilot study, I immediately began recruitment for the main research study.

Setting

For this study, I originally focused on African American females in Jasper County, S.C. Jasper County has a population of 26,629 residents, of which 40% of the adults age 20 and older are overweight or obese (County Health Rankings, 2016). For recruitment purposes, the study was expanded to include African American females from Beaufort County, S.C., which has a population of 171,838 and is adjacent to Jasper County. In Beaufort, 22% of the adult population age 20 and older are overweight or obese (County Health Rankings, 2016). According to the S.C. Department of Health and Environmental Control (n.d.), obesity, high cholesterol, sedentary lifestyle, and low consumption of fruits and vegetable are common behavioral risk factors that contribute to cancer, diabetes, heart disease, and other leading causes of death among both Beaufort and Jasper County residents.

There were no known personal or organizational conditions that emerged during the interviews that may have influenced participants or their experience at the time of the pilot study or the main research study.

Demographics

The population of interest for this study was African American females who live in Beaufort or Jasper counties in South Carolina. Study participants were required to be

age 18 or older and be overweight or obese. Weight status was a consideration since the prevalence of overweight and obesity is highest among African American women between the ages of 20 and 79 (Ogden et al., 2007). It is particularly higher among African American women between the ages of 40 and 59 (Ogden et al., 2007). Weight status was determined using the BMI table (National Heart, Lung and Blood Institute, n.d.). Participants self-reported their weight and height, and I used that information to determine the participants' BMI and weight category. Participants also had to read at least one magazine publication or listen to one radio program targeting African American women. Women were not required to give their specific age but were asked to indicate their age ranges.

Following six months of recruitment, eight additional women qualified to participate in the study. Two women from the pilot study were included, bringing the total number of participants to 10. Because the participants had no recommendations for changes to the interview protocol or questions and provided rich responses to interview questions, it was appropriate to include their responses as part of the data analysis.

For the main study, all of the women except one fell into the obese category; one woman was considered extremely obese. All participants stated that they read magazine publications targeted at African American females or listened to radio programs targeted at African Americans. Table 1 displays participants' demographics relevant to this research study.

Table 1

Participants' Demographics

Name	Age group	Marital status	County	BMI	Weight classification	Education
EY	31-40	Single	Jasper	40	Extreme Obesity	College Degree
AP	41-50	Married	Beaufort	39	Obese	College Degree
DW	41-50	Married	Jasper	39	Obese	College Degree
MH	41-50	Married	Jasper	32	Obese	College Degree
LG	41-50	Married	Jasper	49	Extreme Obesity	College Degree
AW	51 or older	Married	Beaufort	30	Obese	Graduate School
CC	51 or older	Married	Beaufort	29	Overweight	College Degree
DE	51 or older	Married	Beaufort	29	Overweight	College Degree
JM	51 or older	Single	Beaufort	27	Overweight	College Degree
LC	51 or older	Married	Beaufort	32	Obese	Graduate School

Note. BMI is a measure of overweight and obesity, calculated from an individual's height and weight (National Heart, Lung and Blood Institute, n.d.). Individuals are considered to be obese if they have a BMI greater than or equal to 30 and overweight if they have a BMI of 25 to 29.9. Individuals are classified as having extreme obesity if they have a BMI greater than 39.

Data Collection

Data for this research study were collected through interviews using an interview instrument validated by two independent consultants. The instrument was tested during a pilot study conducted prior to the main research study. Eight women were interviewed for the main research study and two were interviewed for the pilot study. The interviews were conducted in locations convenient for participants—two were done at participants' homes, one was conducted at a participant's office, and the remaining seven were conducted in conference room space at two local hospitals. The interviews were conducted over a period of seven weeks. Each interview session lasted an average of 30 minutes. A digital voice recorder was used to record the interviews, which were then transferred as Mp3 files from the recorder to my HP laptop computer. The files are saved in a folder on the laptop and to an external disc for storage. Prior to the start of the

interview, I explained the interview process and the informed consent, which each participant signed.

A part of the data collection was debriefing, wherein participants are allowed to express any adverse feelings or thoughts arising as a result of the data collection process. At the end of the interview process, participants were given the chance to discuss any negative or positive feelings they have with regard to the interview process. All participants were given my telephone number and email to contact me if they had any concerns. I touched based with participants within a week of the interview to see if they had any concerns, but none did.

Interviews were transcribed over a two-month period. All participants were emailed a copy of their transcribed interview and summary of themes and were asked to respond to me with any concerns. Three formally replied back with an email to indicate they had no problems with the transcript or summarized themes.

Date Analysis

In the data analysis stage, I applied Colaizzi's seven-step strategy for analyzing descriptive phenomenological data (Shosha, 2012), which I outlined in Chapter 3. Data were organized using QSR NVivo 11 Starter software. I originally proposed using NVivo 10 software. However, QSR upgraded the software to the NVivo 11, which was touted as the version to use for researchers who only needed to code documents. This version of the software is ideal for researchers who need to analyze and understand text like interview transcripts, documents or articles, but not spend a significant amount of time learning complex software (QSR International, 2015a). Using Colaizzi's strategy, I

implemented the following steps to move inductively from coded units to larger representations including categories and themes:

Step 1. Transcript.

Each transcript was typed and formatted with page and line numbers. I read and reread each transcript four times throughout the process to obtain a general sense about the whole content. All 10 transcripts were imported from Word into the QSR NVivo 11 Starter qualitative software program. Within NVivo, a case was set up for each participant, which outlined all of the demographic data captured, including age, marital status, education, county of residence, BMI, and weight category (Table 1). In the software program, I created memos of my thoughts or ideas, which I aligned with interview statements participants' made. I also recorded thoughts, ideas, or any concerns in a dissertation journal for bracketing purposes.

Step 2. Significant Statements.

During this stage of the analysis, significant statements pertaining to obesity and overweight, chronic disease, health risks, body image, media messages, and strategies for lifestyle behavior were extracted from each interview transcript. One hundred and fifty-three significant statements were extracted from 10 transcripts. Table 2 provides examples of significant statements.

Table 2

Example of Significant Statements

Significant statements	Transcript no.	Page no.	Lineno.
“I kind of feel like, in the first place, black women are built up different and those scales, most of those scales, are for white women, you know. Like me, I’m big boned so I’m gon’ weigh more than a person that doesn’t have big bones, because they’re built different than we are and those scales don’t include us really.”	4	1	18-21
“I think a lot of the foods we eat contribute a lot to our obesity and how we prepare them. A lot of the things we prepare, we use fats and oils that a lot of fat in them.”	7	2	60-61
“Well, that it could cause health issues and that’s how, that’s what I’m basically drawn to. If you turn on the television, even if you see a commercial, it’s gonna talk about (that). If it’s talking about a medicine and it’ll show you a before and after, a person walking, moving and they’re smaller and /or people who are trying to sell health, for lack of a better word, gadgets, or machinery or whatever. They’re gonna show you before and after of a person, after they’ve exercised, whether they were morbidly obese or they were just significantly overweight.”	10	2	78-83
“It’s always a lot of um health articles in Essence and they make sense, you know, by ah telling you to watch what you’re eating and cutting back on the salt, the sodium. Those are always good. Cutting back on sugars and carbohydrates and being more conscious of what you’re putting in your body.”	5	2-3	88-95
“High blood pressure can lead to stroke. Being a diabetic can lead to losing your toes, fingers, whatever, um. Cholesterol can mess up things, so it will eventually lead to something that’s not good.”	3	3	103-105
“And that is what we see a lot. You see more salads and if you watch television, you see more healthy foods and different things. And it just makes you aware that you can eat good. Um, it can taste good and eat well. And you don’t always have to pick out something fried, which is my weakness.”	6	4	144-147

Step 3. Formulated Meanings.

Meanings were formulated from each of the significant statements that were identified in the interviews. Table 3 provides examples of the formulated meanings derived from some of the significant statements.

Table 3

Examples of the Process of Creating Formulated Meanings from Significant Statements

Significant statements	Formulated meanings
<p>“I feel like overweight is carrying more weight than you should carry for your weight and height. That could be within the standards of the medical field or just, you know, just carrying more weight than you really should.”</p>	<p>Obesity and overweight are determined by your weight and height.</p>
<p>“Hereditary. The foods we eat because of how we cook them, things we put in them. How much we eat. When we eat. The time of day we eat. Lack of exercise. Not being education on, you know, taking care of your body with foods, exercise and diet. That’s just not something that we’ve been doing.”</p>	<p>Hereditary, diet and food preparation, lack of exercise and education contribute to obesity problems.</p>
<p>“I think with what I have learned from the different shows, The Steve Harvey Show, <i>Ebony</i> and the different publications, is that we need to get healthy. In the African American community, there are things that have stricken us a little more than other communities, or we have – so we need to get healthy. They give us the avenues to do that and the information. Usually when they publish something they give you some direction as to how you can get there. Go to this website, check this out. It’s important so we just need to find it, make it important for ourselves.”</p>	<p>Participant views the media as a source for health information, but feels people need to make use of the information.</p>
<p>“I think the messages that touch me most are the messages about disease, specifically cancer because of the history of cancer in my family. And so, much more so than me trying to impact my diabetes, I am trying to impact me not getting cancer. And so that’s what always becomes top of mind for me. So I’m trying to eat all the vegetables that lower your risk of cancer. You know, when I juice, I’m juicing because I’m consuming those vegetables that will lower my risk of cancer. I exercise to lower my risk of cancer.”</p>	<p>Fear of getting cancer motivates participant to eat well and exercise.</p>
<p>“There’s one in particular. Um the message of cancer, really. There are several forms of cancer that being overweight might feed into so if, I guess that’s one that to me might be the scariest part of it, is knowing that I could have helped myself or prevent certain things and not being willing to do that.”</p>	<p>Fear of getting cancer motivates participant to address obesity.</p>

Step 4. Categories.

The formulated meanings were grouped into categories that reflect a cluster of themes, which were then coded to include all formulated meanings related to that group of meanings (Sosha, 2012). Following this step, clusters of themes were grouped together to form a distinct theme. Twenty theme clusters emerged and were identified as weight definition, body mass index, body shape, hereditary, food, lack of exercise, obesity, diabetes, high blood pressure, high cholesterol, cancer, diet, food preparation, portion control, exercise, moving, encouragement, reinforcement, walking, and eating right. Those clusters were then grouped into six emergent themes including obesity as viewed by participants, perceptions of body image, perceptions of health risks, impact of media messages, encouragement from media, and steps taken by participants to improve their health. Table 4 illustrates the construction of the theme “Impact of Media Messages.” Table 5 provides a comprehensive overview of themes based on the codes.

Table 4

Example of How the Theme “Impact of Media Messages” Was Constructed from Different Formulated Meanings and Clusters of Themes

Examples of formulated meanings	Theme clusters	Emergent theme
<p>Reducing salt and sugar in your diet and paying attention to what you consume is advocated in health articles.</p> <p>Media gives tips on preparing healthier meals such as baking and broiling instead of frying foods.</p> <p>Healthy foods, like salads, are advertised.</p> <p>The First Lady promotes gardening to grow healthy foods.</p> <p>Participant learns about substituting low sodium seasonings for salt from TV food shows and food magazines.</p> <p>Participant learns about healthy food preparation through fitness guru on social media.</p> <p>Fear of getting cancer motivates participant to eat well and exercise.</p>	<p>Messages about eating healthy and food preparation</p> <p>Messages about physical activity</p>	<p>Impact of Media Messages</p>
<p>Participant views exercise as a way to help lower blood pressure.</p> <p>Participant is inspired by testimonials of persons who have exercised to lose weight.</p> <p>Participant feels there are many options for getting exercise such as doing yoga and dancing.</p> <p>Participant feels infomercials demonstrate how to use treadmills.</p> <p>Participant use television commercial breaks as a prompter to get up and walk.</p> <p>Media advertisements promote moving and being active.</p>		

Table 5

Themes

Obesity as viewed by participants	Codes associated
	<ul style="list-style-type: none"> · Carrying more weight than you should. · Being over the target weight for your height · Not being as fit as one should be according to height and weight · Being 10 to 20 pounds over where you should be · Being at least 40 to 50 pounds at least or more over your ideal weight · Not being within the guidelines of the BMI · Excessive or extra weight above weight determined by BMI · It could be hereditary · To be overweight and to be obese is to actually have too much extra fat · I just think obese means you're just fat and unhealthy · Obese I find to be offensive · To be overweight and obese is just to be an overeater
Perceptions about obesity	<ul style="list-style-type: none"> · Until it (obesity) affected me, I wouldn't see it. I'd see some before and it didn't mean anything. · I think the messages need to be more targeted toward African American women. · That it can be controlled with exercise and proper diet - that you can take control of your health. · The messages about obesity give me the opinion of not being very smart about my health · The media doesn't tell you, you can be healthy and overweight. They tell you if you are overweight, you're not healthy · By losing some weight, you feel better about yourself.
Perceptions of health risks	Codes associated
Causes of obesity and chronic diseases	<ul style="list-style-type: none"> · The things we eat. You are what you eat. · They told if I lost 30 pounds, I wouldn't be diabetic anymore. · I absolutely feel like being overweight caused all of those diseases. · I know hereditary factors are in play and also just the lifestyle. · I think some of it is hereditary and some of it is lifestyle – what we eat, what we put in our bodies. · I feel lack of exercise can contribute to diabetes. · Diabetes of course is too much glucose in the blood

table continues

Perceptions of health risks	Codes associated
	<ul style="list-style-type: none"> · Lack of exercise. · I think that the cause of these diseases is from the main fact of being obese and from being overweight. · It's genetics, I feel, and also the lifestyle. · I think diet, lack of exercise. · My diabetes was more hereditary than anything. · Hereditary. · I think a lot of the foods we eat contribute a lot to our obesity · Lack of exercise. · Not being educated on, you know, taking care of your body with foods, exercise and diet. · The cause of these diseases is from the main fact of being obese and from being overweight
Obesity and health risks	<ul style="list-style-type: none"> · It affects the blood pressure, the cholesterol. · When it starts affecting your health so far as heart, blood pressure, cholesterol · High blood pressure can lead to stroke. Being a diabetic can lead to losing your toes, fingers. Cholesterol can mess up things, so it will eventually lead to something that's not good. · We are at high risks for high blood pressure and hypertension, strokes and heart attacks. · Weight is a heavy factor in being a diabetic or high cholesterol · Magazine articles discuss link between obesity and high cholesterol and being a diabetic and how you must watch your weight. · I don't think they (media) link the disease and obesity (specifically). But it's done in a general framework. · To me, I really think about it because it's scary, because I have kids of my own and I really want to live a long time for them. · The commercials actually show you people and the things that affect you. · There are several forms of cancer that being overweight might feed into · I think the messages that touch me most are the messages about disease, specifically cancer because of the history of cancer in my family · They talk about ways to help you overcome obesity, because chronic disease are something that can be treatable and can be managed with proper diet, exercise and moderation of food intake.

table continues

Impact of media messages	Codes associated
Messages about eating healthy	<ul style="list-style-type: none"> · When watching the food network, they say use this instead of this · She's actually showing us that we don't really need all of the things we're accustomed to eating · Better dieting · They try to help people change their lifestyle. They give us hints as far as eating better. · Substituting for healthier ingredients, not putting salt on things and trying say Mrs. Dash Low Sodium · Like you are eating certain foods, it reduces this or taking this out and replace it with this. · You wanna do portion control so if it fits in your hand that's the right size. · Your plate should have a lot of color on it · It's always a lot of health articles in Essence and they make sense, you know, by telling you to watch what you're eating and cutting back on the salt, the sodium. · Eating healthy, exercise, diet, making better choices, (and) holding each other accountable. · I think broadcast media focuses on restaurant commercials, eat, eat, eat, eat, eat or spend \$5,000 on doing some new fad. · We as African Americans need to become aware of how long we can live without eating the things · The main thing is just cutting back on portion sizes because I think we just eat a lot and everything is revolved around food · You see more salads and if you watch television, you see more healthy foods and different things. · First Lady Obama with her garden, you know, growing her own herbs · Exercise and diet. · Improving your - what you put in your body, you know, more fruits and vegetables and less red meat.
Messages about physical activity	<ul style="list-style-type: none"> · Exercise · Get up and move with the Fitbit · The encouragement to move · Actions like infomercials showing people on treadmills, how they try to sell it and show before and after pictures of people · There's equipment that I can buy and assemble that I won't use as a clothes hanger.

table continues

Messages about physical activity

- There's always advertisement, you should be moving.
- There's different fit groups on websites
- First Lady Obama is starting from young kids on up, to promote these things.
- I've seen enough people talking about just moving or walking gets you there.
- Exercise, whether you're walking. Walking is easy for everybody.
- We need to exercise. I mean you can't lose the fat if you're not working out.

Perceptions of body image	Codes associated
	<ul style="list-style-type: none"> · Black women are built up different. · I also think that when they talk about the ideal weight, they don't take into account different body shapes that people have, different bone structure. · Before it felt like if you weren't skinny, you weren't in. · I think the message really is about health and people are bringing a more positive message to say you don't have to be the skinniest. · I think people are more comfortable in their skin now. · The thinner you are the media projects that you look better, that you're healthier. · We have different body types than some of the other groups. · I think for a long time, we saw the tiny little models and that just made you feel like that's what you should be like so media helps play into that. · I think everything is based on the body of white females. · I see overweight women in black publications. I don't see overweight women in white publications.
Encouragement from media	Codes associated
	<ul style="list-style-type: none"> · It's something that needs to be talked about. We need to start advocating and at least for ourselves. · They tell you what you can do, but, you know, I don't find being encouraged. I think you have taken it upon yourself to seek out information, you're gonna get some encouragement. · Constant reinforcement of what I already know I should do. And it's just motivating myself to be more active and to cut back on my diet. · The messages I know is important, but it actually don't affect me because I already know what I need to do. · It doesn't really affect me that much because even though other people consider me as being obese, I consider myself as just a normal person doing the right thing so.

table continues

Encouragement from media	Codes associated
	<ul style="list-style-type: none"> · When they publish something, they give you some direction as to how you can get there. · I think they make things a little more simple and give out more information to arm you and you feel like you can do it. · We look at others and say 'whoa'. (If) they can do it, we know we can do it. · That's the thing. What do we do with it when we hear it because until, like I said, until it affected me, I would see it. I'd see some before and after, didn't mean anything. · We have to know our bodies and just know what we need to do.
Personal health improvement	Codes associated
	<ul style="list-style-type: none"> · Walk 30 minutes a day or workout 20 minutes a day. · I'm trying to get back to exercising. · I'm walking or riding my bike. Some weight training · I've actually bought a treadmill and I do walk. · Walking. Cutting out salt. Drinking more water. · I have worked really hard to get to the weight that I am now. Just by following diet and exercise. · I try to walk at least twice a week · Watching what I eat. · I am rethinking my food selections most definitely. · I drink a lot more water now and I kinda watch what I eat. · I've changed my diet. · I need to cut back on my portions. · I've done research on Jenny Craig. Is that really the way that I want to go or do I want to go with Weight Watchers? · I work hard at trying to eat the right thing to not be obese because of the concern I have of being obese and having more diseases, especially with the history of cancer in my family.

Step 5. Exhaustive Description of the Phenomenon

In this stage, all emergent themes were developed into an exhaustive description. All of the themes were merged to lead to a description of the phenomenon—messages delivered through the media contribute to the thoughts African American women have about being overweight and obesity and the tactics they use to address their own problems with being overweight or obese. Each of the themes is discussed in the results section of this chapter.

Step 6. Fundamental Structure

In this step, I reviewed all themes to check for redundancy and to see if any clusters of themes needed to be eliminated or reconsidered.

Step 7. Validation of Exhaustive Description and its Fundamental Structure

During the interview stage, study participants were informed of the member checking process and agreed to review findings. This process involved sharing research findings with the participants. I undertook this effort by emailing findings to participants and asking them to review and contact me for further discussion.

Results

In this research, I sought to answer four research questions to gain an understanding the lived experiences and perception of study participants as they pertain to African American women's consumption of media and the effects of media on their perceptions. The themes that emerged during the analysis process are:

Theme 1: Obesity as Viewed by Participants

Theme 2: Perceptions of Health Risks

Theme 3: Impact of Media Messages

Theme 4: Perceptions of Body Image

Theme 5: Encouragement from Media

Theme 6: Steps to Improve Personal health

In response to the first research question—what messages do African American women learn from the media in regard to being overweight or obese?, participants stated that they learned about the link between weight and chronic diseases and strategies that could help them reduce weight such as eating healthy and exercising. Themes two and three address this question.

Research question two is do those messages affect the perceptions that African American women have about overweight and obesity? Participants felt messages in the media contributed how they defined overweight and obesity. In addition, the women also commented on their perceptions of body image, which were influenced by messages in the media. Themes one, three and four address this question.

Research question three is do the messages in the media contribute to African American women's knowledge of risks for obesity-related conditions such as diabetes, hypertension and high cholesterol? Themes two and three address this question. In their responses to interview questions, participants noted that the messages about obesity-related health risks are presented in the media and that they, as well the African American population as a whole, needed to be more responsive to the messages.

Research question four is do messages in the media contribute to physical activity and food consumption behavior among African American women? In response to

interview questions, participants talked about the personal changes they made or were in progress of making in terms of choosing healthy foods, preparing healthier meals and incorporating exercise in response to dealing with their weight and chronic illnesses they faced. The choices have an impact on the outcome of their health, which is influenced by individual health behavior. Women also discussed how messages encourage them to take action and reinforce themes five and six address this question.

Theme 1: Obesity as Viewed by Participants

Each of the 10 women in the study were overweight or obese and most had taken steps or were engaged in activities to reduce their weight or improve their health, whether it was taking medications for chronic diseases such as blood pressure and diabetes, preparing healthier meals, or being physically active. All of the women understood what it meant to be overweight or obese and defined these weight conditions according to clinical standards of BMI or generically as carrying more weight than one should. Like most participants, AP, for instance, stated “I feel like overweight is carrying more weight than you should carry for your weight and height. That could be within the standards of the medical field or just, you know, just carrying more weight than you really should.”

MH and LG agreed. “To be obese or overweight is...being at least 40 to 50 pounds at least or more over what your ideal weight is,” LG said. MH regarded being overweight or obese as having too much extra fat on one’s body and to weigh more than one should based on one’s height and weight.

CC offered a similar view, defining obesity and overweight as being “over the target weight you should be for your height. I think that kind of measures what the

doctors deem it to be -overweight or obese.” In defining overweight, LC said “I feel that you’re at a certain weight and your body mass should be at a certain level. And it’s just a part of a lifestyle.” And lifestyle, LC, said takes into consideration what a person is eating, whether they are exercising and whether they are genetically disposed to being overweight or obese.

While most perceived it to be excess weight of the body, DE, on the other hand, noted that there could be different meanings for both overweight and obesity. She perceived overweight as exceeding your ideal weight by a certain number of pounds—“I just think obese means you’re just fat and unhealthy.”

Participants also stated that the media they read, watched, listened to, or interacted with played a role in how they perceived overweight and obesity. The study participants were all women who consumed a range of media sources, through which they were exposed to messages. They watched various television shows and networks pertaining to health and lifestyle such as Dr. Oz, The Doctors, The Steve Harvey Show, CNN, the Discovery Channel, the Food Network, and other cooking shows. They listened to radio programs targeting African American listeners including The Steve Harvey Morning Show, The Yolanda Adams Morning Show, The Tom Joyner Morning Show, The Doug Banks Show, and The Ricky Smiley Show as well as other radio programs that they did not identify by name. They read publications including *Essence*, *Heart & Soul*, and *Ebony* magazines, which are magazines targeting African American consumers, as well as *Cooking Light*, *Women’s Health*, *Shape*, *Health*, and other professional or main stream lifestyle publications that were not identified by name.

Participants said the media contributed to their knowledge about overweight and obesity and how they contribute to chronic health problems. It also influenced their perceptions about overweight and obesity. They connected being overweight and obese with having chronic diseases, and noted that the different media offered useful tips about how to combat specific diseases. CC pointed out that “there are several articles on the link between obesity and high cholesterol and being a diabetic and how you must watch your weight.” AP said her understanding of messages about chronic illnesses and obesity is to strive to be healthier. AP said, “I think now it’s just more let’s eat healthy. Let’s drop some weight, get you to a comfortable place. Let’s kick diabetes.”

For DW, the messages led her to reflect on how she was raised:

I’m learning that a lot of, that we should start taking care of ourselves a little more than we have been accustomed to as an African American woman. When I was growing up, we didn’t focus on weight, we just ate. It was okay. This is what’s for dinner and this is what you ate. I think the older I got the more concerned I got about my weight and what I should be eating, and having children kinda steered me toward the right direction. And maybe in order for me to keep up with them and be here longer, maybe I should change the way I eat so they’ll learn how to eat the better things that we should be eating.

EY also said the media messages she has heard demonstrated how overweight and obesity can affect the whole family and that hits home for her. “Ricky Smiley, for example, he’ll have people on there that’s actually talking about diseases and what it

actually has done to them like diabetes amputations. That really makes you think about having a better lifestyle,” she said.

JM stated that the television testimonials of persons who have lost a certain amount weight certainly trigger her to think about weight and health related problems that stem from being overweight. She said:

From watching those things and knowing about the health issues, I often say, as most of us do, 10 pounds turns to 20 pounds turns to 30 pounds turns to high blood pressure. So I’m thinking about it differently for myself now because I’m faced with it.

Theme 2: Perception of Health Risks

Being overweight or obese contributes to health risks such as diabetes, high blood pressure, high cholesterol, and even cancer. Participants stated that health messages they encountered in the media helped them to understand their risks of having these diseases as a result of being overweight or obese. Most participants had one or more chronic health conditions and also had a family history of these conditions. Participants agreed the messages pointed to the need for individuals to improve their health. As AP stated:

What I have learned from the different shows, The Steve Harvey Show, *Ebony* and the different publications, is that we need to get healthy. In the African American community, there are things that have stricken us a little more than other communities, or we have – so we need to get healthy.

CC agreed that being overweight or obese can lead to one having numerous chronic health issues: “High blood pressure can lead to stroke. Being a diabetic can lead

to losing your toes, fingers, whatever. Cholesterol can mess up things, so it will eventually lead to something that's not good".

EY said the media forced her to think about her own health and gave her a different perspective on being obese. As she stated:

To me, I really think about it because it's scary, because I have kids of my own and I really want to live a long time for them. So to know that you have high blood pressure and diabetes is like a big thing in my family. I also feel I'm doomed with diabetes because like my whole family on my dad's side, actually all are diabetics. Even if they are slim, it's just – we just have it.

AP, likewise, pointed to her fear of getting cancer from being overweight or obese, especially if she doesn't take any steps to reduce her cancer risks. She said she has seen and heard messages in the media of how weight problems can contribute to several forms of cancer. "That to me might be the scariest part of it...knowing that I could have helped myself or prevent certain things and not willing to do that," she said.

Messages from television commercials and radio programs can drive home the impact of diseases on a person and that person's family, participants said. "Just listening sometimes to the radio shows and when they are giving you statistics, especially on us – African Americans – how you know, we have – are at high risks for high blood pressure and hypertension, strokes and heart attacks," LC said. "Just, even just looking at the commercials now and they actually show you people and the things that affect you. Right now, it does. It's more clearer. It's actually clearer," EY said. She shared this commercial as an example:

Yeah like the man with diabetes. And how he's blind in one of his eyes or he have an amputation to where he have to use a leg, an artificial leg to actually do things. It actually affect the family because they have to take care of him, which is, you know, kinda of taking some of their time away from them – because they have to take care of a family member.

MH said the different television programs stress the importance of managing chronic diseases and obesity. “They talk about ways to help you overcome obesity. Chronic diseases are something that can be treatable and can be managed with proper diet, exercise and moderation of food intake,” she said. “My message that I get through the media is for us to take our health serious.”

DE said the media gives a general overview of the impact of obesity and disease, which can be problematic in helping one to understand her health risks. As she pointed out:

I think it's too much of a generalization. And I don't think that, you know, they link the disease and obesity (specifically). But it's done in a general framework. And so you really, you know, you can't determine what's good for you. Okay? I'm 203 pounds today. My doctor says she wants to see me get down to 180. I think at that point, one, I gotta go buy a whole new wardrobe. Two, I'm gonna be really skinny. Will people look at me and say “she looks unhealthy. I wonder what's wrong with her?” you know. I don't know that I need to be 180. Maybe if I am 190, I could really be okay.

Regardless, JM said the media serves as a constant reminder to her of what can happen if her health is out of control. She said:

Well, you know, it's a constant reminder and that, I appreciate that now. I didn't like it a while back because it didn't affect me and it's like enough already. But I'm constantly reminded and because I'm serious about not being sick, having diabetes that I know my grandmother had and my aunt had. She had an amputated leg and things like that. I am very seriously um paying attention these days. I'm serious about doing things so I have a plan.

MH said media infomercials that showed women weighing 250 to 300 pounds forced her to confront her own problems with obesity. "You look at these women and you see the struggle that they're having you know. You see the breathing problems that they have. When you see all this stuff, it make you really think, 'is this where I want to end up, you know?'"

Theme 3: Impact of Media Messages

The media distributes messages that indicate overweight and obesity can be addressed with different strategies, including physical activity and healthy eating.

Physical activity. In their responses about what they observed in the media to reduce their weight, prevent overweight and obesity or reduce their risks for chronic diseases, participants said they recalled messages about exercising, whether it was walking, using exercise equipment or doing some other form of physical activity. The main message, they said, was to get up and move. Two participants spoke of hearing and

seeing First Lady Michelle Obama address physical activity in her media campaign. AP said:

You'll always hear people say move around. There's always advertisement, you know, you should be moving. You should be doing different things. So that's one strategy that's always promoted. I, of course, First Lady Obama has, you know, she's starting from young kids on up, to promote these things. I think that's wonderful. It's just, it's just becoming a way of life for people to know, okay that you have options out there. There's things on the websites. There's different fit groups on websites and I think all of those things are helpful.

CC said the messages promote the fact that one's weight can be controlled with exercise and proper diet. She stated:

Lose weight and just be more fit in and of itself. And the whole get up and move stance that the First Lady is taking and her exercising, trying to get kids up and moving instead of watching TV and (being) behind the X-box.

The use of testimonials that depict people who have reached significant milestones promotes individuals to be more active, participants stated. JM said:

Well, I think when you see that people have done it, and the testimonials that I see from individuals that I read about and I hear people talking about it on the radio, TV or – those are the things that have –um- touched me and I've seen enough people talking about just moving or walking gets you there. It doesn't (say) running gets you there faster, but walking does the same. Those are things that I pay attention to.

EY said television commercials and infomercials depict people using treadmills and show before and after pictures of people following their exercise. “That’s something I have noticed,” EY said. JM agreed and stated television commercials will feature various exercise equipment that a person can buy and encourage movement. JM said she used the commercial breaks between TV programs to be less sedentary. She noted:

During commercial breaks, if I’m watching television, I’ll get up, walk up some stairs and back down. I remember that my mother never had a diet and she was in excellent shape. She never had any illness until... she later before she died, and she had dementia. But stairs, she did that so many times a day and she washed and hung clothes for the first part of her life before there was a dryer. There was a wash machine and you had to hang clothes on the line. So, you know, it’s made me think.

CC said media messages urge people to take action. She stated:

Exercise. The messages I get when I read Essence and they’re always promoting the Fit and commercials with the Fit wristband. You’re sitting too long. You need to get up and move around. You know, exercising more. Walking more and that lowers your blood pressure. Um, eventually it will take off some of the weight and everything will tend to go down - the cholesterol, what not and you see that all the time. Um like I said in the commercials and reading the magazines and whatnot, how fitness plays an important part in your health.

Two participants offered contrasting views. AW, for instance, said exercising does not help her reduce her weight or her risks for chronic disease. “If I exercise every

day and instead of my glucose going down, it has the opposite effect on me. I can only exercise so much you know,” she said. AP said although she observed media images of people exercising, they aren’t necessarily overweight or obese. However, in spite of their size the image of these people exercising motivated her to exercise, AP said, adding that:

It just makes you think I can do that, I can get there. That’s one thing I think they do and, two, I think they make things a little more simple and give out more information to arm you and you feel like you can do it.

Another perspective AP added is that people feel now fit is in: “Fit is it, you know. So, um, that comes a lot from the media.” But some commercials pushing exercising and dieting can be misleading, DE said.

Now, if you look at the commercials on TV, it’s the new fat burning this and the new, you know, multiuse machine to buy and put in your house. Still all related to exercise and diet. But the problem is that sometimes the message is you can do all these newfangled things and not have to watch your diet, which is totally untrue. They’ll show you somebody that has this very cut, tight body and that they did this machine and you know that that’s not true. You know, you kind of have to weed through the messages and determine what’s right for you.

Messages about eating healthy and food preparation. Preparing and eating healthier meals was another strategy that participants stated was made evident through media messages that they read, heard on the radio or viewed on television programs or networks. They felt foods that they had grown up eating contributed to weight problems and chronic diseases that now plague family members and themselves. DW, who has

suffered with diabetes, high cholesterol, and high blood pressure, stated that chronic diseases and problems with overweight and obesity stemmed from

...the foods we eat because of how we cook them, things we put in them. How much we eat. When we eat. The time of day we eat. Lack of exercise. Not being educated on, you know, taking care of your body with foods, exercise and diet. That's just not something that we've been doing.

AP, who is pre-diabetic and has high blood pressure, also stated that food was the source of health problems for her and her family. She said her father, who is deceased, suffered with heart disease, diabetes, and high blood pressure. She added that her mother suffers with obesity, heart disease, high blood pressure, high cholesterol, and diabetes. When around family members for meals, AP said "I saw the foods. I saw the unhealthy eating, you know. We ate very southern foods...the weight gain, and the heart disease, and all that good stuff certainly came from weight gain."

AW, who is diabetic, summed up the problem succinctly when I asked what led to the obesity and chronic diseases: "The things we eat. You are what you eat."

While all participants felt food was a contributing factor to health problems, they felt the media messages offered strategies that promoted healthier ways of eating, thus helping to stem weight problems and chronic diseases. CC, who has a family history of diabetes, said on commercials and food shows she sees on television and in the magazines she reads, people are encouraged to substitute healthier ingredients like Mrs. Dash Low Sodium in foods and not to use salt. LC, who also has a family history of diabetes, agreed that media messages attempt to influence your eating habits. She stated:

They try to help people change their lifestyle. They give us hints as far as eating better. That's one thing I need to do and maybe instead of eating late at night, to try to eat earlier and you know, just the way you cook and prepare meals. Just basically...broiling, baking and grilling as opposed to any fried foods.

AP offered a point similar to what LC stated:

That is what we see a lot. You see more salads and if you watch television, you see more healthy foods and different things. And it just makes you aware that you can eat good. It can taste good and you can eat well. And you don't always have to pick out something fried, which is my weakness .

What resonated with most participants were messages to eliminate or reduce sodium and sugar, substitute healthy seasonings, add more fruits, and vegetables to meals and be more cognizant generally of foods they eat. As LC pointed out:

It's always a lot of um health articles in Essence and they make sense, you know, by ah telling you to watch what you're eating and cutting back on the salt, the sodium. Those are always good. Cutting back on sugars and carbohydrates and being more conscious of what you're putting in your body um, I like potato chips and I drink Pepsi Colas and I know those are not good things for me. And I'm probably luckier that I haven't been larger than I am 'cause I still unfortunately - I drink sodas. And I know better than that. And I have been doing better, where I'm cutting back, where I only drink one a day if I drink them at all. I'm getting to that point where I'm improving.

DW said she follows a diet and fitness expert on Facebook, a social media platform, who preaches eating healthy, exercise, diet, making better choices, and holding each other accountable. DW stated:

And she's African American and she's just getting out there and trying to make us aware. Not only women. It's men who are doing it (too). It's just a really good program. And she's actually showing us that we don't really need all of the things we're accustomed to eating, like a lot of the meats, cheeses and breads, and starches and all that stuff. And we can really actually be healthy on a plant-based diet, basically.

DE, who was recently diagnosed with diabetes and has a family history of cancer, said strategies pertaining to healthy eating she has read about in various magazines are portion control and color combinations. Here is how DE described those strategies:

Say you go out to eat in a restaurant ... you wanna do portion control, so if it fits in your hand that's the right size. So when you're eating in a restaurant... if you consume everything, you've got two to three portions right there, so portion control. Another strategy that I've read about is the whole color matrix - that your plate should have a lot of color on it, and should be two to three times more than the actual piece of protein you have. So if you have a chicken breast, um, that should be probably four ounces. Then you need to have 12 ounces or so of vegetables and they should be a rainbow of colors. So that's another strategy. That's probably one that I try to work with more so than any others.

MH, who struggles with diabetes and has a family history of the condition that she traced back to her grandmother, said there is a proliferation of messages in the media about weight control through diet, calorie counting and preparing healthy meals ahead of time to avoid making poor food selections. MH said she has paid particular attention to media messages about the Choose My Plate campaign, which was designed by the U.S. Department of Agriculture to promote healthy eating. Through that campaign, MH said:

You know they talk a lot about Michelle Obama and my plate, you know where you make room on your plate for a vegetable, a fruit, a green or a wheat a protein. Choose your plate is what I'm basically trying to say. There's a lot of books out there that can help you with planning meals. I have been given a lot of them at different places that I go. I have followed some of them and some of them I have not followed. But I know what it takes to keep me under control.

Theme4: Perceptions of Body Image

For this theme, participants gave their opinion on how messages in the media contributed to their perceptions of body image. There was not an interview question related to body image, but the topic was in responses of some of the participants. Participants said the media tends to use thin models in advertisements to define health. The message is that if you are thin, you are healthier, participants said. "The thinner you are the media projects that you look better, that you're healthier, where again a person that's thin can also have high blood pressure or they may have high cholesterol", said LC, adding that she has a sister who is thin but suffers with diabetes.

DE said media messages about obesity lead her to believe that she is not very smart about her health or is not taking care of herself and that she may not be attractive if she lets her weight get to a certain level. Said DE of the media:

I think that when they talk about the ideal weight, they don't take into account different body shapes that people have, different bone structure – so somebody might consider me to be obese. I might say I'm overweight and what's not taken into consideration is my bone structure. And that maybe if I were a size 10, instead of a 14, I think I'd be skinny. You know to me, I'd be skinny and unhealthy. But it seems like media perception is that skinny is all that. That's what you should strive for. I don't wanna be skinny. I just wanna be healthy. And the media doesn't tell you, you can be healthy and overweight. They tell you if you are overweight, you're not healthy. And I don't know if I agree with that.

While she agreed that the media portrayed thin models as a symbol of what it means to be healthy, AP said she also feels messages reflect people's acceptance of body size. AP said:

Well I definitely don't feel being obese is good. I think for a long time, we saw the tiny little models and that just made you feel like that's what you should be like so media helps play into that. I think now though people are more – um – before it felt like if you weren't skinny, you weren't in. I think people are more comfortable in their skin now. So I think the message really is about health and people are bringing a more positive message to say you don't have to be the

skinniest. You just need to be healthy. And that's what the media is doing for me right now.

JM said African American women believe they have different body types than women in other groups, but that doesn't dismiss the need to heed messages and be healthy. "You have to be the proper weight for your body, your height and you have to practice healthy eating in order to maintain your health," she said.

Despite the emphasis on body types and body size, TG said the media sometimes delivers a message of self-acceptance of one's body size. She said:

You'll see more people celebrating ...their beauty and loving themselves, no matter what, whether they're obese or not. So, it's like one minute you'll feel bad like I really need to do something as well. But then you'll see somebody, who you know like, I'm proud of who I am, my size, you know, and it's like okay, I should feel good about myself too.

Theme 5: Encouragement from the Media

The majority of participants found messages to be motivating, but said they had to decide what to do with the knowledge they gained from the media. Two of the participants said the media doesn't deliver messages that encourage them but does deliver messages that they can use to make personal changes.

JM said what encouraged her to focus on personal changes were testimonial type media programs where she could see before and after accounts of people who were successful in reducing their weight. JM said, from her perspective,

Until it affected me, I would see it. I'd see some before and after, didn't mean anything.

I mean it meant something in that I saw that someone lost weight and I used to think, well I wonder if that's true? The Biggest Loser made me realize that hey, I see this happening. I see a person come in at this. I saw them go through the steps of the diet, and the exercise, the sleep, you know, drinking the proper water, keeping themselves hydrated properly. Well I could see that that worked. It wasn't easy but they'd gotten morbidly obese. Now I think that if you don't let yourself get over 10 pounds. I've always been told that, you know, if you can put your hand into your waistline, you're overweight. If you were a proper weight and then you start aging and creeping up in increments, so don't let yourself go. So all these things...changed me.

LC said she likes having the constant reinforcement from media messages of what she knows she should be doing, but she needs to take more responsibility for her actions. "It's just motivating myself to be more active and to cut back on my diet. I feel I probably will still eat what I wanna eat. I really need to be more disciplined and eat more vegetables and fruits," she said. Discipline or lack of discipline can be a factor in whether people heed what they see in or hear from media. AP said all of the media she engages with – the Steve Harvey Show, Ebony and other radio programs and publications – make people aware of weight issues. However, AP said, people don't take the time to personally address those problems. "You know, we don't do enough. I mean the media is

out there. People are giving you this information, but if you're not taking it in and being aware of what you're doing, then you're basically killing yourself," AP said.

LG said when she hears messages about losing weight, exercise or eating better, she knows it's time to do something about her weight. "Just putting it into action, you know. It's not like I don't wanna do it. It's just getting the motivation to actually do it. And, like for me, I think it's ... more of an accountability thing."

MH said she has found messages delivered through the media to be encouraging. As she stated:

Those that are speaking through the television shows to us that are watching, to who are listening. We're their audience and we're hearing them and we're watching them. They're not just telling us but their leading. They're showing us through example. Because if you pay attention to the program, you will find some of them have testimonials from (people) being overweight and how this particular exercise program or this particular trainer or this particular individual helped them. This is what they are doing to help us as a leading example.

Not all media deliver the reinforcement that a person may need or the encouragement to make lifestyle changes, according to DE, who looks at broadcast media as a channel for advertisers to promote eating or spending money on doing some new fad.

I don't know if you get encouraged through media. I'm just thinking about print media and you know, you read articles. They tell you what you can do, but, you know, I don't find me being encouraged. I think you have to take it upon yourself

to seek out information, if you're gonna get some encouragement. But for the publications that you just normally read, I don't feel like they encourage you.

EY said although she gets ideas from the media and an increased understanding of health problems, the messages aren't having a huge impact on her life. EY said her realizes she has to set her mind on bringing about changes to better her health.

"Honestly, the messages I know is important, but it actually don't affect me because I already know what I need to do. It's not like I need somebody to tell me 'cause I know I have to do it," she said.

Theme 6: Steps to Improve Personal Health

For this theme, participants shared steps they were taking or had taken to improve their health based on messages delivered through media. Nine of the 10 participants said they incorporated changes to their diet, meal preparation, and exercise routine while only one participant, AW, did not adopt any new strategies as a result of media messages. CC said she walks more, drinks more water and cut salt from her food. "Just doing these types of things, you know, has helped," CC said. AP said she is trying to walk 30 minutes a day or workout 20 minutes a day, and "I am rethinking my food selections most definitely, trying to go more green and less sweets or sugar."

DW said she had recently lost 13½ pounds, following the Shaun T. regimen that she had seen and ordered from the popular exercise guru's TV infomercials. DE said she was including more exercise in her life, adding "whether I'm walking or riding my bike. Um, some weight training, not probably where I need to be. And watching what I eat so,

and really trying to do more vegetables than anything. More fruits and vegetables, I should say.”

LG said her recent diagnosis of hypertension coupled with her own struggle with obesity led her to research and consider using various commercially available programs for weight loss such as Jenny Craig and Weight Watchers and research different exercises that she can do on her own. “I have tried to come up with what I think is best for me or that would help me,” LG said. “I’ll have to start slow and build it up.”

Ten years ago, MH was diagnosed with diabetes and at the time weighed more than 245 pounds. Through consistent changes in her diet and exercise, MH’s weight has dropped to 177 pounds. “I literally was a big girl,” MH said. “I have worked really hard to get to the weight that I am now,” said MH, adding that she gets a lot of healthy recipes and exercise tips from the media. “Media is one of the best ways to get information.”

For DE, her steps toward being healthier are driven by her quest to avoid some of the diseases that plagued her relatives.

I work hard at trying to eat the right thing to not be obese because of the concern I have of being obese and having more diseases, especially with the history of cancer in my family. So I do work hard at not doing fast foods, at having more vegetables on my plate than anything else, um, you know. I, you know, soak up as much knowledge as I can you know -this vegetable is good for this, this vegetable is good for that. And I try to juice ‘em all. I think sometimes to the point that I might even obsess a little bit about it.

EY said she attributed the recent purchase of a treadmill and her 30-minute walking routine to media messages, commercials and even family members. “I see a lot of things like the diseases and stories that kind of prompt me to do what I need to do,”

EY said. She added:

I’ve just started walking like two months ago at least 30 minutes. I try to do at least five days out of the week. I drink a lot more water now and I kinda watch what I eat more at home. I eat more salads at work instead of getting a lot of starchy foods and bread.

While JM receives useful messages from the media, she has actually used the television medium as an impromptu reminder to be more physically active. During commercial breaks, for instance, JM said she gets up and gets moving instead of sitting and watching advertisements. JM said:

Well, I have stairs in my house so I don’t try to bring everything down in the morning that I think I might need. I leave everything in place and so it doesn’t matter if I have to go up five times a day, I do that. And I have stairs that go to the street, so I’m walking those stairs. And I have um – that’s movement and then I walk. I try to walk at least twice a week, but actually I’m moving up cause I wanna do, I wanna do maybe three times a week at the max and then with the rest of the time, moving through the house and understanding that I can sit there. If I have an hour’s program to watch, than I can get up and walk on the commercials or after. And I’m in the process of trying to find one of the small trampolines so that I can watch a program, a news program for instance, ‘cause I watch a lot of

that and not have to get out, not have to sit on the sofa and watch it. I don't like gyms. So that's what I'm trying to do.

Reflecting upon messages she had been exposed to, LC said she planned to incorporate some of the strategies that have been relayed through the media. Among them, she said, are cutting back on portions, eating more vegetables, eating evening meals earlier rather than late at night; and baking or broiling foods rather than frying foods. LC said:

I need to cut back on my um portions as far as um eating less carbohydrates and sugar, 'cause I do like bread and french fries and stuff I shouldn't be eating. But, mainly cutting back on carbohydrates and try to eat more um vegetables and fruit. I do eat a lot of fruit but as far as vegetables – I am lacking on eating the vegetables. I'm the type – I can't stand broccoli. All the good stuff, I hate. I'm like a kid.

As part of the interview, participants shared their weight and height, which I used to calculate their body mass index, and verify their weight category. LC was not aware of her body mass index number and weight category it put it her in. At the end of the interview, she said just knowing that number will prompt her to make changes as well. LC said:

It's a struggle but I definitely am going to work on this because just looking at what you've shared with my, my body mass, I need to improve 'cause it's only going to get worse if I don't. And I'm not going to let that happen.

AW was the only participant that stated the media hadn't prompted her to make any lifestyle changes in regards to her weight or health. She said:

My weight doesn't go up and down no matter what I do so the messages that they're giving are messages for you to lose weight, but I don't lose. I don't gain. I don't lose. I just stay, you know. Once I lost about 40 pounds then I just stayed where I am.

Discrepant Data

Discrepant data may be considered as views that are different from other participants. There were two participants who raised issues about how overweight and obesity is determined for African American women. While the two participants completed their demographic data using the BMI chart, their responses to some interview questions indicated their view that this tool does not define the weightiness of African American women. AW stated:

I kind of feel like, um, in the first place, black women are built up different and those scales, most of those scales are for white women, you know. Like me, I'm big boned so I'm gon' weigh more than a person that doesn't have big bones, because they're built up different than we are and those scales don't include us really.

Another participant, DE, had an opposing view of body mass index distinctions:

Obese I find to be offensive. I just think, I have always considered myself to be overweight and I think overweight is um, you know, I wear a 14, I'm overweight. Maybe I should be wearing a 12, so overweight to me is like you're 10 to 20

pounds over where you should be, where you should be comfortably whereas obese means you're just really fat and unhealthy. I guess is kinda how I distinguish the two, you know-not necessarily by BMI. But, I just think obese means you're just fat and unhealthy.

The views held by these participants are aligned with research that have found African American women hold a different perception of what it is to be overweight or obese based on BMI scales (Lynch and Kane, 2014; Thomas, Mosley, Stallings, Nichols-English and Wagner, 2008; Wade, 2014;).

Evidence of Trustworthiness

Evidence of trustworthiness, as achieved through credibility, transferability, dependability and confirmability, adds rigor and validity to the research study. Creswell (2009) recommended the use of several validity strategies to check accuracy of study findings and that helped me attain evidence to support credibility, transferability, dependability, and confirmability. Among them were member checking, where specific descriptions or themes are taken back to study participants to get their feedback on the accuracy these descriptions or themes and the use of thick, rich descriptions to give readers a more realistic picture or understanding of themes (Creswell, 2009). Reflectivity is a core characteristic of qualitative research and should be used by the researcher to clarify the bias the researcher brings to the study (Creswell, 2009). Creswell (2009) also recommended presenting any negative or discrepant information that runs counter to the themes because it will add credibility to the study themes; this too will help show a realistic perspective to the themes.

Credibility

Credibility was achieved through member checks and audit trails. At the start of the research, I began an audit trail, which tracked the research process from recruitment of participants to interviews with participants. The audit helped to identify challenges and successes as the research got underway. I also use the audit trail for reflexive journaling. In the process I made field notes and notes regarding my own thoughts about the research.

For member checks, I emailed each participant a copy of her transcript as well as themes that emerged from their interviews. I advised each participant to contact me if they identified errors in the transcription or had concerns about my interpretation of themes. Three participants, MH, DE, and CC, responded through email to let me know they did not have any issues with the transcripts or the themes that emerged. Other participants including TG, JM, EY, and LC contacted me verbally to let me know they did not have any corrections that needed to be made to their transcripts or any concerns about themes that emerged. I did not receive an email reply or verbal response from DW, AW, and AP.

Transferability

The audit trail, as described in Chapter 3, also helped to achieve transferability. Using the NVivo software, I recorded notes in memos to keep track of my thoughts and observations as I reviewed and coded participants' interviews. Another way to achieve transferability, according to Daymon and Holloway (2011) "is to provide a narrative that is sufficiently descriptive ('thick' description) to enable readers to make their own

informed judgments about how your story might link with their experiences – and therefore draw their own conclusions” (p. 85). In the results section, I used rich data - direct quotes from study participants - to fully present their perspectives of media effects on their health and to generate a clearer picture of the six identified themes.

Dependability

Dependability of this study also relied upon the audit trail and the interview protocol. The protocol helped to make sure the study was carried out in a consistent and stable manner. Prior to conducting the research, I consulted with my dissertation committee and two outside experts, who reviewed my interview protocol and questions to assure they were effective for this phenomenological research. I used the audit trail to keep track of how I carried out the research study, from recruiting and interviewing of participants to transcribing interviews and returning transcripts and summary of themes to participants for member checking.

Confirmability

Confirmability was achieved through analysis of data and the audit trail. In order to maximize confirmability, the researcher must show how data is linked to their resources, which leads to study conclusions and interpretations (Daymon & Holloway, 2011). Colaizzi’s seven-step procedure for analyzing descriptive phenomenological data (Shosha, 2012) provided a method that I used to review the data and establish themes and exhaustive descriptions. In this study, each of the themes that were focused on emerged from an exhaustive examination of the interviews through which participants shared their perceptions, health status and behaviors, and media encounters. Upon completing the

data analysis, I was able show results that can be traced back to specific interview sources.

Summary

This study analysis was driven by four research questions to gain insight into media influence on the perceptions African American women have about obesity and overweight. The responses participants provided clearly indicated that various forms of media —magazines, television, radio, and social media—provide messages that shape opinions African American women hold in regard to their weight and lifestyle. The messages are delivered through different personalities such as First Lady Michelle Obama and popular radio show hosts whose programs target audiences that are predominately African American, articles, testimonials, and commercials to which participants are exposed. The messages triggered participants, as African American women, to reflect upon their own lifestyle habits as they pertain to their weight and consider options for improving their health or changing habits. Using the results of the analysis, I provide a discussion of my findings and offer my recommendations and conclusion in Chapter 5.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The objective of this phenomenological study was to explore the influence of mass media messages on perceptions African American women have about overweight and obesity and related health conditions. Research from the National Center for Health Statistics (2016) and Mozaffarion et al. (2015) showed that the prevalence of obesity and overweight among African American women continues to rise and exceeds that of women from other races. The National Center for Health Statistics showed that 82% of African American women age 20 and over were overweight or obese between 2011 and 2014, up from 79.8% just over a decade earlier. Studies have shown that obesity leads to other diseases such as diabetes, heart disease, high blood pressure, renal disease, stroke, cancer, arthritis, nonalcoholic fatty liver disease, Alzheimer's, dementia, and mental health problems (Levi, Segal, Rayburn & Martin, 2015). In my research, I focused on how African American women were influenced by media to address their health issues, primarily with weight. In this chapter, I report on the findings of my research with 10 African American women who were overweight or obese and who believed that health-related mass media messages influenced their perceptions and behaviors regarding their health and weight.

With regard to the effect of media on the behavior of African American women, much of the researched literature addressed the level of content in media publications such as *Essence* and *Ebony* magazines that target African American women and mainstream publications to which African American women have access (Campo &

Mastin, 2007; Duerksen et al., 2005; Henderson & Kelly, 2005; Mastin & Campo, 2006; Prividera & Kean, 2005). Researchers evaluated health-related mass media messages on diet practices and products, consumption of food and drinks, promotion of specific foods and drinks, healthy and unhealthy lifestyle behaviors, physical activity, and obesity and chronic diseases to which African American women are exposed (Duerksen et al., 2005; Kean et al., 2014).

The media represent some of the most powerful environmental factors that contribute to how people think about or shape ideas, thoughts, and perceptions on various issues that pertain to their lives. Kean et al. (2014), for instance, stated that “magazines have the power to influence, confirm and create opinions much among African American women” (p. 3). Media also may contribute to the imbalance of overweight and obesity levels among African American women (Duerksen et al., 2005). Duerksen et al. (2005) concluded that the type of content and advertising presented in magazines reaching African American women and main stream publications may influence individual levels of health education, awareness, and behaviors among this population.

Key Findings

In this research, I went beyond just exploring mass media content and sought to find out from African American women how their perceptions about obesity and overweight were shaped by mass media messages and how those messages influenced their behaviors. The participants in the study provided demographic information about their own obesity and overweight levels. During interviews, they answered questions related to overweight and obesity, chronic health issues, and the media. The analysis of

participants' interviews led to themes that reflected participants' perceptions on obesity, overweight, and areas where they felt the media influenced their behaviors such as eating and being physically active.

I developed four specific findings from an overall review of themes discussed in Chapter 4. From Theme 1, how obesity was perceived by participants, I found that media shaped opinions African American women had about obesity and overweight and prompted them to address their weight and chronic health issues. Theme 2, perceptions of health risks, and Theme 3, impact of media messages, led to an overall finding of how African American women perceived their health risks from the burden of weight. African American women were concerned about overweight and obesity, especially when they considered the risk for diseases such as cancer, chronic diseases that plagued their families, and their desire to be healthy for the sake of their family. Theme 5, encouragement from the media, and Theme 6, steps to improve personal health, showed that African Americans heeded the messages they received through media outlets. In analyzing these two themes, I found that African American women were influenced by media to take steps toward improving their health and were keen on the advice delivered through media that encouraged physical activity and healthy eating as ways to control weight. I also found that African American women had opinions about body size, as was reflected in the analysis of Theme 4, perception of body image. Overall, they felt images of thin women in media do not reflect being healthy or their perceptions of overweight or obesity. I discuss each of these findings more in depth in the section on interpretation of findings.

Interpretation of the Findings

The study findings confirmed a basic assumption about African American women that has already been established in research about media and obesity—that media were key in shaping the women’s opinions and contributing to their perceptions about health risks (Duerksen et al., 2005; Mastin & Campo, 2006). Media provided information on disease causation and modeled behavior African American women could adopt. All the women who participated in this study were overweight or obese and nearly all suffered with comorbid chronic health issues such as diabetes and high blood pressure.

Participants stated the media helped them to be aware of their health circumstances and what approaches they could take to address health challenges they faced. The findings also confirmed what other researchers discovered—that is, African American women consume media more than other groups of women, which means they were often exposed to media messages and relied on the media for health information (Len-Rios et al., 2010; Nielsen Media Report, 2011).

The finding of this study were interpreted within the context of Bandura’s (2001b) SCT, a health behavior theory often used to examine social determinants of behavior and communication influences on human thought, affect, and action. The theory aided me in understanding how the media influenced the thoughts and actions of African American females as they comprehended the personal and general effects of overweight and obesity. I also used the theory to formulate interview questions. The interview questions were based upon the theory’s reciprocal determinism component, which is the interaction between people, their environment, and their behavior. In this study, reciprocal

determinism emerged as the interaction between study participants and the media including television, radio, magazines, and the Internet. This interaction is influenced by a combination of psychosocial determinants—environmental, personal, and behavioral (Bandura, 2001b).

Environmental determinants are outside forces such as mass media including magazines, newspapers, television, and the Internet as well as family, friends, and others who may influence a person's outlook or decisions (Bandura, 2001b; Campo & Mastin, 2007). In this study, environmental determinants included those that participants were exposed to or influenced by such as health articles or testimonies of weight loss that appeared in magazines, radio segments that provided health content, food advertisements, television programs with health messages embedded in their scripts, and social media campaigns, accessed through the Internet, featuring health and fitness gurus.

Environmental determinant can influence a person's decisions and actions. Study findings showed that participants regularly encountered media, in which they recalled hearing, reading, or seeing messages about overweight and obesity, exercising, eating, dieting, or preparing foods, and health conditions such as cancer, heart problems, or diabetes. They attributed those messages to helping them understand the effects of being overweight or obese and made decisions about their behaviors in regards to improving their own health.

Personal determinants include cognitive, affective, and biological events (Bandura, 2001b; Campo & Mastin, 2007). In this study, the personal determinants emerged through participants' cognitive awareness of the risks of being overweight or

obese. Study findings showed that African American women comprehended media messages and used them to expand their knowledge and adopt behaviors. Whether the messages appeared on television or were heard on the radio or read in magazines, participants formulated opinions, obtained recommendations, or replicated behaviors. Each of the participants spoke of and understood the extent of health problems that could arise as a result of being overweight and obese. According to Ogden et al. (2007), obesity could contribute to the development of type 2 diabetes, high blood pressure, heart disease, and even cancer. The majority of the participants said they learned of the diseases and what can happen as a result of having these diseases from messages they obtained from radio and television programs and published content in magazines.

Behavioral determinants reflect individuals' ability to perform certain actions they observed or learned (Bandura, 2001b; Campo & Mastin, 2007). Bandura (2001b) indicated that individuals draw on observational experiences and learning and may incorporate behavior they have observed into their lives. In this study, I found that women take messages from the media and channel them into their own behaviors such as walking or doing other forms of exercising, practicing portion control for food servings, and preparing meals with less salt or using other healthier seasonings. Their understanding of and decisions about their health and behavior was based on information they obtained from the media. Participants noted that the media delivered messages that informed them of activities that they could engage in to reduce their weight and thus reduce their risks of chronic diseases. The media messages, some participants said, also reinforced knowledge of the steps they already knew they needed to incorporate in their daily lives and address

their health problems. Based on messages, some participants incorporated more physical activity in their lives such as walking, cycling, using a treadmill for exercise, or following specific exercise programs they had seen on television. Along with exercise, participants said they adjusted what they ate and how they prepared food. Those adjustments including juicing, eating more fruits and vegetables, using low sodium seasonings in cooking, and practicing portion control.

Understanding Obesity

The findings showed that African American women had a clear understanding of what it meant to be overweight and obese and recognized that the pattern of overweight and obesity in their own lives as well as in their families required attention. This finding is related to the theme on how obesity was perceived by study participants. Health information disseminated by the media contributed to their understanding of overweight and obesity, the behavioral modifications that could impact their weight, and their self-efficacy, their belief that they could make changes that would be effective.

The results of this study supported findings from various studies reviewed in the literature, which indicated that media messages—be they advertisements, editorial content, or media campaigns championed by national role models such as First Lady Michelle Obama—influenced the perceptions and behaviors of African American women relative to being overweight and obese (Beaudoin et al., 2007; Campo & Mastin, 2007; Duerksen et al., 2005; Kean et al., 2008) and guided African American women in making decisions about strategies and behaviors they could use to overcome being overweight or obese (Kean et al., 2008; Mastin & Campo, 2006).

Perception of Health Risks and Impact of Media Messages

Findings related to study themes about the impact of media messages and perception of health risks showed that African American women are drawn to certain kinds of health messages, such as those that highlight the risks of chronic diseases that result from being overweight or obese. Research has shown that being overweight or obese contribute to chronic diseases such as high blood pressure, diabetes, and cancer (Hammond & Levine, 2010; Liburd, 2003; Mack et al., 2004; Palmer et al., 2007; Roger et al., 2012; Stolley et al., 2006). These conditions are much more prevalent in African American women (Roger et al., 2012) and could be prevented if they avoided being overweight or obese or if they lost weight (Liburd, 2003; Roger et al., 2012; Zoeller, 2009). Befort et al. (2008) found that African American women who were dissatisfied with their weight were motivated to lose weight in order to prevent weight-related diseases they witnessed among family members and to improve their daily functioning (Befort et al., 2008). Consistent with research by these authors, I too found that African American women did not want to face having the same diseases that many of their family members suffered with as a result of excess weight. That, coupled with media messages about diabetes, kidney disease, heart disease, cancer, and other illnesses, contributed to their awareness of the devastating effects chronic diseases can have on a person's body. Knowing the impact of chronic illnesses, women in this study wanted to be proactive in addressing obesity to reduce or manage disease in their lives and that of family members and to avoid catastrophic illnesses such as cancer.

Media Influence on Health Behavior

Duerksen et al. (2005) explored health disparities and advertising content in women's magazines including those targeted at African American females. They found that lifestyle choices women make can be influenced by selective advertising, marketing, and public relations. The authors also stated that advertisements in magazines "can contribute to public awareness and access to information about health conditions" (p. 6), and thus "contribute to readers' perceptions of personal risk status, knowledge of how to lower risks and ability to weigh the pros and cons of selecting healthy alternatives" (p. 7). The findings related to study themes about encouragement African American women receive from the media and the steps they take to improve their health and weight align with the finding noted by Duerksen et al.

In this study, I found that African American women received many messages from the media, which they interpreted as behavior-related, and were encouraged to incorporate behaviors based on media-dissiminated health information. These messages were consistent with earlier studies (Beaudoin et al., 2007; Rowe, 2010; U.S. Department of Health & Human Services & The Advertising Council, 2004) that discussed the range of behavior-related content that is disseminated through the various forms of media. The media's attention to providing information health-promoting behavior created consistent opportunities for women to learn about steps they could take to adjust their health habits. Based on the messages participants received from or observed in media, they implemented behavior to improve their health such as exercising, preparing foods that would be healthier, and controlling or reducing food portions.

In this research, I found that messages pertaining to risks associated with being overweight or obese such as getting a chronic disease or potentially terminal illness prompted participants to take their health more seriously and seek ways to prevent these diseases. The risk of losing a limb as a result of being diabetic or getting cancer due to excessive weight were among the main reasons African American women wanted to lose weight or eat healthier. These types of messages are what Hale and Dillard (1995) called fear appeals, “persuasive messages that emphasize the harmful physical or social consequences of failing to comply with message recommendations” (p.65).

Kean et al. (2008), in their study of African American females and media effect, found that “the frequency of viewing television news and reading magazines was positively associated with healthy eating habits” (p. 20). The authors found “that exposure to news media, carrying editorial content which tends to have more accurate information regarding the impact of different foods types, is manifest in consumer behavior” (p. 21). These findings are relevant to my research in which African American women, upon their exposure to media messages promoting healthy eating and exercise, incorporated healthy habits into their lives. In my study, participants stated they learned about preparing and eating healthy foods, reducing salt in their diets, making better choices when it came to eating, the benefits of exercising, and different types of exercise they could do for physical fitness from television cooking and health shows, magazine articles, radio programs, information on the Internet, and social media sites such as Facebook. As Kean et al. noted and consistent with my research, African American women were exposed to health information, mostly in magazines and from television and

radio. The fact that study participants credited the media as a major source of health information and an environmental influencer of their health behaviors, knowledge, and consumption of healthy foods coincided with research by Chandra et al. (2005), Mazor et al. (2010), and Len-Rios et al. (2010). The authors of these studies found that the media addressed health issues by focusing on behaviors, knowledge, and consumption of advertised products.

Body Images of Women

Consistent with prior research (Befort et al., 2008; Blixen et al., 2006; Thomas et al., 2008), African American women in this study were more accepting of their body size yet felt the need to address overweight and obesity due to concerns for their health. They felt the media promoted being thin as healthy. This was based on the media's use of thin models in advertisements. During their interviews, several of the study's participants said the images of thin models in the media projected the message that if a woman is thin, she does not have any health issues.

However, participants stated that was contrary to their personal circumstances and knowledge. They pointed specifically to their own health status. Some of them reported being overweight or obese but that they did not have any comorbid chronic health issues. Some had female relatives who were not overweight or obese yet suffered with high blood pressure, diabetes and other illnesses. One participant, DE, said she felt that if she lost too much weight, people would view her as being ill. DE and other participants stated that African American women tended to be big-boned or did not fit into the media's interpretation of healthy body image.

The opinions of African American women in this study aligned with those of women in other research studies (Befort et al., 2008; Duncan & Robinson, 2004; Thomas et al., 2008). Research has consistently shown that, within the African American culture, women were more likely to accept being larger (Befort et al., 2008), believe that larger body sizes are more attractive (Thomas et al., 2008), and reject the White American idea of thinness (Duncan & Robinson, 2004).

Limitations of the Study

There were several limitations with this study. First, the study involved a small sample of African American women from two counties in South Carolina, Jasper County where 39% of the population is obese and Beaufort County where 23% of the population is obese (County Health Rankings, 2016). It was not intended to be a representative sample and therefore cannot be generalized to all African American women. Second, with regard to criteria, the study was only open to African American women who read magazines or listened to radio programs targeted at African American females. No time frame was established as to when the women engaged with specific media. Women may have been also influenced by other mainstream media. While that was not specifically evaluated in this study, some participants revealed information about mainstream media they accessed.

A third limitation was that each participant was interviewed once, which only allowed for one opportunity to gather data; this is a hallmark of qualitative studies. Also, although the completed interviews and preliminary codes were shared with each woman, only a third of the participants responded to the member checking request, which could

have affected study credibility. It is critical for researchers to share research results with participants and help them to understand their role in the research process. While it may be time consuming for participants to review the data they shared, their participation at this level helps to strengthen the study findings.

Recommendations for Future Research

Messages about overweight and obesity will continue to permeate through media. Therefore, researchers can continually examine the impact of such messages on the weight and health of African American women. Public health professionals and health communication scholars can use research in this area to develop recommendations to help stem the rise of overweight and obesity in African American women. The use of media to address obesity and other health issues is advocated by the U.S. Department of Health and Human Services (2016) in its Healthy People 2020 objectives. With a better understanding of the psychosocial determinants affecting excess weight problems in African American women, health and media professionals can design better media messages or campaigns targeting African American women.

Kean et al. (2014) said “a major focus for health communication scholars is determining what kinds of messages contribute to the adoption and/or maintenance of health behaviors” (p. 3). Future research should explore the types of messages that would benefit African American women and lead to the adoption of healthy lifestyle behaviors among this population. Furthermore, research that focuses on African American women of different backgrounds is important. This will help to determine the messages that appeal to women in different stages of health or of different educational or economic

backgrounds. It will also reveal possible behavioral recommendations that, when disseminated through the media, may resonate with these women and motive them to adopt healthier lifestyles

Numerous studies have established that overweight and obesity pose major health threats for African American women (Hammond & Levine, 2010; Liburd, 2003; Mack et al., 2004; Palmer et al., 2007; Roger et al., 2012; Stolley et al., 2006). Several researchers including Duerksen et al. (2005), Kean et al. (2008), and Mastin and Campo (2006) conducted studies about the content in media related to overweight and obesity and indicated that more research should be conducted with African American women to determine how they use media and its content to address weight and health problems. Because the sample in this study was small, future research may include larger samples of women.

More studies should be conducted that give African American women a voice or an opportunity to share how health or weight messages in the media promote approaches they can take to reduce their personal health threats. There is research in which African American women spoke about overweight and obesity (Befort et al., 2008; Blixen et al., 2006; Hawkins, 2007; Rowe, 2010; Thomas et al., 2008) but there are not many studies in which the way that overweight and obese African American women respond to and use health messages from the media. Following interviews for this research study, several participants expressed appreciation for the opportunity to speak about the topic and be a part of this research on overweight and obesity. This was an indication that they wanted to share their own health experiences and perceptions about overweight and obesity. The

women in this research study stated that this was a health topic that certainly needed to be addressed in regard to African American men, women and children.

Understanding the messages that are important to African American women and how those messages lead to decisions about weight reduction and lifestyle changes is important for the design of culturally relevant messages in editorial content and advertisements. Researchers can use findings that have emerged from this study and others to aid in the creation of such messages.

With respect to this topic, researchers should continue evaluating and assessing the perceptions and behaviors of African American women by involving them in studies and giving them a platform to share their experiences dealing with weight and encounters with media. This will allow public health professionals and others with an interest in this topic to gain a wider perspective of how media can influence African American women, especially in regards to weight issues. This can help public health professionals and communication experts determine what kinds of messages need to be created to reach African American women.

My study identified several themes from participants' responses. Those themes were obesity as viewed by the participants, perceptions of health risks, impact of media messages, perception of body image, encouragement from media, and steps to improve personal health. Each of these themes could be explored more in depth in future studies and with larger samples of African American women to yield additional information as it pertains to overweight and obesity in African American females. In addition, researchers can further explore how media messages about these specific themes influence the

behavior and perceptions of African American females related to weight and other chronic health problems.

Implications for Positive Social Change

From the participants in this study, it was apparent that the media is regarded as an influential environmental factor. Study findings showed that African American females responded to media messages and were motivated by these messages to adopt specific behaviors to lose weight and improve their health. These findings will add to the body of research examining the influence of media messages on perceptions and behaviors of African American women dealing with weight problems. Helping African American women shift from having the highest prevalence of overweight and obesity will require the resources of a multitude of experts including health communication scholars, public health officials and media professionals. Research can offer them insight from African American women, which they can use to develop and disseminate informative health related messages about lifestyle changes. These messages can be imbedded in advertisements, editorial content and television shows aimed at African American audiences.

Dissemination of dissertation findings can be an important step in inspiring social change. As such, I will seek to share my dissertation with community-based groups and collaborative projects that are working to address overweight and obesity among different segments of the population. For instance, in Beaufort County, S.C., where several of the study participants are from, the Delta Sigma Theta Sorority has pledged to work on combating the high incidence of obesity among woman through its Total Woman Healthy

Weight Program (Hilton Head Island-Bluffton Alumnae Chapter of Delta Sigma Theta Sorority Inc., 2016). Members of this sorority of predominately African American women, may benefit from the findings of my dissertation since it captures the opinions of local African American women. This study's findings can help them understand how messages in the media affect the health behavior of African American women as they consider ways to lose weight and become healthier. The organization may be able to use information to continuously address the prevalence of obesity among African American women and advocate for improved health among this group of women.

Another group that has focused on obesity is the Beaufort County Human Service Alliance. A presentation to this group may help to increase its members' awareness of obesity among African American women and how the media influences their perceptions and behaviors. Several churches in the area have also implemented healthy lifestyle programs for their congregation. The findings of my dissertation can be shared with these churches so participating members and organizers are aware of environmental influences that prompt behaviors of African American women, particularly those dealing with overweight and obesity.

Reaching public health advocates and health communication experts may require me—as a researcher—to publish my findings in peer-reviewing journals and present my findings at professional conferences. Through these avenues, I will be able to share my dissertation results with individuals who are interested in addressing health issues of African American women or using the media to disseminate health messages.

Conclusion

As noted throughout the study, African American women significantly shoulder the burden of overweight and obesity in the United States. Mozaffarian et al. (2015) found that the prevalence of overweight and obesity among African American women has continued to rise, which can increase the prevalence of chronic illnesses in this group of women. In this study, all of the participants were educated women who engaged with different types of media. The media were where these women gathered information about health and were influenced by their media encounters. African American women were aware of the risks posed by being overweight and obese and were aware of media messages that expose their risks for chronic health problems as was indicated by study findings. The messages that they encountered in the media served as triggers to address their weight and adopt lifestyle changes. With the adoption of certain behaviors recommended through media, African American women may be able to reduce the prevalence of overweight and obesity. In doing so, they can reduce their risks for weight-related chronic diseases and costs associated with treating those diseases. Following specific recommendations would also be beneficial for the families and children of African American women as problems with overweight and obesity can affect the entire family.

Using the media is just part of the solution to continue reaching African American women with interventions, messages and positive reinforcement to adopt healthy lifestyles. Because African American women regularly engage with media, it is the avenue that public health advocates should use continually to disseminate strong

messages encouraging African American women to take actions to address overweight and obesity and other threatening health problems.

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Appendix A Informed Consent Form

You are invited to take part in a research study of the influence of health messages in the media on African American women. The researcher is inviting African American women over the age of 25, who are overweight or obese and who read magazines targeted at African American females or consume other media such as television, radio and internet to be in the study. This form is part of a process called “informed consent” to allow you to understand this study before deciding whether to take part.

This study is being conducted by a researcher named Carolyn Grant, who is a doctoral student at Walden University. Ms. Grant is a resident of Hilton Head Island, S.C. and works in healthcare marketing and public relations.

Background Information:

The purpose of this study is to gauge the influence of health messages in the media on African American women.

Procedures:

If you agree to be in this study, you will be asked to:

- Provide basic information about your health, including your weight and you or your family’s chronic health conditions related to being overweight or obese.
- Participate in one interview session, lasting one to 1½hours. In this session, you will be asked a series of open ended questions regarding obesity, overweight and health messages in the media related to these conditions.
- Participate in a follow-up interview (if necessary) for 30-to-45 minutes.

Here are some sample questions:

- What health messages have you read or seen in the media regarding obesity or related to obesity, i.e., food, exercise, losing weight or illnesses?
- What messages prompt you to think about your weight?
- What messages prompt you to consider making improvements about your health to reduce your weight or related chronic illnesses?
- What messages affect your behavior or attitude toward eating healthy or exercising or losing weight?
- Based on the messages, what steps have you taken to improve your health?

Voluntary Nature of the Study:

This study is voluntary. I will respect your decision of whether or not you choose to be in the study. I will not treat you differently if you decide not to be in the study. If you decide to join the study now, you can still change your mind later. You may stop at any time.

Risks and Benefits of Being in the Study:

Being in this type of study involves some risk of the minor discomforts that can be encountered in daily life, such as stress, disagreements and revelation of personal health information. Being in this study would not pose risk to your safety or wellbeing.

Being in this type of study may also yield some potential benefits. Potential benefits of this study include increased understanding of the research topic and increased awareness of the media's influence on your perceptions. This awareness may lead you, as a participant, to take steps to improve our health if necessary. As a participant, you will contribute to research outcomes on this topic. In addition, you will receive a small stipend for your participation.

Payment:

As payment for your time, you will receive \$10 gift card to the Stein Mart retail store upon completion of the interview session.

Privacy:

Any information you provide will be kept confidential. The researcher will not use your personal information for any purposes outside of this research project. Also, the researcher will not include your name or anything else that could identify you in the study reports. All transcribed data will be saved on a compact disc, placed in a sealed envelope and stored in a locked file cabinet at the researcher's home office. Data will be kept for a period of at least 5 years, as required by the university.

Contacts and Questions:

You may ask any questions you have now. Or if you have questions later, you may contact the researcher via telephone at xxx.xxx.xxxx or email at carolyn.grant@waldenu.edu. If you want to talk privately about your rights as a participant, you can call the Walden University representative who can discuss this with you. The phone number is 1-800-925-3368, extension 1210. Walden University's approval number for this study is #01-13-15-0094573 and it expires on 01/12/16. The researcher will give you a copy of this form to keep.

Statement of Consent:

I have read the above information and I feel I understand the study well enough to make a decision about my involvement. By signing below or replying to this email with the words, "I consent", I understand that I am agreeing to the terms described above.

Printed Name of Participant

Date of consent

Participant's Signature

Researcher's Signature

Appendix B Participant Recruitment Letter

[Date]

To Whom It May Concern:

I am a doctoral candidate in the Department of Health Sciences at Walden University in Minneapolis, MN. As part of my work toward an advanced degree in public health, I am required to write a dissertation based on extensive research on an approved topic. I am pursuing my dissertation topic on African American women and obesity. The purpose of the study is to explore the influence health messages in the media have on African American women's perception of the overweight and obesity and whether those health messages trigger them to make behavior changes to prevent or improve their weight or weight-related conditions such as hypertension, cholesterol and diabetes. I am asking if you would consider assisting me with my research by participating in an interview on African American women and obesity.

To gather data for the study, I am conducting interviews with African American women. I am seeking eight to 10 women who meet the following criteria:

- Be age 25 or older.
- Be overweight or obese or have a history of overweight and obesity based on body mass index.
- Read or subscribe to magazines targeting women such as Essence, Heart and Soul, or Ebony, and; or regularly watch TV, listen to radio programs or use the internet.

Participating in the study will require your attendance at one interview session that will last one to 1 ½ hours. The session, with your permission, will be taped and transcribed. To maintain confidentiality, you will not be identified by name in the transcription. A pseudonym will be used. Once the tapes are transcribed, I will keep them in a locked file cabinet at my home office. You may be asked to review the completed transcription to ensure accuracy. If you are interested in participating, you will be asked to sign an informed consent further explaining the study, the risks and benefits, and requirements you are expected to meet. You will receive a \$10 gift card as compensation for your time.

If you meet the criteria and agree to participate, I will contact you about an interview date, time and location that are convenient for you. Please be aware that you may withdraw from the study at any time.

Upon completion of the research, I will provide you a copy of the study. If you have any questions, you may reach me at xxx.xxx.xxxx or via email at carolyn.grant@waldenu.edu. I appreciate your thoughtful consideration of my request. Please reply to me by (TBD).

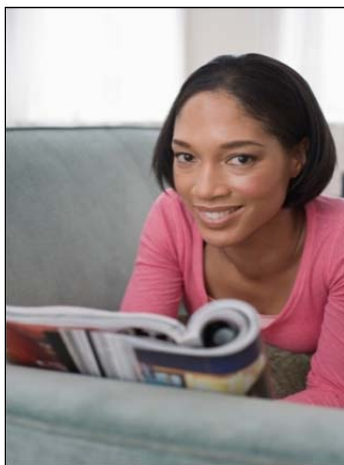
Sincerely,
Carolyn Grant
Doctoral Candidate
Walden University

Appendix C Recruitment Flyer

**INTERVIEW PARTICIPANTS SOUGHT FOR RESEARCH STUDY ON
AFRICAN AMERICAN WOMEN AND OBESITY****Study Working Title:**

The Perceived Influence of Messages in the Media on Obesity and Health Perceptions Among African American Women

The purpose of the study is to explore how health messages in the media influence African American women's perception of overweight and obesity and related health conditions, and whether such messages prompt behavior change.

**Criteria:**

- You must be age 18 or older.
- You must be considered overweight or obese based on body mass index.
- You must read or subscribe to magazines targeting women such as Essence, Heart and Soul, and Ebony; or regularly watch TV, listen to radio programs or use the internet.

You will receive a \$10 cash gift card as compensation for your participation.

If you are interested in participating or need more information, contact Carolyn Grant, Doctoral Candidate, Walden University by telephone at XXX(mobile)/XXX(home) or via e-mail at xxx.carolyn.grant@waldenu.edu.

Please respond by: July 30, 2015

Appendix D Interview Protocol

Set Up	<p>Equipment to be Used:</p> <ul style="list-style-type: none"> • Tape Recorder with Spare One on Reserve • Batteries for Recorders • Notebook for Note Taking • Ink Pens <p>Arrive at interview site 1 hour prior to start of session.</p> <p>Test audio recording equipment to ensure that it is working properly. I will also conduct a voice test by recording the date, time and place of the interview session.</p> <p>Arrange table and chair to adequately accommodate participant.</p> <p>Make sure room temperature is comfortable.</p> <p>After participant has arrived, place “Interview in Session. Do Not Enter!” signs on doors leading to room so no one else in building interrupts.</p>
Introduction and Warm Up Total Time: 5 minutes	<p>Welcome & Thank Participant</p> <p>Share my background as researcher and student scholar.</p> <p>Explain purpose of research.</p> <p>Explain the need to record the information. Ask participant to speak clearly.</p> <p>Explain confidentiality and informed consent.</p> <p>Give Logistics (Bathroom Locations & breaks).</p> <p>Explain time frame for discussion.</p> <p>Answer any questions from participant.</p>
Interview Questions and Discussions Total Time: 1 hour	<p>Questions are outlined in table on Interview Topics/Questions</p>
Closing Total Time: 5 minutes	<p>Debrief with participant.</p> <p>Thank participant.</p> <p>Distribute envelope with \$10 gift card.</p> <p>Within 5 days, contact participant as a follow-up to debriefing to see if participant has any concerns or needs helpful resources.</p> <p>Send a thank you note to participants and to individuals authorizing use of site for interview session.</p>

Appendix E Demographic Questionnaire

Demographic Questionnaire

	Name
	Mailing Address
	City, State, Zip
	Email: _____ Phone: _____

Age Range: <input type="checkbox"/> 25-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> 41-50 <input type="checkbox"/> 51 or older

Marital Status: Check One

	Single
	Married
	Divorced
	Widowed

Education: Check Highest Level of Education

	Graduate School
	College Degree
	Some College
	High School Graduate
	Did Not Complete High School

Weight Status: Please list your current weight or height

Weight	
Height	
BMI (Based on Weight/Height To be completed by Researcher use BMI Chart	

Appendix F Interview Topics and Questions

Outline of Interview Topics and Questions	
Topics	Questions
Perceptions about overweight and obesity	<p>In your opinion, what does it mean to be overweight or obese?</p> <p>Have you or anyone in your family been diagnosed with diabetes, high blood pressure or high cholesterol?</p>
Connections between obesity and disease	<p>In your opinion, what causes these diseases?</p>
Media Consumption	<p>What media programs do you watch, listen to or use?</p> <p>What do you learn about obesity and related chronic conditions from the media?</p>
Media Effects	<p>What health messages prompt you to think about your weight or about overweight and obesity?</p> <p>How do the health messages you see in the media influence your perceptions about being overweight and obese?</p> <p>Do you feel the health messages in the media help you understand the health risks of being overweight or obese?</p> <p>What behaviors related to weight reduction do you observe in the media?</p> <p>What strategies are offered in the media to encourage you to prevent being overweight or obese or to address being overweight or obese?</p> <p>What strategies are offered in the media to convince you to reduce your risks for obesity-related chronic conditions?</p> <p>Based on the messages, what steps have you taken to improve your health?</p>
Closing Questions	<p>Are there any related comments that you would like to make regarding the topics we have discussed or</p>

Appendix G Form for Review and Evaluation of Instrumentation

**FORM FOR REVIEW AND EVALUATION OF VALIDITY AND
RELIABILITY BY A PANEL OF EXPERTS FOR QUALITATIVE
INSTRUMENTATION**

Instructions: Please review the attached survey instrument and respond to the following questions regarding the construction, validity and potential reliability for the survey in light of the phenomenon being researched.

Section A. VALIDITY EVALUATION

A test, survey, questionnaire, evaluation or assessment instrument is valid to the extent that the instrument measures the construct(s) that the instrument purports to measure.

1. Instrument Construction:

a. Are the instructions for completing the instrument clear?

Yes No

b. Is the application and use of the results of the survey instruments adequately reflected in the instructions?

Yes No

c. What instructions or items would you recommend adding?

d. What instructions items would you recommend be deleted?

2. Content Validity:

Will the scores yielded by survey instruments adequately represent the content or conceptual domain of the construct being measured? In other words, does the instrument have adequate and appropriate items that constitute a representative sample of the complete domain of items used to generalize the construct being measured?

Yes No

3. Construct Validity:

The survey (interview) instrument is designed to capture data from African American women on how they perceive and are influenced by messages in the media regarding overweight and obesity.

a. Does the survey represent concepts or constructs it should represent and does not represent concepts or constructs it should not represent? In other words, does the survey instrument adequately represent the constructs it purports to represent?

Yes No

b. Is the survey inclusive of the important dimensions or facets of the constructs it purports to measure?

Yes No

c. Does the survey avoid excess reliable variance, ensuring no items are easier or harder for some respondents in a manner relevant to the interpreted construct?

Yes No

D. Face Validity:

Does the survey look valid? Does it appear to represent a measure of the construct it purports to measure?

Yes No

E. Item Bias:

Does the wording or placement of an item avoid affecting someone's response? (This includes the avoidance of double-barreled items, words or phrases, which raise emotional red flags, ambiguous wording, gender bias, racial/ethnic bias, and the manipulative placement of an item or wording of an item)

Yes No (if no, please explain)

F. Consequential Validity:

Does the survey instrument embody desirable values and have potentially positive consequences for the discipline or field it reflects?

Yes No

Section II. RELIABILITY EVALUATION

A test, survey, questionnaire, evaluation or assessment instrument is reliable to the extent that whatever construct(s) the instrument measures, it measures the construct(s) consistently.

A. Internal Consistency:

Are the items that make up the survey instruments internally consistent with each component and/or the constructs being examined, assessed, evaluated or measured?

Yes No

B. Potential for Reliability:

Understanding that research participants completing this instrument will vary in their understanding and experience with the mass media and thus vary in their responses, is there anything about this instrument that would lead you to believe that this instrument would not consistently measure the perceived influence of messages in the media on obesity and health perceptions among African American women consistently?

Yes No

Please provide any additional comments, suggestions for improvement, and/or any other thoughts regarding the construction, validity and/or reliability of the survey instrument.

Appendix H Member Checking for Validation Letter

Dear [Name]

Thank you for taking time from your personal schedule to participate in the interview on the influence of health messages in the media on African American women's perception of overweight and obesity and related chronic conditions and behavior changes.

Attached please find a draft copy of the verbatim transcripts of the interview and a summary of themes that emerged during your interview session. Please review the transcription for accuracy of responses and reporting of information. If you notice or identify any errors, please notify me within 10 days at xxx-xxx-xxxx or via email at xxx should you have any questions.

Thank you again for your willingness to participate in this study.

Sincerely,

Carolyn Grant
Doctoral Student
Walden University