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Experiences of Middle-Aged, African American Women with Excessive Weight

Tina Ann McClaire
Walden University

Walden University

College of Social and Behavioral Sciences

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Tina Ann McClaire

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Dr. Rachel Piferi, Committee Chairperson, Psychology Faculty

Dr. Jessica Tischner, Committee Member, Psychology Faculty

Dr. Louis Milanesi, University Reviewer, Psychology Faculty

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Eric Riedel, Ph.D.

Walden University

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MS, Walden University, 2008

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Proposal Submitted in Partial Fulfillment

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Abstract

Obesity and overweight issues are nationally recognized crises for African American women. A noteworthy gap remains in the literature regarding this population's experiences with excessive weight, specifically, the role of culture and social support networks on their experience with being overweight. Without an understanding of the experience and meaning of being overweight for African American women, physicians and clinicians will not be able to fully support African American women in their weight loss journeys. Using the social learning theory as a framework, the purpose of this phenomenological research study was to explore experiences of obese or overweight middle-aged African American women while discovering the roles of culture and social support network in those experiences. Twelve women participated in individual, semi-structured interviews with the researcher. All interviews were audiotaped, transcribed and thematically analyzed. Findings showed that emotional eating and over-indulgence contributed to their obesity; social support networks supported their behaviors in attempts to be supportive and non-judgmental and eating was a primary feature of social interactions and cultural events. Their stories showed how important eating was to African American women's relationships and social interactions and how the social environment may be contributing to the crisis of obesity in this population. This study's results could be used to help promote positive social change in this population by helping African American women develop weight management programs that also support their lifestyle and cultural focus on food. Furthermore, examining how to engage socially and balance the social elements with proper eating should be the focus of future research.

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Dedication.

To my daughters, may you continue to grow with wisdom and joy. Follow your heart it

will lead you to many wonderful places.

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This dissertation could not have been completed without the continued support from my family

and friends.

Thank you to Dr. Rachel Piferi and Dr. Jessica Tischner, my most heartfelt thanks for your

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To my husband, Greg and daughters, thank you for your love and continued encouragement.

I love and appreciate you all.

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Chapter 1: Introduction

In 2011, the Centers for Disease Control and Prevention (CDC) estimated that there were over 72 million obese or overweight adults in the United States. The CDC also reported that the United States spent over $147 billion yearly on medical care related to excessive weight. Capers, Baughman, and Logue (2011) reported that obesity is a common and serious epidemic causing adverse effects and chronic conditions. Among the groups with the greatest rate of obesity were middle-aged African American women. This group's rate of obesity was around 44% as compared with Mexican American adults (39%), Hispanics (38%), and non-Hispanic Whites (33%) (CDC, 2013). Over the past few decades, the United States has made significant progress towards improving the health and quality of life for all citizens, but African American women are still suffering from excessive weight (CDC, 2013). The exploration of African American women's experiences with excessive weight and the role that social support networks might play regarding their weight is important for the development of programs and for initiatives that promote the positive health and well-being of middle-aged African American women.

Few studies have focused on documenting the experience of what it means to be an obese or overweight middle-aged African American woman (Capers, Baughman, & Logue, 2011). Capers et al. (2011) documented that the weight management literature has been dominated by studies of Caucasian women, despite the findings that African American women have higher incidences of hypertension and diabetes because of

obesity. The higher prevalence of obesity and overweight rates among middle-aged African American women supports the need for additional research studies on this population specifically. Capers et al. (2011) found that social, cultural, physiologic, psychosocial, and behavioral factors affect weight maintenance and should be included as constructs for future research studies. There is a growing body of literature recognizing the gap in research regarding the underlying factors associated with the higher rates of obesity found among African American women (CDC, 2013). Moreover, the gap in the literature supports the need for a study exploring how African American women are experiencing excessive weight, particularly as it relates to social support and cultural factors (Rowe, 2010).

Few studies have empirically defined the racial differences in the experiences with excessive weight in obese or overweight middle-aged women or explored how African American women may experience excessive weight differently than Caucasian women. Gaston et al. (2011) stated that focusing exclusively on the experiences of middle-aged African American women with excessive weight could be significant to understanding the factors contributing to the higher rates of excessive weight in this population. The CDC (2010) documents that, after controlling for differences in family income, racial and ethnic disparities persist in the obesity rate.

This chapter includes an overview of health problems associated with excessive weight in middle-aged African American women, as well as the role of culture and social support networks. Also, the nature and purpose of this study are described, as well as the research questions and methodology that guided this study. Moreover, the underlying assumptions and limitations of this research study are defined. Finally, the significance of

this research study is discussed while revealing how this study could contribute to social change for overweight and obese, middle-aged, African American women.

Background

Researchers have shown that obesity disproportionally affects minority classes and low-income families when compared to their counterparts (CDC, 2011; Flegal, Carroll, Ogden, and Curtin, 2010). African American women in the United States have the highest rate of obesity, which increases their chances of suffering from various diseases (Gletsu & Tovin, 2010). African-Americans as a whole have the highest rate among any other subgroup for mortality and morbidity associated with obesity-related diseases such as heart disease, diabetes, hypertension, and various cancers (Gletsu & Tovin, 2010).

Adult African American women over the age of 20 have the highest rate of overweight/obese at 82%, with 56.6% being classified as obese and 16.4% as extreme obesity (National Health and Nutrition Examination Survey [NHANES], 2011-2012). According to NHANES (2011-2012), African American women were 80% more likely to be obese than Non-Hispanic White women. Researchers have indicated a few variables that are likely to contribute to the higher rates of obesity in African American women (Gletsu & Tovin, 2010). Among these variables which may contribute to the higher rates of obesity in African Americans are racial learning, discrimination, financial adversities, marital status, education, social support networks, healthy eating, culture, lack of physical activity or demographical location (Gletsu & Tovin, 2010).

Among the variables that could contribute to increased weight in African American women are racial norms surrounding body size. Antin and Hunt (2013)

document that general findings regarding body image and weight stigma are still unclear in regards to how African American women feel about their female body image. Researchers have documented that a woman who self-identifies as African American believes that men favor a larger body frame (Antin & Hunt, 2013). A woman's understanding of body image is complicated and dynamic, influenced by multiple meanings including cultural variables as well as the influences from their social support network. Given the research that suggests that African American women have higher rates of obesity and comorbid conditions than other groups, as well as preliminary research that suggests that social and cultural factors may reinforce being overweight and obesity in African American women, it is important to understand the experience of being overweight for African American women. This research study focused on how social and cultural factors were experienced by 12 overweight and obese African American women and if these factors may be promoting excessive weight in African American women. This research study provides subjective thematic documentation about how African American women experience excessive weight and how culture and their social network plays a contributing role.

Problem Statement

Lopez et al. (2014) reported that non-Hispanic Black women have the highest rate of obesity with three out of four African American women being obese or overweight (Lopez et al., 2014). Similarly, the CDC (2012) indicates that four out of five African American women are obese. Several researchers have proposed different biological, social, and psychological explanations regarding the underlying factors associated with obesity in minority women (Caper et al., 2011; CDC, 2010). However, few researchers

have specifically evaluated the experiences of being an obese or overweight, middle-aged African American woman and how cultural norms and the social network may be reinforcing excessive weight in this group (CDC, 2011; Gletsu & Tovin, 2010). Preliminary research suggests that African American women may assign favorable meaning to overweight status (Antin & Hunt, 2013). This potential favoring of excessive weight has not been explored fully as a possible contributor to excessive weight in this population.

Purpose of the Study

The purpose of this qualitative phenomenological study was to explore the lived experiences of being overweight of middle-aged, obese or overweight African American women and how they assigned subjective understanding to their excessive weight. This qualitative phenomenological research study investigated the lived experiences of being an African-American woman with excessive weight through interviews of a sample of overweight, middle-aged African American women. The exploration of how women understand being African-American and obese, including subjective defining of contributing factors cultural norms and social support network, was explored in interviews to get a broader understanding. This study provides findings for the purpose of assisting researchers and healthcare practitioners with understanding the subjective experiences of how African American women understand excessive personal weight.

Research Questions

The following research questions guided this dissertation study:

Research Question 1: How do overweight and obese middle-aged African American women describe their lived experiences with being overweight or obese?

Research Questions 2: How do overweight and obese middle-aged African American women perceive and describe the cultural norms as playing a role in their experiences with excessive weight?

Research Question 3: How do overweight and obese middle-aged African American women perceive and describe their social network as playing a role in their experiences with excessive weight?

Theoretical Framework for the Study

The theoretical framework of this study is based on Albert Bandura's (1971) Social Learning Theory. Social learning theory asserts that individuals learn social norms from their home, family, work environments, communities, and school, all of which affect their choices and ability to make individual decisions. Traditional theories of learning typically define behavioral responses, which are directly experienced response consequences (Bandura, 1971). Behavioral responses are learned by observing others, the simple witnessing of affective reactions of others undergoing pleasure or painful experiences influences another individual's future behavioral responses. According to Bandura (1971), social learning theory assumes that role modeling influences produce learning through their informative functions.

The social constructs of social learning theory help us to understand the mechanics of how one's culture and influential effects of social support network can directly influence one's behavior. Understanding the subjective experiences of obese or overweight, middle-aged African American women may help researchers explain why this population suffers from this disease at the highest rate. This study explored the lived experiences of obese or overweight, middle-aged African American women, as well as

how cultural norms or social support may influence meaning and lived experiences. Culture is defined as generational traits of one's racial group including beliefs, traditions, and understandings of one's environment. The social support network includes the various types of support that people receive from others, such as emotional and informational support. This study gave 12 middle-aged, obese or overweight African American women the opportunity to share how they feel in regards to both culture and social support networks having a role in their subjective experiences with excessive weight.

Culture

This research study focused on a selection of women of similar race and age who are overweight or obese, investigating the relationship of culture to obesity. Many of these women may have been overweight most of their lives, some may have recently gained their weight, and some may have lost and gained weight over many years. African American middle-aged women live with many issues in their lives spanning from financial hardships, lack of education, marital difficulties, family situations, religious commitments, and having children. Moreover, researchers have found that cultural norms for African American women favor a larger body size, supporting the acceptance of excessive weight in this ethnic population (Antin & Hunt, 2013). Chapter 2 further defines and reviews the theoretical framework for this study.

Social Support Network

Seguin and Passalacqua (2010) agreed that social support plays a crucial role in the maintenance of physical and mental health. According to Saunders, Watson, and Tak (2012), marital status also plays a role in both direct and indirect ways. Consequently,

researchers have found that social support is influential in maintaining good health and adhering to treatment programs (Saunders, Watson, & Tak, 2012). Bandura's social learning theory defines the development of behaviors as learned by observation and response consequences. Also, as women, they have a strong connection with their social support network, an inherent need for communication, advice and support (Bandura, 1971).

Nature of the study

Obesity is both treatable and preventable regardless of gender and ethnicity. To help clients with obesity, healthcare professionals need to understand, from a subjective point of view, the experiences of obesity and what measures it may take for weight loss. Researchers have suggested that understanding weight management in African American women has been a significant challenge due to the possible cultural reinforcement of excessive weight (Antin & Hunt, 2013). This qualitative phenomenological study explored the lived experiences of obese or overweight, middle-aged African-American women, with a particular focus on the role of culture and the social support network in the experience of excessive weight. Twelve middle-aged African American women shared, through a semi-structured interview, their experiences with being overweight. Interview responses were analyzed by interpretive phenomenological analysis (IPA).

Definitions

Body Image: an individual's sense of self and physical body in regards to appearance (Cox et al., 2010).

Body Mass Index (BMI): a calculation using the weight and height of an individual, also correlating the amount of body fat. An adult with a BMI between 25 and 29 is considered overweight; an adult with a BMI 30 or higher is considered obese (CDC, 2012).

Culture: traits of one's racial group this includes beliefs, traditions, and understandings of one's environment, value, and symbols passed along through the generations.

Epoche: the process of the researcher, setting aside all prejudgments and instead see the phenomenon newly (Moustakas, 1994; Simon & Goes, 2011).

Experience: knowledge or skill gained by the individual.

Middle-age: a period of psychological awakening, including significant inner development, affecting life satisfaction, typically between 35-55 years of age (Lu, 2011).

Social Support Network: a reinforcing network, which includes family and friends who support an individual towards positively working through problems, medical illnesses, or any number of other stressors that can contribute to the development of physical or psychological illnesses (Segrin & Passalacqua, 2010).

Assumptions

All researchers must consider that their study has underlying assumptions. This study assumed that the participants would share their personal and truthful experiences with having excessive weight. In doing so, the exploration all narratives given by the participants were done honestly. Under the guidance of the epoche approach, all personal, preconceived notions, and biases, about excessive weight was set-aside by the researcher. The underlying assumptions of this study are necessary to support the issues of trustworthiness.

Scope and Delimitations

This research study was based on the need to explore further the subjective experience of being an obese or overweight, middle-aged African American woman. The underrepresentation of women in this population and the higher rates of excessive weight found among them defines the purpose and focus of this study. Dependency on participants voicing life experiences with excessive weight is the driving force behind this study. Moreover, exploring how an individual's social support network contributes to the personal meaning associated with living with excessive weight, will help researchers to develop group focused weight loss, obese treatment, and healthy behavioral programs. This proposed study focused only on obese or overweight, middle-aged African American women, providing research data relevant to their culture beliefs and personal understanding of the issue. The results of this study help to develop more sociocultural and healthy lifestyle change treatment programs for middle-aged African American women.

Limitations

There were two limitations to this study. First, women tend to struggle with translating their experiences to another person (McKenzie-Mohr & LaFrance, 2011). For instance, the language used by the participants when describing their experiences may not fully capture the meaning of the experiences. For this limitation, all interviews were conducted at a location, which was comfortable for the women to talk and share their experiences. Being of the same racial background and age also aided the participants to feel a connection to the researcher, producing the willingness to share their experiences with excessive weight. The second limitation involved the accuracy of the experiences

recalled by the participants. We often use filters when we describe our experiences. For the second restriction, participants were asked to simply take their time and reflect on their experiences before verbalizing; giving the participants some time to think about all parts of their experiences before sharing with the researcher. The nature of the interview with each participant was designed to encourage a sharing of one's personal experiences. Despite these limitations, middle-aged women have similar experiences within the realms of being an African American woman. Subsequently, conducting a qualitative study with obese or overweight, and middle-aged African American women has considerable value on furthering the understanding of excessive weight for this population.

Significance

The contributions from this study will advance our knowledge by providing subjective information, which may help healthcare practitioners understand the complexities of obesity and excessive weight in middle-aged African American women. Literature has supported how the African American culture has an effect on behavioral habits supporting the excessive weight (Acheampong & Haldeman, 2013; Robinson, Webb, & Butler-Ajibade, 2011). This research study was designed to further examine the role of culture and social support networks in the experiences of obese and overweight, middle-aged African American women. An element of qualitative research is the ability to allow the researcher to establish a wider range of understandings, meanings, and values supported by the experiences of the participants (Zunker & Ivankova, 2011). The significance of this study primarily emphasized the importance of researching this population and excessive weight for a healthy future and quality of life.

This research study supports positive social change by providing common themes from the voices of middle-aged African American women who are actively experiencing living with excessive weight. The application of this research approach provides the participants in this study with the opportunity to share experiences with excessive weight, what it means to be an obese or overweight, and middle-aged African American woman. Researchers have examined healthy behaviors and concluded that both internal and external cultural factors have a positive influence on maintaining these healthy behaviors (Zunker & Ivankova, 2011). Conveying the racial differences found among middle-aged women on the topic of healthy behaviors and weight management is necessary to promote the health of the minority population in the United States and elsewhere. The urgent call of APA (2012) to understand the development and treatment options of obesity in African American women supported the need for this research study. This research study has elucidated personal experiences with being an obese or overweight, middle-aged African American woman. If researchers and healthcare practitioners can understand the experiences of women in this population, efforts could be made to develop treatment programs that lead to healthier lifestyles among this population.

Summary

In summary, obesity is an epidemic that negatively affects the health of an individual, family, and society as a whole. This epidemic can derail an individual physically, emotionally, mentally, and socially. Hence, it is imperative that researchers focus on exposing the factors, which may contribute to the development of excessive weight. This study explored the experiences of what it means to be an obese or

overweight middle-aged African-American woman, as well as the influential role of culture and social support networks in the experience of excessive weight.

This chapter discussed the scope and delimitations of the study involving 12 participants being asked to share their experiences with a single researcher of similar gender, age, and culture. This chapter also reviewed the significance of the study, supporting the need to research a topic that is detrimental to the health and quality of life of African American woman. The rate of obesity among African American women is the highest among all ethnicities, despite the numerous treatment programs available, which lead researchers to explore other reasons for excessive weight in this group. This study addressed the need to further explore subjective experiences of obese or overweight, middle-aged African American women, a defined gap in the literature.

The literature review in Chapter 2 explores obesity in African American women, as well as reviews the research that suggests that the social support network and cultural factors are associated with excessive weight African American women. Also, current articles examining obesity and excessive weight in middle-aged African American women, including factors associated with social support and social learning theories within this population as it relates to excessive weight are reviewed. Lastly, Chapter 2 overviews the chosen qualitative approach design selected for this study.

Chapter 2: Introduction

Obesity is an epidemic in the United States (Rowe, 2010). Currently, there is a positive association between obesity and the development of debilitating health conditions, including coronary artery disease, stroke, hypertension, gallbladder disease, osteoarthritis, respiratory problems, and cancers (including endometrial, breast, and colon) (Zunker et al., 2011). Despite efforts by the CDC to reduce obesity, the percentages are still increasing (CDC, 2010). The rates of excessive weight and obesity have reached alarming levels among United States adults, particularly women (Johnston & Lee, 2011). The incidence of obesity is greater in African American women than any other racial group (Zunker et al., 2011). CDC (2011) documented that nationally 56.6% (2009-2012) of African American women over the age of 20 are obese. Currently, 82% of African American women are obese and overweight (CDC, 2014). Explanations for a high rate of overweight and obesity in this population include social-ecological frameworks due to influential behaviors gained over a lifespan (CDC, 2011; NHANES, 2011-2012). The purpose of this qualitative phenomenological research was to provide an opportunity for 12 middle-aged African American women to share their experiences with being obese or overweight so that we can understand this phenomenon more fully.

Gaston et al. (2011) studied the paradoxes in obesity for middle-aged African American women, including socioeconomic status, psychological factors, and health behaviors (physical exercise and eating patterns). This study included 351 African American women between the ages of 39-85 who participated in a 12-week invention known as Prime Time Sister Circles (PTSC). Participants completed a self-report survey focusing on the women's satisfaction with and perception of their overall health, the

locus of control, and healthy behaviors; and clinical assessments documented the women's height, weight, abdominal circumference, and blood pressure (Gaston et al. 2011). This quantitative study documented five paradoxes between obesity and middle-aged African American women, including the positive relationship between socioeconomic status and race; the majority of women were satisfied with their knowledge of health, including personal attitudes and behaviors despite having excessive weight. A significant proportion of the participants rated their health as good or very good, including women whom were highly educated but there was a disproportionate pattern of women with above average incomes purchasing high fat foods just as the lower income women and exercised less. Lastly, high-income women reported having the greatest level of health locus of control. Gaston et al. (2011) concluded their study with the need for future studies to examine the complexities found within the African American communities regarding obesity.

Researchers still supported the specific issues surrounding the social mechanisms of middle-aged African American women living with excessive weight as a need for further research despite the number of studies conducted on African American women (CDC, 2011; Gaston et al., 2007; Lopez, 2014; Robinson, Webb, & Butler-Ajibade, 2011). Lopez et al. (2014) studied obesity literacy and culture among African American women in Florida, exploring the causal explanations of obesity across their lifespan. Lopez et al. (2014) documented that culture plays a key role in the development of obesity, including the development of attitudes, perceptions, and knowledge of obesity regarding overeating, and physical behaviors. The research study of 40 African American women between the ages of 21-57, who were capable of performing physical exercises,

concluded that the participants found the word overweight or "having a weight issue" to be more accepting versus obese and overweight which had a negative meaning. Moreover, Lopez et al. (2014) found that women connected particular struggles with weight, including stress (relationships, children, and responsibilities), a low locus of control in the development of weight, many women identified their culture and financial owes mandating unhealthy eating habits. Besides, social support was another contributing factor in the development of obesity; many participants reported that no one supported them to attain the weight she wanted. Many women reported that they had to support themselves first before others (parents, friends, spouse, children, and family members) responded. Lopez et al. (2014) indicated that when asked how they feel about their weight; the participant's negative or positive feelings were not linked to their age or weight status.

Lopez et al. (2014) supported the need to research the multiple levels of influence on obesity for African American women, including family history and social influences. Furthermore, Lopez et al. (2014) support that the examination of this obesity and African American women is an understudied population, which needs further explanations. Also, Robinson, Webb, and Butler-Ajibade (2012) reviewed the literature about body image and weight control behaviors among African American women. Robinson et al. (2011) noted that some studies found that a cultural acceptance of having excessive weight supporting that many young African American females embraced large body sizes. The results suggested that adolescent African American girls, who supported large body sizes, were less likely to have healthy behavioral habits, for instance, eating healthy fruits and vegetables and participating in an exercise routine. In general, Robinson et al. (2012)

suggested that the majority of studies, which focused on body image and modifiable weight-loss behaviors among African American females, concluded that body dissatisfaction was positively associated with poorer healthy behaviors, including proper eating habits and lower levels of physical activity. Findings varied with the age of the participants' and weight statuses, the methodology used and the sample size of African American women in the studies. Robinson et al. (2011) documented that many of the studies had a small percentage of African American women as participants, making it difficult to discuss findings for this population. In conclusion, Robinson et al. (2011) stated that further research into the differences by race and age is needed to explore different interventions to reduce obesity among African American women and culturally attuned healthy weight management promotion made available to this population. This chapter addresses the current gap in the literature and explores how the role of culture and social support networks provide a framework for understanding excessive weight found in middle-aged African American women. The summary and conclusion provide a concise synopsis of the current literature discussed in this chapter.

Literature Search Strategy

The strategy for searching the literature included a review of various databases through Walden University's online library, including EBSCO, MEDLINE, PSYC ARTICLES, Psychology-Sage, and PsycInfo. The search terms used included the following: obesity, obese, overweight, African-American, Black, female, culture, women, minority, middle-aged, qualitative, body image, interpretative phenomenological analysis, phenomenology, social support network, social support theory, social learning theory, friendship, excessive weight, and weight issues. The organization of this literature

review includes the discussion of various research articles, which address the theoretical foundation of the study including the role of social support networks on the experiences of middle-aged African American with excessive weight.

Theoretical Framework

Researchers have indicated the need to consider the psychosocial factors, which may affect the development of obesity among African American women (Gletsu & Tovin, 2010; Lopez et al., 2014). Various concepts in research literature have been documented as contributors to the development of excessive weight including demographic location, education, sedentary lifestyle, economic status, eating habits, and sociocultural impact. The purpose of this study was to explore the experiences of what it means to be an overweight or obese African American woman, with a focus on the roles of culture and social support network. This study was founded upon the social learning theory.

According to social learning theory, individuals attain their behavioral pattern and habits from their environment including family, friends, work, school, and societal norms. According to Bandura (1971), social learning theory is one theory, which helps to explain why people behave as they do. Researchers are continually attempting to understand why African-American women have the highest rate of obesity than any other group of women. Deaths associated with obesity could have been prevented, underlying the importance of further understanding why African-American women suffer the most from excessive weight. Obesity is recognized as a major public health crisis. The purpose of this study was to use the social learning theory and further our understanding of the

roles of culture and social support network on the experiences of excessive weight from the voices of middle-aged, obese or overweight African American women.

Social learning theory emphasizes that individuals learn from their environment and in return, also respond to their environment based on their learned behaviors. According to Bandura (1971), social learning theory asserts that new patterns of behavior can be acquired through direct experiences or from observing the behavior of others. Within the framework of social learning theory, behavioral reinforcement primarily serves for informative and incentive functions.

Social learning theory has been used to explain healthy behaviors within obesity research. In particular, the influence of the environment on the choices of African American women has been examined. Rowe (2010) explored this among a sample of low-income African American women in his study that examined cultural practices that prevent behavioral changes in food choices. The pilot study had several goals. Goal number one was exploring African American women's understanding of obesity and chronic diseases. Goal two was discovering the possible cultural and environmental barriers towards the development of healthier food choices. Goal three was documenting the current knowledge and accessibility of healthier food choices of low-income urbanized African-American women. Lastly, goal four was discovering the underlying cultural, social, historical, and environmental factors that influence or prohibit healthier food choices for African American women. The themes that emerged from the study included, the preferred word used to describe obesity was heavy; some women acknowledged the genetic connection between obesity and chronic diseases this was verbalized as running in the family (Rowe, 2010). Collectively the participants reflected

their understanding of health as more than just eating or exercise; it also includes many components (mental, physical, social, spiritual), which in turn make up your lifestyle. The final theme to emerge was that many of the participants believe that African American women see obesity differently than White women, claiming that African Americans see body image differently, which should not be judged by how White people understand weight and size (Rowe, 2010). Rowe (2010) defined the examination of cultural barriers (to include food choice and body size) and social barriers (to contain the social nature of food in the African American community) to influence the personal eating habits of residents in the community. Researchers advised that further studies should be conducted using subsamples of African American women in urban and rural neighborhood contexts to investigate these issues of obesity and the social learning aspects of it.

Comparably, Cox, Zunker, Wingo, Thomas, and Ard (2010) also reviewed the obesity and overweight rates in women within the United States, supporting the ramifications reaching beyond the medical consequences previously discussed. The study illustrated that African American women have a tendency to underestimate their body image, resulting in a tendency to underestimate their body size. Researchers indicated that the development of a woman's body image comes from her experiences, beliefs, culture, and perceptions (Cox et al., 2010). Findings included African American women reporting less pressure from their social environment to be a size smaller in comparison to Caucasian women; the more a woman perceived herself to be further away from her ideal body size, the more her quality of life tended to decrease (Cox et al., 2010).

Similarly, Cox et al. (2010) discovered several psychosocial factors that affect weight control behavior. These factors include social support, motivation, and self-control, which all contribute to increased self-efficacy. Consistent with social learning theory, women in the study recognized how those psychosocial factors influenced their weight management behavior.

Williams, Wyatt, and Winters (2013) conducted an interpretive qualitative research study with obese, seven African American mothers (mean age of 40.5) and seven daughters (mean age of 14.3). The open-ended and semi-structured interviews focused on participants telling a meaningful story about their body size or weight and relationship with their mother or daughter. Three interviews were held individually and conjoint between mothers and daughters. Findings were within a pattern of framing, fitting me, bordering others, and measuring it. Williams et al. (2013) defined the theme fitting me how the mothers and daughters' shared similar expressions of body size about self-concept or self-concept and how personal perceptions supported those meanings. The mothers and daughters spoke of describing themselves as being a perfect size, neither too big nor too small fitting their idealized self-view. The theme bordering others, the mothers and daughters bordered their social network and family using them as a point of reference when describing themselves. While the participants' defined themselves and family members, the researchers found that framing body size with self and others is a societal disposition, not commonly found among African American women. The last theme was measuring it, the mothers and daughters included numbers and sizes when determining how much weight was too much. The narratives reflected that the mothers

and daughters preferred the clothing size of 10-12, whereas size 18 was too large and having a weight over 200 pounds.

Williams et al. (2013) indicated that the participants in the study supported self-defined practices of defining body image, size and weight between mother and daughter. This method is consistent with the constructivist approach whereby realities are constructed through social interactions, which are supported by cultural and social environments. Williams et al. (2013) supported that if researchers and practitioners challenged the definition of health including that the normal body size has to be a BMI under 25, which universally apply to all genders. Instead, researchers should challenge the definition of health to include different approaches within selected cultures and ethnic groups.

In each of these studies, views about obesity and health have been linked with reinforcement from the social environment. These findings are consistent with social learning theory and forms, the foundation of this study. Social learning theory was deemed the best suited to illustrate the behavioral patterns associated with the roles of culture and social support network on the experiences of excessive weight for this population. According to Bandura (1971), vast majorities of research studies have been conducted on whether a behavior is learned through an automatic action of consequences or the effects of reinforcement are cognitively mediated. Within this research study, the findings collected supported how the participants perceived the role of culture and social support networks on their experiences with excessive weight.

Literature Review related to Key Concepts

Defining obesity and excessive weight. CDC (2010) promotes research on obesity and overweight issues that would help identify the effects on the health and development of illnesses in individuals regardless of age, gender, ethnicity, and race. Children are measured by weight and height during their routine visit to the pediatrician. Pediatricians use the BMI percentile chart to define the weight and height percentile found among other children of the same age across the U.S. for the parent. For instance, a child's weight and height for his/her age can be in the 95th percentile for children; as a result, he or she is taller and weighs more than 95 percent of children his or her age.

Moreover, defining overweight and obesity for an adult is different; keeping in mind that obese and overweight is mutually exclusive descriptions of excessive weight, but obese people are also overweight. For adults, the calculation of weight and height defines the individual's body mass index (BMI), calculating their body fat. The formula for BMI is weight (lb.) / [height (in)] 2 x 703 (CDC, 2015). BMI Weight Status; below 18.5 is considered underweight, 18.5 – 24.9 is considered normal; 25.0 – 29.9 is considered overweight, 30.0 and above is considered obese (CDC, 2015). Researchers have indicated that there are limitations to the BMI scale of reliability: considering that women tend to have more body fat than men do, older people, on average, tend to have more body fat than younger adults, and highly trained athletes tend to have a high BMI because of increased muscularity rather than increased body fatness (CDC, 2015).

According to Rahman and Berenhum (2010) arguments against using the same BMI, scale for different races has been discussed for many years. It has been argued that Black, White, Asian, and Hispanic women cannot be measured using one universal scale

for body fat (Rahman & Berenhum, 2010). Instead, physicians should develop a more ethically sensitive scale for women of different ages, specifically reproductive years and older. It is recommended that healthcare providers use a combination of measurements including skinfold thickness, waist circumference, the ratio between hip and waist, computed tomography, and magnetic resonance imaging to increase the accuracy of body fat score (CDC, 2010). The National Heart, Lung, and Blood Institute (2012) recommends that the physician had two or more tests as part of the routine assessment for the development of overweight or obese related diseases, such as waist circumference, high blood pressure, or levels of physical inactivity of the patient (CDC, 2012). The National Heart, Lung, and Blood Institute (2012) also recommend healthcare providers use such predictors of excessive weight and obesity during a physical exam.

Development of excessive weight. Obesity is a multifactorial chronic disease that develops from the interaction of an individual's social, biological, cultural, physiological, behavioral, and environmental variables. Researchers have shown that poor nutrition and lack of physical activity are the principal reasons for excessive weight (Lewis-Moss, Sly, & White, 2010) and, therefore, a major component of weight gain (Gletsu & Tovin, 2010; Zunker & Ivankova, 2011). Researchers have also recognized that obesity and overweight rates are increasing among African American women at an astounding pace (CDC, 2010; Malpede et al., 2010). Mills, Perry, and Reicks (2010) acknowledge that, between the years 2007 and 2008, 38% of midlife women were obese.

Mills et al. (2010) conducted a cross-sectional study, which included middle-aged White women within the normal, overweight, and obese ranges. The purpose of their study was to make a connection between eating frequency and BMI. Despite the

limitation of only having White women participate in the study, the findings support that calories absorbed parallels eating frequency. Excessive weight gain within this age group is associated with changes in body composition, metabolic factors, and hormone levels, as well as the reduction of physical activity (Mills et al., 2010). Moreover, key influences may include socioeconomic status, location, sociocultural beliefs, family pressures, and level of education (Mills et al., 2010).

According to Lynch and Holmes (2011), African Americans have the lowest healthy eating index scores and the highest prevalence of obesity in the United States. In the study conducted by Lynch and Holmes (2011) included 28 participants, with the mean age of 40, never married, obese or overweight, recipients for food stamps, unemployed and had one child. Researchers have acknowledged that Caucasian women have dominated the weight management literature (Capers, Baughman, & Logue, 2011; Craig, 2010). Therefore, it is crucial to examine if those same factors influence middle-aged African American women (Capers et al., 2011). Capers et al. (2011) indicated that few studies; instead examined obesity in middle-aged African American women from factors including environmental, cultural, physiologic, psychosocial and behavioral differences. Capers et al. (2011) explored the extent to of socio-demographic and psychosocial factors explaining the differences between obesity and exercise behaviors in middle-aged African American and European American women. Participants included 173 African American women and 278 European American women, between the ages of 40-69 years old, recruited from 15 primary care practices.

Findings from this quantitative cross-sectional research study included that African American women were more accepting that European American women of being

overweight, African American women received higher social support for healthy eating and exercise versus European American women, and reported higher levels of exercise. Understanding that participants were under the care of a primary care physician during the time of recruitment may have influenced the results of the study, posed as an influential limitation of the study. Despite the limitation of the study, Capers et al. (2011) advised that there needs to more research studies focusing on the issues of obesity and its related comorbidities, including social determinants, race, and ethnicity may influence its development and maintenance.

      Racial and Socioeconomic influences. The disproportionate obesity problem among minority women has influenced researchers to investigate why weight management is particularly challenging among this minority population. According to Davis et al. (2005), poor African-American women are less likely to engage in physical activity and develop a healthy weight management program. The purpose of their study was to develop effective weight loss inventions based on the racial and socioeconomic factors influencing obese African American and Caucasian women between the ages of 28 and 55. Researchers generated six themes from the data collection and analysis process. All participants indicated that failed attempts at weight management included unsuccessful weight loss programs, diets, psychological and spiritual needs, family influences including societal expectations, cultural support, especially from the African American descent. Robinson, Webb, and Butler-Ajibade (2012) indicated that further research should be conducted with African American women of all ages, targeting what factors may influence the engagement of dieting, physical activity, and smoking cessation.

Middle-aged African American women. According to Gletsu and Tovin (2010), despite the disparity found between minority racial groups and fitness for weight loss, few research studies have yet to focus on the topic, specifically the benefits of physical activity for African-American women. Researchers recommended that future studies include promoting social support networks as a key component for the successful development of physical activity in African American women. Gletsu and Tovin (2010) published a review of qualitative studies, which focused on African American women and physical activity. Findings included that no articles reported on the potential researcher biases and predispositions, articles were poor in the development of an audit trail. Many of the qualitative studies resulted in the same findings such as common facilitators to physical activity included setting goals, having social support and safe places to exercise. Barriers to physical activity included lack of childcare, unsafe neighborhoods, and caretaker roles. Furthermore, Gletsu and Tovin (2010) also included a summary of intervention studies, four studies sampled African American women middle-aged and obese, researchers documented that social support, group activities and low-cost physical activities were included. Findings of both intervention and qualitative studies supported the use of small sample sizes, the employment of findings transferability and the majority of studies recruiting older African American women.

Numerous social and cultural barriers have been acknowledged for African American women as contributors to their unhealthy lifestyle (Ingram, Wilbur, McDevitt, & Buchholz, 2011; Warren et al., 2010). According to Segrin and Passalacqua (2010), social support involves such interactions as information, tangible assistance, and emotional comfort given through interpersonal exchanges. Women have recognized that

caregiving responsibilities and lack of emotional, social support are contributors of an unhealthy lifestyle. Social support is a well-known predictor of health and mortality; researchers have recently acknowledged that loneliness influences the relationship between social support and health (Segrin & Passalacqua, 2010). Social activity evolves from an individual's history, culture, and lifestyle.

Researchers are currently attempting to understand the underlying factors related to how an individual's social support network affects personal well being (Ibarra-Rovillard & Kuiper, 2011). Ibarra-Rovillard and Kuiper (2010), convey that women are social beings with the need for social support networks in their lives, supporting that the lack of or poor social support has a detrimental impact on women's psychological and physical health. Regardless of age, if an individual does not have a fundamental social support network, the possibility of social isolation can occur (Segrin & Passalacqua, 2010).

Researchers have found that not having a positive social support network may be associated with poor mental and physical health (Segrin & Passalacqua, 2010). Segrin and Passalacqua (2010) examined the effects of social support on health and found that a lack of or poor social support can be associated with unhealthy behaviors. Researchers recruited 265 adults between the ages of 19 to 85 (126 men and 139 women). Seventy-eight (78%) percent of the participants were White (Segrin & Passalacqua, 2010). This qualitative research design used various questionnaires to measure social support, stress, general health, healthy behaviors, and social network size. Findings included the positive link between loneliness and the number of friends and a positive relationship between social support and better health. The association between loneliness and lower social

support included the number of close friends (no social integration) and fewer interactions with family or significant others by the participant. Researchers concluded the positive association between social support and quality health remains a well-known predictor of healthy behaviors (Segrin & Passalacqua, 2010).

Despite the positive findings between social support and quality health, the limitations of the study conducted by Segrin and Passalacqua (2010) included the lack of generalization to other populations and a wide range of ages. Consequently, Segrin and Passalacqua (2010) conducted a study describing the functions of social support and loneliness as predictors of healthy behaviors in adults. The findings demonstrated that social support networks have the ability to provide emotional stability to the individual during different life moments. Social support networks can affect the individual's behavioral patterns by increasing willingness to take care of oneself, self-worth, purpose, and sense of belonging. A healthy behavioral aspect of social support can contribute to the woman feeling more confident within herself, including beauty, strength, and quality of life.

During the literature review process, a journal article supported the development of a church-based program for African American women involving social support networks and utilizing social comparison theory towards developing a healthy lifestyle. Peterson (2011) examined a church-based program, Heart and Soul Physical Activity Program (HSPAP), which is a 12-week intervention designed to promote physical activity in middle-aged African American women. The goal of the program was to recruit women from the church and support their being physically active as a venue towards healthy living. Researchers have established that the church is a symbol of the

community providing social, political, and educational support to its members (Peterson, 2011). The design of HSPAP was to promote physical activity using social support networks and social comparison theory. HSPAP believed that healthy behavioral change could occur with perceived social support.

The HSPAP program functioned on four domains as an intervention framework: appraisal, belonging, tangible, and self-esteem. A sample of seven middle-aged African American women between the ages of 42 and 65, the majority of whom attained a college degree and were self-reported caregivers, were recruited to participate in the study. The qualitative design provided four key concepts from the narratives given by each participant. Concepts included experiences, challenges, benefits, and factors associated with being physically active. The participants shared their childhood memories with being physically active, which in most cases included the joy associated with participating in sports and just having fun. The women recalled that, as they aged, sports and being physically active became less appealing and enjoyable; exercise no longer provided social time with friends.

Participants shared that there were not many active African American role models, and physical activity was not a social or cultural norm for their race. The benefits of being active included gaining a greater sense of well being, having more energy, fewer medical problems, and prevention of many chronic diseases (Gletsu & Tovin, 2010). The challenges to exercising included lack of time and enjoyment, family responsibilities, job obligations, fatigue, the physical endurance needed to execute the exercise routines, and the lack of social and cultural norms associated with being physically active. Lastly, the

women commented on the sociocultural views associated with taking the time to tend to personal needs during their middle years.

Furthermore, Albert Bandura's (1971) theory of social learning suggests that people learn by observing the behaviors of others, including the consequences of those behaviors. Within the social learning process, individuals learn new behaviors through direct experience or the observation of others (Bandura, 1971). On a regular basis, individuals are confronted with decisions, which may or may not be governed by the consequences most likely to follow. According to Bandura (1971), the framework of social learning theory has been supported by the rules of reinforcement, which provides the individual with informative and incentive functions, thus strengthening their response resources. Based on the informative feedback of a given behavior, an individual can decide if the consequence of the behavior is most likely to be positive. With this understanding, the individual is learning experiences, which are reinforced by the consequences of the experience. Reinforcements of a behavior have a tremendous influence on the motivational effects for the individual (Bandura, 1971).

Peterson (2011) provided findings that support the necessary tools to assist middle-aged African American women with routinely engaging in physical exercise. Providing different strategies for women to participate in exercise and not take away from their caregiving responsibilities would be the goal. The value conflict between caregiving and personal responsibilities has caused African American women not to engage in a regular physical activity, thereby, increasing a sedentary lifestyle. The HSPAP church-based program assisted participants with prioritizing their daily schedules to include an active way of life. Consequently, the program provided women with the

ability to become advocates for their health (Peterson, 2011). Peterson (2011) noted that participants from the study also exposed the current communication barrier between the healthcare providers and themselves. Many of the participants commented that the health care providers viewed them as unmotivated and disinterested in their health because of their excessive weight. This feedback supports the communication barrier between healthcare physicians and persons of color as a major factor in the health disparities among the minority population (Peterson, 2011).

Sociocultural influences. At the beginning of this chapter, research studies were presented and discussed supporting culture as a key factor in the development of eating habits and physical activity, whereby contributing to the higher obesity rates found among African American women. Consequently, social support networks come in many forms, such as family, extended family, coworkers, friends, church community, and associates. Women have many responsibilities to their social networks, including caring for their children and elderly parents.

According to Paschal et al. (2010), despite the major benefits of exercise, nearly half of African Americans do not engage in a regular physical activity, nor consume the recommend amount of fruits and vegetables as compared to the White population. The purpose of their study was to address the health disparities found among low-income African Americans in medically underserved communities, in comparison to other low-income racial groups exploring attitudes and decisions regarding healthy behaviors. Findings supported that African American and other low-income racial groups are prone to disparities in health because of poor physical activity and little fruit and vegetable intake. The participants expressed knowledge based information about the benefits of

physical exercise as well as a healthy diet, but have not implemented the behavioral changes. Researchers supported the need for supportive interventions, which provided an environment enriched in promoting healthy behavioral changes for families. Although the researchers documented the need for interventions, they also described a need for future studies to explore the needs of individuals in similar communities assessing their needs to improve healthy habits.

According to Paschal et al. (2010), research literature indicates that lack of physical activity and unhealthy eating promotes health disparities among African Americans, contributing to the development of chronic diseases, stress, and anxiety. In their study, they explored attitudes and decisions regarding healthy behaviors among African American adults in low-income regions. Researchers concluded that regardless of racial demographics there is still little difference between the groups regarding poor physical activity, low fruit and vegetable intake, and health disparities in low-income homes (Paschal et al., 2010). Moreover, authors agree that further research between race, ethnicity, socioeconomic status and levels of education is necessary to understand the behaviors and attitudes towards the development of healthy eating and physical activity in African Americans (Paschal et al., 2010). Considering these factors could help researchers and health care providers design effective interventions and programs to increase healthy outcomes among middle-aged African American women. For instance, weight management programs, such as HSPAP, which focused on race, culture, and ethnicity of the participants, seem to provide a dynamic support system for women seeking weight loss and the development of a healthy weight management program.

The social learning theory supports that advertising behaviors as rewarding, are positively received by the individual (Bandura, 1971). These learned behaviors may stem from one's social support network, which may or may not support weight gain (e.g., the engagement in sedentary activities and overeating); consequently, these behaviors can be unlearned and replaced with healthy behaviors influencing weight loss. There is growing recognition that social networks may have an important role in the obesity epidemic.

Treatment for excessive weight. Obesity has become a worldwide dilemma causing death and pain among citizens without discrimination to age, gender, or socioeconomic status. Excessive weight interferes with one's mental and physical health development consequently contributing to comorbidities. Apovian (2010) outlines the positive responses from the governments, researchers, and healthcare professionals on the treatment of obesity. Apovian (2010) supports the need for the United States to stop talking and start walking; in other words, healthcare professionals need to do more than research obesity but find ways to reverse obesity. The biological, social, and cultural aspects of African American women would help healthcare professionals and researchers to develop programs specific to the needs of this population.

According to Mills et al. (2011), gradual weight gain is associated with the midlife years for women; this happens in correlation with age-related changes in body composition, metabolic factors, and imbalanced hormone levels. As previously noted, increased gains in weight for middle-aged women contributes to the increased chances of developing Type II diabetes, hypertension, and heart disease, among many other chronic diseases. Researchers have concluded that eating frequency is a dietary behavior that affects body weight (Mills et al., 2011). Eating frequency is the amount of time between

meals or snacks. Findings conclude that increased eating frequency develops energy intake, increases metabolism, and lowers BMI in middle-aged women (Mills et al., 2011). Despite the results of the study conducted by Mills et al. (2011), other researchers have found no association between eating frequency and weight loss.

Some personal factors may have influenced associations between eating frequency and weight loss. For instance, some women may eat healthy snacks in between their regular meals and engage in regular exercise while others may eat unhealthy snacks and not engage in any physical activity, yielding different results. Thus, while there is ample evidence supporting eating frequency as a weight loss intervention, there are many cases in which eating frequency combined with little exercise and greater amounts of calories, result in weight gain. As a result, the treatment of obesity is multifactorial, requiring a combination of healthy behaviors, each of which tackles the woman's genetics and environmental influences simultaneously before gaining positive results (Apovian, 2010). As emphasized throughout this chapter, there is a poor understanding of the experiences as an obese or overweight, middle-aged woman within this population. Many factors have been proposed to explain why African American women are at a higher risk for obesity, but little research includes the psychological and social factors surrounding the increased rate.

Researchers agree that the most effective treatment options for obesity include physical activity, eating frequency, intake of healthy foods, and overall healthy behaviors (Apovian, 2010; Mills et al., 2011). According to James, Pobee, Oxidine, Brown, and Joshi (2012), the reasons why there is a lack of success among weight loss programs for African American women is largely unknown, but many believe there are also genetic

and cultural influences. In the study conducted by James et al. (2012) using the health belief model (defined to explain why individuals change or maintain specific health behaviors) as the theoretical framework, sampled 50 obese or overweight African American women (18-64 years old) interested in losing weight. Major themes collected from the focus groups including lack of support, not enough time to exercise, diagnosed with a health problem, dieting/exercise friend, need of basic information, and lack of motivation, were expressed by the participants. James et al. (2012) concluded that despite all the negative themes associated with obesity and overweight among the participants, and the amount of weight loss programs available to the public, 80% of African-American women are still struggling with excessive weight and growing in numbers.

Summary and Conclusions

Currently, the APA has placed an urgent call to researchers, healthcare professionals, psychologists, and community leaders to focus on the causes and solutions to the disproportionate impact of obesity on African American women and girls (APA, 2012). This chapter provided an overview of African American women, obesity, and overweight issues, as well as the role of social support networks and culture. Moreover, the literature review provided a thorough examination of excessive weight, its development, and treatment for African American women. Researchers are supportive of the need to further include African American women in studies focusing on body image and weight control behaviors (Robinson et al., 2011) few studies have documented the relevance of cultural behaviors regarding obesity.

According to Wagner and Geraldine (2015), there are many factors, which influence an individual's perception of self, and others, among them most recognized the

American media. The American media plays an increasingly powerful role in the idealized images of beauty, portraying the most idealized body image for both women and men regardless of race. In the United States, the standards of beauty are exposed to women by the media, magazines, and television. Research indicates that culture is relevant to middle-aged African American women on beliefs and knowledge about excessive weight (Capers et al., 2011; Cox et al., 2010; Gletsu & Tovin, 2010; Lopez et al., 2014; Warren et al., 2010). Johnson, Ralston, and Jones (2010) researched the eating habits of African American women. Researchers have indicated that women in this group support diets low in consumption of fruits, vegetables and drinking water; and respectively, less physically active than White women (Johnson et al., 2010). Also, research also indicates the need to examine the paradoxes of obesity in middle-aged women, supporting the need for sociocultural interventions to counteract the high prevalence of major health risk factors (Gaston et al. 2011; Vesnaver & Keller, 2011). This literature review defined the racial, socioeconomic, and sociocultural influences that help to increase understanding of the complexes of excessive weight in this population. Researchers have also addressed the importance of social support a crucial factor in women's health (Segrin & Passalacqua, 2010).

Conducting research studies that focus on understanding the meaning and experience of excessive weight among middle-aged African American women may help researchers to develop effective programs, which promote healthy behaviors. Chapter 3 specifically addresses the chosen research methodology and how this study explored what it means to live as an obese or overweight middle-aged African American woman. This qualitative phenomenological research study explored the experiences of middle-

aged African American women with excessive weight including a focus on the role of their culture and social support networks. Qualitative research is defined as a way of examining shared experiences within a chosen phenomenon (Englander, 2012; Warren et al., 2010). A comprehensive description of the data collection procedure is presented in the next chapter. Also, an imperative phenomenological analysis is proposed to identify the common themes found among the participants. Moreover, the researcher addresses the concern of trustworthiness and validity for this researched qualitative study.

Chapter 3: Introduction

Obesity is an epidemic and is associated with an increased risk of death in the United States (Rowe, 2010). Despite the vast selection of weight loss programs available to African American women, 82 % are overweight or obese (CDC, 2014). The purpose of this study was to explore the subjective experiences of being an obese or overweight, middle-aged African American woman and the role of culture and one's social support network in their experience. Researchers have clearly demonstrated the gap in the literature regarding how healthcare practitioners can be of better assistance if they had an understanding of what it means for middle-aged African American women to be overweight or obese (Apovian, 2010).

This chapter describes the methodology for this qualitative phenomenological study with justification for the chosen method. How data were collected and analyzed are discussed, as well as the ethical protections of the participants and the elements of social change. Also, the dissemination of the research findings is also described.

Research design and rationale

This qualitative phenomenological study was conducted to further understand the lived experiences of middle-aged obese or overweight African American women. The research questions that guided this dissertation study are as follows:

Research Question 1: How do overweight and obese middle-aged African American women describe their lived experiences with being overweight or obese?

Understanding how middle-aged African American women experience living with excessive weight can support the development and effectiveness of weight loss treatment plans. This research study explores the lived experiences of excessive weight for middle-

aged African American women. The qualitative method underlying this research study focused on giving the participants an opportunity to explore themselves and how they live with excessive weight. With the guidance of interview questions focusing on being a middle-aged African American with excessive weight, these women were able to share their feelings, emotions, and personal understanding of how their lives have been shaped by their weight.

Research Question 2: How do overweight and obese middle-aged African American women perceive and describe the cultural norms as playing a role in their experiences with excessive weight?

Psychosocial factors including one's culture can contribute the health and physical wellbeing of the individual. Researchers have indicated that an individual's cultural experience and development do have an influential effect on obesity. This qualitative research study explored how culture plays a role in the lived experiences of excessive weight from middle-aged African American women. This exploration was aimed at understanding further, from a middle-aged African American woman's perspective, how her culture has aided in her development and maintenance of excessive weight.

Research Question 3: How do overweight and obese middle-aged African American women perceive and describe their social network as playing a role in their experiences with excessive weight?

Psychosocial factors including the social network of the individual can have an influential effect on the development of excessive weight. Having a positively influential social network can influence an individual on many levels; such has their health and

fitness. One's social network supports one's decisions, as well as clarifies many choices that one may make in one's daily live. Friends, in particular, can influence a woman's personal decisions. The goal of this qualitative phenomenological research is to describe the lived experiences of being an obese or overweight middle-aged African American woman and how one's social support network relates to that experience.

A qualitative approach can both enrich and broaden the knowledge about excessive weight in middle-aged African American women. Qualitative research methodology focuses on multiple sources of data, including interviews, observations, and written documents, to identify concepts that contribute to the development of a particular phenomenon (Englander, 2012). This research study gathered information defining the subjective lived experiences of and meaning associated with excessive weight in middle-aged African American women using the qualitative phenomenological method of interviews.

The most commonly used qualitative research strategies are those identified by Creswell (2013): narrative, grounded theory, ethnography, case studies, and phenomenology. Narrative research focuses on the life of a single individual through the retelling of personal experiences or stories. Qualitative researchers employ narratives to develop subjective stories of individuals primarily through interviews and the use of transcripts. The data analysis of narratives produces subjective stories and themes. Grounded theory research generates a new theory that explains the findings or collaborative experiences collected from individuals. Researchers study the interactions and behaviors of individuals from within a natural setting and conduct multiple interviews on individuals from the field. Ethnographic research focuses on an entire

cultural group, studying shared behaviors, beliefs, and language over an extended period. Ethnographic research studies primarily obtain data through observations and interviews to show collaboration in a culture-sharing group. A case study researcher studies one or more cases to obtain a complete understanding of an event or behaviors in particular individuals. This methodology allows the researcher to develop detailed analyses of interviews, observations, documents, or artifacts, whereby providing common analytical themes. The phenomenological researcher primarily chooses to conduct interviews with participants in an attempt to capture the personal meaning of the phenomenon. According to Englander (2012), phenomenological researchers develop research questions, which focus on the examining or exploring of the phenomenon under investigation. By understanding each specific premise including the research method, research design, research question, data collection, and analysis, the researcher aims to achieve the same rigorous quality of natural scientific research.

Given the focus of understanding the lived experience and meaning among overweight and obese African American women, the phenomenological approach was chosen for this study. In-depth interviews focused on obtaining the lived experiences of overweight, and obese African American women. Participants shared their experiences with being an obese or overweight, middle-aged African American women and how they perceived culture and social support networks played a role in those experiences. The women in this purposive sample were part of a group with the highest rate of obesity in the United States.

Role of the Researcher

The researcher is the key instrument in this qualitative research study and was the sole person conducting the semi-structured interviews and analyzing the transcripts. According to Moustakas (1994), the role of the researcher is to take the epoche approach before the interviewing stage. The epoche approach requires the researcher setting aside prejudgments, biases, and already perceived ideas about living as a middle-aged African American woman with excessive weight. The epoche approach guided the researcher's development of research questions. A careful examination of the research questions was done to ensure that the questions were unbiased.

The interview questions were designed to eliminate wording that would lead the participants in their responses. Special attention was given to how these women assign meaning to being overweight or obese and how their social support networks or culture may have informed that meaning. By using the set of interview questions, the researcher was able to limit the effect of their personal beliefs, opinions, assumptions, and biases. By bracketing the researcher's personal beliefs, opinions, assumptions, and biases, the researcher was able to learn the experiences of the participants. To assist the researcher with this step, the use of a personal journal helped to keep bracketing those presumptions which thereby, allowing only themes from data collection to emerge.

Methodology

Participant selection logic. The study sample consisted of 12 middle-aged (35-55 years old), African American women with excessive weight. Participants lived in the counties of Milton, Alpharetta, and Roswell in Northern Georgia. Each participant met the following criteria: 1) African American, non-Hispanic woman; 2) between the ages of

35-55 years; 3) self-reported information on meeting the requirements for being classified

as obese, overweight or morbidly obese. An adult with a BMI between 25 and 29 is

considered overweight; an adult with a BMI 30 or higher is considered obese (CDC,

2012). Other factors including socioeconomic status, the level of education, marital

status, employment status and family history, were not included in the selection criteria

for participation in the study. Participants were solicited by flyers posted in public

locations as approved by the owners and referred by friends or family members (see

Appendix A).

Sample. The small sample size of this research study is supported by the need to gain an

in-depth meaning of living with excessive weight from the voices of only middle-aged

African American women. According to research conducted by Guest, Bunce, and

Johnson (2006), data saturation and thematic saturation were found to occur with a small

homogeneous sample. They established that data saturation occurred at around 6

participants and thematic saturation occurred at around 12 participants. Recruitment

continued until saturation of themes was met. Saturation occurred with 12 participants.

Data collection and data management. The original data recruitment method provided

five participants to the study.   These five women (participants 1-5) contacted the

researcher by phone or email. All interviews were conducted one-on-one research setting

and recorded. After the last interview had been conducted, the collection of participants

declined (over eight weeks) resulting in the researcher asking for changes to the interview

setting, which may support the collection of more participants. With the support from the

researcher's chairperson, a change to the interview process was made and received

approval from the IRB.

A phone conference, instead of face-to-face interviews, was established with the participants; data collection by telephone was conducted with the participants six through twelve. Each interview regardless of the method (face to face or by phone) began with a brief social conversation, which only included introductions between the participant and researcher. The researcher presented herself to the participants as a listener, only asking the individuals to convey their experiences with having excessive weight as a middle-aged African American woman. All participants consented to their interview being recorded. Data transcripts were stored on computer files located on the researcher's personal computer; the files are password protected. If during the interview, the participant was uncomfortable answering a particular question, she would ask to pass and move onto the next question. Two participants did opt out of one or more questions, but later returned to answer. Once all the interview questions were answered, the participant was asked if she had any additional information to share regarding the topic of the study. The informed consent describes the protocol used if the participant showed signs of distress or stress during the interviews. None of the participants indicated signs of distress during the interview process. The interview session ended by thanking the participant for her participation. Tokens of appreciation were not being given to the participants.

Instrumentation. The interview questions were developed based on the purpose of understanding the underlying subjective experiences of being an obese or overweight African American middle-aged women. The researcher ensured the validity of this research study by including ethical recruitment of participants, the exclusion of personal bias and expectations, and conjunction of respondent validation (member checking). The research and interview questions of this proposed study were developed from the gap in

literature defining the need to explore further the subjective experiences of obese or overweight, middle-aged African American women (See Appendix C).

Data analysis plan. This study employed interpretative phenomenological analysis (IPA) to analyze the interview responses because it allows for deep and specific attention to the words shared by participants. This analytical approach aimed at providing a complete and in-depth understanding of the uniqueness of the individual. IPA was used to explore in detail how individuals understand their personal and social worlds, as well as how they perceive an event or experience in their lives. Through interpretative interaction, the researcher would try and understand the personal world of the participant. No computer software or external analysis group was used to interpret the data. Instead, the researcher conducted analysis using the method of IPA (interpretative phenomenological analysis).

IPA begins with reading the transcripts, developing themes, which are anchored from direct quotes given by participants (Pringle et al., 2010). Three core concepts of an IPA approach include: the phenomenological component, which develops the participants' understanding as they make sense of the experience, the analysis component, which seeks to uncover the participants' understanding of the experience, and the interpretative component, which considers cultural and physical environments as they attempt to make sense of the experience as well as the renewed insight gained by the researcher. The primary aim of IPA is to anchor all findings in the direct quotes from the participants. The findings from this research study have contributing factors about the subjective experiences of middle-aged, obese or overweight African American women and their perception of the role of culture and social support networks on their

experiences. No discrepant cases were found in this study. Chapter 4 contains

documentation of these themes, while Chapter 5 discusses the social implications of the

findings.

Trustworthiness: Validity

According to Lincoln and Gubu (1985), the trustworthiness of a research study

involves the establishment of credibility, transferability, dependability, and

confirmability. Credibility supports the truth in the findings. Within this research study,

participants reviewed their transcript of the interview and supported it was authentic and

agreed that the research collected a truthful understanding of their experiences.

Transferability shows that the research findings have applicability in other

contexts. Within this research study, the transferability was established through the thick

description of each code and theme discussed in chapter 4. To support transferability in

this research study, the researcher provides a thick description of each code and theme

founded. A thick description was given by documenting associations between similar

experiences founded between the participants. These descriptions define the patterns of

the cultural and social network founded between the participants, supporting the

trustworthiness of this research study.

Dependability shows that the findings are consistent and could be repeated in

another research study. Dependability was shown in the inquiry audit found in (Appendix

E). The inquiry audit supports that trail from interview to the development of themes to

answer the research questions of this research study. The purpose of the inquiry audit is

to evaluate the whether the findings of the research study is supported by the data

collected during the interview stage. The interpretations and conclusions of the study foster the trustworthiness of the study.

Confirmability supports that the research study was molded by the participants and their understanding of phenomena under study. Hence, the study is not shaped by the researcher's personal bias or bias of the research. Instead, the researcher develops an audit trail, which is a transparent description of the steps taking within the research study from the start of the project until the final findings are documented. These steps include the researcher's processing notes, which were used to produces the codes, trustworthiness, observational developments founded from the data transcripts from each participant.

Ethical procedures

All ethical guidelines given by the university review board ensuring the protection of the participants were followed. In doing so, each participant signed and received a copy of their consent form. These documents which include all narratives, recordings of interviews, IRB applications and related documents, including approval numbers will be maintained securely in password-protected, computer files stored on the researcher's personal computer.

All participants were given information outlining the procedures of the study along with a clear description of their option to withdraw from the study at any time without prejudice. No one withdrew from the study. Specific demographic information (marital status, children, self-reported weight) that was gathered from each participant, along with all interview data, has been held confidential and protected. Names of the participants are not given within this research study; instead, each participant was given the number based on their placement in the interview process. Only the researcher has

access to the participants' identifiable information and all confidential data will be destroyed in five years.

Despite the fact that all participants were recruited within the researcher's work environment, no ethical or interest conflicts are applicable. Once this dissertation has been approved, a final summary of findings will be sent each participant and a variety of locations that support the health and well-being of women, such as The Centers for Disease Control and Prevention, The Obesity Society, The American Psychological Association, The National Institutes of Health, and various Black churches in Georgia. Local charities in Georgia including The Drake House, Every Woman Works, and Fulton Families Matter will also receive a copy of the findings. Providing local charities with the summary of findings may bring further awareness to the prevalence of obesity among African American women, as a major public health issue.

Summary

This qualitative phenomenological research study explored the experiences of what it means to be an obese or overweight, middle-aged African American woman, including the role of her culture and social support networks in that experience. This chapter covered the research design and rationale, identifying this research study as qualitative tradition. The changes to the data collection were discussed; support the need to collect more participants for the study. Each participant contacted the researcher showing interest in the study. Furthermore, the data collection processes of this study aimed to uncovering themes giving researchers more direction to concepts necessary in developing sociocultural health programs designed to help African American women to maintain a healthy weight. Narratives from this study generated themes found in personal

experiences of middle-aged African American with excessive weight; themes focused on the involvement of culture and social support network in their lives.

The role of the researcher was also defined as a listener without applying any personal interest into the findings of this research study. The methodology was also provided in this chapter, the criteria and how the participants were recruited was defined. This chapter explained data collection and the interview process with the participants, including how each interview was recorded followed the specifics of the approved IRB application. The data analysis was documented in this chapter, defining the how the codes and themes were developed from each interview with the participants. Trustworthiness in this research study, including concerns of credibility, transferability, dependability and confirmability was also developed in this chapter.

Some studies have explored the reasons why African American women are suffering from higher rates of obesity, thereby uncovering the factors associated with the development and maintenance of this epidemic. Despite the numerous weight loss programs available, women in this classification have not taken full advantage. Researchers have recommended further research into the structural barriers such as the role of culture and social forces to provide direction into the development of more sociocultural programs. Chapter 4 provides the research findings by discussing the themes found among the interviews conducted with the twelve participants.

Chapter 4: Introduction

The prevalence of obesity has increased since 2010, especially for African-American women in the United States (CDC, 2012). According to the CDC (2012), four out of five African American women are overweight or obese, having the highest rates of obesity compared to other racial groups in the U.S. The health impact of obesity includes a greater risk of high blood pressure, hypertension, some cancers, osteoarthritis, nonalcoholic fatty liver disease, heart disease, stroke, type 2 diabetes, high levels of blood fats, LDL cholesterol (CDC, 2012). Obesity is a result of energy imbalance, where the individual consumes more calories than expended each day with physical exercise.

The purpose of this qualitative research study was to interview middle-aged African American women regarding their experiences with having excessive weight. The sensitivity of the topic of this research study, as well as the personal attitudes of African American women, made it very difficult to find women willing to participate. As a result, it took longer than expected to recruit twelve women willing to share their experiences over the phone. A snowball sampling approach was also used to recruit participants who fit the criteria of this research study. Interestingly, when participants were asked to assist with snowball sampling, the most common response was "I can't ask her; she might get upset that I am suggesting that she is overweight or obese." Despite the struggles with recruitment, twelve women were recruited over two months, and a broad and diverse range of personal experiences from the twelve women were collected. The point of saturation came when the last few interviewees started to repeat themes about how they understand obesity, cultural influences and effects of their personal social support on the maintenance of their weight.

This chapter presents the data and findings, which were collected for this qualitative research study. Data collection, interpretive phenomenological analysis of the data, and evidence of trustworthiness in this research study are presented. Moreover, the results of the research questions presented in chapters one and three of this study are answered. At the end of this chapter a summary of the research questions is provided as a transition into chapter five.

Research Questions

This qualitative phenomenological study was conducted to understand the lived experiences of middle-aged obese or overweight African American women. The research questions that guided this study were:

Research Question 1: How do overweight and obese middle-aged African American women describe their lived experiences with being overweight or obese?

Research Questions 2: How do overweight and obese middle-aged African American women perceive and describe the cultural norms as playing a role in their experiences with excessive weight?

Research Question 3: How do overweight and obese middle-aged African American women perceive and describe their social network as playing a role in their experiences with excessive weight?

Research setting

The study began when potential participants contacted the researcher and eligibility criteria were asked to determine if they were able to participate in the research study. Eligibility requirements were: 1) self-identified as an African American woman, 2) middle-aged (between the ages of 35-55), and 3) self-identified as being obese or

overweight.   Five participants were interviewed face to face, however recruitment slowed following and changes were made to the method of delivering the interview. Once the changes from face to face interview, which yielded only five participants, to over the phone interviews were approved by the chairperson and Walden University research review board (approval # 03-01-16-0031892), the final 7 participants were interviewed over the phone by the researcher.

Each interview was conducted using the same initial interview questions and method as documented previously in chapter three. All participants answered all questions. Some participants passed a question or two but later answered the questions. All interviews were recorded with the use of a recorder, a speakerphone, or both depending on whether the interview was face to face or over the phone. All interviews were uninterrupted. All interviews were transcribed by the researcher and saved on a personal computer with a password. There were no unexpected issues, which influenced the interpretation of the study results.

Demographics of Participants

Twelve women, self-reported as middle-aged (between the ages of 35-55), obese or overweight, and African American or Black (as defined by six women who were from the Caribbean islands) participated in this study

Table 1

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Demographic Characteristics

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Age Range	35 to 55 (middle-aged)
African American women	12 Participants
Marital Status	
Married	4 participants (P2, P3, P4, P5)
Divorced	2 participants (P1, P10)
Single	6 participants (P6, P7, P8, P9, P11, P12)
Employment Status	
Full-time	12 participants
Weight Status	
Morbidly obese (BMI 40 & above)	4 participants (P1, P2, P7, P10)
Obese (BMI between 30-40)	3 participants (P3, P6, P11)
Overweight (BMI between 25-30)	5 participant (P4, P5, P8, P9, P12)

_____

A total of 12 women participated in the research study. The women were all between the ages of 35-55 years old, defined as being middle-aged, from African or Black descents, and overweight or obese or morbidly (see Table 1). The women all had full-time employment and lived their lives as, either single, married or divorced. And, all were mothers.

All participants received and signed the informed consent before the start of the interview. Once the informed consent was received, the interview began and the participant was told that the interview was being recorded. Each participant received a transcript of their interview to review for accuracy. Upon receipt, all participants reviewed and emailed any corrections or feedback that the transcript was correct. Conducting the interview over the phone was less invasive for the participant and it seemed to help desensitize the topic. Participants seemed more relaxed and this could be due to the fact that they are more in their home and could just share experiences with

having excessive weight in the privacy of her home. Each participant took approximately 18-30 minutes to answer the questions. Transcripts are currently being stored on the researcher's password enabled computer for five years.

Data Analysis

Data analysis was defined previously in chapter three. The analysis strategy included the following steps: 12 interviews were conducted and audio recorded by the researcher, and later transcribed. The researcher read the transcribed data multiple times while listening to the audiotaped version for accuracy. As the researcher was listening to the audiotape and taking notes, significant statements from each of the participants produced common themes. The next step included the building of groups of meanings into codes and then themes. The researcher then searched for significant statements, which supported the themes and brought awareness of how the participants experienced the phenomenon. The following are the codes used along with short definitions, pursued by examples of direct statements taken from interviews with the study participants that embrace the meaning of each code:

Code 1: Acceptance of weight: The code of "acceptance of weight" emerged when participants described genuineness towards accepting their weight as who there are: Participant 7 demonstrates this code in the statement, "I am tall and obese, and so I don't look too bad." She continued to state that "African Americans are overweight, and it is not a huge deal, it is unhealthy of course but is not really seen. People expect us to be thick skinned, while our white sisters aim to be thin." Another example of this code was stated by Participant 4. She said, "We (meaning AA women) don't exercise, we drink a lot we don't like to be healthy, African Americans are not healthy people."

Code 2: Struggles with weight: The code of "struggles with weight" emerged when participants described that they struggled with weight the majority of their lives, whether it was from within themselves or other people tensing them. Participant 5 states that she had struggled with her weight from a child, "My driver that took myself and sisters to school, would tell me that I am weighing down his car." Participant 1 exemplified this code by sharing her experiences with the workplace, "When I worked in the corporate setting, I lost many opportunities because of my weight in addition to the color of my skin, but when I became a chef, I was more accepted as the old saying goes, "a good cook is a fat cook."

Code 3: Cultural link with weight gain: The code of "cultural link with weight gain" emerged when participants described that their cultural activities/events support their weight gain. All participants supported that their cultural practices always including food.

This code is demonstrated by Participant 9's statement, "All family events, social engagements had food and lots of it." Participant 8 supported this code by stating "Our culture taught us how to eat, we ate everything fried, lots of sugar. We weren't informed about the differences between healthy and unhealthy foods, we just ate." Participant 1 states that "African American women are expected to be curvy, big women, not that we are unhealthy, but that is how we are supposed to be." Our history helped to regulate how African American people ate, contributing to how we ate, "we were never taught to eat healthy, and we just ate what was given to us."

Code 4: Low health literacy: The code of "lack of health literacy" emerged when participants described their understanding of how excessive weight effects their

health. Many of the participants did not record any of the many diseases associated with excessive weight. Supporting that they have little or no knowledge nor awareness about how excessive weight affects the health of their lives.

Participant 8 exemplified this code in the statement, "healthy means the way the body feels in the morning, the types of foods that I eat and the level of energy that I have." Participant 9 stated, "healthy means a balanced life, a healthy balance in my body and in my mind, that's what healthy means to me." Participant 1 states "that we, as African American women were never taught to eat healthy foods, how to cook healthy foods."

Code 5: Social support network mistrust: The code of "social support network mistrust" emerged when participants described how their family and friends protected them from the truth of how their excessive weight appears in their clothing. Participant 3 exemplified this code in the statement" I have very sad experiences with my family about having excessive weight. They are not supportive of me trying to lose weight, in the past." Participant 5 states that her family does not discuss weight with her, and feels that she is unapproachable. She states "my family believes that something is wrong with me and that I don't want to discuss my weight, for instance around Christmas time everyone would get clothes I would get a gift card to buy my own."

Code 6: Social support network reinforcement of weight: The code of "social support network reinforcement of weight" emerged when participants described a sensed or perception by their family or friends which support having excessive weight. Usually, the participant feels that this trust is through the display of cultural understanding of excessive weight.

Participant 3 exemplified this code in the statement "My husband, prefers me with

excessive weight, he is constantly feeding me to the point that when I say that I am full,

he gives me a looking of disappointment." Participant 9 supported this code by stating

"My culture of being from the Jamaica, supports being thick but not fat, when you are

super fat, for instance, can't fit on the bus and take up two seats then there is a problem.

Otherwise, it is being thick is attractive." Participant 1 stated, that she finds comfort with

her church members she joins different programs, which support her when she wants to

help with losing weight. Participant 6 stated "my friends don't tell me the truth when I

ask them how I look in my clothes." Participant 4 stated, "people don't see you naked,

they can't say that you look fine."

  Code 7: Connectivity between excessive weight and self-worth: The code of

"connectivity between excessive weight and self-worth" emerged when participants

described that her weight had limited her from accelerating in the workforce. Participant

1 exemplified this code in the statement "I don't want to be a size 2, I would be a happy

size 12 which is considered being overweight." Participant 8 defines herself worth by this

statement "I have a small group of friends, I am actually speaking of 2, 1 (one friend)

would say you are fine (defining how she looks) the other (friend) would say you have

been there (meaning weight loss), I can't believe that you are back there again (having

excessive weight). I was at my idea weight before and I fell off the boat. The other

would say you look fine and you are okay. Maybe I am hard on myself based on them

about how I look. Participant 9 continues to define this code by stating "I am always on a

diet, always looking for a diet to be on. That impacts my social life there are decisions

that I make to go somewhere and sometimes because of my weight I don't go." "Because

I don't feel good because of who I think I am (in terms of how much excessive weight she has)." Participant 12 defined unhealthy as not living to your full potential, "my bad decisions have lead me to feeling unhealthy, feelings of demoting, unattractive, and slowing down a little bit." Participant 6, also supported this code by stating "being overweight has really broken my self-esteem. Has stopped me from doing a lot of things that normal I would want to do. Being overweight, I get tired very easily then I give up. I don't feel good ever, there is just always something, I just don't feel good. Period."

Code 8: Positive Contributing factors of weight gain: The code of "positive contributing factors of weight gain" emerged when participants described any factors which contributed to their excessive eating. Participant 12 exemplified this code in the statement "From childhood, we show love by feeding our children, they are heavy and loved." Participant 3 states that as a married woman, my husband loves to feed me, that's how he shows his love for me."

Code 9: Middle-aged woman's attitude about social support from friends and family: The code of "middle-aged woman's attitude about social support from friends and family" emerged when participants described their feelings about being independent and taking care of only themselves without a major concern of what other people thought of them. Their need for many friends changed over their lifespan, now as middle-aged women, they are more selective about the people in their inner circle. They have found themselves with a fewer number of friends. Participant 1 defines that her friends as more important than family because she had chosen her friends, not her family. She continues to state "my friends have become my lifeline, as a divorced parent with a child, I have taught my daughter to be selective about her friends because they will

become important to you later. My friends have made up who I am." Participant 11 stated that, "she has withdrawn herself from her friends, especially friends that knew me when I was slim."

Code 10: Understanding of how African American men see African American women: The code of "understanding of how African American men see African American women" emerged from the majority of participants who in one way or another stated that "Our men like us with hips and bottoms, not skinny." Participant 12 stated 'that our men want something to hold on to, not very heavy but they like curves, hips and round bottoms." Participant 5 supports this code by stating "men like women of a certain size but excessive weight now you are called fatty, fatty bum boom. Skinny women are far from their kitchen but 10-15 (lbs.) heavy are nice, men have something to hold onto, any larger now you are fat."

Code 11: Over-indulgence: The code of "over-indulgence" emerged from the participants that stated that they over-indulge in eating. Participant 1 supported that code by stating "I over-indulge in foods." Participant 5 stated " I don't talk, I eat." Participant 7 noted that "I eat what I see, it is my fault. Family and friends play no role in the development of my excessive weight."

Results

Research Question 1: How do overweight and obese middle-aged African American women describe their lived experiences with being overweight or obese?

 Middle-aged African American women described their experiences with excessive weight based on personal experiences. All of the participants discussed their excessive weight development from experiences in their childhood, which later dictated

their experiences in the present. Many women also discussed how their relationships with men supported their weight and some women shared that their love of food and emotional eating supported their weight over the years. Some participants expressed that they live with the responsibilities of being overweight, regardless of how their culture and friends have either supported losing weight or maintaining their excessive weight. Participant 5 recalled during her childhood that her parents hired a driver who took her and her sisters to school every day would make a continuous comment "you will weigh down my car." The experience with her driver is a memory that she has never forgotten. Moreover, she recalled that her mother and grandmother would praise empty plates at meal times, saying "good girl" (they would be considered naughty if their plates were not finished). Many of the participants defined unhealthy as being low in the mind, body and spirit, few defined it with statements including being obese, diabetic, cancer and high blood pressure. Analysis of the data revealed childhood experiences, relationships with men and their relationship with food and low health literacy as themes to answer Research Question 1.

Question 1 Themes

Low health literacy. The majority of women shared that their knowledge of healthy eating habits and exercise was minimal. Some women were diagnosed as morbidly obese yet were confused about how they are still able to be mobile. For instance, they are still walking up and down stairs, working, and cleaning their homes. Participant 1 stated, "the doctors cannot explain how I am so mobile yet so fat." Some women felt that obesity meant that one was fat, round and immobile. Participant 1 stated, "you know, a part of being overweight is not necessarily understanding what healthy is." Participant 4 stated, "being a certain way, run up a mountain without breathing heavy,

those are strong days, other days just happy to get out of a chair." Participant 5 stated, "Exercising and eating healthy foods." Few participants connected health to healthy behaviors such as being able to exercise and endurance. Participant 8 stated, "How my body feels in the morning" determines how healthy versus unhealthy feels to her. In some cases, the women excluded weight has an issue. Participant 7 stated, "Besides from the weight issue, I think that I am relatively healthy." Despite two medical concerns related to obesity, this participant believes she is relatively healthy.

Self-worth. The women did share that their self-worth was affected by excessive weight. All of the women discussed that African American men preferred full-bodied women; this belief may have helped in the development and acceptance of excessive weight in the African American community. Participant 1 stated, "we (African American women) are accepted to be hippy or busty"; Participant 2 stated, "a (African American) woman with curves, hips and busty." Participant 4 stated, "a woman (African American) with some meat (weight) on her, enough to hold but not too much, then she would be big, fat and round; Participant 4 stated, "I did this (being obese) to myself, no one blame." Participant 6 stated, "my age and because I am unhealthy, I don't feel like I will ever have the kind of relationship that I am looking for or because I am not really in love with myself, either." She goes on to say that she is fat and no longer young. These words support that a woman's self-worth can be tainted by her excessive weight, in some cases regardless of what others say. Participant 12 stated, "my friends lie to me about how I look in clothes, I have the perception that I am overweight, and that is the truth, I know that I don't look good in the clothes, but they try and tell me otherwise."

Over-indulgence. This was shared by a few women, who just loved food or given food by their spouse as a sign of love. Participant1 stated, "I over-indulge in foods." Participant 2 stated, "I tend to overeat, and claim emotional eating." Participant 3 stated, "I eat for my husband, he loves to watch me eat, so I eat more." Participant 4 stated, "I eat to avoid my true feelings"; Participant 5 stated, "I feel fat, feet are swollen. Mentally broken down and I go back to comfort foods." There are many reasons that the participants shared which involved over-eating, the main contributor, was their emotions, otherwise, they eat abundantly "just because." The types of foods were not a factor to the participants only that they relied on foods for comfort. Participant 7 stated, "I eat for comfort"; Participant 6: "all occasions involve food, we eat and make merry." Participant 12 "Food is love, in my culture when we cook and feed others, it shows that we love them." It was supported by all participants that when family and friends come together, they celebrate with food, lots of food. They overindulge in the food that surrounds them consciously and take full responsibility for the amount of food eaten.

Research Question 2: How do overweight and obese middle-aged African American women perceive and describe the cultural norms as playing a role in their experiences with excessive weight?

All women indicated that no thought was taken as far as being an African American or Black women and obese; they are just women who are overweight and living with excessive weight. Cultural norms were understood when discussing family traditions and church events. All events are focused around food; all occasions warranted cooking abundant amounts of food. Examples of food were provided such fried chicken, collard greens, peas and rice, cornbread, macaroni and cheese, breads, different meats, all

sorts of desserts and soda. One participant specifically indicated that many of the children

and young adults were overweight at her church. This problem has always weighed

heavily on her. She plans in the future to discuss with church members about organizing

events, which support exercise for the children and young adults.

Another participant supports the over-indulgence of foods associated with family

gatherings. There isn't a family event that one or more of the following foods are given:

stewed chicken, pork and beef, rice and peas, macaroni and cheese, patties, bread, and

cakes, and bread pudding. It was noted that it is very important to celebrate family

traditions, Christmas, birthdays, weddings, baptisms, and funerals with food. This

understanding of the importance of food with family events was supported by all

participants. Many of the participants supported that the elders in their family were not

concerned about healthy eating or healthy ways to prepare foods. Instead, the purpose of

food was to fill your stomach with whatever ingredients you have. The purpose is to

prepare the foods in a way that uses ingredients that you have and make it all taste good.

The analysis of data supported that the majority of participants found that their culture

supported food for socializing and expressing love for each other, as a result the love of

food supported the stereotype that African American women are known for their curves,

hips and full-bodied figures, these themes emerged to answer Research Question 2.

Question 2 Themes

Cultural meaning behind food. The women voiced a commonality between their

childhood culture and their definition of obesity. Participant 1 stated, "my definition is

culture is how I live and the things that influence my life"; Participant 3 stated, "how

particular groups think, what they do on a daily basis, what they do, how they worship,

type of food that they eat and music that they listen to"; Participant 4 stated, "how we support each other, through church, family engagements." Participant 2 stated, "in my culture, obesity isn't defined as healthy or unhealthy, it shows wealth. If you have a good husband, you are fat because he can afford lots of food. So, if you are fat you are wealthy and have a good husband." Participant 5 stated, "I ate because the family is together and we are surrounded by food, so I eat." Participant 12 stated, "we show our love by feeding each other, our babies, family members and friends."

The stereotype that African American women have excessive weight. Some participants believe that because they are black that it is not uncommon that they are overweight. Participant 12 stated, "we are black and we are born with curves, hippy and thick." Some women supported that white women are seen as tall and thin, whereas black women are known for their curves and being thick. Participant 6 stated, "is it is acceptable for a woman, of color to be a little thicker because we are thick so if we have a big butt, it's okay because we are African American, it is almost expected. It's the norm." All participants accepted that African American women are to be a little thick in the waist, hippy and curvy. It is expected. Some participants shared that when they were younger they would eat more to put on weight to look like the typical African American woman (Participant 6, Participant 9, Participant 12, Participant 1, Participant 4), but now that they are older it is harder to take off the weight. This reduced metabolic rate associated with aging is an area where being middle-aged plays a role.

Research Question 3: How do overweight and obese middle-aged African American women perceive and describe their social network as playing a role in their experiences with excessive weight?

All participants supported that being a middle-aged woman narrowed their number of immediate friends within in their social support network. They found that being a woman at this age supported the importance of having genuine friends in their lives. Being a middle-aged woman supports that one has been through many experiences with relationships, children, child rearing, divorce, marriage, difficult friendships, employment failures, and successes. During these middle-aged years, the participants expressed the importance of having friends that support them, care for their well being as well as their children. Participants commonly expressed that during their younger years, their friends helped with career ideas, relationships, and decisions on attire. Now, during these years of divorces, marriages, childbirths, career changes, health, and medical decisions, their find themselves being more selective with whom they call a friend.

Participant 3 stated that "friends have your back; you can always depend on your friends" Participant 1 stated, "my friends have become my lifeline." The importance of friends (social support network) in an overweight or obese, African American middle-aged woman can be stated as critical. Some women stated that many or all of her friends, when asked if they look good (dressed up for occasions), would always say "yes" regardless of the friend's gender or race. It was commonly stated that participants were well aware that their friends were hiding them from the truth about how they looked, they understood that the friend was trying to be supportive of how the clothes fit them. However, participant 4 was resentful of those types of comments, she stated: "people don't see you naked, they can't say that you look fine."

Moreover, participants stated that their family was supportive of them, their family members would support them during weight loss programs if they chose to do so;

otherwise, they love them just the same with their excessive weight. Participant 4 indicated that her family members do not know how to approach her about her weight. She stated that during the Christmas season "everyone else would get a nice blouse, I would get a gift card." Among the responses, having a social support network was reported as a dominant theme and as a necessity for all participants. Participants shared that their friends are very supportive, but some women stated that their friends support them regardless of their weight because they don't want to hurt their feelings. These themes emerged to answer Research Question 3.

Question 3 Themes

      Social Support network mistrust. Many of the participants discussed that their friends and family may tell them that they look good but actually they don't feel that way. Participant 4 stated "people (referring to her friends) don't see me naked, they can't say that you look fine." Participant 6 supported by stating, "my friends would say that, they don't want to hurt my feelings or maybe they weren't invested in me (my health) (and this why they won't tell me the truth). "

      Social support network (family and friends) is necessary. Life growth does affect the importance of friends and family. Participant 1 stated, "my family supports me always; they tell me that I am strong enough to stop over-indulging in food." Participant 2 stated, "Friends change over time, some friends lie to you, and some tell you the truth." Participant 3 stated, "friends are deep; they hear you when you don't speak." Participant 4 stated, "middle-aged women, internalize more things they limit involvement with direct family members." Participant 5 stated, "in her middle years, she has fewer friends who give her enough support."

Social support network reinforcement of weight. Participants indicated that their friends, family, and spouses reinforced their weight. All participants expressed the need for good friends in their lives, they provide support, communication, love them and their kids, and advice. The participants all agreed that their friends supported their weight, and are shy about telling them to lose weight unless they had to also. Some participants discussed that their spouses preferred them with a little weight on, enjoyed watching them eat and supported their weight gain. All participants had healthy relationships with their friends, which supported more than just their issues with weight. Primarily the support was needed more with everyday situations, kids, spouses, relationships, difficulties with work and finances. During the data analysis of all interviews, discrepant cases or nonconforming data was not discovered.

Evidence of Trustworthiness

The purpose of this research study was to provide rich data collected from interviews, production of transcripts, and detailed note taking. The implications of qualitative research from my viewpoint as novice researcher included validity, rigor, and creditability, as all good research should employ. I emailed a one-to-two-page transcript of the interview to the participant; to review and approval. Once I received feedback from the participant regarding their interview summary, this study was then given validation and credibility, supporting the truthfulness of the findings documented in this research study.

Techniques for establishing transferability included an in-depth description of each interview question answered. Transferability was established in this research study by uncovering findings that were relevant to women of other races who are also

overweight and middle-aged. I also provided a detailed description of the codes found among these twelve women. These findings can also be understood and supported in other settings, founded by other obese or overweight women and experiences. There are a few issues with this technique; the results of a qualitative research study may differ depending on the knowledge of researcher as well as their involvement with women in this population. Saturation of the findings was reached as of the 12th participant's interview.

Establishing confirmability was done by data collection methodology. The study was adjusted to collect enough participants to ensure saturation. What may have taken only one week to collect took eight weeks because of the extended waiting period for responses. The researcher posted flyers to over thirty locations then received approval from IRB to conduct the interviews over the phone. Once that change was made, the researcher was able to collect the balance of participants in a shorter amount of time. An audit trail was developed from the start of the research project towards the development and reporting of findings (E). Regular entries about methodological decisions and supportive reasons for changes to the data collection were documented.

Summary

The purpose of this qualitative phenomenological research study was to explore the lived experiences of middle-aged, obese or overweight African American women and how they assign meaning to excessive weight. Also, the participants were asked to share the role of cultural norms and social support networks may play on those experiences with excessive weight. After overcoming the difficulty with finding women willing to participate in this study, interviews with twelve participants concluded all the findings.

Twelve women classified themselves as middle-aged, African American, women living with excessive weight. The subjective experiences of living with excessive weight were shared by twelve women in this population, nonetheless a value to researchers and practitioners. All participants gave rich meaning to these experiences from childhood to adulthood, specifically focusing on their middle-aged years. These women valued their journey with excessive weight; they understood what supports how they eat and why; they placed value on their support network with family and friends but never blamed them for development or maintenance of their excessive weight. Their perception of excessive weight was the need to control how much they ate and why they relied on food as comfort during stressful moments in their lives. Their health literacy was defined as minimal; many participants expressed the need to understand further how to cook differently using different seasonings and techniques to keep it healthy. Many of the participants supported that the only reason for their excessive weight was unhealthy eating habits.

Research Question 1: How do overweight and obese middle-aged African American women describe their lived experiences with being overweight or obese?

Research Questions 2: How do overweight and obese middle-aged African American women perceive and describe the cultural norms as playing a role in their experiences with excessive weight?

Research Question 3: How do overweight and obese middle-aged African American women perceive and describe their social network as playing a role in their experiences with excessive weight?

Listening to these women share their experience with being either obese or overweight was an inspiration to me. As I was listening to these women, share their experiences with living as African American middle-aged and obese/overweight women my heart went out to them. The researcher found that many of the women need to learn how to balance their lives, between work and home more efficiently to include themselves. The researcher has found within their studies and working with women, that if a woman takes more time for herself, it helps to create a sense of balance. In some cases, women need another person, whether a therapist or life coach to help with dedicating herself to herself. Together they will be able to give the proper attention to exercise, eating healthy, balancing her time with herself and her family and work obligations.

I have also found that as simple as listening to these women answer the questions it was as if a light bulb went off in their head. I noticed this cognitive awareness because many of the women would hesitate in answering the question then say something like "that's a hard question," or "I never thought of that before." Then they would answer the question. It never occurred to me that the interview questions would be so thought to provoke. The researcher was very supportive of findings found in this study. The only personal limitation was that the researcher wanted more time with each question, but that would lead into a therapy session. The researcher wanted to help each participant to find their balance between family, work, and themselves. It is underestimated how important it is for a woman to have balance in her life, not only would she benefit from it but her close family members would benefit as well.

Chapter 5: Introduction

The purpose of this study was to explore the experience of obesity for middle-aged African American women, including how they assigned subjective understanding of the roles of culture and social support network on those experiences. Obesity has been defined as both treatable and preventable regardless of gender, ethnicity, age and socioeconomic status. To help treat obesity in women from this population, 12 African American women discussed their experience with excessive weight. Researchers have suggested that understanding weight management in African American women has been a notable challenge due to the possible cultural reinforcement of excessive weight (Antin & Hunt, 2013). It was found that during the data collection stage of this research study that women in this population had more than a cultural reinforcement for excessive weight, but also personal and social support reinforcement.

This qualitative phenomenological study explored the lived experiences of obese or overweight, middle-aged African-American women, with a specific focus on the role of culture and the social support network in the experience of excessive weight. Twelve middle-aged African American women shared, through semi-structured interviews, their experiences with being overweight. The interview responses were analyzed by interpretive phenomenological analysis. The findings of this research study supported the findings found in literature but also made a contribution towards the subjective experiences found from these participants. Furthermore, it has been noted that subjective experiences help to contribute a better understanding of personal issues found among different populations. According to the CDC (2011) and Gletsu & Tovin (2010), few researchers have specifically evaluated the experiences of excessive weight by middle-

aged African American women and how cultural norms, as well as social support, may reinforce obese and overweight found in this population. Furthermore, Antin & Hunt (2013) have suggested that women in this population assign favorable meaning to have excessive weight, but this has not been fully explored as a possible contributor to excessive weight. This research study was conducted not only to contribute to the gap found in the literature regarding the subjective experiences of women in this population but, to provide subjective answers as to why the majority of African American women are living with excessive weight.

Contributions to previous findings

Five key themes emerged to describe the lived experiences of African American women living with excessive weight, low health literacy, a lack of understanding the effects of obesity, health concerns, self-image and over indulgence. Two key themes emerged to describe how the role of culture plays on the lived experiences with excessive weight, namely culture and the stereotype that African American women have excessive weight. Two key themes emerged to describe how the role of social support networks play on the lived experiences with excessive weight, namely that women in this population reported being very strong willed women and social support is necessary. Contributions to literature may help strengthen the influence of the social support network in this population. Hence, to further understand how women in this population supported each other, support was found to be very complex depending on the type of friendship found between both parties. Women need the support of other women to provide answers, have commonality when faced with difficult situations, and to discuss issues, which involve being a woman. As a result, the researcher wanted to have an

opportunity to listen to women share their experiences with being a woman with excessive weight and how they interpreted those relationships with being either obese or overweight.

The key findings of this research study include that middle-aged African American women living with excessive weight have difficult lives living with obesity. They are faced with being supportive women during family events, so they indulge in the foods being served. Supporting the cultural norms that African American or Black men are attracted to women with girth, busty, curvy and hippy in size, was also voiced by the participants. It was also found women in this population have a low health literacy and understanding between being healthy and unhealthy. As supported by Lopez et al, (2014), many women expressed not having received medical advice regarding their weight. Specifically, the woman discussed that they did not receive medical advice regarding weight loss or management advice. Many women supported that they underestimated their body size, due to their height and mobility. Some women stated that because they are tall, that them being nearly 100 pounds overweight does not look so bad. They are curvy with a big butt, and some men like that. These statements support the document by Cox et al. (2010) that African American women tend to underestimate their body size, because of the support from their culture. Also, Segrin and Passalacqua (2010) documented that loneliness is associated with better health outcomes. This research study included the positive influences of social support networks. All participants voiced the importance of social support in their lives.

Disconfirm Previous Findings

As previously indicated, social support networks play an important role in the lived experiences with obesity but women in this population and age range also stated that they have accepted their responsibility with the development of obesity without blaming their friends. In contradiction to the findings of Segrin and Passalacqua (2010) finding that loneliness is an important factor which supports the relationship between social support and social connectedness with healthy outcomes. Within is this research study, many of the participants supported the need for friends in their lives but regarding healthy outcomes many women accepted the responsibility of their health on themselves. The participants accepted that their friends would support them whether they were dieting or not, regardless of their decisions to better their health their friends would support them. According to Cox et al. (2010) if a woman's self-perception of her weight were more accurate the accurate perception would influence her to achieve a healthier weight thereby increasing her quality of life. The findings in this study support that women accepted their weight not concerning acceptance, from their social support, including spouse, family, and friends. Understanding that if they lost weight, it would be only for themselves. None of the participants shared that their lives would be better if they lost weight. For example, a participant made a career change, which better supports her and her weight. According to Lopez et al. (2014) awareness to weight status was low, in contradiction to this study, the women all knew their weight status but only a few supported the BMI formula to determine their status. They believe that it was developed and supports only Caucasian women not women of color.

Interpretation of the Findings

Several themes emerged when examining, from the perspective of overweight African American women, the experience of obesity. Among the themes were low health literacy, health concerns including hypertension, cancer, diabetes, personal self-image was affected by having excessive weight, overindulgence with food. Also, no thought taken as an African American middle woman just another woman living with excessive weight, being middle-aged affected the number of close friends, and social support is a necessity in their lives, but they took total responsibility for their development of obesity regardless of the unconditional support from their friends.

All participants reported that African American or Black men preferred to be with African American or black women with a little girth, an extra 10-15 lbs. (as suggested by participant 4). In addition, all participants shared a similar description to family and social events all having one thing in common: food. This understanding of how cultural belief supports one's behavior with foods adopts the meaning of social learning theory. Social learning theory understands the behavioral patterns associated with the roles of culture and social support networks on the experiences with excessive weight in this population. From Christmas to Easter, birthdays to funerals, weddings to divorces everything is celebrated with home cooked foods. Depending on your ethnicity favorite foods included: fried chicken, fried fish, rice and peas, collard greens, cornbread, macaroni and cheese, fried dumplings, banana pudding, sweet potato pie and bread pudding, just to name a few items listed given by the research participants.

According to Vesnaver and Keller (2011), eating is a social activity supportive of culture, history, and the individual's lifestyle. Participant 1 indicated that African

American people developed bad eating habits from history, namely slavery and being sharecroppers. They were served the unwanted fatty parts of animals and seasoned heavily to make the meal eatable. Cultural norms not only contribute to eating as a social activity but also how much and with what company (Vesnaver & Keller, 2011). This social aspect of eating supports a part of the woman's lifestyle, her food preferences, what she eats and with whom. According to Chapman and Wu (2013) documented a sample of women across the food spectrum, women with access to the healthiest diet had more time and money. Others preferred familiar foods for taste, and women with limited resources had constrained diets. Healthcare professionals should consider the role that health messages play on inequality for women in this population. Moreover, health care professionals should counsel each patient with a blank slate based on their lifestyle. Results from Chapman and Wu (2013) support case studies allowed for more identification and in-depth exploration of the topic.

A woman's perception of her appearance is one to be valued, as I found while conducting this research study. A woman's body image can include many factors (Wagner & Geraldine, 2015); from her childhood development, culture, social support network, including her career path and quality of life (Cox et al. 2010). According to Annesi and Gorjala (2010), obese women's body image is typically poor and maybe influenced by her race/ethnicity. In their research study of obese, between the ages of 21-65, African American and White women (N=102), from the start of the study women were asked if they were satisfied with their bodies. Findings demonstrated that African American women were significantly more satisfied with their bodies versus their counterparts. In this present study, standards of beauty for these women was developed in

their culture and ethnic background, all participants indicated the same preference standards of African American or Black men. All participants reported that they understood the preferences of men in their culture, but also understood the unhealthy aspects of living with excessive weight.

One's health quality of life can be influenced by some factors including individual experiences, beliefs, perceptions and expectations in life (Cox et al. 2010). Within this research study, I found that there was a significant association between their experiences with excessive weight and culture; development of excessive weight and culture; maintenance of excessive weight and daily lives including stressor related factors from work, and raising children alone. The mindset of these women supported strength and neglect at the same time. Strengthen to accomplish the duties necessary to raise their children and maintain a lifestyle, while at the same time neglect in taking care of themselves. Participant 1 indicated that she was a hard worker, sole provider for her children and while she took care of her also, she willing neglected her health. Findings among all participants indicated that these women loved their children and took great care in providing for them. They acknowledged that their need to care for themselves regarding losing weight, while understanding weight loss is not a priority at this time.

The role of social support network is very influential on the body image of these women. A theme that was produced from the findings supported that women relied on their family and friends for support; their social support network was small in comparison to when they were younger. It has become more condensed since becoming a middle-aged woman. All participants indicated their reliance on their social support network members, especially their close girlfriends. Participants discussed their friends

concerning giving support, a listener, a helping hand, and someone that will give honest feedback. As documented in Chapter 2, social learning theory was proven effective for this research study. Bandura (1971) indicated that social learning theory assumes that the role modeling influences the individual behaviors. In this research study, participants did indicate that their family and friends did have a level of influence on their eating habits. Family and friends either contributed to the development and maintenance of their eating habits or they were neutral, non-influential.

Limitations of the Study

As stated in chapter one, there were two potential limitations to this study. First, women tend to struggle with translating their experiences to another person (McKenzie-Mohr & LaFrance, 2011). The second limitation would involve the accuracy of the experiences recalled by the participants. As documented from the onset of this research study was to encourage participants to share their experiences with living as a middle-aged, obese or overweight African American woman. It is worth stating that an additional limitation should be noted in addition to the list in chapter one, namely finding women that willing to participate in the research study. The researcher found it difficult to recruit the required number of participants to share their experiences with this sensitive topic. At first, all interviews would be conducted at a private location, which did not produce any participants. Once the research design was changed to allow the interview stage to be conducted over the phone, the participants felt more willing to participate in the study.

The subjective experiences given by these women have not only supported other research literature but given further insight into how these twelve women think about being who they are and living with their circumstances. Subsequently, conducting a study

with obese or overweight, middle-aged African American women have considerable value on furthering the understanding of excessive weight for this population to guide practitioners and healthcare providers to better understanding factors which may affect their chosen treatment plan, as well as how they relate to their patients.

Recommendations

Recommendations for how to use these data would be to understand the complexity behind being an African American middle-aged women living with excessive weight. Women in this cohort are supporting the ways of their culture, as far as the acceptance of being overweight is concerned. Healthcare providers need to communicate to these women the importance of living a healthier lifestyle, primarily clarifying the relationship between obesity and various cancers, and other health conditions. Also, it is recommended to voice the importance of how social support networks can influence healthy habits, including eating and physical activity.

Future research recommendations for this study would include allowing the participants to participate in the interview over the phone. Giving the participants the option to choose between meeting the researcher face to face or over the phone to conduct the interviews may increase the number of women wanting to participate in the study. Pre-screening for a study can be done over the phone, asking the participant to self-report their age, gender, race, and weight. Furthermore, the participants would share their experiences with being a part of this population, and knowing the research on this topic would guide the researcher towards truthfulness of the experiences being shared. The second recommendation for this study would be for the researcher to be seen as a listener, not just a researcher asking questions. An active listener, ask for clarification of

the responses in a way that shows that the participant (he/she) is listening. The third recommendation is that the researcher is of the same gender of the participant, this gives the participants a sense of commonality. Further research studies need to be conducted to uncover subjective understandings of the deep structural barriers such as the role of culture, social, environment psychological factors preventing them from living healthier lifestyles.

Sharing experiences with being an African American middle-aged woman is best done with someone who is also middle-aged and African American. The participants would feel that you also understand what it means to be in that population. The participant sensed that the researcher knew what she meant by the confidence received in the researcher's words, and clarifying questions the researcher asked to prompt more information about the foods. This method gave encouragement to the participant to share more information about personal experiences with excessive weight.

Additional recommended interview questions would include; why do you believe it is important to lose weight? What are the obstacles in your life preventing you from losing weight? If you could receive three things to help you lose weight and successfully keep off the weight, what would those items be? All questions would support research question one. In addition, how has living with excessive weight effected your self-control regarding food.

Implications

Social change must occur in this population; these women have the highest rate of obesity in the U.S. (CDC, 2011; Gletsu & Tovin, 2010) Four out of five women are living as overweight or obese persons (CDC, 2012). As previously documented obesity is a

treatable disease but is also a vehicle for other diseases to develop. Therefore, treatment regimens need to be implemented which embody the culture of these women. The researcher has found that women in this population support their culture upbringing from attracting particular spouses to how they embrace every family tradition. As a result, treatment regimens must be able to fit into their lifestyle. According to James, Pobee, Oxidine, Brown, and Joshi (2012), many believe that weight loss programs are unsuccessful because they are generic and ignore culturally influenced factors including body image, beauty, and traditions. Besides, the researchers concluded that those programs do not consider the stigma, discrimination as well as the prejudice that women in this population experience as obese or overweight individuals (James et al., 2012). Therefore, it has been suggested by researchers not to conduct quantitative research study but also qualitative studies, which capture the subjective attitudes and beliefs about obesity and weight management.

Findings in this research study support the need for further studies, which capture the voices of these women. This study simply skimmed the surface of the critical issue; African American women are dying from obesity-related diseases greater than any of their counterparts (Gaston, Porter, & Thomas, 2011). Moreover, African American women have a greater chance of presenting multiple co-existing risk factors, including obesity with depression, poor nutrition, and low physical activity, stress and inactivity, poor nutrition and stress, anxiety and poor nutrition (Gaston, Porter, & Thomas, 2011).

Obesity is recognized as a worldwide public health crisis. Currently, more than one-third of adults and 17% of youth in the United States are obese (Ogden, Carroll, Kit, & Flegal, 2014). The obesity rate remains high in the United States. As a result of the

obesity epidemic, new regulations have been enforced by the US Department of Agriculture for food packages within the Special Supplemental Nutrition Program for Women, Infants, and Children. The Centers for Disease Control and Prevention (CDC) has funded state and community-level interventions; there have been numerous reports and recommendations issued by the Institute of Medicine, the U.S. Surgeon General, and the White House (Ogden, Carroll, Kit, & Flegal, 2014).

Several studies have developed culturally based weight loss treatment plans for African American women. Specifically, women within this population have been found to be successful while using church-based or social support network-based treatment methods. On the contrary, the researcher's findings document that women appreciate the positive comments about their weight and looks from their social support network, primarily their friends, but they know that there is underlying of untruth. One participant stated, "they tell me that I look great, I am not obese, I am"; another stated, "they don't see me naked." The majority of women documented that there is some untruth from their friends about their weight, but the majority stated that their parents told them the truth. Some women also documented on both signs about the support from the church, that church members would organize events to support working out and eating healthy, while at the same time provide events that serve very unhealthy dishes. What then are the social change implications of this finding?

Personally, I will continue to study women in this population, assisting them with weight loss methods and develop treatment plans which will develop into healthy lifestyle changes. The essence of this study was to bring attention to the fact that our African American middle-aged women are at a higher risk of obesity versus their counterparts.

Nearly 50 % of African American women are overweight or obese. The question is why, with as many treatment plan regimens available to this population their rates are still high. According to literature, poor nutrition and lack of physical activity are the primary behaviors associated with the maintenance and development of excessive weight (Gaston et al., 2010; Johnston & Lee, 2011; Lopez et al., 2014). It was found that women in this population are burdened with emotional and physical woes; being single mothers, stress, depressive symptoms, and numerous social and cultural barriers. Listening to these twelve women share their experiences with being themselves, African American, obese or overweight, single or married, of middle-age, and with or without children were disheartening. The complex issues that the participants shared about their culture, social support network and how they viewed themselves, inspired me, even more, to continue studying in this field towards providing solutions fit for these women. Every woman regardless of race, age, ethnicity, marital status, education, and socioeconomic status all want to live a healthier lifestyle. The problem is developing a plan which supports their lifestyle this includes work schedule, kids, spouse or partners, single life, income, educational level, relationships with family and friends, culture, age, and health. During the interview process, while listening to all participants that they had that surprise of thought, thought about how being obese or overweight has affected their lives. Each participant had a brief pause before each sentence as thou they were seriously thinking about the words to use to express their beliefs, thoughts, and feelings about the answer to the question given.

Conclusion

One strength of this study was the use of qualitative approach; this allowed the women to freely voice their experiences with being obese or overweight African American middle-aged women. This approach allowed for the researcher to document subjective points of view associated with adult obesity. Efforts to combat obesity must involve further qualitative studies of various cohorts of African American middle-aged women living excessive weight from different locations, socioeconomic status, education, marital status, family involvement, and occupations. African-American women are dying from obesity-related diseases more commonly than any other racial group. Why? It is the responsibility of the individual and the community to help these women overcome or control factors in their lives, which are preventing them for caring for themselves. If physicians and healthcare practitioners come face to face with women in this cohort, they must be prepared to support and provide a level of empathy towards them. The gap in the literature supports that further research must be conducted to understand better the trials and tribulations that these women undergo on a daily basis. This research study recommends a compound treatment regimen for any individual living with excessive weight. The compound treatment regimen would be behavior and eating modifications, as well as exercise. This compound treatment allows the individual to take time with changing their current lifestyle behaviors which include eating habits; frequency, type, and portions; their relationships with foods, allowing time in their day to exercise, as well as accepting that positive changes need to be in their lives. For example, once their mindset has changed from "I can't have the pizza "to "I don't want the pizza", with the underlying acceptance that they are not depriving themselves from having the pizza but

instead that their body doesn't want to eat anything which doesn't contribute positively to their health. The researcher believes through the use of churches, physicians, schools, gyms, friends, and other social groups, the message of health must be made loud and clear, not only to women in this population but all women regardless of ethnicity.

The findings in this research study support that for middle-aged African American women living with excessive weight to lose weight and keep it off, one must engage in behavioral modifications, exercise regimen, and healthy eating. Moreover, the subjective experiences given by the participants supports that each and every woman must consistently, make time for themselves, get regular exercise, eat healthy meals, and have a positive mindset. Future researchers should include as many women from different African descents and well as multiracial populations to collect more diverse experiences surrounding the effects of culture and social support networks on excessive weight. It would be interesting and informative to collect thematic findings on the perceptions held by different women of color on subjective understandings of living with excessive weight.

This dissertation has opened my eyes and reconfirmed how important it is for me to continue my studies with women and obesity, regardless of ethnicity. I am truly dedicated to helping all women to attain their best self, regardless of age, ethnicity, and martial or socioeconomic status. I plan on continuing to research the most effective treatment plans for all women to lose weight (and keep it off), all while developing balance and building a healthy lifestyle.

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APPENDIX A. FLYER

Experiences of Middle-Aged, African American Women with Excessive Weight

Be a part of an important research study

Are you between 35 and 55 years of age?

Are you currently living with excessive weight?

If you are not currently participating in any weight loss behaviors including regular exercise and healthy eating, would you be interested in sharing your experiences with excessive weight, in a private setting?

If you answered YES to these questions, you may be eligible to participate in a doctoral research study.

The intention of this research study is to give women the opportunity to share their personal experiences with excessive weight.

APPENDIX B. LETTER OF COOPERATION FROM A COMMUNITY

RESEARCH PARTNER

Community Research Partner Name

Contact Information

Date

Based on my review of your research proposal, I give permission for you to conduct the study entitled *Experiences of Middle-Aged, African American Women with Excessive Weight*. As part of this study, I understand you have gained authorize to conduct this research study by your university review board to recruit obese or overweight middle-aged African American women to share their experiences with excessive weight, including data collection, thematic analysis, and results. We all understand that all individuals' participation will be voluntary and at their own discretion.

We understand that our organization's responsibilities include the availability of a quiet room for the one-on-one interviews to be conducted. We reserve the right to withdraw from the study at any time if our circumstances change.

I confirm that I am authorized to approve research in this setting.

I understand that the data collected will remain entirely confidential and may not be provided to anyone outside of the research team without permission from the Walden University IRB.

Sincerely,

Authorization Official

Contact Information

Walden University policy on electronic signatures: An electronic signature is just as valid as a written signature as long as both parties have agreed to conduct the transaction electronically. Electronic signatures are regulated by the Uniform Electronic Transactions Act. Electronic signatures are only valid when the signer is either (a) the sender of the email, or (b) copied on the email containing the signed document. Legally an "electronic signature" can be the

person's typed name, their email address, or any other identifying marker. Walden University staff verify any electronic signatures that do not originate from a password-protected source (i.e., an email address officially on file with Walden)

APPENDIX C. RESEARCH AND INTERVIEW QUESTIONS

Central Research Question:

Research Question 1:

How do overweight and obese middle-aged African American women describe their lived experiences with being overweight or obese?

1. Please describe to me your meaning of being healthy?

2. Please describe to me your meaning of being unhealthy?

3. How would you define your health status?

4. Can you explain what it means to you to be overweight?

5. Please describe for me your experiences with being a middle-aged, obese (or overweight) African American women?

Research Questions 2: How do overweight and obese middle-aged African American women perceive and describe the cultural norms as playing a role in their experiences with excessive weight?

1. What is your definition of culture?

2. How would you describe the impact that your race has had on your experiences with excessive weight?

3. How does being an African American woman affected your weight?

4. What practices do you and your family engage in which supports your culture?

5. Describe to me how those engagements have contributed to your experiences with excessive weight?

6. How is obesity defined in your culture?

Research Question 3: How do overweight and obese middle-aged African American women perceive and describe their social network as playing a role in their experiences with excessive weight?

1. Please define the meaning of "friend"? Describe the importance of friends your life?

2. As you think about the meaning of "friend", now please describe the relationships that you have with your friends. How has this description changed over your lifespan?

3. How has your relationships with your friends and family changed since you became a middle-aged woman?

4. How would your family and friends describe your experiences with being obese or overweight?

5. What words would your family and friends use to describe you?

6. Understanding that your social support network includes your family members, friends, professional friends, church affiliates, and others that you encounter regularly, describe to me their role in your experiences with being an obese (or overweight) African American woman.

APPENDIX D. INTERVIEW PROTOCOL/BEGINNING AN INTERVIEW

According to Moustakas (1994), a general interview guide is used to facilitate the participant in providing rich, in-depth descriptions of their experiences with the phenomenon under study. The language used and timely way of asking each question at the beginning of the interview, plays a vital role in how the participant and I will receive the answers. Prior to the interview, I would have set aside my own understandings, facts and biases, as to not interfere with the interview. This guide will be used for each participant.

Welcome! How are you today, _____ (participant name)? Thank you for participating in this research study!

How was your drive? Did you have trouble locating the church? (Not applicable if the location was selected by the participant).

I have a few bottle waters and coffee, would you like anything before we get started?

I will only take a few minutes to explain how the interview will proceed.

The purpose of this research is to explore the personal experiences associated with being a middle-aged African American woman with excessive weight.

I would like to mention again as stated on the informed consent, you are free to withdraw from the research study at any time, and all interview sessions will be recorded. I will also be documenting a few responses and notes on this note pad.

The interview will last approximately 60 minutes; we will take a 5-minute break at the end of every 30 minutes if needed, or as needed.

Are you comfortable with what I have mentioned? Do you have any questions regarding

the interview before we get started?

Now, I would like you to take a deep breath and relax before we begin.

Let us begin our interview.

Probes will be utilized after each participant's response in order to elicit greater detail.

• In your description, you mentioned . . . . Please explain in detail.

• You spoke about . . . . Please elaborate.

• You indicated . . . . Please elaborate.

• You stated . . . . Please explain in detail.

• You discussed . . . . Tell me more.

Due to the nature of open-ended questions the structure interviews, the researcher's

questions will be limited, and will emerge as the information in the interview evolves.

APPENDIX E: AUDIT TRAIL

Phenomenological research study

Flyers and word of mouth was conducted to collect participants

Participants contacted the researcher

Researcher conducted a criteria search to approve the participant

Interview was conducted (one-on-one for the participants 1-5) and over the phone

(participants 6-12)

As each interview was conducted the transcripts were developed

IPA was conducted

All transcripts were coded and grouped into themes