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African American Parents' Perceptions of Childhood Obesity in Broward County

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BS, Faculté de Droit et des Sciences Économiques, 1988

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

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Abstract

Children may become overweight or obese for different reasons, and childhood obesity may have health consequences such as Type 2 diabetes and asthma. The purpose of this qualitative phenomenological study was to describe the perceptions of African American parents of elementary-age children with obesity living in Broward County, Florida about the causes and consequences of childhood obesity. The health belief model (HBM) guided this study. Interview data were gathered from 9 participants who met the criteria of being African American parents of elementary-age children with obesity living in Broward County, Florida. Moustakas' steps to analyze the data collected led to the following themes: how parents became aware of the disease, parents' reaction to the diagnosis, whether the condition was related to genetics or lifestyle behavior, what the obese children eat daily, the importance of regular workout, consequences of obesity, actions taken, and type of help needed. Results demonstrated that most of the participants perceived childhood obesity as having 2 primary causes: food consumption and insufficient physical activities. Data also showed that many of the participants regarded childhood obesity as having negative consequences, not only for the children but also for their parents and other stakeholders. Positive social change can be achieved by parental acknowledgment that obesity has adverse health consequences to be considered seriously. Denial may have severe consequences and the commitment of policymakers and others who can affect lives of the overweight or obese children is needed.

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Chapter 1: Introduction to the Study

Perception has been defined in several different ways including as a way of regarding, understanding, or interpreting an event or a phenomenon. Perception is a mental impression and this perception may greatly influence how an individual experience the world. It may also influence responses and reactions to these events. Parental perception of childhood obesity may follow the same rules. The success of any intervention about this medical condition may depend in a large part on how the disease is perceived by the parents of the obese children, as these parents are responsible for making choices on behalf of their children. In this study I investigate how African American parents of elementary age children with obesity living in Broward County, Florida perceive the causes and consequences of childhood obesity.

Background of the Study

Childhood obesity is viewed by many as a serious and widespread disease. The parents of African American children attending elementary schools in Broward County, located in the State of Florida were the target population of this study. This state is known to have the 39th highest childhood obesity rate in the United States (Alliance for a Healthier Generation, 2014). In 2014, researchers revealed that 27.5% of youth in this State were either overweight or obese (Alliance for a Healthier Generation, 2014). Parents, leaders, and other stakeholders need to be better informed about the widespread and serious nature of this phenomenon.

Problem Statement

Children may become obese or overweight for several reasons and childhood obesity may have several consequences. According to the American Obesity Association's National Campaign of Obesity Education (2014), the prevalence of being overweight is higher in children and adolescents suffering from moderate to severe asthma. Further, elevated blood pressure levels tend to occur more frequently among children and adolescents 5 to 18 years old who are obese, than in non-obese children and adolescents (American Obesity Association's National Campaign of Obesity Education, 2014).

The causes of childhood obesity may be numerous and diverse including the children's behavior, their genetics, and even the community where they live (Centers for Disease Control and Prevention [CDC], 2016). This medical condition may also have several consequences. According to the CDC (2016), childhood obesity may be associated with (a) high blood pressure and high cholesterol, which may lead to cardiovascular disease (CVD); (b) type 2 diabetes; (c) breathing problems, such as asthma and sleep apnea; (d) joint problems; (e) psychological problems such as anxiety and depression; (f) low self-esteem ,which may negatively affect their academic performances and lower self-reported quality of life; and (g) social problems (bullying and stigma for example) (CDC, 2016). The way parents perceive the causes and consequences of childhood obesity may be instrumental in its treatment.

My preliminary research did not return any evidence of the existence of any study about how African American parents of elementary age children with obesity living in

Broward County, Florida perceive the causes and consequences of this disease. So far, the focus of the researchers seems to be on the consequences or implications of this medical condition and its relationship with comorbidities for the State of Florida in general. At this time, any intervention that would depend on data concerning specifically Broward County would be barely feasible due to this gap. Therefore, this problem is meaningful for the professional field.

Purpose of the Study

The purpose of this qualitative phenomenological study was to determine the perception of African American parents of elementary age children with obesity about the disease. It took specifically into consideration how they perceive the causes and the consequences of childhood obesity, a medical condition that is believed to be associated with other diseases.

Significance

This study intended to fill the gap in the scholarly literature concerning parental perception of childhood obesity in our target population, which is Broward County, Florida. After its completion, those interested in this topic should have better access to information that does not exist now. Therefore, this study is good not only for an individual scientist who needs the information to complete an assignment, but also for other stakeholders, such as government officials and community leaders who may need it in the future. This study also promoted social change as it brought a better understanding of the phenomenon and encouraged all stakeholders to take their responsibilities.

Research Questions

RQ1: How do African American parents of elementary age children with obesity living in Broward County, Florida perceive childhood obesity in general?

RQ2: How do African American parents of elementary age children with obesity living in Broward County, Florida perceive these children's susceptibility to obesity?

RQ3: How do African American parents of elementary age children with obesity living in Broward County, Florida perceive the causes of childhood obesity?

RQ4: How do African American parents of elementary age children with obesity living in Broward County, Florida perceive the consequences of childhood obesity?

Operational Definitions

*Body mass index (*BMI): A measurement of body mass for height, calculated as weight in Kilograms divided by height in meters squared (CDC, 2009b).

Perceptions: Perceptions are based on how individuals view and interpret life experiences and their environment (Kersten & Yuille, 2011).

Obesity: Obesity is defined by the National Institute of Health (NIH) as a BMI (Body Mass Index) of 30 and above. A BMI of 30 is about 30 pounds overweight.

Assumptions, Limitations, Scope, and Delimitations

I assumed that I would have access to the target participants, that is, the chosen African American parents of elementary age children with obesity living in Broward County, Florida. I assumed they would be available and willing to participate in the study. Since the sample was to be selected from the larger community, I assumed that their answers would be based on genuine opinions of their perceptions about the causes

and consequences of childhood obesity. These participants were informed that their participation would be voluntary and that they had the right to withdraw any time. Once they agreed to participate, an informed consent was read and discussed with them. They were asked to consent verbally before being audio taped; none of them agreed.

I also assumed that enrolled participants would answer the questions with truthfulness and honesty. Honesty could translate into accurate data for the study findings. Since study participants were to be selected from the community, I assumed that their lived life experiences could be a source of rich, detailed data for the study. I assumed that data gathered from their answers would provide information on the causes and consequences of childhood obesity from their point of view.

Finally, I assumed that the fact that the interview was to be audio taped would not prevent participants from discussing their lived experiences. According to Creswell (2009), the presence of audiovisual equipment is likely to affect participants' responses. I planned to overcome this issue by explaining the equipment to the respondents, hoping that would help put them at ease and be more natural. Data collected from study participants were transcribed from raw data obtained through interviews to meaningful findings. In addition to audio taping, I also planned to write down their answers to enhance data richness (Creswell, 2009). I transcribed, categorized, then coded data for analysis.

This phenomenological study may have several limitations and delimitations. Self-report bias may be a concern, as parents reported heights and weights for themselves and their children. We did not intend to request any documentation to verify the

information provided. This study was limited to African American parents of elementary age children with obesity living in Broward County, Florida. Therefore, the perceptions reported in it may not necessarily reflect those of a more diverse sample.

Framework

The theoretical or conceptual framework that was used for this study was the health belief model (HBM). It was developed by social scientists at the U.S. Public Health Service to understand why people were unable to adopt disease prevention strategies or screening tests for the early detection of disease. According to this theory, a person's belief in a personal threat of an illness or disease associated with his or her belief in the effectiveness of the recommended health behavior or action will predict the likelihood the person will adopt the behavior (behavioral change models). Therefore, how parents perceive the causes and consequences of childhood obesity may have a great impact on the fight against this medical condition.

Nature of the Study

This study used a phenomenological approach. A phenomenological study may be viewed as a study that "describes the common meaning for several individuals of their lived experiences of a concept or a phenomenon" (Creswell, 2015, p.76). The study focused on how its participants, African American parents of elementary age children with obesity living in Broward County, Florida, perceive the causes and consequences of childhood obesity as they deal with this medical condition. A qualitative phenomenological approach seemed to be suitable for this study as it was likely to assist in understanding the participants in their natural setting (Khan, 2011).

Possible Types and Sources of Data

For this qualitative study, the participants were African American parents, having children in both public and private schools of Broward County, Florida. They were men and women. In addition to interviews, the primary source of data, the study planned on involving other sources of data such as documents.

Summary

Parental perception of the causes and consequences of childhood obesity may play an important role in the fight against this medical condition. How African American parents with elementary age children with obesity living in Broward County, Florida perceive the causes and consequences of childhood obesity may determine the success of any program or activity aiming at reducing or curing this disease. It is expected that the findings of this study will shed some light on the causes and consequences of childhood obesity in the African American community of Broward County, Florida and will bring a substantial contribution to the fight against the disease.

Chapter 2: Literature Review

According to the Institute for Health Metrics and Evaluation (2015), there are 2.1 billion obese or overweight people in the world. This figure represents almost 30% of the world's population. This information comes from data gathered about 188 countries. The increases in obesity rates at this level for the last thirty years contributes to make this medical condition a major public health epidemic. The World Health Organization (WHO) stated there may be as many as 43 million overweight children under the age of five years (Kelishadi & Azizi-Soleiman, 2014). This chapter presents an overview of what has been written to this date about the perception of African American parents with elementary age children with obesity of the causes and consequences of childhood obesity.

Literature Review Search

A list of articles related to childhood obesity was obtained by entering the following keywords used in the search engine: obesity, childhood obesity, African Americans, prevalence, causes, consequences, parental perception, Florida, and Broward County. The list of returned articles became very small when I tried to narrow it to Broward County only, my target population. The Walden University's online library was used to find the full text of some of these articles. Those articles that did not have the full version were obtained by visiting other sources. In the beginning, the search was limited to only scholarly peer-reviewed articles and those published within the last five years. However, a small percentage of the information presented in this review was obtained from sources that are not peer-reviewed articles, such as magazines or newspapers that

are well known. Likewise, a small percentage was also derived from sources published more than five years ago.

Causes of Obesity

In general, people's weight is determined by the balance between their calorie intake and their energy expenditure. In other words, when somebody eats more calories than his or her body can metabolize, the excess calories tend to be stored as fat. According to Balentine (2015), the prevalent causes of childhood obesity may be overeating and lack of physical activities. However, obesity may be due to several other reasons such as genetics, a diet high in simple carbohydrates, medications, psychological factors, certain diseases, and social issues, to name a few. Overeating may lead to weight gain, especially if the diet is high in fat. Usually, foods high in fat or sugar such as fast food, fried food, and sweets have a high energy density, that is, they have a lot of calories in a small amount of food. Epidemiologic studies have shown that diets high in fat contribute to weight gain (Balentine, 2015).

The second most common cause of obesity is lack of physical activity. Naturally, people who are usually inactive tend to burn fewer calories than those who are active. According to The National Health and Nutrition Examination Survey (NHANES), physical inactivity may correlate significantly with weight increase regardless of sex. The third cause of obesity may be genetics. When one or both parents are obese, the likelihood of becoming obese is higher. The fourth cause of obesity may be a diet rich in simple carbohydrates even though the role of carbohydrates in weight increase is not clear. The fifth cause of obesity may be medications. Certain medications such as those

used in the treatment of depression (antidepressants), those used to control seizures (anticonvulsants), those used lower blood sugar (diabetes medications), certain hormones such as oral contraceptives, and some corticosteroids such as prednisone, and those used in reducing high blood pressure (antihistamines for example) are believed to be associated with weight gain (Balentine, 2015). In addition to those causes, there also may be several risk factors. They are discussed in the next section.

Risk Factors

There are several risk factors for developing childhood obesity. This section will summarize some of them. They are listed in no particular order. The first risk factor is genetic variation. Indeed, melanocortin-4 receptor defects, known to be responsible for 5% to 6% of early-onset pediatric obesity, is believed to be the most common single gene defect causing childhood obesity (Gungor, 2014). Genetic syndromes such as the Prader-Willi syndrome, the Bardet-Biedl syndrome, the Alstrom syndrome, and the WAGR syndrome are believed to be closely related to obesity. As a matter of fact, one of the characteristics of Prader-Willi syndrome is obesity (Gungor, 2014).

Endocrine disease is the second risk factor. Indeed, hypothyroidism, growth hormone deficiency or resistances are endocrine conditions that may lead to obesity. The third risk factor is central nervous pathology. According to Gungor (2014), weight gain usually stems from the disturbance of the normal homeostatic functioning of the hypothalamic centers that control satiety and hunger and regulate energy balance with resulting hyperplasia, autonomic imbalance, reduction of energy expenditure and hyperinsulinemia. The fourth risk factor is intrauterine exposures, such as exposure to

gestational diabetes which is associated with childhood obesity. The fifth risk factor is diet, as high energy intake in early infancy and high consumption of sweetened drinks in childhood may be related to childhood obesity risk. The sixth risk factor is short sleep duration during infancy and childhood. Another risk factor is the ethnic origin. Indeed; ethnic groups such as Hispanics and South Asians seem to tend to be overweight. The area of residence, that is, whether people live in an urban or rural area, also appeared to be a risk factor. Another risk factor is socioeconomic level with children in high-income countries showing higher rates of obesity (Gungor, 2014). The prevalence of childhood obesity around the world is discussed in the next section.

Prevalence

Childhood obesity is a worldwide problem that does not make any discrimination. It is a significant problem in rich, developed, as well as developing countries, due to its high prevalence and its harmful health consequences (Barriuso et al., 2015). Researchers showed that States or countries in almost all continents are dealing with this medical condition. This section is an overview of the prevalence of childhood obesity in countries located in nearly all continents. The selected countries are: Peru, Kuwait, Lebanon, Greece, Brazil, United Kingdom, Mexico, Canada, Kenya, Nigeria, Algeria, South Africa, Germany, Netherlands, Sweden, and Japan in addition to the United States of America where Broward County, Florida, the residence of our target population, is located.

For the past few years, Peru has been going through an epidemiological transition. This country had to deal at the same time with two opposite situations, that is, unsolved

malnutrition problems and high childhood obesity rates. Researchers showed that 10% of children younger than five years are obese in Peru, making, therefore, this country one of the States with the highest increase of childhood obesity in recent years in Latin America (Liria, 2012). The situation is no different in the neighboring country Brazil where the prevalence of obesity among children and adolescents was so high that it needed urgent measures to prevent consequences associated with the medical condition, along with measures susceptible to reduce its impact in the short term (Maria Aiello, Marques de Mello, Souza Nunes, Soares da Silva, and Nunes, 2015). In Salvador de Bahia, Brazil, a cross-sectional study was conducted with 1,477 middle school students enrolled in the public school system to assess the prevalence of overweight and obesity. The results were so conclusive that intervention programs were advised to be implemented to prevent and treat this medical condition (Ferreira Marques et al., 2013).

Since 1995, an increase in the prevalence of childhood obesity has been observed in the United Kingdom. Despite efforts made to contain the spread of this medical condition, its level seems to remain high, mostly in the lower socioeconomic groups (Abidin et al., 2014). It is the same for Germany. According to the German Health Interview and Examination Survey for Children and Adolescents, the proportion of overweight for both boys and girls has increased from 10% in 2–6-year-olds to over 15% in 7–10-year-olds up to 17% in 14–17-year-olds. In Netherland, it has been observed a rapid increase in the prevalence of childhood obesity during the past 30 years (Vos, Wit, Pijl, Kruuyff, & Houdjik, 2011). Sweden is a European country with a relatively low prevalence of childhood obesity. As of 2011, only 3% of 7 to 9-year-old children were

officially obese (Isma, Bramhagen, Ahlstrom, Astman, & Dykes, 2012). Compared to its European counterparts, this country is well-positioned in the fight against childhood obesity. Sweden is competing with Lithuania, another European country where childhood obesity among 7-17 years old Lithuanian children and adolescents was more prevalent in younger age. However, it is still one of the lowest across European countries (Smetanina et al., 2015).

In 2011, the prevalence of childhood obesity in this Greece was considered the highest that has been reported so far. It is believed that may be due to low adherence rates to the dietary patterns of the Mediterranean Diet (MD), which is a diet of a type traditional in Mediterranean countries that are characterized by high consumption of vegetables and olive oil and a low intake of protein. If this trend continues and the issue not adequately addressed by those in power and other stakeholders, it is anticipated an increased risk for higher rates of obesity in adolescence and adulthood shortly (Farajian, 2011).

In Asian countries such as Lebanon, Kuwait, and Japan are not immune to childhood obesity. In Lebanon, boys tend to be more obese than girls. Indeed, a study focused on adolescents chosen from private schools in Lebanon showed that the prevalence of obesity was 2.5 times higher in boys (10.1%) than in girls (4.2%). This country is experiencing a transition in nutrition habits; thus, the causes of obesity in adolescence may lie in unhealthy dietary habits and low levels of physical activity as discussed in the section on causes of obesity above (Salameh & Barbour, 2011). The same thing has been observed in Kuwait where boys have a higher percentage of obesity

no matter what type of classification system is used, that is, the CDC or WHO for example. The prevalence of childhood obesity is high in this country and exceeds the prevalence rates reported from neighboring countries (Elkum, Al-Arouj, Sharifi, Shaltout, & Bennakhi, 2015).

Childhood obesity in Japan is escalating to the point to constitute a growing public health concern that might reach epidemic levels if nothing significant is being done promptly. As it will be discussed in the section on consequences below, obesity in Japanese children was noted to be associated with specific comorbidities such as hypertension, serum lipid disorder and fatty liver (Abdul & Aiba, 2012).

Obesity is mostly known in China as an adult phenomenon. China is second only to the United States of America in the prevalence of obesity. However, children and adolescents are also concerned with this medical condition. As is the case in Lebanon and Kuwait, 23% of Chinese boys under age 20 years are overweight or obese, while the comparable figure for girls is 14% (University of Washington's Institute for Health Metrics and Evaluation, YEAR). China leads the region in obesity, mainly surpassing other high-income countries such as Japan and South Korea (The Wall Street Journal).

Many African countries such as Nigeria, South Africa, Algeria, and Kenya also have to deal with childhood obesity. Researchers that investigated obesity in both children and adolescents in Nigeria showed no significant change in the prevalence of this medical condition in this country over a period of 30 years (1983 and 2013). The medical condition seems to be more prevalent in children than in adolescents. The researchers did not take into consideration the reasons behind the stabilization of obesity

in both children and adolescents in Nigeria for such a long period; apparently, this was beyond their scope (Chukwunonso, 2014).

In South Africa, it is reported that almost two out of every ten children are either overweight or obese, which represents a significant rate (Dicovery.com). Nearly 17% of South African children between the ages of one and nine living in urban areas are believed to be overweight, according to a report produced by the Medical Research Council of South Africa (Health 24). In Algeria, the strongest predictors of childhood obesity seem to be mother's and grandmother's obesity, excess energy associated with fat intakes, and low physical activity, which makes this country no different than other countries mentioned in this paper (Saker, 2011).

Researchers in Kenya, Nairobi, have confirmed the prevalence of childhood obesity in this African country. In Kenya, researchers revealed that this medical condition was associated with higher socioeconomic status and parental education, and a lower likelihood of children meeting the physical activity recommendations. This means that in this country the more the citizens are educated and well positioned economically, the more their children risk suffering from childhood obesity (Mathuri, Wachira, Onywera, & Tremblay, 2014).

Childhood obesity is also prevalent in Mexico and Canada, the two countries that share the North American continent with the United States. One-third of North American children are believed to be either overweight or obese (Gurnani, Birken, & Hamilton, 2015). According to a report produced by the United Nations, 32.8% of the Mexican citizens are overweight. These figures put Mexico before the United States on the obesity

prevalence table. Indeed, according to the same report, the rate for America is 31.8 percent (Huffingtonpost.com). In Canada, the prevalence of childhood obesity is also a significant concern (Lloyd, Langley-Evans & McMullen, 2010). It is also considered a public health problem (McCrindle, 2015).

The United States of America is believed to be one of the leaders of the world in the prevalence of childhood obesity. During the last decade, Americans of Mexican descent have experienced the most significant increase in obesity rates. It is the same for American male children of Mexican descent. Indeed, they still have the highest prevalence of obesity rates among all the American children (Puricelli, Frerichs, Costa, Ramirez, & Huang, 2014). Regarding comorbidities, Asian/Pacific Islander come first (28.3%), followed by African-American (27.2%), and Hispanic (19.1%) (Oyetunji et al., 2012).

Data from the 2003–2004 National Health and Nutrition Examination Survey (NHANES) indicated an increase in the percentage of overweight children. Indeed, from 6.5% in 1980, it had reached 17.1% in 2004. It almost tripled in 24 years. With such a rapid growth, this medical condition can become a severe danger in the United States if nothing is done to address the issue. The highest percentage came from elementary school age children, that is, those between the ages of 6 and 11 years. This group represented 18.8% of the total (Huffman, Kanikireddy, & Patel, 2010). In 2010, it was estimated that 15.2% of 18-year-old adolescents living in America were likely to suffer from obesity (Liria, 2012). Another trend about childhood obesity in the United States

that is worth mentioning in this review is that obesity rates seem to be higher among rural children than urban children (Johnson & Jonson, 2015).

Consequences

Childhood obesity may have several different serious effects. These consequences can be very devastating. Experts working for the WHO forecast that by the year 2020, more than 60% of global disease burden will be the result of obesity-related disorders (Kelishadi & Azizi-Soleiman, 2014). In this section I will review some of the consequences of this medical condition.

Researchers have found childhood obesity may be correlated with several other comorbidities such as adult excess weight status and the development of risk factors for cardiovascular diseases in adulthood, including hypertension, type 2 diabetes mellitus, dyslipidemia, and metabolic syndrome (Herouvi, Karanasios, Karanyanni,& Karavanaki,2013). Another consequence of childhood obesity is the potential for lifelong health consequences in children and youth, who have not been spared from the effects of these behavioral transitions (Mathuri et al., 2014). Childhood obesity may be associated with a lower general health score as well as other limitations related to health (Wijga et al., 2010).

Childhood obesity may have serious economic consequences. This medical condition may have a negative impact on the economy of a country due to the rise of risks of chronic diseases, health expenses and indirect costs associated with the treatment or cure of the disease (Liria, 2012). The direct financial costs of childhood obesity may include annual drug prescription, emergency room visits, and outpatient costs. In the

United States, these amount to several billion dollars annually. In Germany and Netherland, studies found that obese children had significantly higher physician costs and a higher probability of being high utilizers of health care services (Kesztyus et al., 2013).

Childhood obesity may be associated with school absenteeism. Indeed, Wijga and associates in a study found that obesity was associated in a significant way with more school absenteeism. Li and associates also showed that increased body weight was independently associated with severe school absenteeism in children. Childhood obesity may have its toll on parent's attendance at work too. Data on parental work absenteeism because of illnesses of their obese children were found in one study. Higher rates of school absenteeism may also be associated with lower academic achievement (Kesztyus et al., 2013). Obese children may underperform because of school absenteeism, but they may also be less willing to do their homework because of a tendency to feel easily tired.

Body dissatisfaction is a consequence of childhood obesity that may be overlooked while it is essential. Indeed, children, and particularly adolescents, may pay a lot of attention to their body image. Body image may be seen as a psychosocial dimension that has to do with the picture of someone's own body which he or she forms in his or her mind (Pallan, Hiam, Duda, & Adab, 2011).

There are two types of disturbance of body image: perceptual and attitudinal. The first type relates to either an overestimation of the body size or the opposite, that is, an underestimation of it. The second type involves dissatisfaction with body shape or size. These disturbances of the body image may correlate with increased psychological distress (Pallan, Hiam, Duda, & Adab, 2011).

Childhood obesity may also have serious psychological effects on children such as: lowering self-esteem; affecting relationships with peers as well as causing social problems (Huffman, Kanikireddy, & Patel, 2010). It may also change the child's emotional wellbeing (Sahoo et al., 2015).

Childhood obesity may be considered as one of the leading causes of pediatric hypertension and is believed to be associated with type 2 diabetes mellitus. Obesity may also increase the risk of coronary heart disease and may be associated with a high incidence of liver disease and asthma. (Huffman et al., 2010). Childhood obesity may increase the risk for various cardio metabolic and pulmonary complications for children. This risk may continue into adulthood. (Gurnani et al., 2015).

The consequences of obesity may include an increased risk of developing the metabolic syndrome, cardiovascular disease, type 2 diabetes, and its associated retinal and renal complications, nonalcoholic fatty liver disease, obstructive sleep apnea, polycystic ovarian syndrome, infertility, orthopedic complications, psychiatric illness, and increased rates of cancer, among others (Gurnani et al., 2015).

The fact that these disorders can start early may increase the likelihood of early morbidity and mortality (Kelsey, Zaepfel, Bjornstad, & Nadeau, 2014). Another serious consequence of this medical condition is that obese children may be at a higher risk of premature death than their counterparts non obese children (Bass & Eneli, 2015; Doring et al., 2014). In 2010, overweight and obesity were responsible for the death of at least 3.4 million people. That means 3.9% of years of life lost in addition to 3.8% of disability-adjusted life years (DALYs) worldwide (Ng, Gakidou, & Murray, 2014)

Prevention

Childhood obesity is a preventable disease. Views diverge as to who is responsible for that and the importance of the prevention of this medical condition. The results of a survey showed that 73% of the U.S. voting population considered obesity prevention as a political priority. Fifty-eight percent of the participants found it as a critical priority for the government. Sixty-two percent of the participants thought that saving money should not be a concern when trying to prevent childhood obesity. Sixty-one percent of the participants considered that this matter could be taken care of within a generation if it was appropriately managed and given the proper attention (Puricelli et al., 2014).

The participants to the survey were also asked about whom between parents, children, or the government according to them should be responsible for childhood obesity prevention. The answers vary by ethnic groups. For example, 76.4 % of Latinos indicated that caregivers and parents were responsible while 92.9% of Whites did the same (Puricelli et al., 2014).

In another survey, 90% of the participants believed that parents were mainly responsible for the prevention of this medical condition (Isma et al., 2012). Thus, parental perception of childhood obesity is of great importance. Finally, it seems that breastfeeding can reduce childhood obesity (Thompson et al., 2013). Therefore, mothers are strongly encouraged to breastfeed their babies as much as they can,

Behavior Change

Many consider obesity in general as a lifestyle disease. Pearl Buck is quoted by Malek (2010) to have said that if our American lifestyle fails our children, then it will also fail us. As mentioned in the previous section on prevention; parents are rightly considered to be responsible for the prevention of childhood obesity. The lifestyle of the children depends on their parents; in other words, young children do not choose their lifestyle, mostly what and how they eat, their parents do. Therefore, young children should not be held accountable for their lifestyle. It is their parents' responsibility. This constitutes another reason justifying the importance of the parental perception of childhood obesity. However, are parents the only people responsible for this behavior change?

It is almost agreed upon that parents are the first to be concerned by everything that has to do with childhood obesity. It is expected from them to provide the most substantial effect on children's health beliefs and behaviors. However; one must acknowledge the fact that they are not the only ones. For example, at school, classmates may be particularly influential in adolescent eating behavior. A study on preschool children's behaviors showed that when children observe other children choose and eat vegetables, they are likely not only to do the same despite the fact that they don't necessarily like this kind of food, but also their preferences and intake for disliked vegetables may increase. (Akhtar-Danesh, Dehghan, Morrison, & Fonseca, 2011).This constitutes one of the rare occasions where peer pressure may play a decisive and positive role.

A systematic review of behavior change interventions was conducted to identify those that can most likely change physical activity, eating behavior or both for the prevention or management of childhood obesity. Results showed six behavior change techniques that may be useful components of future management interventions and one that may work in prevention interventions. The behavior change interventions that may be part of future management interventions are as follows:1) Prompt generalization of a target behavior, 2) providing information on the consequences of behavior to the individual, 3) environmental restructuring, 4) prompt practice,5) prompt identification as role model /position advocate, and 6) stress management/emotional control training and general communication skills training. The one that may work in prevention interventions is prompting generalization of a target behavior (Martin, Chater, and Lorencatto, 2013).

Challenges

Childhood obesity may be considered as one of the most challenging public health concerns. This may be due to several different reasons. The attitudes and views of the healthcare professionals involved in the treatment of this medical condition may constitute a challenge. Indeed; these professionals should be well trained to avoid anything, words, nonverbal languages, which could make obese children feel uncomfortable. In general, a patient needs to feel comfortable with the healthcare professional for the course of actions prescribed to be effective.

Another peremptory challenge may come from the parents themselves for two reasons. First, it may be difficult for a nurse or any healthcare professional to raise the issue of overweight or childhood obesity when the parents themselves are in the same

condition. In such a situation, the healthcare professional needs to do his or her job by finding a way to raise the issue without offending the obese parents and eventually help the obese child. The second challenge is when the parents are in denial. This challenge may be more difficult to deal with, as the collaboration of the parents may not be guaranteed. It seems that mothers with a lower educational level are less likely to recognize their children as being overweight, even though their children' excess weight may be apparent. (Isma, Bramhagen, Ahlstrom, Astman, & Dykes, 2012).This may occur mostly with these mothers who are overprotective.

Decline

There is also good news about childhood obesity. It has been noticed that increases in rates of childhood obesity seem to have reached the plateau at the national level. It has been even seen a decrease in specific areas such as Philadelphia (Pennsylvania) and New York (New York). Boys were doing better than girls. African Americans and Asians were also doing better than non-Hispanic whites and Hispanics. (Robbins, Mallya, Wagner, & Buehler, 2015; Sekhobo et al., 2014).The same observation was made in the State of Massachusetts. Indeed, from 2009 to 2014, there was a decline of 3.0 percentage points in the prevalence of childhood obesity. The rate went from 34.3% to 31.3% statewide (Li et al., 2015). Worldwide, childhood obesity prevalence rates in Australia, China, and some European countries may have stabilized (Sherafat-Kazemzadeh, Yonovski, & Yanovski, 2013).

Parental Perception

The way parents perceive childhood obesity may play an essential role in the fight against this medical condition. A study on the parental perception of childhood obesity conducted in the United Arab Emirates (Aljunaibi, Abdulle & Nagelkerke, 2013) found that the majority of parents of overweight and obese children in this country either overestimated or, in the majority of cases, underestimated their children's weight status. Almost the same thing has been observed by Spargo and Mellis (2013) in a study conducted in a rural Australian population. According to this study, parents of obese or overweight children showed a tendency to underestimate the weight of their overweight or obese children.

Wen and Hui (2011) associated Chinese parents 'perceptions of childhood obesity with the behaviors of these parents. Their study revealed that Chinese parents tend to be not too accurate when it comes to reporting on their children's weighs. According to these authors, a match between parents' perception of their children's weight and parenting behaviors suggests that the accurate classification of children's weights could be useful in the prevention of this medical condition.

In their study Stabler, Cottrell, and Lilly (2014) observed parental perception of their children's body mass index (BMI) to find out if there are associations between inaccurately estimated or reported children's body mass index and cardiovascular disease (CVD) risk factors. According to the conclusions of this study, underestimating a child's body mass index (BMI) may be associated with coronary risk-related factors, while overestimating a child's BMI may be associated with a protective cardiovascular disease (CVD) marker.

Rivera-Soto and Rodriguez-Figueroa (2012) attempted to identify the perceptions Puerto Rican parents have of their children's weight and the children's perceptions of their weight status as compared to the real weight of these children. The study found that most obese or overweight children did not consider themselves overweight or obese. It also revealed that almost fifty percent of obese or overweight children were identified by their parents as normal weight while more than fifty percent of the underweight children were perceived by their parents as having a healthy weight. The study revealed that more girls than boys saw themselves as obese or overweight and more parents of girls than of boys perceived their children as either overweight or obese. Finally, the study found that higher-educated parents had a better chance to recognize overweight or obesity among their children compared to those who are less-educated.

McKee, Long, Southward, Walker, and Mckown (2015) investigated the level of accuracy of parental perceptions of their children's weight status and the possible relationship between these parental perceptions and the prevalence of childhood obesity in the State of Mississippi. The study found that more than 2 out of 5 parents misperceived the weight status of their children. Sosa (2012) conducted an assessment of the literature about Mexican American mothers' knowledge and perceptions of childhood obesity and the role of these mothers in prevention.

Vaughn, Nabors, Pelley, Hampton, Jacquez, and Mahabee-Gittens (2012) examined the parental perception of childhood obesity and race with measured body mass index (BMI). Their study concluded that parental perception of weight status while fairly accurate was anyway predictive of BMI. Mussaad, Paige, Theran-Garcia, Donovan, and

Fiese (2013) stated that parents need to perceive that their children are overweight to be receptive to messages aiming at addressing the issue. According to these authors, prevention of childhood obesity may be preferred over its treatment.

Adamo and Brett (2014) examined contributors to child diet quality and parental perception. According to these authors, since parents play an essential role in the development and maintenance of a child's health behavior, it is vital to address existing misconceptions and unhealthy parental beliefs about diet quality in any intervention aiming at preventing the disease.

West, Raczynski, Phillips, Bursac, Heath, and Montgomery (2008) examined the accuracy of parental weight perceptions of overweight children both before and after the implementation of legislation on childhood obesity. African-American parents were found to be twice as likely to underestimate as Whites. According to the study, recognition by parents of childhood obesity may be improved with BMI screening and feedback, and African-American parents may benefit from that.

Murphy and Polivka (2007) found that parents of a local latchkey program perceived that schools should have a role in childhood obesity.

Schwartz and Misty (2015) studied the perceptions of parents whose school-age children received a BMI referral letter inferring that their child was overweight. They found that the participants used several themes (eight main themes in total) regarding parental perceptions about childhood obesity. Some of these themes are as follows: their feelings about receiving the letter, the causes of childhood obesity, their capabilities, the

possible barriers in the fight against the disease, the importance of role modeling, the primary care provider's response to childhood obesity, and the role of the schools.

Almoosawi, Jones, Parkinson, Pearce, Collins, and Adamson (2016) examined the association between parental perception of childhood obesity and child's diet. Their study found a relationship between parental perception of childhood obesity and child's score in a healthy dietary pattern. Indeed, children whose parents did not correctly perceive their weight status scored lower on the 'healthy' dietary pattern. A dietary pattern may be defined as the quantity, proportion, variety or combinations of different foods and beverages in a diet and the frequency with which these foods and drinks are usually consumed.

Myers and Vargas (2000) conducted a study to increase staff understanding of the parental perception of childhood obesity. According to this study, 35% of the participants did not believe that their obese children were overweight, which sounds troublesome, for, as mentioned above, parents have an essential role to play in the fight against the disease. If they are not even aware of the existence of the condition, it is unlikely they will be able to fight it. On the opposite side, 78% of the participants expressed concerns regarding heart disease as a possible consequence of childhood obesity.

Al-Mohaimeed (2016) conducted a study in Saudi Arabia to identify the percentage of parents who misclassify the status of child's weight and determine whether or not there is a difference between those parents of children with obesity and those with children of healthy weight. The study found that the former had more misclassification than the latter. The study concluded that Saudi parents of children with obesity do not

recognize their child's weight status. This finding suggests that there is a lot to do in this country to address and cure this disease.

Gauthier and Glance-Cleveland (2015) produced an integrative review to analyze the Hispanic parental perception of their preschool-aged child's weight status. They found six themes that may summarize Hispanic parental perception of childhood obesity. They are as follows: parental perception of body weight; the relationship between a child's weight and his or her health; causes and consequences of being overweight; familial roles and influences on child weight; prevention of overweight; and cultural influences within the United States.

Cheng, Loy, Cheung, Chan, Tint, Godfrey, Gluckman, Kwek, Saw, Chong, and Lee (2016) conducted a study to assess the ability of Singaporean mothers to accurately describe their three-year-old child's weight status either verbally or visually. The study concluded that the participants, especially the parents of underweight and overweight children, may not be able to perceive their young child's weight status accurately. To facilitate the prevention of childhood obesity, it is essential to educate parents and caregivers about their child's weight status.

Binkin, Spinelli, Baglio, and Lamberti (2011) investigated the possible effect of the local prevalence of childhood obesity on mothers' perception of their children's weight status. The findings revealed that higher regional obesity prevalence is associated with lower maternal perception. This suggests that what is common or widespread is likely to have a greater chance of being perceived as normal. According to the authors, because of the role of perception, which may be a first step to change, it may be more

difficult to intervene in areas with high-obesity prevalence where intervention may be most urgent.

Souto-Gallardo, Jimenez-Cruz, and Bacardi-Gascon (2011) evaluated the ability of parents to accurately estimate the weight status of preschool children attending the Instituto Mexicano Del Seguro Social (IMSS) day-care centers. The findings were quite impressive. The majority of the participants tended to underestimate the weight of their children. The tendency of underestimation was worse concerning overweight and obese children. For example, the parents' underestimation of the child's weight status ranged from 51 to 59%. It increased up to 84% in overweight children and up to 91% in obese children. It was also revealed that being a young mother and having a daughter increased the risk of underestimation. The huge underestimation found in this study suggests that the ability of parents to cooperate in the fight against childhood obesity might be highly reduced. Therefore, preventive health programs should consider this fact and perhaps include steps aiming at increasing the weight status perception or at least reporting them with more accuracy

Summary

Most of the literature review revealed that childhood obesity, which is prevalent almost everywhere in the world, may have several causes and dire consequences. It also explained that this medical condition does not make any difference between poor, developing or rich countries. This review attempted to show how African-American parents of elementary age children with obesity living in Broward County, Florida perceive the causes and consequences of childhood obesity.

Although the literature review revealed specific stabilization in the prevalence of childhood obesity in certain countries and although a decline of this medical condition had been observed in some parts of the world, this medical condition is still more prevalent today than ever before. Indeed, the number of children affected by this disease seems to rise consistently, and there seems not to be too many signals showing enough progress in the fight against this medical condition.

It is critical to close the gap in information regarding the parental perception of the causes and consequences of childhood obesity in the African-American population of Broward County, Florida for several different reasons. For example, based on the current situation, it may not be easy for the government or any entity interested in addressing this disease in this community to act efficiently. In fact, to address the issue adequately, they need pertinent information. The absence of this information may prevent them from doing anything invaluable, for it is impossible to solve a problem that is not well identified. Likewise, researchers interested in studying this matter today, may not also find what they are looking for. At the end of this study, this situation is expected to change.

Chapter 3 describes the methodology that was used in this study designed to determine the parental perception of the causes and consequences of childhood obesity in the African-American community of Broward County, Florida. This chapter also describes the data sources, data collection methods and sampling strategies, power analysis, data handling strategies, and definitions of variables used for the study that were utilized.

Chapter 3: Research Method

Research Design

A qualitative research approach was chosen for this study because of the likelihood of this approach to lead to research that is rich, generalizable, and valid (Camic, Rhodes, & Yardley, 2003). In general, generalizability is not considered a principal goal of qualitative research. One of the primary reasons for conducting a qualitative research study is to inquire into a topic about which not much has been written or a population or a segment of the population for which the issue has not been addressed yet (Creswell, 2003; Patton, 2002). In the case of this study, there is a lot of information written about childhood obesity, but few studies, if any, on parental perception of childhood obesity in the African-American community of Broward County, Florida specifically.

The specific qualitative approach chosen for this study was phenomenology. A phenomenological study, in general, involves the identification and the localization of potential participants who might have to deal with the phenomenon in the past. In other words, people who may be familiar with the focus of the study (Rudestam & Newton, 2015). Phenomenology may lead to a better understanding of the nature or the meaning of what people have experienced in their daily lives (Van Manen, 1990) cited by Patton (2002). Thus, a phenomenology researcher is interested in finding out what a specific phenomenon truly means as well as how it is experienced by the participants.

As Patton (2002) stated, the foundational question in phenomenology deals with the meaning, structure, or essence of what people have experienced; in other words, the

lived experience of the phenomenon, the way " they perceive it, describe it, feel about it, judge it, remember it, make sense of it, and talk about it with others " (p.104). Therefore, to have access to such data, one must conduct in-depth interviews with participants who have directly experienced the phenomenon that is the subject of the study. Those are people who have lived experience as opposed to secondhand experience, which makes a huge difference (Patton, 2002, p. 104).

Moran (2005) and Smith (2007) cited by Patton (2002) argued that phenomenology may study the organization of a variety of experiences. This type of research was chosen because it has been noticed a lack of qualitative research in the review of literature that is mainly focused on childhood obesity in the target population. A phenomenological approach seemed to be the appropriate approach susceptible to help me get what I needed to understand, that is, the lived experiences of the participants.

Appropriateness of Design

The information acquired from this research contributed to increase the knowledge related to childhood obesity in the African American community of Broward County, Florida. To better understand this phenomenon, the focus remained with the parents because they are believed to know what occurs in their children's home environment. The findings from this study may be useful for parents, educators of young children, health care professionals, policy experts, government officials, and children's advocates. By employing a phenomenological approach to research, I was able to become involved in the experiences of the participants and, as a result, develop a better understanding of childhood obesity in the target population.

The Role of the Researcher

One of my roles as a researcher was to set up and conduct interviews and focus groups if deemed necessary, but no focus group was conducted during or after the interviews. To diversify the research subject pool for this study, I tried to include also parents participating in specific government programs designed for low-income families. To develop a trusting relationship with the participants throughout the research process, at the very beginning, I explained the purpose of the research, the importance of their contribution, and how the results may be used. I ensured that the participants felt comfortable during the interviews by allowing them to refuse to answer any question they did not feel like answering without any obligation to explain or justify their decisions. Several participants chose to exercise this right.

Interviews were conducted like a normal conversation in a setting that I arranged to make as comfortable as possible for the participants with their support. They participated in the choice of the venue for the interviews. I made sure that the participants understood the fact that with their help, other families will have a chance to find assistance in their fight against childhood obesity. Almost all of them expressed either directly or indirectly their acknowledgement of this fact.

Research Questions

Research Question 1: How do African American parents of elementary age children with obesity perceive childhood obesity in general?

Research Question 2: How do African American parents of elementary age children with obesity living in Broward County, Florida perceive the children's susceptibility to obesity?

Research Question 3: How do African American parents of elementary age children with obesity living in Broward County, Florida perceive the causes of childhood obesity?

Research Question 4: How do African American parents of elementary age children with obesity living in Broward County, Florida perceive the consequences of childhood obesity?

Issues of Trustworthiness

Trustworthiness may be very significant in qualitative research. The four components of trustworthiness generally considered are credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985). According to Patton (2002), to be useful, a research strategy needs credibility. This implies that the investigator or researcher must be neutral about the phenomenon that he or she is about to study.

Simply put, the goal of the researcher is not to "prove a particular perspective or manipulate data to arrive at predisposed truths. The neutral investigator enters the research arena with no ax to grind, no theory to prove (to test but not to prove), and no predetermined results to support "(Patton, 2002, p.51). The goal of the researcher is to make sure that the results faithfully report the information obtained from the participants. According to Lincoln and Guba (1985), credibility may be seen as representing in the qualitative study what reliability or validity represents in the quantitative research.

Since it is unlikely to imagine the existence of human behavior that is not influenced by the surrounding context, Guba and Lincoln (1981), cited by Patton (2002), proposed to replace generalizations by transferability and fittingness (degree of congruence between sending and receiving contexts) when dealing with qualitative findings. Transferability is accomplished when the research results can be applied beyond the limits of the study; in other words when they can be generalized or transferred to different contexts or settings.

Dependability has to do with the stability or consistency of the inquiry processes used over time. Confirmability exists whenever the research results are supported by the data collected (Hood, 2000) or when they can be confirmed or corroborated by others. Patton (2002) argued that the exploratory process gives way in the long run to confirmatory fieldwork. At this stage, the role of the researcher is to test ideas, confirms the importance and meaning of possible patterns as well as "checking out the viability of new findings with new data and additional cases "(p.239). Those cases may be either confirming or disconfirming. A case is considered confirming when it confirms and elaborates the results, adding to them depth, richness, and credibility. A case is considered disconfirming when it produces examples that do not align with the topic. According to Patton (2002), in such a situation, the researcher needs to show a lot of rigor and integrity. Indeed, as mentioned above; the role of the researcher is to test and not to prove.

To ensure the accuracy and credibility of the results in particular and to enhance the level of credibility of my study in general, I planned on using triangulation of data

sources and analytical perspectives. According to Patton (2002), this method is used by qualitative researchers to check and establish validity in their studies by analyzing a research question from multiple perspectives. This author further stated that triangulation might also strengthen a study by combining methods.

According to Denzin (1978), cited by Patton (2002), there are four types of triangulation. The first type is data triangulation, that is, the use of a variety of data sources in a study. The second type is investigator triangulation, that is, the use of several different researchers or evaluators. The third type is theory triangulation, that is, the use of multiple perspectives to interpret a single set of data. The fourth type is methodological triangulation, that is, the use of multiple methods to study a single problem or program. For this study, I decided to use data triangulation.

According to Angen (2000), cited by Patton (2002), one of the ways to achieve triangulation is to ensure there is a good level of consistency of data provided. Casey and Murphy (2009), cited by Patton (2002), argued that triangulation might assist in establishing the overall trustworthiness of the study. The same authors further argued that triangulation of data might allow the researcher to get more information that otherwise he or she would not be able to uncover.

Also, since my study involved several participants (nine in total), I completed an analysis of each participant's interview separately. These multiple analyses were combined to establish the credibility of the overall analysis. As suggested by Hood (2000), a summary of the transcript was sent to the participants in an attempt to ensure consistency of the data. Finally, I used what is known in the qualitative study as member

check, informant feedback, or respondent validation to improve the accuracy, credibility, validity, as well as the transferability of the study (Thomas & Magilvy, 2011).

To achieve transferability, I planned on including in the research, and I did, as many details as possible of the responses given by the participants. Thus, their exact words were carefully reported to facilitate the unfolding of main themes from their responses (Smith, Flowers, & Larkin, 2009).

To ensure dependability, I planned on using thematic analysis, which helped a lot in the analysis of the data collected. According to Morrow (2005), thematic analysis is a method that may be useful in identifying, analyzing and reporting patterns within the data. The following six steps of this method were used: familiarizing with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing a report (Morrow, 2005).

To ensure confirmability, I planned on developing an audit trail as described by Morrow (2005) Smith, Flowers, & Larkin (2009), and Thomas & Magilvy (2011). In general, an audit trail is established to verify the rigor of the fieldwork and confirmability of the data collection. This is done in an attempt to minimize bias, maximize accuracy, and report impartially (Patton, 2002).

As a researcher, I did my best to remain as neutral as possible. I was aware that, in such an activity, it might not be easy to avoid bias completely. However, I was determined to be as objective as possible for the sake of my research. As proposed by Smith, Flowers, & Larkin (2009), I did whatever I could to control the biases in the data collection and data analysis processes.

Ethical Procedures

Before conducting the interviews, I secured approval from the Institutional Review Board. After receiving the approval, I contacted the potential participants. I discussed with them the details and purpose of the study and the procedures that would be used for their protection. The participants were all African American parents of elementary age children with obesity living in Broward County, Florida. The participants, as mentioned below, were selected through purposive sampling.

At the time of the selection, the participants received the consent forms as required by the principles to secure their consent. They were informed about the fact that their participation was voluntary and the possibility to withdraw from the study at any time, the limits to confidentiality, and the fact that no incentives would be provided. I did not anticipate any known risks or harm that might be associated with the participation in this study.

I addressed confidentiality by assuring the participants that a code name would be used instead of their actual names. The participants were informed that I would be the only person having access to their answers. This should make them feel more comfortable. I planned on storing my field notes and transcripts in a secure place. To comply with the university's guidelines, I planned on keeping these files for at least five years before deciding to destroy them.

Population and Sampling Frame

Purposive sampling was used for this study because only African-American parents of overweight or obese children living in Broward County, Florida could

participate. According to Creswell (2003), a phenomenology is usually the study of a handful of subjects. For this research, screening interviews were conducted with all respondents, but only the individuals who demonstrated the ability to provide the desired or relevant information on the topic were selected.

The sample size being sought was 10 (hopefully five males and five females) to have a sufficient pool for a better possibility to detect the possible similarities and differences among the participants and also to make sure that all segments of the target population be represented. Unfortunately, I had to go with only 9 participants because one of the selected participants left during the process. In addition, I could not find as many men and women. The sample size that was retained in this study was small, which does not constitute an issue in itself. Indeed, Camic, Rhodes, and Yardley (2003) support the idea of using few participants, as this does not negatively impact the results.

Participant Selection Logic

As mentioned above, the participants of this study were all African American parents of elementary age children with obesity living in Broward County, Florida. Purposive sampling was used to select the research participants who met the criteria. Purposive sampling involves the identification as well as the selection of individuals that are knowledgeable about a particular phenomenon or have experienced this phenomenon (Creswell and Clark, 2011).To be eligible to participate in this study, a participant had to be an African American parent living in Broward County, Florida with a child suffering from overweight or obesity. After approval was granted, I started recruiting the potential participants. They all received a copy of the Informed Consent to review.

I gave these prospects a specific time frame to get back to me. Once their feedback was received, I contacted the potential participants and started the screening process to determine their eligibility. The screening process was performed through email and telephone. Parents who met the criteria were invited to sign the consent form to participate in the study. I planned on holding all interviews face-to-face without excluding any other option. Time and location were discussed with each participant.

Geographic Location and Demographic Survey

This study was completed in Broward, one of the 67 counties of the State of Florida. This state is number 39th in childhood obesity ranking in the United States. As of July 2018, the population of Broward County was estimated at 1,935,878 people. This makes this County the second most populous county in the State of Florida and the 15th most populous county in the United States of America. As of July 2018, persons under 18 years represented 21, 3 percent of this population. During the same period, Blacks or African Americans alone represented 29.9 percent of the population (United States Census Bureau, 2016).

Data Collection Instruments

As mentioned in the data collection and the interview sections below, I collected the data in this phenomenological study mainly through open-ended questions in face to face interviews. The purpose of the interviews was to make it simple for the participants to share their perspectives and experiences regarding our phenomenon of interest, which is the perception of the African American parents living in Broward County, Florida about the causes and consequences of childhood obesity. Patton (2002) posited that one

of the advantages of face to face interviews is the possibility to enhance triangulation. And triangulation has the ability to increase validity. In this study, the standard open-ended interview was also used in an attempt to avoid any change in the questions posed to each participant.

The instrument for data collection was based on open ended research questions that I developed based on a thorough analysis of the literature on childhood obesity. According to Patton (2002), "The purpose of gathering responses to open-ended questions is to enable the researcher to understand and capture the points of view of other people without predetermining those points of view through prior selection of questionnaire categories" (p. 21).

Ultimately, as the investigator, I was the instrument of data collection in this qualitative study. The research questions, interview protocol, interviews, and data that were gathered from participants were prepared, administered, recorded, and analyzed by me, underscoring the importance of the role of the researcher as the research instrument in a qualitative study such like this. This role of being the research instrument came with an additional responsibility of a clear perception of credibility on my part. In general, the extent to which a researcher is deemed credible may directly impact the quality and validity of the data collected and analyzed. Given the subjective nature of the role of the researcher as the research instrument, I did my very best and worked consciously to reduce subjectivity. In spite of that, in an attempt to minimize issues of credibility, I used validity strategies such as member checking and triangulation. The interview questions

were developed such that they were able to generate the types of data that were the focus of the research questions.

Data Collection

This study used interviews as a primary assessment tool during the data collection process. Therefore, a list of open-ended questions were used during the interviews to determine the experiences of the participants about the subject of interest, that is, parental perception of childhood obesity in the African American community living in Broward County, Florida. These questions did not help gather too much demographic information about the participants.

A standardized open-ended interview was used to limit the variation in the questions that the participants had to answer. This approach was used because it makes data analysis easier and because also it is possible to locate the answer of the participants more quickly (Patton 2002). According to Patton (2002), there are at least four reasons for using this approach. The first reason is the availability of the instrument used in the evaluation for inspection. The second reason is the possibility to minimize variation when several interviewers are involved (not applied in this case as I was planning on doing the interviews personally). The third reason is the high focus of interview leading to better use of the interview time. The fourth reason is the facilitation of the analysis as responses are easy to find and compare.

According to Silverman (2005) cited by Creswell (2013) there are various ways to address reliability in qualitative research. As discussed in the Data analysis section below, the interviews were transcribed with the same words and a code was assigned to

each participant (P1-EJB for example). As suggested by Creswell (2013), to enhance reliability I tried to "obtain detailed field notes by employing a good-quality tape for recording and by transcribing the tape" (p.253). However, I had to give up on the tape since audio recording was not permitted.

Interview

As mentioned in the Data Collection section above, in this study I used interview as the primary assessment tool. I used a standardized open-ended interview in an attempt to limit the variation in the questions that the participants had to answer. To develop this survey tool, I took several steps. Some of them are highlighted in the section below.

I decided at the very beginning that I would avoid a survey that is too long, obviously in an attempt to make the instrument more appealing to the participants. Indeed, nowadays everybody is very busy .As a matter of fact, one of the questions of most of the potential participants was about the length of the process. Almost all of them wanted to know how much time they would have to devote to the process. While developing the survey tool, I made sure to avoid any question that would give a yes or no answer. In this matter what is needed is how the participants live the phenomenon and obviously a yes or no answer would not be useful at all, as it would not take us anywhere. In qualitative research, interview questions are usually open-ended in an attempt to collect in-depth information. I tried my best to randomize the answer options as my goal as a qualitative researcher was not to predict, but to understand the phenomenon. I was also determined to keep the wordings of the questions as neutral as possible in an attempt to avoid any misunderstanding

The questions that the participants of the study answered are listed below in the order that they were posed.

1. How did you learn that your child was overweight or obese? Did you discuss this information with his or her pediatrician?
2. What was your first reaction to this diagnosis?
3. According to you, what are the reasons why your child became overweight or obese?
4. Do you think it is related to genetics, environment, or lifestyle behavior?
5. What kinds of food does your child usually eat for breakfast, lunch, dinner, or snack?
6. Did you modify your child's eating habits after the diagnosis? What kind of changes do you think need to be made?
7. Do you feel that your child is eating the appropriate daily portion of food?
8. Does your child exercise on a regular basis?
9. Does your family participate in any physical activity together?
10. Does your child watch television, use a computer, and play video games frequently?
11. Does the fact that your child is overweight or obese bother you at all?
12. Is your child having any problems with other children of his or her age that could be associated with being overweight or obese? Please explain.
13. Is your child able to participate in regular physical activities with other classmates?

14. Has your child experienced any medical conditions associated with being obese or overweight?
15. Has your child received any medical treatment?
16. Has anybody treated you or your child in an inappropriate manner because of his or her weight?
17. Do you think that your home environment has something to do with your child's condition?
18. What kind of help do you feel you need now?
19. What are the consequences of your child's condition for your family?
20. Is there any other child in your family with this medical condition?

Data Analysis Plan

According to Patton (2002), the strategy of triangulation pays off in the data analysis phase of the study. The advantage of this strategy resides in the fact that it provides multiple ways of looking into the phenomenon as well as the ability to add credibility regardless of the conclusions drawn. Four kinds of triangulation can contribute to the verification and validation of qualitative analysis. They are as follows:

The first kind is methods triangulation where the consistency of findings generated by different data collection methods is checked out. The second kind is a triangulation of sources where the consistency of different data sources within the same method is checked out. The third kind is analyst triangulation where multiple analysts are used to reviewing findings. The fourth kind is theory or perspective triangulation where multiple perspectives or theories are used to interpret data (Patton, 2002).

Consistent with the type of triangulation chosen as mentioned earlier in this chapter, I used triangulation of sources. This means I had to compare and cross-check the consistency of information obtained at different times and by various means.

The interviews were transcribed with the same words and a code, such as P1 (Participant 1), P2 (Participant 2), or P9 (Participant 9) was assigned to each participant. To analyze the data collected, I used the steps proposed by Moustakas (1994). This author suggests reading each transcript to have a general idea of the information obtained from the participants about their experiences. The purpose of the first step of data analysis is to get a general idea of the information that is being conveyed.

I also followed the second step suggested by Moustakas (1994) consisting of highlighting words that seem to have pertinent relevance to childhood obesity, our phenomenon of interest. The objective there was to extract statements that help understand how African American parents of elementary age children with obesity perceive and experience the causes and consequences of childhood obesity. This is what Moustakas (1994) identifies as horizons statements.

Moustakas (1994) argued that each horizon must contain a component of the experience that relates to the interview question. When this is the case, the horizon can be labeled. In the opposite, the horizon must be eliminated. The next step proposed by Moustakas (1994) is to cluster the horizons into themes of the data analysis plan. The last suggestion made by Moustakas (1994) in the analyzing of data has to do with individual and group descriptions of the experience. Therefore, the relevant depiction of each African American's experience was developed from the themes.

Summary

The goal of this study was to understand the perception as well as the lived experiences of African American parents of elementary age children suffering from obesity. This is a phenomenological qualitative study. Issues related to trustworthiness, that is, credibility, transferability, dependability, and confirmability were addressed. Ethical procedures were properly used. For example, approval from IRB was secured before contacting the potential participants. The approval number is 08-20-18-0450202. To gather them, a purposing sampling was used. Data was collected through the use of open-ended questions during interviews with at least 9 participants. The participants were all African American parents of elementary age children with obesity living in Broward County, Florida. I hoped that the participants would volunteer their time to participate in this study as no incentive would be given.

Numerous tools were used to organize, code, and analyze the data that were obtained. The information gathered in this study came directly from the sources. The data will be kept securely for at least five years before being destroyed. In the last two chapters, I organized the information obtained from the participants and determined the horizon statements that I clustered into themes reflecting the general views of the participants.

Chapter 4: Results

Introduction

This phenomenological study intended to better understand how African American parents of elementary age children with obesity living in Broward County, Florida perceive the causes and consequences of childhood obesity. The participants were all African American parents of elementary age children with obesity residing in Broward County, Florida.

The following research questions (RQ) guided this study:

RQ1: How do African-American parents of elementary age children with obesity living in Broward County, Florida perceive childhood obesity in general?

RQ2: How do African-American parents of elementary age children with obesity living in Broward County, Florida perceive these children‘s susceptibility to obesity

RQ3: How do African-American parents of elementary age children with obesity living in Broward County, Florida perceive the causes of childhood obesity?

RQ4: How do African-American parents of elementary age children with obesity living in Broward County, Florida perceive the consequences of childhood obesity?

Research Setting

The research setting for this study was face-to-face as well as over-the-phone interviews. Scheduling the interviews was not always easy as one may imagine. Due to the fact that most of the participants work, day time for some and night time for others, it was sometimes very difficult to set a time to do the interviews. Some of those who work night time were as busy during the day as those who work during the day, which made it

very difficult to meet with them during business hours. As the researcher, my responsibility was to make myself available. Therefore, I had to be as flexible as I could and adjust my schedule around the schedule of these parents in order to finally recruit the participants I needed for this study. Some of the participants who work at night had to attend school during the day. Likewise, some of those who work during the day had to go to school at night. However, since they were willing to help; I managed to set up a meeting with them at their convenience.

None of the participants was willing to be audio recorded. To avoid losing them, I had to refrain from doing so. Indeed, sound recording is not mandatory in such a circumstance. Thus, I assured the participants that it would not be necessary to audio record the interviews if that was what they wanted. Besides these small issues pertaining to the hectic schedule of most of the participants mentioned above, everything went smoothly.

Demographics

It was not possible to gather as many men and women as I wanted when I started the study. Indeed, I was hoping to recruit as many men as women in the study to balance the opinions. Unfortunately, I was not successful. Thus, 20% of the participants were men and 80% women. Most of the participants were younger than 50 years old at the time of the interviews. None of the women was pregnant at the time of the meetings and most of them stated that they were done with giving birth to children. For the sake of privacy of the participants, I did not inquire about their legal status, parental status, whether they were married or not, household income, and household size. All of that was

beyond the scope of this study even though that information could have shed some light on the backgrounds of the participants. According to the parents participating in the study, there were five boys and four girls.

Protection of Participants

As the researcher, I had the responsibility to protect the identity of the participants and the confidentiality of the data collected. To achieve that, I assigned a unique identifier to each participant. This information, as required by the principles, is accessible only by me the only researcher in this study and I intend to keep it confidential to be in compliance with the rules. Here are the identifiers:

Participant 1: P1-EJB

Participant 2: P2-RAD

Participant 3: P3-YBJ

Participant 4: P4-CN

Participant5: P5-MS

Participant 6: P6-KD

Participant 7: P7-RP

Participant 8: P8-FF

Participant 9: P9-GJ

Data Collection

As the only researcher for this phenomenological research study, I was under the obligation to take steps to control my opinions and experiences pertaining to the causes and consequences of childhood obesity as much as possible. I did my best not to let my

experiences and biases influence my role as a researcher and approached this study with a new perspective as suggested by Moustakas cited by Creswell, 2007. I began the process of recruiting participants for the study on August 21, 2018, through invitations via emails, phone calls, radio, and social media (LinkedIn in particular) as soon as I received the approval from the Institutional Review Board (IRB).

The first potential participant was one of my listeners on 980 AM, a radio show that airs every Tuesday primarily in Broward County, Florida. She heard me talking about the research and called right after the show to manifest her intention to be part of the study. At the end of the screening process, I determined that she qualified to participate in the study.

The same night another listener called about the study and told me that her children are neither overweight nor obese, but she knew of another potential participant that she could refer to me. I asked her to please make contact with that potential participant on my behalf. Fortunately; the potential participant also met the criteria and was chosen to participate in the study. I recruited several participants thanks to the emails and texts I sent to my contacts. One of them not only participated in the research but also referred a coworker who agreed to participate as well.

I explained the purpose of the study and handed to each potential participant a copy of the Informed Consent form. They all acknowledged their understanding of what was about to happen. They agreed to be in the study and signed the Informed Consent form. All of them manifested their preference for an interview without audio recording. I explained there would be no recording device and I would transcribe their words to the

best of my ability. Each meeting lasted approximately between 20 to 25 minutes. In rare occasions we agreed to spend a little more time because we had to clarify some answers, allow the participants to ask questions and perform member checks.

Interviews

None of the participants completed a formal demographic profile questionnaire to confirm that he or she met the criteria for being in the study. Based on the nature of this study, it was not difficult to determine their eligibility. Indeed, to participate in this study one had to meet the following criteria: identify as African American, live in Broward County, Florida, and have an overweight or obese child of elementary age. I decided not to ask for any proof and relied entirely on their sayings. I did not ask either to see the children. However, I do know some of them; those who go to the same church as me or whose parents are my coworkers or business partners.

Fortunately, each participant recruited completed the interview process, except one. It was my plan, as outlined in Chapter 3, to perform face-to-face interviews with all potential participants. However, during the recruitment, some of them notified me that it would be more convenient for them to complete the conversation over the phone, which I agreed upon. In fact, in a qualitative study, a researcher must show as much flexibility as possible and be able to adapt to change as needed. At the end of the day, the researcher is the one in need of the information. Therefore, it is his or her responsibility to do whatever he or she can to make things happen.

Almost 60% of the interviews were conducted via telephone as requested by the participants. The remaining 40% were face-to-face interviews. The questions were asked

in the same order to each participant according to the interview protocol. After each meeting, I took the time necessary to go over the answers and clarify them where needed to make sure I transcribed their exact words. Therefore, I am authorized to confirm that the information that I reported here came directly from the participants of the study and was not the product of my own interpretation.

Data Analysis

As mentioned in the previous chapter, I used the steps or strategies proposed by Moustakas (1994) for the data analysis process. Thus, as the first step suggests, I began the process of data analysis immediately after the interview process by reading and rereading the participants' responses, in an attempt to have a general idea of the information provided by the participants about their experiences. I did my best to avoid that my personal beliefs about overweight and childhood obesity prevented me from understanding the participants' experiences.

As mentioned in chapter 3, I highlighted words from the answers provided by the participants that seemed to relate to childhood obesity. Moustakas (1994) identifies this situation as horizons statements. These horizons statements, as suggested by Moustakas (1994), were clustered into themes of the data analysis. I found at least eight items that may describe how African American parents of elementary age children with obesity living in Broward County, Florida perceive the causes and consequences of childhood obesity. They are as follows.

Theme 1: The Way They Were Made Aware of the Existence of the Disease

Four out of nine participants, that is, 44% of them, described the way they learned that their children were overweight or obese. The rest chose to skip this question. Since the Informed Consent form gave them the possibility to want not to answer a particular item, as a researcher there was nothing I could do about that. One of them stated that she knew that the child had an issue when she was asked to have the child do exercises on a regular basis. The second participant reported that she noticed the excess of weight but knew about it when she was strongly advised to have the child lose 50 pounds. The child was five years old when this condition became a serious concern for her. The third participant got the news from the pediatrician of her child. The fourth participant said that it is evident that the child was obese, but she got the confirmation from her pediatrician.

Theme 2: The way they reacted to the news or diagnosis

Thirty-three percent of the participants accepted to share their feelings about their reaction to the story. One of them stated that she realized she had to make some adjustments regarding the habits of the child. She realized that the child had to eat according to his needs and not according to his wants. She also realized that proper exercises were needed. Another participant said that she was not surprised at all because she already knew it. The pediatrician was only confirming what a fact to her was. The last participant noted that she was a little disappointed.

Theme 3: Their perception regarding the causes of the disease and whether it is related to genetics or lifestyle behavior.

Sixty percent of the participants, six in total, gave their opinions about the reasons why their children became overweight or obese. Their perception of the causes of childhood obesity is reported in the paragraphs that follow.

According to the first participant, her child became obese for two reasons. The primary reason was that the child was not eating correctly. The second reason was the fact that he did not exercise enough. According to this participant, childhood obesity is a disease related to the lifestyle behavior of the individual. She believes that is what happened in the case of her child.

The second participant blamed the obesity of her child on food consumption. However, she did not accept any responsibility in the situation as a mother. She explained that the child was born with only five pounds, did not eat at all and was not breastfed until he was six months old. She recalled that the child was “big “from the very beginning without over-eating the food she prepared at home. According to her, the food that the child was eating at school was most likely the causes of his obesity. When asked whether childhood obesity was related to genetics, environment or lifestyle behavior, she answered: “not really." Therefore, she did not position herself on this matter.

The third participant stated that the children in her family are usually born "big." She mentioned that her child was born premature and, as a result, had some medical issues at the beginning. She thinks that childhood obesity may be related either to genetics or lifestyle behavior. According to her, the way a child eats may determine whether or not he or she will become overweight or obese in the future. According to the fourth participant, her child became obese because of the way he used to eat and his

lifestyle behavior. She firmly believes that childhood obesity is related to both genetics and lifestyle behavior.

The fifth participant blamed the causes of childhood obesity on lifestyle behavior. She thinks that how a child behaves on a daily basis, including how he or she eats, what he or she eats and how frequently he or she does that, is most likely responsible for the disease. According to the sixth participant, her child became obese for two main reasons. First, he used to eat too much and too frequently. Someone may eat often, but in small portions, she added. That was not the case for her child. Therefore the number one cause of his obesity was food consumption. In addition to eating too much and too frequently, her child did not have enough physical activities. He did not have enough occasions during the day to burn the excess of calories he injected into his system on a regular basis. Therefore his obesity was not a surprise for anybody. According to this participant, childhood obesity is related to both genetics and lifestyle behavior.

The perception of one of the participants regarding the causes of childhood obesity is worth mentioning here. According to this participant,

> there are many different causes of childhood obesity. A few that I will mention are the environment that the child is growing in. It plays a major role in shaping the habits and perceptions the child will develop about food. If they are constantly being exposed to unhealthy foods, it will contribute to the types of food the children are drawn to. The lack of physical activity is another problem. Children today spend less and less time outside playing because they are preoccupied with television and video games. Children are less likely to exercise if their

parents/peers within their environment do not exercise. Some children are also obese due to it being hereditary or running in their family. I think the biggest cause of childhood obesity is due to socioeconomic status. Parents, especially the larger families are sometimes unable to afford healthier food options. Lower income families cannot afford to have their children partake in extracurricular activities that would enable them to increase their physical activity. Education levels can also play a factor in socioeconomic status. Parents may not have enough education to know about proper nutrition and food choices.

Theme 4: What the children of the participants eat in general on a daily basis

All participants answered the questions regarding the diet of their children. Forty percent of the participants stated that they give cereal and milk to their children for breakfast. More than 30 percent reported that they feed them with eggs in the morning. An equal percentage of participants stated that they serve bread and peanut butter to their children at breakfast. Peanut butter is served on a daily basis to 30 % of the children of the participants. More than 20 % of the participants serve fruits in the morning to their children. A similar percentage gives vegetables to their children daily in the morning. Other participants also reported that they serve on a daily basis to their children at breakfast pancake, spaghetti, plantain, oatmeal, and corn,

Theme 5: The perception of the participants about the role and importance of exercising on a regular basis.

Five out of nine of the participants stated that their children exercise on a regular basis. Some of them exercise up to five times a week. Those who reported that their

children do not work out explained the reasons why they don't do it. One participant explained that her child does not exercise too much because he has a respiratory issue. Another stated that the child works out rarely. The remaining two just answered no to the question without further explanation.

Theme 6: The perception of the participants about the consequences of obesity for their children.

The perception of the participants about the consequences of childhood obesity varies from one participant to another. For one participant many diseases may occur because of obesity, but in the case of her child, she stated that anemia was one of the consequences of the disease. She also blamed on obesity the fact that her child is experiencing shortness of breath.

A second participant believes that obesity can cause heart problems and other types of sickness. A third participant notices that her child gets tired easily because he is obese. A fourth participant thinks that one of the consequences of childhood obesity might be diabetes. She has not experienced it personally with her child but thinks that based on her experience with others. According to a fifth participant, obese people “tend to develop certain genes and childhood obesity may have consequences that you don’t even know." One participant stated that the obesity of her child has no consequences for her family. One participant chose not to answer the question.

According to a participant, the consequences of childhood obesity may be diverse. She stated that children could suffer physical, mental, and even emotional abuse due to being obese. According to her, obesity may affect their emotional well-being and self-

esteem. It may cause the child to be depressed, anti-social, and have them develop eating disorders. Finally, according to the participant; obesity can also lead to numerous medical problems that she did not mention.

Theme 7: How they addressed the situation

Sixty percent of the participants stated that they modified the diet of their children after they learned they were obese. The first participant encouraged her child to eat more vegetables, more fruits, less sugar, and less processed foods. The second participant who believes that the obesity of her child may have been caused by what he eats at school thinks that something must be done by the school to address the issue while she is trying at home to control what the child is eating.

The third participant modified the diet of her child by reducing the quantity of his calorie intake and increasing his weekly hours of exercise. The fourth participant addressed the issue by giving the child more fruits for snack and oatmeal for breakfast. She completely removed soda from his diet. She acknowledged the fact that she was not always consistent, but she tried her best. The other two participants did not elaborate on what they did and how they did it. They merely mentioned that they took steps to address the issue once they were aware of it. One participant opted not to answer the question.

Theme 8: The type of help, if any, the participants would like to receive

The majority of the participants did not mention whether or not they wished to receive any support to fight the disease. Three of them anyway spoke about it. The first participant, although she did not say what exactly, mentioned that she needed help, not from her family but an outside source. She did not want to elaborate on that. The second

participant would like to learn the type of food she must give to her children to keep them healthy. The third participant, the one who mentioned she was not always consistent in addressing the issue, stated that what is needed now was to continue watching the diet and devote more time to physical activities

Research Questions and Interview Questions

- Research Questions 1
- Interview Questions IQ 1, IQ 2, and IQ 17, answered Research Question 1
- Research Questions 2
- Interview Questions IQ 4, IQ5, IQ6, IQ7, IQ8, and IQ 9, answered Research Questions 2
- Research Questions 3
- Interview Questions IQ 16 and IQ 19, answered Research Question 3
- Research Questions 4
- Interview Questions IQ 10, IQ11, IQ12, IQ13, IQ14, IQ15, IQ17, IQ18

Credibility

The trustworthiness of this phenomenological qualitative study started with the establishment of a good relationship between the participants and the researcher. I was fully aware of the fact that the researcher is responsible for the protection of the participants of research as mentioned in the Informed Consent form, which can be viewed as a contract between the researcher and the participants. By receiving the signed

Informed Consent form from the participants, a researcher in general commits himself to protect them from any harm regardless of the circumstances (Lincoln & Guba, 1985).

Every participant in the study can testify that I treated him or her professionally throughout the process, and this commitment will go beyond the end of the study, should one of them needs any information about the research. Before the start of the interviews, I answered all their questions to the best of my ability. It is my understanding that the participants provided relevant responses to the interview questions. To increase credibility, I performed member checks throughout the interview process. At the end of each interview, I read back to the participant the data collected to make sure that what I wrote was accurate. Also, as mentioned in chapter 3, triangulation of sources contributed to establishing credibility (Patton, 2002).

Transferability

As mentioned earlier in this dissertation, in the qualitative study, the concept generalization is replaced by the concept transferability and in certain circumstances fittingness, to quote Guba and Lincoln (1981) cited by Patton (2002). According to these authors, the degree of transferability may be considered as "a direct function of the similarity between the two concepts, what we call "fittingness." Fittingness is defined as a degree of congruence between sending and receiving contexts. If context A and context B are sufficiently congruent, then working hypotheses from the sending, originating context may be applicable in the receiving context" (p.584).

It is worth mentioning here the point of view of Cronbach and Associates (1980) cited as well by Patton (2002).In the debate over generalizability in the qualitative study,

these authors introduced the concept extrapolation. Indeed, unlike generalization, extrapolation evokes the idea that the researcher went the extra mile, that is, the researcher “has gone beyond the narrow confines of the data to think about other applications of the findings” (p.584). As a reminder, extrapolations may be seen as speculations on the possibility that particular results can apply to different situations, provided that the circumstances are similar without being necessarily identical.

Based on the criteria of eligibility of this study and in regard to what that was written above, it should not be too difficult to establish transferability even though a table with the demographic characteristics of the participants was not provided. The findings provided enough relevant descriptions that may allow other researchers to transfer or extrapolate them to different settings (Lincoln & Guba, 1985).

Dependability

Dependability is one of the standards used to judge a qualitative study. It has to do in general with the stability or consistency of the inquiry processes used over time. According to Patton (2002), in certain circumstances, it may even be necessary to use what he called “an expert audit review." The role of these experts is essentially to review or assess the quality of analysis. Depending on the purpose of the study, it may be necessary to perform a meta-evaluation. According to Lincoln and Guba (1986), cited by Patton (2002), this exercise that is concerned with examining the process will likely result in a dependability judgment.

Patton (2002) argued that the efforts that a qualitative researcher makes to uncover patterns, themes, and categories might include the use of both creative and critical faculties while making carefully considered judgment about what according to the researcher seems to be significant and meaningful in the data. Because they don't have access to statistical tests to help them determine whether a pattern is substantial or not, the qualitative researcher must rely solely on their common sense, experience, and judgment to conclude that a trend or observation is significant.

Qualitative researchers are advised to take into consideration the responses of two important categories of people in their attempt to achieve dependability in their study. These people are the participants in the study who produced the data and those who read the results and review them, as needed. According to Patton (2002), the responses and reactions of those who read the results should be taken seriously.

In this study, dependability was achieved by the attempt to employ consistency in the research inquiry (Hood, 2000). To answer the research questions, four in total, I developed a nineteen-interview question list. I followed the interview protocol guide during the interviews to make sure that I ask the interview questions in the same order.

Confirmability

Patton (2002) argued that giving an opportunity to those who were studied to review the findings may offer an approach to analytical triangulation. According to this author, by having the people mentioned in the analysis react to what is described and concluded, a researcher or an evaluator can have a better idea of the accuracy, completeness, and, more importantly, perceived validity of the data analysis. According

to Alkin, Daillak, and White (1979) cited by Patton (2002), when the participants in a study cannot relate to the description and analysis in a qualitative report, that is, they cannot confirm it; the credibility of the findings can be seriously questioned.

Glesne 1999) cited by Patton (2002) declared that obtaining the reactions of those who participated in the study to the working draft may be time-consuming, and in fact, it is slow. However, this exercise may achieve at least three things that are very important. First, the participants may verify that the researcher reflected their perspectives. Second, they may inform the researcher of sections in the draft that if they were published could be problematic for various reasons. Third, they may help the researcher to develop new ideas and, as a result, new interpretations.

To achieve confirmability, I decided to check the data collected several times during the interview process. After reading to the participants the responses they provided at the end of the interviews, I gave them an opportunity to confirm the accuracy of the information that I wrote and, if necessary, provide additional information or even modify what they have already given. Lincoln and Guba (1986) cited Patton (2002), argued that this part of the exercise that is concerned with the product, that is, data and reconstructions, results in a confirmability judgment.

Summary

This chapter summarized the perception of the participants about the causes and consequences of childhood obesity. The majority of the participants perceive childhood obesity as having two primary causes, which are food consumption and lack or insufficient exercise. Therefore, without ignoring the role that heredity or the

environment may play in the disease, the majority of the participants believes that this disease is mostly related to lifestyle behavior. The majority of the participants also perceive childhood obesity as having several negative consequences, not only for the children but also for their parents as well as other stakeholders.

Chapter 5: Summary, Recommendation, and Conclusion

Several researchers have focused on the causes and consequences of childhood obesity. However, as of the completion of this study, none of the previous studies was explicitly about the perception of the African American parents of elementary age children with obesity living in Broward County, Florida. Childhood obesity has financial consequences, not only for the parents of overweight or obese children but also for the population, as mentioned in Chapter 2. Parents who are Medicaid beneficiaries may cost the government more money than their counterparts with no children with obesity. This money could have been used to solve other problems. Understanding the perception of the parents about the causes and consequences of childhood obesity may play an essential role in the way one approaches the issue. The opposite would make it more difficult to equip these parents to become proactive in fighting childhood obesity by developing an environment susceptible to encourage a healthy lifestyle. Many of these parents view childhood obesity as related to lifestyle behavior. Therefore, they are in a good position to work on the phenomenon and be successful.

The intent of this study was to understand how African American parents of elementary age children with obesity living in Broward County, Florida perceive the

causes and consequences of the disease. The participation of African American parents in such research studies is of paramount importance, for it may help in the process of taking appropriate measures to address the problem successfully.

Mobilizing a lot of parents meeting the criteria mentioned in chapters three and four would mean contacting more people, with no guarantee of a different outcome. Therefore, I chose a phenomenological approach to engage the dialogue with the selected parents of elementary age children with obesity living in Broward County, Florida. I did that to have an idea of their experiences with childhood obesity and learn about the way they perceive its causes and consequences. This phenomenological approach allowed me to become close to the phenomenon by interviewing the participants in a natural setting. As a result, I had the opportunity to gain a better understanding of their daily experiences.

Interpretation of Findings

I conducted a phenomenological study that allowed participants to express their personal views and lived experiences regarding childhood obesity and how they perceive the causes and consequences of the disease. The study was in a natural setting with African American parents of elementary age children with obesity living in Broward County, Florida. I developed 19 interview questions that are in alignment with the research questions: RQ1 aligns with IQ1, IQ2, and IQ17; RQ2 aligns with IQ3, IQ9, and IQ16; RQ3 aligns with IQ11, IQ12, IQ13, IQ14, and IQ15; RQ4 aligns with IQ18.

As mentioned in Chapter 4, to ensure credibility to the study, I used member checking during the data collection process. In general, the focus of a qualitative

researcher is on the clarification, or more precisely, the understanding of the meanings of a particular phenomenon by individuals or groups (Lincoln & Guba, 1985).

The findings from this study are likely to enable those concerned by the event, whether directly or indirectly, that is, government officials, lawmakers, health care professionals, and other stakeholders, to better understand how African American parents of elementary age children with obesity living in Broward County, Florida perceive the causes and consequences of childhood obesity. A better understanding is likely to translate into better decision making. One can find a full interpretation of the findings in chapter four.

Research Questions

Research Question 1

Interview Questions IQ1, IQ2, and IQ17 answered Research Question 1: Overall, most of the participants of the study demonstrated a solid understanding of the term childhood obesity or overweight. They also expressed the same opinion when talking about the causes and consequences of childhood obesity. This knowledge of childhood obesity that most of the participants voiced may be related to what they have observed or what they have learned in this regard, that is, the fact that the United States of America is among the countries with the most prevailing rate of childhood obesity.

I did not intend to determine what criteria parents are using to identify obesity or overweight in their children. I did not try to test their knowledge about the definition of obesity proposed by the World Health Organization (WHO) or the National Institutes of Health (NIH), that is, a Body Mass Index (BMI) of 30 or above. The responses to some

of the interview questions related to Research Question 1 imply that some participants in the study were well informed about childhood obesity while others were less informed and, as a result, need more education on the phenomenon.

Several participants were reluctant to accept the fact that their children were overweight or obese. They seemed to be in denial as if overweight or obesity was something that someone can hide. As for what foods cause overweight or childhood obesity, the responses varied. However, most of them blamed the problem on what the children eat, the way they eat in general, and how often they do it.

Research Question 2

Interview Questions IQ4, IQ5, IQ6, IQ7, IQ8, and IQ9, were used to answer Research Question 2.Most of the participants gave their opinions about the susceptibility of the children in general to obesity. For some participants, children will likely become obese because they were born in a particular family. For example, one parent stated that children in her family are usually “big “at birth. For this participant, whatever you do, the odds that a child in this family becomes overweight or obese is very high. In other words, according to this participant, it is almost impossible to avoid overweight or obesity in her family. For this participant, obesity is highly related to genetics.

Research Question 3

Interview Questions IQ16 and IQ19 were used to answer Research Question 3. The majority of the participants agree upon the idea that obesity is related to either genetics or lifestyle behavior. For others, the disease is due to a combination of both genetics and lifestyle behavior. As mentioned in the paragraph above, for some of those

who believe that obesity is related to genetics, there is not too much that can be done to fight this disease. Others in this category still think that, regardless of the causes of obesity, we can win the battle against this phenomenon if those who are engaged in it commit the necessary time, energy, and resources.

Research Question 4

Interview Questions IQ10, IQ11, IQ12, IQ13, IQ14, IQ15, IQ17, and IQ18 answered Research Question 4. According to the majority of the participants; the consequences of childhood obesity are diverse. In addition to what that has been written about this matter in Chapter 2, some of the participants in this study have experienced the consequences of obesity first hand. One of the participants noticed that her child gets easily tired when he is engaged in any physical activity. In Chapter 2 I mentioned shortness of breath as one of the consequences of obesity.

Limitations

For this study, the sample consisted of only African Americans parents of elementary age children with obesity living in Broward County, Florida. Because qualitative researchers focus in general on clarifying the meaning of a phenomenon held by an individual or a group, the findings from this study are not necessarily generalizable to all African American parents of elementary age children with obesity living in the county. Other limitations included self-reported data and the way that most of the interviews were conducted.

As a reminder, I was not able to recruit, as planned, as many males and females. Indeed, most of the participants (80 %) were females. Therefore, males were a minority

in this study and, as a result, the opinions expressed in the data collected may not represent those of the majority of the male African-American parents of elementary age children with obesity living in Broward County, Florida.

These limitations are linked to the nature of the study. Therefore; they don't seem to be easily avoidable. Indeed, based on the purpose of the study, only a limited category of persons (African-American parents of elementary age children with obesity living in Broward County, Florida) was eligible. Also, as mentioned in chapter 4, I had no choice but to accept anything they said about their children because my focus in this study was not necessarily on the obese children themselves, but on the parents. As a matter of fact, this study was concerned by the perception of these parents about the causes and consequences of childhood obesity.

Recommendations for Further Research

Understanding the perceptions of African Americans parents of elementary age children with obesity living in Broward County, Florida about the causes and consequences of childhood obesity is significant. For further research, it is essential to take into consideration the idea that not all parents acknowledge the fact that their children were overweight or obese. It is also important to remember that some of those who accepted the truth or the reality tried to blame it on the system. Therefore, it is essential to be aware of the culture of the African American population while trying to do something about childhood obesity. Not all participants referred to their children as being overweight or obese, even in the situation where the obesity of the child was very

obvious. A particular participant mentioned that children in her family are usually born “big “as reported above; which was another way to deny the reality.

Consistent to the results of this study, I recommend that further qualitative studies be conducted with tentatively a similar or a larger sample size that includes as many men and women. It should also include parents of all levels of income and education. The results of these future studies could be compared to the findings of the present study. That would give the researchers an opportunity to determine if some of the experiences and perceptions of African Americans parents of elementary age children with obesity living in Broward County, Florida reported in this study are similar or different to those of the future studies (Patton, 2002, Hood, 2000).

Implications for Positive Social Change

Gaining a better understanding of the perceptions that African American parents of elementary age children with obesity living in Broward County, Florida have about the causes and consequences of childhood obesity is important. Positive social change in the lives of African American parents of elementary age children with obesity living in Broward County, Florida should start with the acknowledgment by the parents of the overweight or obese children that obesity is a real danger that must be considered seriously. It should continue with the statement also that in this matter denial cannot help at all and may have severe consequences. Indeed; ignoring the existence of this disease might hurt as nothing would be done to address the issue and ultimately solve it. Positive social change also has to do with future researchers interested in this area who will not have to start from scratch as it was the case for me in this study while providing

information that can facilitate change. At last, positive social change will concern all stakeholders who play a role in the lives of the overweight or obese children, in particular, those who have the power to create and implement policies that can bring about social change.

In this study, I only touched a partial view of the phenomenon, that is, the perceptions of the African American parents of elementary age children with obesity living in Broward County, Florida about the causes and consequences of childhood obesity. With the information obtained, thanks to this phenomenological approach, researchers can conduct additional qualitative studies to expand the body of knowledge about the perception of the causes and consequences of childhood obesity by the target population in particular and the African American population at large. Based on the findings of this study, health care providers, in collaboration with parents, can develop preventive or corrective measures (depending on the situation) to address overweight or childhood obesity and to try to reduce the prevalence of the disease in the county and elsewhere.

Since most of the participants agreed upon the fact that food consumption and lack of physical activities were among the leading causes of the disease, leaders of the schools system can take steps to keep children away of the lifestyle they tend to have now, that is, spending a lot of time with video games. They should program appropriate activities that are susceptible to increase children's physical movement in an attempt to help them avoid gaining weight. This will give them an opportunity to burn more calories

and be in better physical shape. Likewise, those in charge of the kitchen in the schools should pay a close attention to what they serve to the students during breakfast or lunch.

Recommendation for Practice

Childhood obesity is a widespread disease that requires a lot of effort to make parents aware of their role in decreasing the prevalence of the disease among the African American population. It is very important that parents, not only those with children suffering from the disease, but also all parents in general, understand the information provided by health care providers, community leaders, government officials, and other stakeholders about childhood obesity. Unfortunately, sometimes; there may be a discrepancy between what the health care providers say and what the patients understand. In other words, these two important players may not understand each other. Thus, it is recommended to convey the information in a format that is as accessible as possible to the target population.

Conclusions

Childhood obesity continues to be a predicament for the country. Identifying how African American parents of elementary age children with obesity living in Broward County, Florida perceive the causes and consequences of this disease can help to promote appropriate strategies to relieve the medical and financial burden associated with childhood obesity, not only for this County primarily, but also for the State of Florida in general as well as the federal government. As mentioned in chapter 2 above, health-related issues due to childhood obesity cost a lot of money. Also, as indicated in the same chapter, the workforce incur an indirect cost of several billion dollars from productivity

loss due to job absenteeism of the parents of overweight or obese children who need to take them to the hospital sometimes (Cawley, 2010). These facts call for actions by parents, health care providers, policymakers, community leaders, and other stakeholders to reduce the economic burden experienced by the population, parents in particular, and to ensure that children will not have to deal with the dire consequences of childhood obesity.

Understanding the factors associated with childhood obesity may be considered as the first step toward addressing this medical condition and preventing an increase in its prevalence. African American parents of elementary age children with obesity living in Broward County, Florida face some of the same challenges as those identified in similar qualitative studies. I suggest that African American parents of elementary age children with obesity living Broward County, Florida in particular and, by extrapolation, parents, in general, become empowered to advocate for social change that will have a positive effect on their families.

In closing this dissertation, it is a good idea to remind everybody that it is possible to decrease the prevalence of childhood obesity or even completely eradicate this disease in Broward County, Florida. As goes the saying, identifying a problem is solving it by half. This holds true for childhood obesity in the African American population of Broward County, Florida. Thus, solving this problem starts with understanding how the African American parents of elementary age children with obesity living in Broward County, Florida perceive the causes and consequences of childhood obesity.

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