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A Phenomenological Study: Experiences of Weight Management Behaviors in Obese African American Women

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A PHENOMENOLOGICAL STUDY: EXPERIENCES OF WEIGHT MANAGEMENT BEHAVIORS IN OBESE AFRICAN AMERICAN WOMEN

BY

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Date:

To the Dean of the School of Human Performance and Leisure Sciences:

I am submitting herewith a thesis written by Chantelle Green entitled “A Phenomenological Study: Experiences of Weight Management Behaviors in Obese African American Women”. I have examined the final copy of this thesis for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Master of Science with a major in Sport, Exercise, and Performance Psychology.

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Dr. Duncan Simpson, Thesis Committee Chair

We, members of the thesis committee,
have examined this thesis
and recommend its acceptance:

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Abstract

With over two-thirds of U.S. adults being overweight or obese, much attention has been given to the steady increase of obesity and obesity related illness (Flegal, Carroll, Kit, & Ogden, 2012). Research shows that 82.1 percent of African American women are overweight or obese, the highest prevalence rate of any U. S. demographic group (Fitzgibbon et al., 2008; Flegal et al., 2012). Adherence to the national guidelines for physical activity and healthy dietary intake are vital for weight management behaviors. Engagement in weight management behaviors need to increase among all adults in the U.S.; however, particular subgroups of adults are disproportionately affected by the consequences of physical inactivity and poor dieting behaviors. The African American female population has been targeted as a high-risk group for obesity related illnesses, and due to low rates of engagement in weight management behaviors, this group are justifiably in need of further exploration. In-depth personal accounts of the lived experience of weight management behaviors among obese African American women is lacking representation in the literature. Accordingly, the primary purpose of this research is to investigate how obese African American women describe and explain their experience with weight management behaviors. This was achieved by conducting a total of 11 in-depth phenomenological interviews with obese African American women representing a wide variety of socioeconomic statuses, education levels, and varying marital statuses who have participated in some form of weight management including but not limited to dieting and exercise. The participants for this study consisted of 11 obese African American women, aged between 25-66 years old (M = 44.5; SD = 14.5). All interview transcripts were transcribed verbatim. Analysis of the transcripts revealed a

total of 864 meaning units that were further grouped into sub-themes and major themes. This led to the development of a final thematic structure revealing five major dimensions that characterized the experience of weight management behaviors among obese African American women including: *Eating Patterns, Exercise Behaviors, Balancing Time, Empowerment,* and *Mindset*.

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Table of Contents

List of Tables

List of Figures

Chapter 1

Introduction

With over two-thirds of U.S. adults being overweight or obese, much attention has been given to the steady increase of obesity and obesity related illness (Flegal, Carroll, Kit, & Ogden, 2012). Research has suggested that for all age groups in the U.S., overweight and obesity has risen to epidemic proportions and is viewed as significant risk factors for premature death and morbidity (Huang, Harris, Lee, Nazir, Born, & Kaur, 2003). Obesity and its associated chronic medical conditions such as coronary heart disease, hypertension, stroke, Type-2 diabetes mellitus, and certain types of cancer have had a major impact on the lives of many Americans within the United States (CDC, 2009). In 2008, more than 74.1 million people in the United States were considered obese (AHA, 2009). Also, the prevalence of obesity in 2009-2010 among US adult males was 35.5% and among US adult women 35.8% (Flegal, et al., 2012). Research also shows that 82.1% of African American women are overweight or obese, the highest prevalence rate of any U. S. demographic group (Fitzgibbon et al, 2008; Flegal, et al., 2012).

The overrepresentation of obesity in African American communities may in part be related to sociocultural factors and attitudes regarding diet, weight, and body image (Bronner & Boyington, 2002). Furthermore, it is suggested that African American women are less likely to perceive themselves as overweight, regardless of their true weight status, and seem to have a higher threshold for what they consider “fat” compared to Caucasian women (Smith, Thompson, Raczynski, & Hilner, 1999). Research also suggests that this positive image contributes to the higher rates of overweight and obesity

in African American women and inhibits their motivation to manage weight (Kumanyika, Wilson, & Guilford-Davenport, 1993).

Adherence to the national guidelines for physical activity and healthy dietary intake are vital for weight management behaviors. Engagement in weight management behaviors need to increase among all adults in the U.S.; however, particular subgroups of adults are disproportionately affected by the consequences of physical inactivity and poor dieting behaviors. The high prevalence of physical inactivity and poor dietary habits, and particularly the large health disparities that exist among populations of color and women are of great concern as they may contribute to the development of obesity, and to a number of related health compromising conditions, such as cardiovascular disease, type 2 diabetes and some cancers (Krishnan, Rosenberg, & Palmer, 2009; Li, Rana, & Manson, 2006; Woolf, Reese, Mason, Beaird, Tudor-Locke, & Vaughan, 2008).

Eyler et al. (2002), reported that the ability to be physically active was influenced by personal factors (i.e. time and lack of motivation); social factors (i.e. family responsibilities, lack of role models, and support from family and friends), environmental factors (i.e. safety from crime and need to travel to exercise facilities), and policies (i.e. few workplace policies that encouraged physical activity). Additionally, qualitative methods have been used to examine the barriers of exercise in African American women in which one such study conducted by Nies, Vollman, & Cook (1999) found that barriers included (a) lack of child care, (b) no person to exercise with, (c) competing responsibilities, (d) lack of space in home, (e) inability to use exercise facilities at work, (f) lack of understanding and motivation, (g) fatigue, and (h) unsafe neighborhood.

All in all, unsuccessful attempts at weight loss efforts and the acceptance of large "unhealthy" body size as a standard for attractiveness and beauty among African American women are factors that have been found to greatly influence obesity trends among this population (Becker, Yanek, Koffman, & Bronner, 1999; Kashubeck-West & Saunders, 2001; Senekal, Steyn, Mashego, & Nei, 2001). Yet, in spite of the inclination for some African American women to be self-accepting of their weights, studies show that many African American women who are overweight are frequently dissatisfied with their weight (Ard, Greene, Malpede, & Jefferson, 2007; Boyington, Johnson, & Carter-Edwards, 2006; Tyler, Johnston, Dalton, & Foreyt, 2009). Regardless of African American women's perception about their weights, the prevalence of obesity in this population is dangerously high and the consequences are deleterious.

Research suggests that weight management behaviors are a complex interaction of many factors that may be best understood in a qualitative manner. Qualitative research uses the participants' natural setting as the direct source of data, attempting to make sense of, or interpret, phenomena in terms of the meanings people bring to them (Denzin & Lincoln, 2011). Often assessed in contrast to quantitative measures, systematic, structured, statistical analysis of select variables (Thomas & Pollio, 2002), qualitative methods are fundamentally interpretive, comprehensive, records of particular social experiences, often involving observation and direct interaction in a natural setting with the researcher serving as the main instrument of data collection and analysis (Thomas, Nelson, & Silverman, 2011). Qualitative inquiry requires extensive time in the field and complex data collection and analysis processes, providing for greater meaning and understanding of a phenomenon rather than just a measurement (Berg, 2004). Creswell

(2013) notes that amongst the rationale for usage of qualitative research is when an in-depth comprehension of a problem is sought in efforts to communicate a story of marginalized populations in hopes of improving their circumstance or status.

Specifically, phenomenology focuses on describing what all participants have in common as they experience a phenomenon in order to reduce individual experiences to a description of the universal essence (Creswell, 2013). This description consists of "what" the participants experienced and "how" they experienced it (Moustakas, 1994). Consistent with the goals and functions of qualitative inquiry, the aim of the present study was to uncover the experience of weight management behaviors in obese African American women using phenomenological interviewing.

Despite the wide array of information and strategies that have been generated to combat the current obesity epidemic, many inconsistencies remain in the assessment and understanding of the health behaviors that contribute to unsuccessful interventions and health promotion efforts. The African American female population has been targeted as a high-risk group for obesity related illnesses, and due to low rates of engagement in weight management behaviors, this group are justifiably in need of further exploration. Unfortunately, many of the studies examining physical activity in African American women historically have relied on self-reported measures of physical activity rather than objective measures of physical activity (Carlson, Densmore, Fulton, Yore, & Kohl, 2009; He & Baker, 2005; Marshall, Jones, Ainsworth, Reis, Levy, & Macera, 2007; Peterson, Dubowitz, Stoddard, Troped, Sorensen, & Emmons, 2007; Zhao, Ford, Li, & Mokdad, 2008). For this reason, quantitative research will allow for a greater comprehension of the weight management journey of obese African American women and provide a better

understanding of the feelings, thoughts, and emotions that were experienced as one navigates the complexities of weight management.

Statement of the problem

The consensus among various public health experts is that changes in genes, biology, and psychology at the individual level cannot solely explain the rapid rise in obesity, so the explanation may lie in broader environmental, policy, and societal changes (Koplan, Liverman, & Kraak 2004; Kumanyika et al. 2000; WHO 2004). For example, Broadnax and Johnson (2003) explored obesity in African-American women and emphasized the cultural, historical and psychosocial implications of obesity. Within the African American culture, the heavier woman is held in high regard, and a curvaceous body shape is more desirable. Research has found that culturally based perceptions related to types of physical activity, time, body image, religion, social support, and socioeconomics impact weight management behavior (Kim et al., 2006).

Although attempts to identify those environmental and policy changes responsible for the obesity epidemic have not produced any clear answers, perhaps altered patterns of eating and physical activity may have contributed to the epidemic (Popkin 2007; Sturm 2005). Research has also found that confounding effects of demographic factors such as age, educational level, geographical location of residence, and religious practices have also influenced weight management behaviors in African American women (Dornelas et al., 2007). Ultimately, unlike quantitative research done in this subject area, this qualitative study examined common meanings for several individuals of the lived experiences of weight management behaviors such as diet and physical activity in obese African American women.

Purpose

The primary purpose of this research was to investigate how obese African American women describe and explain their personal experience of weight management behaviors.

Significance

The world health report (2002) highlights the potential for improving public health through measures that reduce the prevalence of risk factors of non-communicable diseases, most notably the combination of unhealthy diets and physical inactivity. As a result, Surgeon General David Satcher (2001) called to action public health practitioners and other health professionals to examine, redefine, develop, and evaluate various public health policies, program strategies, and research efforts to curtail the epidemic of obesity beginning with the two most pertinent factors related to obesity, physical activity and dietary behavior.

Although behavioral and environmental factors may negatively influence the prevalence of obesity, they also provide opportunities for public health professionals to take action and develop interventions designed for prevention and treatment of obesity and obese-related diseases (DHHS, 2001). An example of such efforts is the promotion of healthy diets and regular physical activity by public health professionals as a cornerstone of any prevention or treatment effort toward obesity. Unfortunately, despite research substantiating that engagement in physical activity and healthy diet behaviors can decrease the risk of many weight related chronic conditions, advancements in technology (Thorp, Owen, Neuhaus, & Dunstan, 2011), flourishing fast-food- industries (Isganaitis & Lustig, 2005; Pereira et. al., 2005), and media advertisements (Jordan,

2007; McKetta & Rich, 2011) have made eating healthy and engaging in weight management behaviors challenging.

For this reason, this qualitative research approach aided in finding consistent themes in the lived experiences of the participants, in which each theme could be targeted in making efforts to overcome barriers to weight loss. Results from this study helped in gaining a better understanding of the experiences and attitudes of obese African American women towards weight management and provides insight into what may have led each participant to obesity as a result of weight management success or failure. Overall, this study contributed to gaining a deeper understanding of the phenomenon of weight management behaviors in obese African American women in order to uncover specific moments or events that are consistently encountered leading up to, during, and following weight management efforts.

Operational Definitions

Body Mass Index- for the purposes of this study, overweight and obese participants was classified using the body mass index (BMI). The BMI is a number calculated based on an individual's weight and height (Centers for Disease Control & Prevention, 2007). This study targeted women who are obese, classified by having a BMI of 30 or higher (National Center for Health Statistics, 2007).

Weight Management Behavior- According to the Medical dictionary, weight management can be defined as personal actions to lose weight through diet, exercise, and behavior modification.

Assumptions

It was assumed that the interviewees were completely honest and that their responses provide an objective overview of weight management behaviors in obese African American women.

Research Question

The research question that was addressed was: When you think of your experiences of weight management what stands out for you?

Chapter 2

Literature Review

Introduction

Past research has documented that the media's portrayal of idealized body images contributes to women's body dissatisfaction (Bissell & Rask, 2010; Frisby, 2004; Kozar & Damhorst, 2009; Rudd & Lennon, 2000; Stephens, Hill, & Hanson, 1994). Women in the U.S. culture have internalized an ideal thinness as the standard of attractiveness that is unrealistic and unattainable for many of them (Heinburg & Thompson, 1995; Mazur, 1986; Stice & Shaw, 1994; Tiggeman & McGill, 2004). Past research supports that many African American women have not adopted the ideal thinness as a standard of attractiveness (Allan, Mayo, Kelly, & Michel, 1993; Flynn & Fitzgibbon, 1998; Parker, Nichter, Vuckovic, Sims, & Ritenbaugh, 1995), and while pressure to be thin remains great, health behaviors among African American women has become an area of major concern in recent years as chronic health conditions, premature deaths, and overweight and obesity status continue to increase in this group (Centers for Disease Control, 2005). A larger body size ideal is accepted within the African American community more than the European American community despite the prevalence of obesity and other physical health concerns of the African American community, warranting further investigation (Broadnax & Johnson, 2003).

The following review will begin with an examination of the current obesity status in African American women. Next, the review will address the current weight management behaviors of African American women. Subsequently, the review will examine both physical activity and dietary patterns exclusively within this group, leading

into an examination of research on the sociocultural perceptions of the African American culture. Finally, the review will discuss the appropriateness of addressing this research from a phenomenological approach by exploring the qualitative inquiry.

Obesity and African American Women

Body Mass Index (BMI) is the most widely used and accepted way to assess and classify body size relative to height and weight and is strongly correlated with total body fat content in adults (NCHS, 2007; WHO, 2006). BMI produces the most useful measure for the population-level of overweight and obesity because it is applicable to all ages of adults and to both men and women alike (WHO, 2006). Since BMI can be used to determine and differentiate between both overweight and obesity in adults, it is the measurement preferred by obesity researchers and other health professionals (WIN, 2007).

In a study conducted by Mack, Anderson, Galuska, Zablotsky, Holtzman, & Ahluwalia (2004), a national sample of 98,387 women, using data from the Behavioral Risk Factor Surveillance Survey (BRFSS), provided researchers with increased evidence that perception of weight combined with BMI need to be assessed in order to help reduce the number of individuals in high risk classifications for obesity. This study also indicated that the impact of higher BMI in early adulthood might be felt decades later, decreasing life expectancy and increasing premature mortality. In an effort to combat such conditions, in 2001 the U.S. Surgeon General released the *Call to Action to Prevent and Decrease Overweight and Obesity* report. According to the U.S. Department of Health and Human Services (2001), The Call to Action represented an opportunity for individuals to make healthy lifestyle choices for themselves and their families while

encouraging health care providers to help individuals prevent and treat these conditions. At a broader level, it prompted all communities to make changes that promote healthful eating and adequate physical activity while calling for scientists to pursue new research. Above all, it called upon individuals, families, communities, schools, worksites, organizations, and the media to work together to build solutions that will bring better health to everyone in the country. The Call was committed to five overarching principles: a) promote the recognition of overweight and obesity as major public health problems, b) assist Americans in balancing healthful eating with regular physical activity to achieve and maintain a healthy or healthier body weight, c) identify effective and culturally appropriate interventions to prevent and treat overweight and obesity, d) encourage environmental changes that help prevent overweight and obesity, and e) develop and enhance public-private partnerships to help implement this vision.

Despite such efforts, the rate of obesity continues to increase. In 2011 an estimated 65% of U.S. adults were overweight or obese (Centers for Disease Control and Prevention, 2011). Since then, that number has climbed to well over 68% (Flegal et al., 2012). Specifically, 70% percent of African American men, and 80% of African American women are overweight or obese (Office of Minority Health, 2011). The overweight and obesity status subsequently predisposes women to certain metabolic syndromes such as: diabetes, hyperinsulinemia, glucose intolerance, dyslipdemia, cardiovascular disease, postmenopausal breast cancer, endometrial cancer, and increased mortality (Hu, 2003). Nationwide, the increase in obesity and diabetes has occurred concurrently, so it is no coincidence that diabetes and obesity incidence are both highest in African American women (CDC, 2011) with four out of five African American women

being overweight or obese (Office of Minority Health, 2007). Subsequently, the overt presence of obesity in African Americans, specifically women, has advanced the rate of diabetes and other obesity related chronic illnesses in this community.

Hargreaves, Schlundt, & Buchowski (2002) noted that overweight and obesity status occurs most frequently when the amount of calories consumed exceeds the amount of calories expended through physical activity, producing an energy imbalance. According to Yancey et al. (2004), the differences in obesity prevalence among demographic groups may stem from less healthful eating and physical activity patterns between groups, which are primarily due to social and physical environmental differences. Additionally, Patt, Yanek, Moy, & Becker (2004) examined socioeconomic, behavioral, and psychological factors within body mass index categories for the purpose of understanding obesity and overweight status among urban African American women who were 40-90 years of age. The subjects in this quantitative, descriptive study were recruited from 20 urban African American churches, and had a mean age of 52.8 years, 13.5 years of education, and an average body mass index (BMI) of 32 kg/m^2. The study also discussed that it is now reasonably well established that social and economic factors rather than solely individual choices are the underlying cause of the rapidly increasing proportion of overweight and obesity in the United States and worldwide (WHO, 2006).

Since 2003, the Agency for Healthcare Quality and Research (AHRQ) has committed almost $2.8 million in support of obesity research (AHRQ, 2006), speaking to the increased cost of health care associated with obesity related diseases. Treating obesity and obesity related conditions cost billions of dollars a year. By one estimate, the U.S. spent $190 billion on obesity related health care expenses in 2005, doubling

previous estimates (Cawley, & Meyerhoefer, 2012). Since then, in 2011, one million dollars was awarded to U.S. states and territories to help them in their efforts to reduce obesity (CDC, 2011). Looking ahead, researchers have estimated that by 2030, if obesity trends continue unchecked, obesity related medical costs alone could rise by $48 to $66 billion a year in the U.S. (Wang, McPherson, Marsh, Gortmaker, & Brown, 2011). Unfortunately, the problem continues to be exacerbated, especially in African American women. All things considered, as obesity is more prevalent in African American women, atypical perceptions of biological consequences, psychological influence, and social role warrant thoughtful consideration as programs attempt to improve the community health outcomes.

Weight Management Behaviors and African American Women

Obesity increases the risk for several chronic medical conditions that adversely affect morbidity and mortality rates, particularly in African American women (Wechsler & Leopold, 2003). With the reduction of excess body weight, these conditions can often be prevented or lessened in severity (Presutti, Gorman, & Swain, 2004). In studies examining risk reduction by means of conventional methods such as dietary changes, exercise, and use of dietary supplements, losing a modest amount of weight can lead to an improvement in such obesity related conditions (Avenell, Brown, & McGee, 2004; Buchwald, Avidor, & Braunwald, 2004; McGuire, Wing, Klem, & Hill, 2004) and a decreased risk of death (Anderson, Konz, Frederich, & Wood, 2001). Therefore, developing and implementing preventive measures for weight gain, have become important public health and research priorities (Lynch, Chang, Ford, & Ibrahim, 2007).

Engagement in weight management behaviors needs to increase among all adults in the U.S.; however, particular subgroups of adults are disproportionately affected by the consequences of physical inactivity and poor dieting behaviors such as African Americans, particularly women. For example, racial and ethnic behavior within the African American community which includes lack of exercise, poor dietary choices, and shared cultural norms and beliefs about ideal body size are linked to a higher prevalence and incidence (Nelson & Williams, 2007) of obesity (Dammann & Smith, 2011; Davis, Clark, Carrese, Gary, & Cooper, 2005; Wilbur, Chandler, Dancy, & Lee, 2003). While lack of exercise, poor dietary choices, and lower socioeconomic status play a vital role in obesity among African American women, beliefs about ideal body size also play a vital role in putting African American women at risk for obesity (Flynn & Fitzgibbon, 1998). For example, Bennett and Wolin (2006) found that obese African American women were more likely than non-Hispanic Caucasian women to be satisfied with their current weight. While one study conducted by Boardman, Onge, Roger, & Denny (2005) found that obese African American women described their current weight as "desirable and attractive", some studies have looked at the cultural perspectives of ideal body weight that impact obese African American women's desire to lose weight.

Several factors differentiate obesity in African American women from other ethnic groups (Kumanyika, Obarzanek, Stevens, Herbert, & Whelton, 1991). According to Blanchard (2009), compared with other groups in weight management programs, African American women are less likely to lose weight or maintain their weight. Research suggests repeated exposure to stress and ineffective stress management may result in altered synthesis of the stress hormone cortisol, leading to weight gain (Maass-

Robinson, 2001; Walcott-McQuigg, 2000). Also, the lifestyles of many African American women predispose them to excessive weight gain such as an increase in the number of meals consumed outside the home, increased consumption of fast and convenience foods, and lack of physical activity (Ferguson, 2001). Additionally, research studies examining body weight perceptions indicate that African American women are more accepting of being overweight; generally perceive themselves as healthy and beautiful despite being overweight; experience less social pressure to diet and exercise; are less physically fit; and do not view weight as an issue for participating in sex, exercise, or sports (Gore, 1999; Kumanyika, Wilson, & Guliford-Davenport, 1993; Stevens et al., 1992; Walcott-McQuigg, 1995).

Furthermore, internal factors such as attitudes and family structure as well as external factors such as cultural beliefs may also have implications for weight loss and weight management in this group (Davis et al., 2005). With the purpose of exploring weight loss behaviors in a racially diverse group, in a survey of 813 hospital employees, it was found that self-perceived weight, not body mass index were important factors in motivating African American participants toward weight loss practices (Zapka, Lemon, Estabrook, & Rosal, 2009). Also, in a study conducted by Befort, Thomas, Daley, Rhode, and Ahluwalia (2008), several focus groups explored sensitivities and attitudes about body size, weight, and weight loss in middle aged, obese African American women. They found that health improvements of any kind stimulated participant willingness to lose weight. Interestingly, these participants likewise believed that women could be attractive, large sized, and healthy simultaneously, consequently making

conventional strategies to encourage motivation toward weight loss may be less effective in African American women.

According to Eyler et al. (2002), past experience with exercise and lack of safe environment to be physically active have also been reported as potential barriers to engagement in weight management behaviors in African American women. Also, African American women reported that weight loss programs are not conveniently accessible, not family friendly therefore support from family is not effective, and neighborhoods are usually not a safe place for outdoor physical activities. Additionally, when participants were asked how being an African American woman affects their weight, they revealed five themes: food preparation, food selection, lack of exercise, risk of chronic disease, and multiple roles can make healthy food choices difficult to make (Ard et al., 2007). Although these themes were common among the African American women in the study, the Caucasian women who participated shared no common themes with the African American women, suggesting that African American and Caucasian women may have different thoughts regarding weight, body and the influences on these two factors. Interestingly, many of the obese African American women in this study believed that they were only overweight.

Overall, the literature suggests that improved dietary habits and regular physical activity are associated with weight loss and weight loss maintenance in African American women. Poor eating habits are a major contributor to obesity and other chronic diseases (Food and Nutrition Board, 2002), and African American women have a high incidence of obesity due to poor dietary behaviors (U.S. Department of Health and Human Services, 2000). Also, according to Brownson et al. (2000), African American women

often participate in less leisure-time physical activity than other women do, which has resulted in a more sedentary lifestyle (Fitzgibbon et al., 2008; James, 2004). Consequently, Kumanyika (2002) has described a number of structural (e.g., targeted marketing of high-calorie foods on black television channels, abundance of fast food establishments and shortage of supermarkets in minority communities, food choice at social gatherings), economic (e.g., reliance on homemade foods, lower family income), and sociocultural (e.g., traditional high-fat preparation of foods, food insecurity, distrust of recommendations from medical field) challenges with which African Americans must grapple.

Physical Activity and African American Women

The many benefits of sustained regular physical activity have been investigated and supported in a number of laboratory and epidemiologic studies, and documented by national health organizations (Gretebeck, 2003; Grzywacz & Keyes, 2004). Regular physical activity has been shown to help prevent cardiovascular disease, hypertension, type 2 diabetes, obesity, and osteoporosis, and decrease mortality (DHHS, 2004). Regular physical exercise has also been positively associated with psychological health (Wise, Adams-Campbell, Palmer, & Rosenberg, 2006). Even at modest levels of activity, walking and bicycling as little as 30 minutes a day four or five times a week, for instance, have proven to be beneficial in reducing risks of developing coronary heart disease, hypertension, colon cancer, and diabetes (DHHS, 2006). Despite the important health effects of physical activity, most individuals in the United States do not achieve recommended levels of activity, and may report no leisure-time physical activity (Dutton, Martin, Welsch, & Brantley, 2007).

African American women are reported to be less physically active than other population groups (Felton, 2002), often beginning in childhood and adolescence and continuing into adulthood (Whitt-Glover, 2012). According to Drayton-Brooks and White (2004), African American women report less health-promoting behaviors, including less self-actualization, exercise, and nutrition as compared to other groups. Research also suggests that African American women perceive physical activity to be broader than just exercise (Buchholz & Artinian, 2009). In another focus group study conducted with African American women and men, physical labor was seen as part of everyday life in job and family duties (Buchholz & Artinian, 2009).

African American women have a high prevalence of obesity and hypertension which may be associated with a low rate of physical activity participation. African American women have the lowest level of physical activity of all population groups, and since they are also at high risk for chronic diseases associated with physical inactivity, it is important to understand the personal, behavioral, psychosocial, and environmental factors that may influence physical activity behavior in African American women. While physical activity is effective and inexpensive, vulnerable populations such as African Americans, which often experience socioeconomic and health disparities, rarely engage in it (Robinson & Wicks, 2012). Many African American women believe that physical activity is important to their health and well-being, yet these women also identify many barriers to actually achieving an active lifestyle (Henderson & Ainsworth, 2003). Lack of time in their daily lives was noted as the biggest barrier to engaging in adequate physical activity reported by African American women (Henderson & Ainsworth, 2003). Lack of time is a well-known barrier to physical activity, yet it is not known whether this

barrier reflects actual time commitments or simply a perception. Family and job demands, fatigue, illness, lack of motivation, economic limitations, unsafe neighborhoods, lack of available facilities or resources, and lack of cultural acceptance are other barriers to adequate physical activity recorded by African American women (Nies et al., 1999). The pervasive expectation for African American women is to work and care for others posing an additional barrier for attainment of an active lifestyle and promoting health. Also, while investigating barriers to physical activity and weight loss among African American women, lack of motivation is also cited as a potential barrier to both behaviors (Young, Gittelsohn, Charleston, Felix-Aaron, & Appel, 2001).

When attempting to increase physical activity as part of a weight-loss program, African Americans face a number of barriers usually not addressed in traditional lifestyle interventions. For example, African Americans endorse a preference for lifestyle activities (e.g., walking, gardening) over formal exercise programs (Wanko et al., 2004). Although these lifestyle activities may provide health benefits, the relatively modest amount of energy expended is unlikely to result in weight loss. However, this caveat is not always made clear to participants. In addition, almost half of African American patients in an urban diabetes clinic indicated that pain was a substantial barrier to exercise (Wanko et al., 2004). Although Caucasians also cite pain as an exercise deterrent, African Americans seem to suffer greater levels of disability (in terms of mobility and functionality) associated with obesity (Houston, Stevens, & Cai, 2005).

Prior research using the social-cognitive theory have focused on motivational aspects of the theory by including African Americans as key study personnel, encouraging workout companions, and tapping into the social networks within the church

setting (Kim et al., 2006; Yenek et al., 2001). Researchers might find it more beneficial to focus on selections aspects of the social-cognitive theory by focusing on relevant modifiable barriers to physical activity in this group as a means of promoting physical activity. According to the social-cognitive theory, motivation based on goals such as increased engagement in physical activity is primarily mediated by internal influences; this internally influenced motivation may explain the ineffectiveness of prior intervention studies in achieving their physical activity outcomes (Yenek et al., 2001).

According to a study conducted by Peterson (2011), although women could not express the specific reasons why their physical activity abruptly declined, the consensus was that a decline in physical activity was pervasive in their culture when they transition from childhood to becoming young women. The terms “physical activity” and “exercise” both had a similar negative connotation for these women, many of which expressed a dislike particularly of sweating. Also the women agreed that although they were active as children, the expectation is to become responsible as an adult woman, leaving little time or energy for themselves and leisure-time physical activity. Many of these women agreed that there are positive aspects to being physically active and demonstrated an understanding that certain illnesses, such as diabetes, hypertension and strokes, are related to poor eating habits and a sedentary lifestyle. Some participants even expressed that they knew of family or church members who had died as a result of a disease that could have been delayed or avoided by physical activity. Ultimately, despite the multiple challenges associated with maintaining healthy lifestyle behaviors, African American women recognize the many physical, mental and emotional health benefits are associated with healthy eating and physical activity.

A study conducted by Robinson & Wicks (2012) identified common barriers to physical activity including: (a) lack of time; (b) family and job responsibilities; (c) dislike for physical activity; (d) lack of motivation; (e) physical effort required; (f) lack of enjoyment of physical activity; (g) fatigue; and (h) social and cultural cue to be inactive. Also, many factors have been identified which places demands on the time, energy, and motivational level of African American women, reducing their opportunities and desires to become physically active. Research has found that culturally based perceptions related to types of physical activity, time, body image, religion, social support, and socioeconomics impact physical activity behavior (Kim et al., 2006).

Factors related to demographics, socioeconomics, and family or caregiver responsibilities have been cited as potential barriers to such health protective behaviors as routine physical exercise. Perceived physical and social benefits of physical activity range from enhanced appearance and body image to increased energy and better health, but the lack of positive role models and ineffective social support has been found to deter physical activity for African American women (Banks-Wallace, 2000). African American women often perceive that greater sociocultural value is placed on work and family responsibilities rather than on meeting personal health needs (Peterson, 2011). This perception may inhibit attainment of an active lifestyle in African American women. An individual's past history of physical activity is an important correlate of current activity, and understanding an individual's activity history, perceived benefits, and consequences of physical activity have been identified as important in assisting individuals to maintain or resume activity (Godin, 1994). It is critical to find effective ways to increase physical activity in African American women, as this group experiences

disproportionate disease burden associated with obesity and inactivity that physical activity could positively impact (Bopp, Wilcox, Laken, & McClorin, 2009).

Body image has been shown to influence one's physical activity levels, but little has been done to see the effects of body image on physical activity in adult African American women. One study showed weight gain concern and perceived body weight to have an indirect effect on physical activity levels in adolescent males. However, this same effect was not seen in females, suggesting females' concerns with weight gain and perceived body weight did not affect physical activity levels (Plotnikoff, 2007). In 2008, Annesi found that increased exercise goal attainment, or weight loss, was associated with increases in body satisfaction and exercise adherence in obese Caucasian women. However, few studies have sought to replicate these findings in ethnic minority populations, such as African Americans.

Overall, physical activity and diet are the primary factors in the development of obesity and major influences on health status. Data from the BRFSS were examined related to self-reported health behaviors (Lewis & Green, 2000). The findings indicated that African Americans have not been successful in changing overall health behaviors. For example, according to a study conducted by Tyler, Allen, & Alcozer (1997), assessing weight loss methods utilized by African American and Caucasian women, 72% of the women reduced intake of high calorie foods and/or increased intake of low calorie foods as a method of dieting (Tyler, et al., 1997). Also, forty-eight percent reported decreasing food portions, 44% skipping meals and 39% used fad diets as dietary behaviors to reduce weight (Tyler, et al., 1997). The results also found that African Americans are more motivated to change their eating habits due to high blood pressure,

cholesterol and hypertension than Caucasians (Food Marketing Institute and Prevention Magazine, 1994); however, African American women are less likely to sustain their diet patterns compared to Caucasians (Kumanyika, et al., 1991; Tyler, et al., 1997). Overall, engagement in exercise and dieting behaviors are known preventive strategies for obesity and obese-related diseases; however, cultural perceptions of body image, social support, and demographic characteristics are some factors that predispose African American women to obesity.

Along with health status, health behaviors are reportedly influenced by a number of factors. Low levels of physical activity and dietary habits have consistently been associated with poorer health status and increased body weight, overweight status and obesity (CDC, 2006; DHHS, 2006, 2008; Mora, Lee, Buring, & Ridker, 2006). Since the obesity and overweight status are considered to primarily stem from an imbalance between food intake and energy expenditure, activity among African American women has become a problem of great concern (Whitt et al., 2003). A longstanding problem has been the inability of the health care community to identify, develop, and implement policies and strategies to increase individual physical activity and affect a positive change in dietary habits among African American women. All in all, according to a study conducted by Peterson (2011), African American women expressed that a decline in physical activity was pervasive in their culture when they transition from childhood to becoming young women.

Dietary Behaviors and African American Women

Supporters of preventive health care assert that the presence of health promoting behaviors, such as a healthy diet and exercise, will help people avoid disease and lead

healthier and more productive lives (Juhaeri et al., 2003, Riebe et al., 2003). In order to achieve such objectives, food pyramids have been developed by the government and other organizations to guide individuals on the consumption of food. However, Hebni Nutrition Consultants, Inc., has determined, through contacting health care providers and targeted groups, that the standard food pyramid used today is not useful for changing the habits of some groups within the population, predominantly African Americans (Weaver & Gaines, 2002).

Nutrition-related attitudes and behaviors usually are established early in life and are primarily determined by cultural, psychosocial, and socioeconomic factors (Crockett & Sims, 1995). In African American women, many historical and cultural factors greatly influence the current dietary intake and food choices (James, 2004). Particularly, dietary habits among African Americans such as high fat diets; high calorie diets; low intake of fruits, vegetables, fiber, and grains; high sodium intake; and high intake of salt-cured, smoked, and nitrite-cured foods contribute to the burden of many chronic diseases (DHHS 2000). For example, Smit, Nietro, Crespo, & Mitchell, (1999) found that the inclusion of meat in meals is a core value in African American traditional dietary habits. This may be particularly problematic because meat is a major source of total and saturated fat. As a result, they found that African Americans may be predisposed to over-consumption of meat and poultry and disinclined to follow advice to consume fewer servings, to substitute plant-based protein sources, and to have some meatless meals.

According to a study conducted by Owen et al., (1999) a higher percentage of Caucasian than African American adults reported consuming beef; whereas, a higher percentage of African American adults consumed pork, poultry, seafood, and shellfish.

Among African Americans, poverty related factors contribute to high intakes of cured meats and alcohol and low intakes of fibers, fruits, and vegetables (Pratt & Pratt, 1996). Also, while the use of fats and oils has increased 23% between 1972 and 1992, the source of the fat has changed from highly saturated animal fat to more unsaturated vegetable sources among adults in the U.S. (Owen, et al., 1999). Unfortunately, fats added in cooking, frequent use of frying as a method of food preparation, use of mayonnaise in potato salad, and addition of sauces and gravies on meats have been common sources of discretionary fat among African Americans (Kittler & Sucher, 1998; Dacosta & Wilson, 1996).

With respect to current dietary recommendations, African American dietary behaviors are a mixture of positives and negatives. The positive aspect is the consumption of rice, grits, and breads among African Americans are consistent with dietary recommendation to consume several servings of grain products daily (Kumanyika & Odoms, 2001). However, the traditional preparation of these grain products may not be consistent with the dietary recommendation to decrease salt and fat intake (Kumanyika & Odoms, 2001). Whole grain foods that are highly enriched with certain nutrients are not part of the African American traditional dietary pattern, the traditional preference is for more refined “white” breads or corn bread, which are higher in carbons and lower in nutrient content (Kittler & Sucher, 1998).

Also, in reference to current dietary recommendations, there is a positive aspect of African Americans core consumption of certain plant foods such as legumes, dark green leafy vegetables, and yellow vegetables, which are low in salt and fat and high in dietary fiber and are good sources of protective nutrients (Owen, et al., 1999). Although African

Americans consume these vegetables, the preparation of the vegetables is the negative aspect of their dietary behaviors. The traditional southern practice of cooking vegetables for long periods and adding salted meat or fat as a seasoning for legumes or vegetables detract from their potential positive health benefits (Kumanyika & Odoms, 2001).

Indeed, the average African American woman eats proportionately more high-fat meats and fried foods, as well as fewer fruits, vegetables, and low-fat dairy products when compared to a typical Caucasian woman (Ard, Skinner, Chen, Aickin, & Svetkey, 2005). Thus, African Americans participating in lifestyle interventions are likely asked to make more dramatic changes in their eating habits than are their Caucasian counterparts. Additional factors that influence the dietary behaviors of African American women include the nature of the original diet, the ways the diet has been adapted to or displaced by dietary patterns from the dominant US culture, availability of preferred foods, and acculturation (Kittler & Sucher, 2001; Sanjur, 1982). James (2004) conducted six focus groups with 19 African American women, age 22–46, to explore how culture and community impact on the nutrition attitudes, food choices, and dietary intakes of a select group of African American women in north central Florida. Results indicated that there was a general perception that eating healthy meant giving up part of their cultural heritage and trying to conform to the dominant culture. Results also found that obesity was not perceived as a priority or as important as the immediate issues of daily living, the social and cultural symbolism of certain foods, the poor taste of healthy foods, the expense of healthy foods, and lack of information. In addition, African American women were more prone to follow the media regarding health modifications than men and stated that food purchases, preparation and nutrition related attitudes and efforts to alter current

dietary behaviors require great efforts to change where changes may be modest at best. Overall, given that community-dwelling African Americans often fail to meet national dietary guidelines with respect to fruit, vegetable, and fat intake, the dietary prescriptions given in lifestyle interventions may differ substantially from what African Americans are accustomed to consuming, (Gary et al., 2004) greatly impacting their ability to lead healthier lives.

Sociocultural Perceptions

The need to address cultural beliefs, values, and health practices have been well documented in the literature (Leininger & Mcfarland, 2006; Purnell, 2000; Schim, Doorenbos, Benkert, & Miller, 2007). Culture is defined as "learned, shared, and transmitted values, beliefs, norms, and life practices of a particular group that guides thinking, decisions, and actions in patterned ways" (Leininger, 1991, p. 47). Cultural perspectives, factors due to life experiences, and interpretation of values can strongly impact the behavior needed to lose weight or have successful weight loss (Davis et al., 2005). According to Leininger (1991), the African American community has a unique view of ideal weight and body size that is variably different when compared to the Caucasian mainstream culture. Culture has been identified as an essential component in addressing health problems and weight concerns among minority populations, and plays an integral role in the day-to-day lives of African American women (DHHS, 2004; Schim, et al., 2007). Harris (1994) argues that culture provides such a significant role in the formation of body image values, that it is essential to understand how the distinct cultural experiences of African American women have shaped their perceptual and affective experiences related to body image. Engebretson and Littleton (2001) maintain

that health-related behaviors are based on cultural traditions and beliefs which influence the “for whom, when, or what” an individual seeks assistance or information outside of the family structure. Generally, members of African American families maintain deeply rooted cultural ideas, beliefs, and attitudes passed down through generations regarding health and health care (Johnson, Elbert-Avila, & Tulsky, 2005; Kumanyika, Mauger, Mitchel, Phillips, & Smiciklas-Wright, 2003; Newton, 2005).

Scholars have attributed African American cultural definitions of beauty to cultural roots in Africa. For example, the Annang of Nigeria may “relegate a bride-to-be to a ritual fattening room, where her primary purpose is to gain weight” (Shuttlesworth & Zotter, 2011, p. 907). Moreover, definitions of beauty in the African American community are multifaceted and based on other aspects of women‘s beauty such as style and presence, depicting large body frames not only to represent beauty but a “high socioeconomic status” (Shuttlesworth & Zotter, 2011, p. 907). Culturally, African American women possess strong ethnic identities in which studies show that the cultural ideal of fuller figures often protects African American women from developing certain eating disorders that are typically seen in Caucasian women populations such as anorexia or bulimia (Shutleworth & Zotter, 2011). However, the fuller-figured standard of beauty may increase African American women‘s risk of obesity and binge eating (Shuttlesworth & Zotter 2011). In a study of 301 African American and Caucasian college women, it was found that African American women have lower levels of eating pathology, have the highest sense of ethnic identity, and are more likely to over eat to achieve a fuller figure (Shuttlesworth & Zotter, 2011).

"Obesity" has many connotations. The different connotations are based on economic and medical as well as socio-cultural and ethnic influences (Mack et al., 2004). It is often confusing for researchers to understand the cultural connotations and terminologies used in lieu of the scientific word "obesity". Within the African American community, there is a wider range of "acceptable" body sizes, therefore "obesity" and "overweight" are more difficult to define culturally (Hawkins, 2007; Towsend- Gilkes, 2001). Culturally within the African American community, terms such as "big-boned," "PHAT" (pretty, hot, and tempting), and "fine" are articulated to describe obese African American women or attractive African American women of any size. These terms are culture-specific and are spoken by both genders within the community. The terms describe what is flattering, normal, and cultural (Edwards & Poff, 2008).

In a descriptive qualitative study, Blixen, Singh, and Thacker (2006) explored cultural values and beliefs related to obesity and weight loss using purposive sampling among a focus group of African American women and a focus group of Caucasian American women ages 18 to 50 years. The study compared values and beliefs between obese African American and Caucasian American women with a BMI of 30 or greater. Data were obtained via 90 minute audio-taped, semi structured, face to face interviews. Six themes were drawn from the analysis of data: (a) attitudes and perception of weight; (b) areas of life affected by weight; (c) previous weight loss attempts; (d) barriers to successful weight loss; (e) medical knowledge related to obesity; and (f) help from a primary care physician. All participants identified each of the six themes as having negative influences on their lives. In particular, primary problems related to weight differed according to ethnicity. African American women experienced greater difficulty

with cultural influences; larger body sizes were less of a stigma and therefore suffered less self-esteem disturbance. As demonstrated in comparison to their Caucasian American parallel group, African American women are more prone to obesity and less likely to lose weight and maintain weight loss. A possible contributing factor to their lack of success is that most interventions and strategies used in the past have been developed using the model designed for a majority population (Kumanyika, et al., 2007) a kind of "one size fits all" design (Kao, Hsu, & Clark, 2004).

Subsequently, Malpede et al. (2007) explored how race influenced weight-related beliefs of 30 African American and 30 Caucasian American female university students aged 19 years and older. Participants were asked specifically "How does being black/white affect your weight?" For African American women, primary themes focused on (a) traditional and cultural food preparation, eating behaviors, and body size ideals; (b) poor food selection and limited access to healthier foods; (c) lack of information and education on healthy eating and body weight maintenance and increased risk for chronic disease with associated medical costs; (d) highly demanding and stressful lifestyles; (e) the influence of genetics. Findings in this study demonstrated that deep social and cultural differences do exist between African American and Caucasian American women that require careful consideration when designing weight loss interventions.

As noted above, several qualitative studies have identified that cultural attitudes and beliefs related to body image and perception of body size may impede the ability of African American women to engage in positive health behaviors (Ard, Durant, Edwards, & Svetkey, 2005; Baturka, Hornsby, & Scholing, 2000). Malpede et al. (2007) and Ard, et al., (2005) contend that knowledge of culturally held beliefs and attitudes is imperative

for developing interventions to assist African American women to lose weight and maintain a healthy body weight. Consequently, because attitudes, beliefs, and values are often unconsciously driven (Mendelson, 2002), some individuals may not be aware of the lifestyle choices made on a daily basis. Unfortunately, although such decisions may be made unconsciously, they may well have profound effects on the health and welfare of that person.

Employing Qualitative Inquiry

Qualitative research begins with assumptions and the use of interpretive and theoretical frameworks that inform the study of research questions addressing the meaning individuals or groups ascribe to a social or human problem (Creswell, 2013). Qualitative inquiry requires extensive time in the field and complex data collection and analysis processes, providing for greater meaning and understanding of a phenomenon rather than just a measurement (Berg, 2004). Creswell (2013) notes that amongst the rationale for usage of qualitative research is when an in-depth comprehension of a problem is sought in efforts to communicate a story of marginalized populations in hopes of improving their circumstance or status. Consistent with the goals and functions of qualitative inquiry, the aim of the present study was to uncover the meaning of the experience of weight management behaviors in obese African American women.

Philosophical Assumption. Philosophical assumptions shape how researchers formulate problems and research questions and how they seek information to answer such questions (Creswell, 2013). Philosophical assumptions are embedded within interpretive frameworks that qualitative researchers use when they conduct a study (Creswell, 2013). According to ontological assumption through the social constructivism framework,

multiple realities are constructed through our lived experiences and interactions with others. Also, according to the ontological assumption through the critical race theory framework, such multiple realities are based on oppression based on race, ethnicity, class, and gender (Creswell, 2013). The ontological stance of phenomenological research relates to the nature of reality and its characteristics as seen through many views (Creswell, 2013). The present study assumed an ontological assumption embracing different realities, and in doing so, so do the individuals being studied. Creswell asserts that it becomes important when studying individuals, that the researcher conduct the study with the intent of reporting these multiple realities.

Interpretive Framework. As aforementioned, the present study applied the ontological philosophical assumption embedded within the social constructivist and critical race theory interpretive frameworks in which reality is constructed through the existence of multiple equally valid realities that must be interpreted (Haverkamp & Young, 2007; Ponterotto, 2005). The goal of this study, then, was to rely as much as possible on the participants' views of the phenomenon; not simply imprinted on individuals but formed through interaction with others and through historical and cultural norms that operate in the participants lives (Creswell, 2013).

Social constructivism. In social constructivism, the intent is to make sense of or interpret the meanings others have about the world. In addition to preconceived notions relating to the research question, the researcher also imposes his or her worldview and perspective on the design and application of the qualitative study (Creswell, 2013). The worldview position that the present study projects is that of social constructivism, the goal of which Creswell (2013) describes as seeking meaning of the world through

accounts of lived experiences of individuals, within the context of interpersonal relationships, cultural influence and historical factors that impact their lives. Researchers have adopted a social constructivist framework when working under the assumptions that descriptions of participants' experiences function in relation to an institution's cultural and historical context, also that dynamic beliefs and ideologies are constructed through continued interaction within an institution or social world, therefore exploration of participants' experiences may yield insight into their personal identity construction and perception (Bjorklund, 2006; Glover, 2004; McWilliam, Kothari, Ward-Griffin, Forbes, Leipert, 2009; Papadopoulou & Birch, 2009).

The social constructivist paradigm acknowledges that changes in meaning are resultant from shifts in societal practices and thought (Watkins, 2000). Social constructivist thought relates to phenomenology as both perspectives are concerned with human experience and advocate that perceptions and experiences do not occur "in isolation but against a backdrop of shared understandings, practices, language, and so forth" (Denzin & Lincoln, 2003, p. 305). Furthermore, social constructivist views attest that individuals construct meanings of the world, which are constantly challenged and redefined as new experiences transpire, as opposed to passively finding such knowledge (Denzin & Lincoln, 2003).

Numerous studies have documented harmful weight-based stereotypes that overweight and obese individuals are lazy, weak-willed, unsuccessful, unintelligent, lack self-discipline, have poor willpower, and are noncompliant with weight-loss treatment (Brownell, Puhl, Schwartz, & Rudd, 2005; Puhl & Brownell, 2001; Puhl & Heuer, 2009). These stereotypes give way to stigma, prejudice, and discrimination against obese

persons in multiple domains of living, including the workplace, health care facilities, educational institutions, the mass media, and even in close interpersonal relationships (Brownell, et al., 2005; Puhl & Brownell, 2001; Puhl & Heuer, 2009). Perhaps because weight stigma remains a socially acceptable form of bias, negative attitudes and stereotypes toward obese persons have been frequently reported by employers, coworkers, teachers, physicians, nurses, medical students, dietitians, psychologists, peers, friends, and family members (Brownell, et al., 2005; Puhl & Brownell, 2001; Puhl & Heuer, 2009; Puhl, & Latner, 2007). Considering the commonality with reference to the basis for the research and the intentional use of interpretive and descriptive methods to gain insight, this paradigm relates closely to the purpose and significance of the present study.

Critical Race Theory (CRT). Also reflected in the research is the perspective that has been used to help the marginalized to express and understand their lived experiences. As a qualitative tool of analysis, CRT has been used to explicate the need for social change, give voice to the silenced, reverse marginalization, and eradicate oppressive practices (Ladson-Billings & Tate, 1995; Solorzano & Yosso, 2001). According to Taylor (1998), CRT challenged the experiences of Whites as the normative standard and has grounded its conceptual framework in the distinctive experiences related to people of color. Theorists, including DeCuir & Dixson (2004) and Lynn (2006), maintained that CRT is a valuable tool in analyzing the experiences of others by identifying an individual's own reality. Thus, CRT tends to serve as a mental preservation for marginalized groups given that much of reality is socially constructed, and having a voice heard can have a major impact on the oppressor (DeCuir & Dixson, 2004). As pointed

out by Ladson-Billings and Tate (1995), the exchange of stories is another means of providing out-group members with a vehicle for psychic self-preservation as well as assisting them in overcoming ethnocentrism and the unconscious conviction of viewing the world in one way.

CRT focuses theoretical attention on race and how racism is deeply embedded with the framework of American society. According to Parker and Lynn (2002), CRT has three main goals. Its first goal is to present stories about discrimination from the perspective of people of color. As a second goal, CRT argues for the eradication of racial subjugation while simultaneously recognizing that race is a social construct (Parker & Lynn, 2002). Finally, the third goal of CRT addresses other areas of difference, such as gender, class, and any inequities experienced by individuals.

Obesity is a major public health problem in the U.S., disproportionately predominant among racial and ethnic minority populations (Flegal, Carroll et al. 2002; Hedley, Ogden et al. 2004; Ogden, Carroll et al. 2006). Despite continued advances in health care, for many African Americans compared with the majority population, there is a disparity in health status and quality of health care throughout the U. S. (Guerra, 1998; Savage, 1987; U.S. Department of Health and Human Services [DHHS], 2001a, 2001b, 2001c, 2006a, 2006b, 2006c). African Americans, and particularly African American women, have the highest rate of obesity across ethnic groups (Foti & Littrell, 2004).

While engagement in exercise and dieting behaviors are known preventive strategies for obesity and obese related diseases, weight management behaviors of minority groups may differ from those of the general population due to several aforementioned factors such as: cultural perceptions of body image, social support, and

demographic characteristics. For African American women, obesity is the result of complex social, psychological, behavioral, cultural, environmental, physiological, gender, and genetic factors (AOTA, 2006; NIH, 1999, 2004). Particularly, a belief exists that African American and Caucasian women are part of two different cultures that result in different standards of beauty (Molloy & Herzberger, 1998). For example, factors related to trends in obesity among African American women involve reports of less regular exercise compared to Caucasian women (American Obesity Association [AOA], 2000). Additionally, in epidemiological studies, researchers report that more Caucasian women engage in long-term weight management behaviors compared to African American women (Tyler, Allan, & Alcozer, 1997), in which increasing physical activity and engaging in dieting behaviors were common weight management behaviors utilized (James, 2003).

Despite the growing number of studies that examine correlates of physical activity in African American women and obesity (Fitzgibbon et al., 2008; Hawkins, 2007; Thomas et al., 2009), no literature was found that examined the lived experiences of African American women who have previously or are currently engaged in weight management behaviors. Unfortunately, the possibility exists that there are different eating and body disturbances that are culture specific and manifested and expressed differently, with some being more prevalent among Caucasian women and others occurring equally across ethnicities (White & Grilo, 2005). According to Farmer & Ferraro (2005), there are significant interactions between race and education in association with self-rated health, thus concluding that African Americans do not experience the same beneficial health effects from education as whites.

Disparities in overweight/obesity risk and physical activity behavior are evident in many segments of the population based on race and ethnicity, sex, and socioeconomic status (Brownson et al. 2005; Crawford et al. 2001; DHHS 2001; Flegal et al. 2002; Ogden et al. 2002). For example, although overweight/obesity is observed in all population groups, obesity is particularly common among African American, American Indian, Hispanic and Pacific Islander women (NWLC, 2004). Within gender and socioeconomic groups, racial and ethnic disparities in physical activity and obesity persist and grow with age with minorities generally facing higher risks of obesity and engaging in lower levels of physical activity than whites (Gordon-Larsen et al. 2004; Harris et al. 2006). What is missing in the research that documents these disparities are the underlying mechanisms that explain these differences. Because race and gender, although social constructs (ASA, 2003; Braun 2002; Mays et al. 2003; Ore 2002) are ascribed characteristics of an individual, it is important to understand what other factors related to these characteristics contribute to obesity and physical inactivity. Socioeconomic status, especially poverty status, has been used as a possible explanation for racial and ethnic and gender differences (Crawford et al. 2001; LaVeist 2005).

Observably, large racial and ethnic socioeconomic disparities in overweight and obesity add to the significant number of disparities in morbidity and mortality outcomes that exist between the poor and the privileged and whites and certain minority groups (i.e., African Americans, Native Americans and Latinos) (DHHS 2000; Kumanyika & Grier 2006; Miech et al. 2006). The highest rates of obesity occur among the most disadvantaged population groups, those with the highest poverty rates and the least education (DHHS, 2000; Drewnowski & Specter 2004; Schoenborn, Adams & Barnes,

2002). Although there is a general positive relationship between socioeconomic disadvantage and obesity (Flegal et al., 1998, Flegal et al., 2002), what is less understood are the aspects of social disadvantage that contribute to the risk of obesity. In other words, although researchers know that being poor, black, and/or Hispanic places an individual at risk for obesity (Drewnowski & Specter, 2004; Gordon- Larsen, Adair & Popkin, 2003; Kimm et al., 1996; Patterson et al., l997; Schoenborn et al., 2002), researchers are less clear about what factors place these population groups at a higher risk for obesity than other population groups.

All in all, the use of CRT as an interpretive framework to understand weight management behaviors of obese African American women means that the researcher foregrounds race and racism in all aspects of the research process, and challenges the traditional research paradigms, texts, and theories used to explain the experiences of people of color offering transformative solutions to racial, gender, and class subornation in our societal and institutional structures (Creswell, 2013).

Qualitative Approach. Phenomenology, a rigorous, descriptive approach that embraces the phenomenon of consciousness, has its roots in the experiential human sciences of sociology, psychology, anthropology, and political science (Embree, 2008; Ferch, 2000; Giorgi, 1997; Sanders, 1982). Edmund Husserl, the founder of phenomenology, denoted phenomenology as the study of human consciousness and structures. In its most comprehensive sense, the term refers to the totality of lived experiences that belong to a single person (Giorgi, 1997). Since many pioneers have helped refine and strengthen the approach to phenomenological inquiry (Colaizzi, 1973; Giorgi, 1997; Husserl, 1931; Hyncer, 1985; Karlsson, 1993; Moustakas, 1994; Van

Manen, 1990), a systematic approach is important when conducting a phenomenological qualitative inquiry.

Components of the phenomenological interview that distinguish it from structural interviews have to do with the absence of a complete listing of questions to be asked, substituted instead for a flow of interactive dialogue, led by the participant with direction actively facilitated by the interviewer (Thomas & Pollio, 2002). Similarly, Kvale (1996) describes the function of a research interview as a particular form of conversation concerning the application of specific types of interactive and reflective measures relative to the content of the exchange. More precisely, "in relation to conversations in everyday life, the research interview is characterized by a methodological awareness of question forms, a focus on the dynamics of interaction between interviewer and interviewee, and a critical attention to what is said" (Kvale, 1996, p. 20). Additionally, Kvale (1996) further suggests the following main criteria serve as the foundation for phenomenological interviewing: (a) a focus on the co-participant's life world; (b) a quest for the meaning of principal themes presented through the co-participant's life world; (c) a search for qualitative information; (d) descriptive in nature; (e) seeks specific examples rather than broad opinions; (f) usage of inductive principles during interaction and interpretation; (g) focused on drawing out themes related to the issue without significant structuring or standardization of questions, simultaneously not lacking direction; (h) acceptance of contradictions and ambiguity; (i) flexible with regards to change and shifts in perception; (j) understanding, knowledgeable, and sensitive approach to the subject matter; (k) data are acquired through interpersonal interaction; (l) a potential outcome for the interviewee may be having undergone an enriching, insightful, and positive experience. Interviewers

act as the research tool in phenomenological methods and greatly influence the investigation, taking into account their prior knowledge, suppositions and ideologies that could potentially affect the findings.

Summary

Various studies included in this review highlighted the need for the development of weight management behavior strategies, targeting chronic risks associated with obesity according to the current attitudes and behaviors of the African American culture. While quantitative analysis serves its distinct function, it is not the best fit for this particular study, as the purpose was to attain and interpret a detailed description of a particular phenomenon not to ascribe it numerical value. Qualitative inquiry, through phenomenological interviewing presents a distinct approach that produces great detail of a firsthand perspective from which significant meaning can be derived (Dale, 1996), so that the uniqueness of an individual's personal perspective is not ignored and his or her story is uncovered (Creswell, 2013). The physical inactivity, poor dietary patterns, and sociocultural perceptions experienced by obese African American women along the weight management journey requires exploration from the context of the participants, deeming qualitative methodology best suited for this study's research question. The goal of this research was to add to the existing body of literature that deals with experiences of weight management by obtaining the first-person perspectives of the experience of weight management behaviors in obese African American women. It was anticipated that the results of the present study may provide important insight that can be applied to weight management counseling or programming so that more effective strategies for weight management that target African American women can be developed.

Forthcoming, chapter 3 will describe the methodology used in this study, which was designed to examine common meanings for several individuals of the lived experiences of weight management behaviors in obese African American women.

Chapter 3

Methods

The purpose of this study was to discover how obese African American women experience weight management behaviors. In particular, phenomenological interviews were conducted with each participant to determine their experiences of weight management in terms of the feelings, thoughts, and emotions that are evoked before, during, and after partaking in weight management behaviors. This chapter will discuss in greater detail these components: (a) methodology, (b) participants, and (c) procedures.

Methodology

This study was conducted using the principles of phenomenology. This type of design aims to understand experiences through those who actually live them (Depoy & Gitlin, 1998). In phenomenology, the researcher transcends or suspends past knowledge and experience to understand a phenomenon at a deeper level. Creswell (2013) asserts that phenomenology is best suited to understand several individuals' common or shared experiences of a phenomenon. This investigated the lived experiences of weight management behaviors of obese African American women to elicit rich and descriptive data. Specifically, the phenomenological methodology was employed to uncover the lived experiences of these women with hopes of promoting the development of practices and policies, and to advance a deeper understanding about the features of the phenomenon of weight management behaviors. A phenomenology theory approach was selected because it describes the common meanings for several individuals of their lived experiences as it pertains to the weight management journey as obese African American women.

Participants

Purposeful and convenience sampling methods (Patton, 1990) were used to gather information-rich cases, primarily using criterion sampling. Criterion sampling refers to picking cases that meet some pre specified criterion (Creswell, 2013). The participants for this study consisted of 11 obese African American women, aged between 25-66 years old (*M* = 44.5; *SD* = 14.5), their BMI ranged from 30.02 to 52.37 (*M* = 35.07, *SD* = 6.62). Additionally, each participant had previously or was currently taking person actions to lose or maintain weight through diet, exercise, and/or behavior modification. All of the participants were women who identify with the cultural orientation of African American decent from a wide variety of socioeconomic statuses, a wide range of background education levels, and varying marital statuses who have participated in some form of weight management including but not limited to dieting and exercise. A description of the participants can be found in Table 1.

Table 1.

Description of Participants

Participant Pseudonym	Age	BMI	Marital Status	Occupation	Annual Income
Ann	32	37.76	Single	Teacher	$80,000-$89,999
Belinda	48	36.58	Married	Accountant	$100,000-$149,999
Cali	48	30.04	Married	Teacher	$80,000-$89,999
Diamond	26	39.14	Single	Student	Less than $10,000
Jess	56	30.17	Single	Researcher	$90,000-$99,999
Kathy	45	52.37	Single	Teacher	$30,000-$39,999
Marie	25	31.06	Single	Student	Less than $10,000
Mercedes	66	33.47	Widow	Retired	$50,000-$59,999
Summer	55	30.02	Single	Executive Director	$100,000-$149,999
Whytney	60	30.72	Married	College Professor	$70,000-$79,999
Zee	29	34.39	Married	Pharmacist	$100,000-$149,999

Note: Participants age (*M*= 44.5 years; *SD* 14.5). BMI indicates Body Mass Index (*M*= 35.07; *SD* 6.62).

Procedures

The procedures used in this study were based on recommendations for conducting phenomenological research specified by Pollio, Henley, & Thompson (2006). These include *Exploring Researcher Bias, Selection of Co-Participants, Data Collection, Data Analysis*, and *Developing/Confirming Thematic Structure*. Each stage is explained in the following section.

Exploring researcher bias. Flaherty, Denzin, Manning, & Snow (2002) contend that research is never theory or value neutral as it will always reflect the researcher's perspective. In phenomenological research, it is imperative that the researcher examines how his or her values, biases, beliefs, and characteristics contribute to meaning (Haverkamp & Young, 2007). Conducting research with an inappropriate attitude or mindset, for instance a demanding tone of questioning or assuming expertise on the phenomenon can quite possibly hinder the processes of learning about the issue and gaining correct first-person accounts of the experience (Berg, 2004). In phenomenological research this exploration of researcher bias is accomplished through a bracketing interview. Bracketing is a process of setting asides one's beliefs, feelings, and perceptions to be more open or faithful to the phenomenon (Colaizzi, 1978; Streubert & Carpenter, 1999). Bracketing was used to help set aside personal experiences, as much as possible, to take a fresh perspective towards the phenomenon under examination.

For this study the primary researcher participated in a phenomenological bracketing interview in an attempt to bring awareness to the assumptions, meanings, and perceptions about the experience of engaging in weight management behaviors. The audio-recorded interview was directed by an experienced interviewer and subsequently

transcribed verbatim. The initial questioning revolved around reasons and motives for conducting the research. Later, questioning covered a range of topics linked to the phenomenon being addressed. Following the analysis of the interview, several potential biases were exposed and explored in order to understand the implications they may pose on the study. Many of the biases surrounded the fact that as an African American woman who has experience with weight management behaviors, personally certain barriers and obstacles describe my experience with such behaviors. Acknowledgement of these biases helped suspend personal beliefs to more openly and sincerely examine the phenomenon weight management behaviors in obese African American women. Overall, the interpretive research group, having read the transcript of the bracketing interview were able to constantly challenge and initiate debates about the findings during data analysis to ensure reliability and validity.

Selection of co-participants. The role of the interviewer was to facilitate in the participants' reflection of the experience and communication of their in-depth accounts, as they are the experts on the subject having direct knowledge of the phenomenon (Dale, 1996). As well, the primary researcher consistently collaborated with the participant throughout the study to ensure comprehension and development of themes (Creswell, 2013), such active involvement and group effort is why the participants are often referred to as co-participants or co-researchers.

Following approval of the Institutional Review Board for the Protection of Human Subjects (IRB), flyers promoting the study were posted, explaining the purpose of the research and inclusion criteria with contact information for those interested and meeting the listed criteria. Participants were recruited from various arenas including local

gyms, fitness centers such as the Young Man's Christian Association (YMCA), local parks, the Internet, urban community centers, hair salons, and places of worship in the African American community as well as a community service organization with a network of suitable participants. The diversity in participant recruitment added to the richness of the varied experiences of the women. Those who were interested in being in the study had the opportunity to contact the lead researcher, and volunteers who met the inclusion criteria were considered for the study. Additionally, snowball sampling was used. This type of sampling includes networking, allowing volunteers to inform others who may meet the inclusion criteria about the study (Depoy & Gitlin, 1998).

Data collection. After approval from the IRB, participant recruitment began. To ensure that all volunteers meet the inclusion criteria, the lead researcher conducted a screening which included taking the participants height and weight in order to manually calculate BMI prior to moving forward in the data collection process. In the screening, the participants were informed of what the interview process will entail and the time commitment required for participation in the study. Additionally, they were informed that the research process is voluntary and completely confidential. The volunteers were reminded that the purpose of the study was to gain an understanding of the attitudes, beliefs, perceptions, and experiences of weight management behaviors in obese African American women.

Finally, because participation in this study were strictly voluntary, it was mandatory that participants be cognizant of the fact that any data collected or information provided would remain confidential throughout. Methods to assure confidentiality and consent to participate in the study were set in place. A consent form was required to be

completed prior to the interview, giving the participants an opportunity to ask any questions or concerns they may have. The disclosure of any information was available upon participants request at any given time during the study. Also, confidentiality is the assurance on the part of the researcher that no one else will have access to any information obtained from participants, and no data can be linked back to participants in the study (Depoy & Gitlin, 1998). With the participants sharing such personal information, to ensure confidentiality a pseudonym was used and any identifiable details were removed. The pseudonym assisted with identification during audiotaped interviews and transcription of the data. Also, in all written reports, there was no disclosure of any information that revealed the participants' identity.

Co-participants who met the inclusion criteria participated in face-to-face in depth interviews. These interviews were open ended to allow the discovery of new ideas and themes as well as establish common or shared experiences of the phenomenon of weight management behaviors in obese African American women. Each participant was asked to verbally respond to the following: "When you think of your experiences of weight management what stands out for you?" Other open-ended questions were also asked, but the above question, especially focused attention on gathering data that will lead to a textual and structural description of the participants' experiences, and ultimately provide an understanding of the common experiences of the participants (Creswell, 2013).

Data Analysis. Building on the data from the research question, each interview was transcribed verbatim. Feedback was generated by providing participants with the interview transcript, giving participants an opportunity to correct errors, clarify points, and/or add additional information in order to advance validity throughout the research.

Phenomenology was used, particularly effective at bringing to the fore the experiences and perceptions of individuals from their own perspectives, essentially to describe rather than explain, and to start from a perspective free from hypotheses or preconceptions (Husserl, 1970). After reading the complete transcripts, recurring patterns and/or significant statement were identified as meaning units. Significant statements included sentences or quotes that provided an understanding of how the participants experience the phenomenon of weight management behaviors as obese African American women. Within each transcript, similar meaning units were clustered into groups to develop sub-themes. Then, once sub-themes were identified for each individual transcript, a general thematic structure was developed. Subsequently, a draft of the preliminary results including the general thematic structure was sent to each participant in order to afford them the opportunity to provide the researcher with feedback. Participants were given the opportunity to express their satisfaction, pose questions, and offer clarifications to ensure that the transcripts provided accurate portrayals of their weight management experiences.

Developing/confirming thematic structure. Throughout the interpretive process, participants helped to ensure that all meaning units and themes are supported by often providing critiques, suggestions, and explanations as to whether the analysis reflects their personal experience with the phenomenon (Thomas & Pollio, 2002). Also, methodological rigor was attained through the application of verification, reliability, and validity (Meadows & Morse, 2001). Verification was fulfilled through literature searches, adhering to the phenomenological method, bracketing past experiences, keeping field notes, using an adequate sample, identification of negative cases, and interviewing

until saturation of data was achieved (Frankel, 1999; Meadows & Morse, 2001). Without the verification of the thematic structure by each of the co-participants of this study, an accurate description of the experience of weight management behaviors would simply be an assumption that the analysis was an adequate portrayal of the phenomenon (Dale, 1996).

Reliability and validity of the data collected was ensured through member checking, triangulation, and prolonged engagement and persistent observation based on trustworthiness and external reviews (Creswell, 2013). Validity and reliability in the traditional sense as applied to quantitative research does not translate to qualitative inquiry in the same manner (Janesick, 1998), instead, qualitative inquiry is useful when it satisfies its purpose of relaying "the essence of the experience for all of the individuals" (Creswell, 2013, p. 77). In order for a phenomenological study to be deemed valid, it must employ both rigorous and appropriate methods and produce a first-person description of the phenomenon, in accompaniment of insightful, clearly supported, and illuminating interpretive results (Pollio et al., 2006). In other words, if the correctness of the description as authenticated by the participant corresponds accordingly with the explanations, criterion for reliability in qualitative research is fulfilled (Janesick, 1998). The thematic structure was finalized when an agreement was achieved between the researcher, the participants, and the original data in which a visual depiction of the thematic structure is presented in Figure 1.

Chapter 4

Results

The primary purpose of this study was to explore the experience of weight management behaviors among obese African American women. To accomplish this objective, in-depth phenomenological interviews were conducted with 11 female participants. In this chapter the thematic structure that was developed from the interviews is presented. A visual depiction of the thematic structure and interaction between the dimensions is shown in Figure 1.

Thematic Structure

Qualitative analysis of the transcripts revealed a total of 864 meaning units, which were further grouped into sub-themes and general themes. A meaning unit is a word or cluster of words that disclose certain meaning that differs from other outlined units (Thomas & Pollio, 2002). For example, "health" was a meaning unit uncovered in this investigation. The final thematic structure revealed five major themes that characterized these participants' experiences of weight management behaviors: *Eating Patterns, Exercise Behaviors, Empowerment, Balancing Time, and Mindset.*

In the present study, the essence of the women's experience of weight management behaviors was characterized by the overtly interactive major themes *Mindset, Eating Patterns, Exercise Behaviors, and Balancing Time*. The major theme *Empowerment* emerged as significant background against which the experience was based. Simply stated, the five major themes interconnect to illustrate the participants' experience. It is important to note that although the themes are further discussed separately in the following sections, their collaborative relationship must be

acknowledged to aid in full comprehension. A study of each theme with a detailed definition is shown in Table 2. Also, a detailed display of the thematic structure including the primary themes and the components incorporated are shown in Appendix A. Supplementary to the general themes and sub-themes delineated, sample quotes are provided to demonstrate how the themes were generated from the participants' statements.

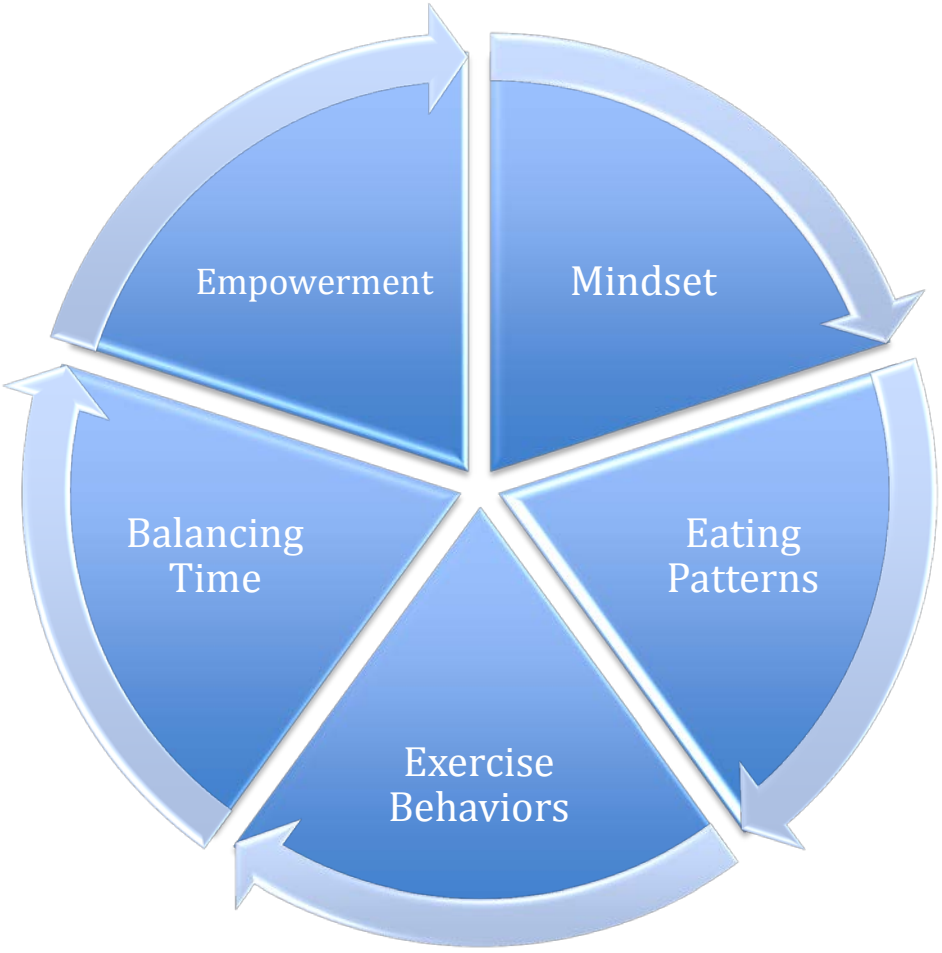

Figure 1. Thematic Structure

Table 2.

Study Themes

Theme	Description
Eating Patterns	A regular behavior in which food was utilized as a source for comfort, temporary healing, and a support system in addition to a nutritional supplier, which can be positive or negative depending on its use
Exercise Behaviors	The physical activity utilized to increase metabolism, enhance energy levels, and aid in sustained weight loss and maintenance
Balancing Time	A lack of organized time management for work, school, family, self, and other daily activities that can impede or support weight loss and weight loss maintenance
Empowerment	How African American women connect body image to their quality of life and the overall influence obesity has on how they perceive their worth
Mindset	The attitude towards obesity and its significance before and after weight loss

Eating Patterns

Eating Patterns emerged as one of the major themes of obese African American women's experience with weight management behaviors. This theme encompassed the participants' descriptions of the motivation, challenges, and attitudes about dietary habits they have encountered. Three sub-themes emerged as it pertains to eating patterns, which included: *Food, Decisions, and The healthy choice.*

Food. This sub-theme encompasses the degree with which the participants have been impacted by unhealthy thoughts and in some cases engaged in unhealthy behaviors to manage their relationship with food. Also, this sub-theme describes how many of the participants' communities impact such dietary behaviors. Several participants expressed

having troubles associated with the types of foods typically consumed on a day-to-day basis within the African American culture. According to Kathy, a single 45 year old teacher and caretaker to her mother, "There are a lot of starchy, sugary and high cholesterol foods that we usually eat." Many of the participants indicated that they have an affinity for food, which tends to be their downfall with maintaining effective weight management behaviors. As Zee put it:

> My biggest battle with my weight management is with my eating. I love food, all food. I like eating what I like eating, especially when I am hungry. I don't like restrictions. I like breads, cheeses, pasta, rice, and oh my God how I love my sweets. I don't like not being able to eat a cupcake because it's going to set me back 3-4 days of working out... I just enjoy food. I believe God created it for us to enjoy.

Many of the participants indicated that their attraction to food, particularly fatty and starchy foods poses a significant hindrance to being able to successfully manage their weight. Summer, a single 55 year old Executive Director explained, "There is never a decreased supply and intake of fatty foods and we [African Americans] love our starches that I know are high in sugar content which makes me love them that much more." Ann, a single 32 year old school teacher also spent time describing the foods most prevalent to the African American culture:

> High calorie and high fat foods are more prevalent in our diets. Food used to bring people together or to celebrate but these foods are often consumed with little regard for nutritional value, which has led to my current predicament of battling with my weight.

Zee also describes that her greatest hindrance to her weight loss are her food cravings. She explains, “When I get hungry, I want all food. I do not discriminate as much as I should. I desire all the things that I know are not good for me the most.” Finally, according to Belinda, a 48 year old accountant, “The worse thing about having weight management techniques in place is missing out on the great tasting food…I can’t fathom the thought of eating nasty and “boring” food.”

Another factor that influenced many of the participants’ attitudes and behaviors about their dietary habits involved the location of healthy food options. This sub-theme describes the shortcomings being an African American living in less affluent locations poses. According to Ann:

> Society assumes that us African American women do not exercise or care about nutrition or health. As a result, areas where predominately African Americans reside I feel there is a lack of access to healthier food options.

Diamond, a single 26 year old college graduate also believes that “The setup of communities” has a great deal to do with her never ending journey with her weight. She explained, “In many ways I feel it is all a trap. Why do I have to travel 10 miles for healthy food? It is easiest to eat the food in my vicinity.”

All in all, many of the women expressed that it is already difficult due to a number of factors to make healthy food choices but many believed that if healthier option were more readily available then they may be more apt to make the healthy choice. Summer explains:

> When I think about my culture and what is available to me economy wise, not to say that if I had more money I would definitely make better food choices, but I would imagine that it would help or at least I would like to think so.

Decisions. In line with the hardship of having an abundance of non-nutritious foods at hand, the theme of making the right decisions about what to eat in order to meet weight loss goals was evident throughout the participants' interviews. This sub-theme describes many of the decisions that must be made about the proper dietary patterns necessary to manage ones weight. In particular, the choice of where the women choose to dedicate their funds played a significant role in such decisions. According to Diamond:

> I don't have access to the healthiest of foods and when I do I don't really want to spend extra money on those foods…when I was in college where money was already hard to come by and now as a working adult that's the last place I want my money to go.

Marie a 25 year old student also explained, "In the bigger picture spending more money on healthy food is not as important as paying bills and making sure my family is taken care of."

In addition to the lack in interest in extending their funds to make healthier decisions about food, participants expressed the extent to which the matter of convenience had on their decisions. Marie explained that it comes down to being easier to pick up food on the way home after a long day at work so, "eating healthy is often times difficult".

Finally, many participants expressed a lack of discipline, will power, and resistance to temptation about the proper dietary decisions necessary to manage their weight. For example, Whytney, a married 60 year old mother of 3 explained that, "my will power is not always strong" and Belinda a married 48 year old accountant explained that her "lack of discipline in overeating the wrong foods, not being consistent in exercising and scheduling activities with meal times" would describe her experience with weight management. Belinda added:

> I feel like when I'm trying to eat healthy I am the most tempted by food and if you are trying to eat right and others around you are not you tend to be left alone and then break down and join them.

Whytney goes on to explain the extent to which a lack of financial means impacts her decisions as it pertains to her dietary behaviors:

> At one point I did Jenny Craig and Weight Watchers which both cost money and unfortunately paying for a gym membership or buying organic foods costs just as much if not more money which are not as high on the priority list as paying the mortgage, car note, student loans and a copay to see the doctor.

Culture greatly impacted the participants' decisions regarding weight management. Within the African American culture there is the notion that it is attractive for a woman to be "thick". This idea was confirmed in the experience of Zee, a 29 year old newlywed who explained:

> Black music videos like the "thick" girls with the big booty and big breasts, and little waistlines which they showcase that a great deal. This forces many women

> to try to increase those areas… but rather than increasing weight in the right areas I have just increased weight overall and now I have more weight.

According to Ann, as an African American woman with her weight distributed mostly in her butt, thighs, and breasts, she reflected on often being celebrated for being "thick" or having a "little meat on our bones".

Many of the women in this study also spoke of the lack of concern for healthy dietary behaviors within the African American culture. According to Cali, "Our culture is not always very health conscious. We tend to be inactive and we are known for poor eating habits." Another participant Belinda described the African American culture as having "too much acceptance that being larger is ok" and that "African American men typically wants us women larger, hence the ideal that being bigger is better." Ann also shared:

> Culture kind of shapes my attitude about weight management. I have always wanted to be the "white girl skinny" with an image I maintained throughout my childhood and adult life but my culture says being big is beautiful so I accept that since I can't seem to break it.

Many of the participants also spoke of expectations and responsibilities that come with the territory of being an African American woman living in the context of the African American culture and how it impacts their weight management behaviors. Supporting and taking care of family members was discussed. As Mercedes a 66 year old recent retiree put it:

> One must be able to be a good cook, wife and mother… everyone is plump so it may be said "You are taking care of the family".

Health. Despite a multitude of things listed above that pose as barriers to proper dietary patterns within the African American culture, each participant expressed the desire to overcome their poor dietary decisions and transition to healthier dietary habits. According to Belinda losing weight would mean seeing results, which she describes as "good health, being able to fit into her clothing in her wardrobe, and ultimately being active and leading a healthy lifestyle".

According to Jess, "Losing pounds not only means fitting back into those old outfits, but it will improve my health status, which should ensure I live a healthier and happier life." Many of the women explained that at their current state they are subject to an untimely death, which is a driving force in their desire to make a change. Kathy explains:

> Health is my main goal not just losing the weight quickly. I want to live a longer and prosperous life. I follow these three steps: my spiritual relationship with God; eating right; and incorporating physical activity into my lifestyle. I know that if I live by those sort of guiding principles I will be successful but it wasn't until recently that I have really come to stand by such principles to attempt to live a healthier lifestyle.

In summary, the major theme of *Eating Patterns* encompassed a mixture of positive and negative implications for the women of this study. While the participants expressed that their dietary habits were a direct reflection of foods most prevalent within their culture, it was evident that in order to successfully overcome such a barrier to weight loss, an active effort would have to be prompted through diligent and keen decisions-making. Unfortunately, many of the participants expressed that such decision

making is greatly influenced and often impaired by the acceptance of cultural standards regarding their weight. Also their decision-making was greatly influenced by the dietary resources said to be available to them. Many participants discussed that they felt that based on their financial resources or lack thereof, they are not capable of making healthy dietary choices. But, despite such downfalls, many of the participants expressed a genuine desire to pursue a healthier lifestyle by making healthier choices independent of the cultural standards of beauty and the lack of healthy food options available to them.

Exercise Behaviors

The second major theme that arose representing obese African American women's experiences of weight management behaviors was *Exercise Behaviors*. According to participant descriptions, this theme surrounded the desire to engage in exercise behaviors but also the mental and physical obstacles that work against weight management through exercise. This major theme revealed four sub-themes: *Size matters, Exercise, Lack of patience, and Support.*

Size Matters. This sub-theme describes how despite the cultural standards of beauty within the African American culture, there are women who are concerned about their body size and ultimately hope to change it. While African American women have a broader acceptance regarding body size; thus, they have a greater tendency to be heavier before they consider themselves overweight or obese; notwithstanding such positive attitudes about their weight, participants recognized that there is a point where one can cross over from being "thick" to being overweight and subsequently obese and the impact it has had on their health. Diamond explains, "For a long time I never really thought

anything was wrong with my weight until the current health trends." She goes on to explain:

> I never understood why people had insecurities because of weight. It wasn't until college that I came in contact with folks that others would deem as health fanatics that I decided to dig deeper and channel the healthier portion of me.

Many participants discussed that while they love themselves for who they are, they yearn to be back to their ideal size prior to reaching obesity. As Ann with a BMI of 37.76 described it:

> I am not at a healthy weight and yearn for the size I was when I was younger, a time when I felt I was loved, treated with more respect and accepted. I always equate those outcomes with the size I once was. Whether truly the case or not I often blame my shortcomings, like my failures or lack of successes in different aspects in my life on my weight and appearance.

Like Ann, many of the participants demonstrated the relevance of this sub-theme as they describe their desire to alter their weight management behaviors regardless of their past attitudes about their weight or the cultural standards of beauty.

Exercise. While many of the women discussed their feelings and attitudes about their current size, the motivation to alter their appearance was evident throughout this study. In order to achieve their ideal body size, the women addressed their experiences with exercise. Particularly, they expressed their desire to make changes in their weight but the difficulty in getting started or maintaining an exercise regimen. Kathy explained:

> I need to stick to starting back up on doing physical activities and telling myself to stick through it even with the pain that my body endures. But sadly, all these things are so much easier said than done.

Ann shared,

> I would want to go to the gym but it was at a gym or fitness center that I would feel the most judged even though at least I'm in the gym trying to get better. No one wants to be laughed at, stared at or ridiculed when attempting to get in shape. My feelings were heightened when you are noticeably the largest and seemingly unhealthiest person in the room. I know that might not be the case but in my mind it is.

Much like Ann, Marie described her experience with the gym as overwhelming.

> The gym is really overwhelming with a lot of people and there's a lot of things going on so at my weight, the less apt I am to go into this place where you see people who exercise all the time and who are engaged. Then here I can in and it's very overwhelming and I'm discouraged from going back.

To explain her experience with exercise, Kathy described her practice with such words as "pain", "fear of falling", and "not being able to get up" which she explained held her back for a long time. She explained, "I always felt like because I am so big I can't do all the workouts that I know are good for me such as something as simple as squats."

Zee also spoke about the ups and downs of developing an exercise routine and how she never remembers working out growing up. She also spent time addressing how prevalent physical inactivity has become and it's bearing on her weight management behaviors.

> As a generation we don't get out and do anymore. Jobs have become more sit down employment than manual labors… what we pick up from any fast food area sits in our body instead of mobilizing because we are not moving around. Like I know it started when I was younger. The TV would play a huge role in my lack of desire to workout.

Lack of Patience. Although not the only reason, many of the women cited their desire to improve their health and physical appearance as their impetus to maintain a weight management program. Unfortunately, while many of the women discussed experimenting with physical activity, they also described their frustrations with the lack of instant gratification in the way of weight loss. Kathy explains:

> I have given up plenty of times because I would get bored. It would be the same thing over and over. Saying I want to lose weight and just not accomplishing it. Also I would see results for a little bit and then I wouldn't lose any more weight.

As Belinda described it:

> Sometimes I feel like if after a 2 weeks period I am not seeing the results I want it is not worth it. The thing about that is I often times am not doing the things while exercising to get the results I want and desire.

It appeared that despite valid effort to maintain an exercise regimen, many of the participants expressed their want to give up as a result of little to no progress. Zee describes her frustrations:

> Along with lack of time I also get very frustrated when I do try and I am not seeing results as quickly as I would like despite consistent and even sometimes excessive effort. I feel like if I go from nothing as in no working out at all and

> not eating healthy food then I move to rigorous exercise and meticulous calorie counting then I should lose something right? Like I think it should have a tremendous impact but it never seems to or at least I'm not patient enough to wait and see it.

As a result of so desperately seeking results and immediate gratification, Ann describes her use of fad diets.

> I just get fed up and complacent… I hold out hope that the next "quick fix" or new fad that promises immediate results will work for me and change my life forever but I know that is not what is going to accomplish real results… I know that will always be short lived.

Support. Even when highly motivated to start an exercise program, sticking with it until your goals have been reached poses a great challenge. Losing weight is even more difficult if your friends, spouse or children don't support your efforts. For that very reason, many of the participants expressed their deep gratitude for their support system standing by them along their journey with their weight. As Diamond describes it, "I have support from my friends along this journey…this helps me set goals and stay aware of my body". Belinda also describes the support she receives from her husband:

> I am grateful to have my husband who has always encouraged me to stay on any weight management efforts I start. He goes for walks and often times encourage me to join him.

Much like Belinda, Zee describes the role her new husband has played in her weight loss journey over the years:

> My spouse has supported me in everything. He loves me the way I am… he has seen me go from "small" in high school, to where I am currently. He has loved me and still loves me. He knows this is what I want, and he is on board completely with my efforts towards a healthier lifestyle.

Zee goes on to describe the support of her husband as loving her regardless of her weight but pushing her when she needs it. She explained that "he prays for me constantly and reins me back in when I'm going too hard too fast." Whytney also glows as she describes how her family supports her and pushes her towards her goals:

> I have a great support system in my life that roots for me to be successful with my weight management since they know how badly I want to get back to my healthy and ideal weight. Also they too themselves want to be in better shape. My children help me. My daughter is super about cheering me on and giving me tips on meal planning and exercises and they don't know it but they are a big reason that I fear not being healthy. I want to be around to see them get married, and succeed and in their jobs and life. Not to mention my grandchildren. I want to be that gorgeous mom and grandma at their weddings.

Overall, the theme of *Exercise Behaviors* referred to the physical limitations the women have experienced and how it has affected their attitudes about exercise. Many of the women recognized the dire need to initiate and maintain weight management behaviors due to the impact their size poses on their health. Many of the women also addressed their aspiration to overcome barriers to their weight management efforts but much time was spent addressing the difficulty in getting started or maintaining such behaviors. Subsequently, this theme addressed that while the women acknowledge that

their size does matter and that it poses an eminent threat to their health, getting started is only half the battle. Many of the women went on to discuss that in light of the difficulty of initiating an exercise regime, such difficulty is compounded by the lack of results they had hoped to see which breed's frustration and the attitude to give up altogether. But, at this stage, many of the participants discussed the importance of having a solid support system to help initiate and maintain a healthy diet and exercise routine.

Balancing Time

Balancing Time or lack thereof, emerged as a major dimension that was fundamental to these participants' experience with weight management. *Balancing Time* represents a lack of organized time management for work, school, family, self, and other daily activities that can impede or support weight loss and weight loss maintenance. This theme was further broken down into the sub-themes: *Finding time, When life gets in the way, Ready, set, go, and The time is now.*

Finding Time. This sub-theme encompassed the multitude of explanations the participants addressed in regards to their difficulty in fulfilling multiple roles in addition to engaging in weight management behaviors. According to Diamond, a college student:

> Certain times finding a balance is easier than other times. The most challenging aspect has to be juggling work, church and my roles in the community. Time management is a factor that I could handle much better. I always want to fulfill all of my roles to the best of my abilities and sometimes that means eating late and irregularly and skipping workouts or losing sleep.

As Whytney, a college professor put it:

> Time, time, time. If only there was more time in the day. I would probably still accomplish nothing more but I would still love to have more time. Really there is not enough time in a day because I have too many irons in the fire so it's hard to do all my responsibilities and still manage to have time to exercise.

Many of the women spoke of their work responsibilities, particularly travel requirements, posing a significant strain on their dietary and exercise behaviors. As one participant Jess, a researcher explains it:

> I have a really bad work schedule with demanding travel requirements and expectations to engage in social activities that often involve lavish dinners and drinks, which I tend to go overboard and over drink and overeat.

According to Belinda an accountant,

> With work I have to travel often so going on a vacation or to a social event is always the place that it starts…maintaining proper eating habits and giving up bad behaviors and exercising as I should when I'm staying at a hotel is hard. I usually just want to just lay in my hotel bed and sleep and then wake up and eat fast food because cooking isn't an option.

Summer shakes her head as she reflects on her day-to-day schedule and explains that due to an extremely hectic calendar there are often time limitations that cut into her exercise routine or lack thereof. She also explains that on occasions, particularly after an extremely over demanding day at work, she is often mentally and physically exhausted in which case the last thing on her mind is an exercise program or eating healthy.

Ultimately, for each participant there was a level of awareness of the implications of not engaging in more optimal weight management behaviors. Also, there was an eminent knowledge of the positive impact initiating a weight management program can bring about, in spite of the strain on time. As Jess described it:

> I struggle with finding time to exercise and preparing healthy meals but I know if I was to improve my health status I will look better and feel better in my clothes. In that case then I have to somehow do it despite my work schedule and ultimately my utter laziness.

When Life Gets In the Way. Stemming from the previous sub-theme, this sub-theme involves the idea that many of the participants would find themselves on the right track with their weight management until "life happens". Mercedes explains that at one point she joined a Weight Watchers Group with a friend and was successful for some time but was then too pressed for time to go to the meetings so she stopped. This is an example of a woman who has engaged in what has worked but due to time constraints, she found it too difficult to maintain. As Ann put it, "Life seems to get in the way. I don't have the time and I lack consistency…Everyday life responsibilities, mainly work consumes me. According to Ann, a school teacher:

> I am very clear on the steps I need to take to achieve a healthy weight but honestly I lack the time, commitment and consistency necessary to do it. I often allow life and other work commitments to get in the way of taking care of myself.

Much like Ann, other participants found it difficult to begin to engage in weight management behaviors due to the ups and downs of life. Cali, a married 48 year old school teacher describes how managing her weight in the past has improved her health

and self-esteem but “everything comes in the way” and draws away from all that is built within just moments. It is as though all the hard work, time, and dedication put into weight management over such an extensive time can be gone within moments. Cali, a married school teacher also gives an account of her battle with time:

> My hectic lifestyle has led to poor eating habits and ultimately overweightness and consequently obesity. As a working woman that has to make ends meet and being the bread winner in my family, I do not have enough time to be home to make dinner for my family and myself so it’s easier and faster to eat out with the family, especially when my kids play sports.

Beyond day-to-day hassles, significant life changes inevitably occur without warning, which can throw a wrench at weight management efforts. As Kathy recalls a difficult moment in her life bringing her exercise efforts to an abrupt halt she becomes chocked up:

> I realized that I was stressed out from taking care of both my mom and dad, losing my home and having my dad pass away two years ago made me realize that I needed to confront these situations to get to the place I want to be.

Ready, Set, Go. This sub-theme includes the participants’ aspiration to initiate the process of engaging in weight management behaviors. Unfortunately, such aspirations require a degree of effort, dedication, and commitment to getting started; consistently an uphill battle for many of the women of this study. According to Whytney, “As hard as it is to start once, it is even harder to start over and over again.”

As Cali explains it, “I desperately seek structure in order to get going”. For Ann, her current weight management consisted of making excuses. She explained that making

excuses seemed to be the easiest part of initiating her weight management and that she often found herself creating a plan of action but doing nothing to execute it. Also according to Ann, "It's like I say I want it but when it comes to doing it I just hit a wall." According Belinda:

> Starting is the hardest part and then keeping going after I have started is oh God almost as bad as getting started. The biggest thing that gets me motivated to begin a weight loss management routine is knowing what can happen, but the hardest part is knowing what can happen like the pain I feel.

While initiating weight management behaviors proves to be difficult for many of the participants, Jess makes it clear that she desperately wants to push past the troubles of beginning a weight management program because her life depends on it.

> One has to be aware that a hectic life leads to poor eating habits and ultimately overweightness or obesity. I have to try to maintain a good balance in everything I do, and remember that without good health I have nothing and a poor quality of life. I have to slow down and place my health first and somehow make up for the years I have put my health on the backburner.

The Time Is Now. Extending from the plaguing dreadful thoughts of initiating and maintaining effective weight management behaviors, this sub-theme describes the participant's jumpstart to healthy living. Diamond, only 26, describes that she has an increased desire to engage in healthier behaviors because she wants to be around to live her "best life yet" and she expressed that if she is going to do that "I cannot allow my weight to keep me down or serve as a silent killer". Many of the participants expressed a fear of their lives being reduced as a result of life altering events at the hands of their

current health status. Zee becomes emotional as she described quite a scary event that jumpstart her pledge to change:

> My surgery was a wakeup call for me and I think that is why I really believe that this time will be different … I had a tumor removed from my carotid artery and this was jarring call to health for me. I am more determined than I have ever been previously to be healthy and to lose the weight… My life depends on me taking care of myself.

Much like Zee, Kathy with a BMI of 52.37 describes her motivation for kick starting her shift in the right direction towards a healthier lifestyle.

> I could pass away in the next five years or really at any minute, which is really scary. Most people want to live to see their kids grow up but more so I want to live to take care of my mom who isn't in the best health right now… I want to live to take care of her… If I were to die now based on my current weight it could be due to complications of diabetes, high blood pressure, hypertension, cancer, stroke or some form of disease from being obese, you know all those things they say you are most diagnosed with in regards to obesity and I know that at my current state I'm open to all those things which is scary.

All in all, the major theme *Balancing Time* emerged from what presented to be one of the greatest barriers to successfully overcoming obesity for each woman in this study. According to the participants, time was continually lacking. Also, many of the women addressed that in addition to the lack of time at the hands of day-to-day responsibilities, there are inevitable life circumstances that also presented as hindrances to finding a balance between responsibility and weight management behaviors. Finally,

as a direct result of the feeling of lacking time to be fully devoted to weight management behaviors for one reason or another, many participants once again addressed that finding time to get the ball rolling on overcoming their weight was and continues to trying. But, it was clear that many of the women realized that without their health nothing else can be accomplished so it was vital that they place their health first and the time to do so begins now.

Empowerment

Empowerment represents how the women of this study connect body image to their quality of life and the overall influence obesity has on how they perceive their worth. This theme was further broken down into the sub-themes: *Physical appearance, Can and will, and Self-esteem.*

Physical Appearance. Many of the women in this study expressed an unpretentious aspiration to look good and feel good in that little outfit that flattered them most in the past. For Jess, consistently engaging in weight management behaviors means being able wear the clothes in her wardrobe. She shared "I have outfits that I would love to wear again."

While many participants acknowledged that they are driven to pursue weight management behaviors for such reasons as to improve their health or self-esteem, consistently each participant spent time addressing the idea that they are greatly driven by the possibility of looking better in their clothes. Cali explains, "I really just wants the ability to fit in the clothes in my wardrobe, obviously staying healthy, and just feeling good about myself stands out for me." As Summer describes it:

> I want to enjoy my physical appearance and the flexibility to wear the clothing of my choice without being a spectacle but I can't which is probably why I don't go out much because I feel like I have nothing to wear.

Like Summer, Cali explains:

> I know that the answer for exercising and eating healthy should be first and foremost to be healthy but really for me it's more about my physical appearance. I am happier about myself when I am happy about how I look and if I fit in my clothes.

While the subject of physical appearance was often lighthearted, as was the case with Whytney who explained, "I like to be comfortable and I hate and I mean hate when my clothes are tight on me. Clothes can be fitted but not tight and lord knows there is a big difference"; Belinda on the contrary was visibly upset by the thought of not fitting into certain pieces in her wardrobe.

> I hate not being able to wear certain clothing such as shorts in the summer. It makes me get hard on myself that I did not get it all together in the months before and then get busy over the summer to manage my weight which by then it was too late and my ideal weight to wear shorts is long gone.

Can and Will. This sub-theme covers the concept that each woman to some degree knows that it is possible to successfully achieve weight loss through weight management behaviors despite past failures and the difficulties of getting started as discussed above. Unfortunately, while many of the women acknowledge that they can, it is a matter of will and desire. Diamond accounts:

> I have personally always had high self-esteem and loved myself despite how I look but the negative effect to the inner most part of me is feeling as if I let something so trivial as food or a lack of working out defeat me and I don't want to be defeated by something that I should have control over.

She then goes on to explain,

> I have always loved me for who I am and while I have become fed up from time to time with weight loss I have never become complacent. I will always be on this journey of weight management until I am satisfied and concur it.

Enthusiastically, Belinda expresses her belief that change is possible for herself and for everyone that battles with their weight. She expresses that "For each person I know the battle with weight is very different but I believe as individuals we each need to find what works best and stick to it."

Self-Esteem. Health concerns and issues with self-esteem was shown to take a toll on the participants' motivation to lose weight. This sub-theme describes how many of the participants aspire to make lifestyle changes that will in turn favorably increase their self-esteem and optimistically drive healthier dietary and exercise behaviors. For example Kathy explained:

> I can say that I am finally doing something for my health and for me which is what I feel has been lacking and will greatly impact my weight management. Now I am putting myself, my weight, and my health first above others because I can't take care of others if I'm not alive and well to take care of them.

Like Kathy, many of the participants reflected on what stands out about their experience of weight management behaviors, which many included the yearning to increase their self-esteem that has been drastically diminished over the years.

> What stands out for me is the hurt and emotional toll my weight has taken on my self-esteem and feelings of self-worth which continues to impact me to this day. I never and still really I still don't feel good, or worthy enough. After a long bout with anorexia as a child, successfully reaching a size 2 to 4 I was finally accepted and celebrated among my peers and family. I remember it vividly. My grades increased, my social status improved and I earned the "most popular" distinction from my classmates. Like my family finally showered me with complements, offered to take me shopping and get my anything I wanted. That was the first time in my life I felt love, respect and acceptance but of course as you can see that didn't last. Unfortunately as the weight crept back on, I realized the love, respect and acceptance was short lived and conditional.

Overall, Ann like many of the other women explains that she is done with limiting herself due to her weight.

> I want to be healthy and happy. I want to build my self-esteem and to stop limiting myself because I am overly concerned with my appearance. I want to help and empower others like especially youth with my story because that's when I struggled with my weight the most and support them with their weight management journeys.

In brief, *Empowerment* appeared to have a significant effect on the participants' motivation to participate in weight management behaviors and contributed positively to

their overall attitudes about weight management. The women shared various accounts of being motivated by wanting to look good in their clothes and how that would in turn make them feel better about themselves and, increasing their self-esteem that had been lacking in past years for many.

Mindset

The final dimension of obese African American women's experience with weight management behaviors was revealed to be *Mindset* which is comprised of three sub-themes: *The never ending journey, When I look around, and Driven.*

The Never Ending Journey. The final and most telling sub-theme of the experience of weight management behaviors for the women in this study surrounded the notion that weight management is a never-ending journey. This sub-theme encompassed all that the women believe makes weight management most challenging.
Whytney spends a great deal of time discussing the hardships of her on again off again pursuit of suitable weight management behaviors.

> Just when I want to give up I find myself back on another diet and starting over. I know it comes back to my lack of planning and also cheating in between meals because of my sweet tooth which usually leaves me reverting to my starting point which is depressing when I dwell… Overall it is a bit depressing.

Whytney goes on to explain that along this never ending journey she refuses to give up.

> When I think about it I think about the ups and downs of starting a diet then wanting to just quit but I know that quitting would mean that I have given up on myself and that is never going to happen. Winners never quit and quitters never

> win. I am a winner. I just have to find what works for me, satisfies my sweet tooth and does not need too much energy when I get home from work tired.

Consistent throughout the interviews with each participant, it is clear that this never-ending journey with weight management behaviors brings about a great deal of frustration. Zee explains:

> When I think about the whole process, it's a big ball of frustration to me and I feel a little exasperated. I won't give up though. I want to see the results and I am fighting to continue whether I "see" the results or not.

She goes on to explain that along with breeding frustration, this "roller-coaster" of a journey is all too familiar.

> Some days I look in the mirror and love my face, and then I look at the rest of me and get disheartened. It is a horrible roller-coaster ride that I want off of as soon as possible. I get frustrated with myself for giving up, so I try again. Then I see no results, get my usual cravings, give in and then get mad at myself for giving in, then try all over again.

Like Zee, Ann describes her experience with weight management as a "roller-coaster" in which she then goes on to discuss the power it has over other areas of her life.

> My life has been a roller-coaster of fluctuating weight and inconsistent outcomes which has led to declining self-esteem, self-worth, poor body image, and ultimately hiding, isolation and severe depression.

Ann was evidently still troubled by her childhood struggle with her weight and the effect seems to linger on through her adult years.

> The process of weight management has been an ongoing battle for me. As a young child I was constantly ridiculed about my weight… essentially forcing me into the latest fad diet or exercise program in an attempt to make me "normal, like the other kids my age". I often felt like the ugly, overweight outcast subjected to special dietary arrangements because people were "concerned" about my health.

Much like the women above, Zee also shares of her ongoing cycle of frustration that accompanies her lack of triumph in overcoming her issues with her weight.

> I have given up time and time again. I have the desire and try very hard to manage my weight and for every try, it just seemed like nothing happens. I didn't lose any weight anywhere, no inches, just nothing. Then the frustration starts. The harder I tried, the less seemed to happen, so I got even more frustrated and stopped trying altogether, to be not happy with what I saw in the mirror and endeavor to try again, but that cycle continues. So it's a big ball of frustration to me and I feel a little exasperated.

Despite such great frustration, Zee with a BMI of 34.39, goes on to make it clear that this is such a never-ending journey because regardless of her shortcoming, as with many of the other women, she refuses to give up.

> I would go thru my frustration cycle, but I would never just stop. I have never wanted to and will never want to just stop. There will never be a time. I have stopped previously, but there was never a time where I didn't want to start again…I have the desire and try very hard to manage my weight and for every try, it just seems like nothing happens. Then the frustration starts. The harder I try, the less seems to happen, so I get even more frustrated and stop trying altogether,

> to be not happy with what I see in the mirror and endeavor to try again, but that cycle continues until now. This is the end of this vicious cycle and while I know the battle won't stop, I know it will get easier.

When I Look Around. This sub-theme is marked by the participants' tendency to compare themselves to others, subsequently taking the strengths of others and pitting those strengths against their weakest points. Unfortunately, such comparisons brought about feelings of inadequacy and emotional turmoil. As Zee describes it:

> I compare myself to all my skinny friends, or the ones who are skinnier than I am. They eat what they want and don't gain weight, they don't exercise as much as I do, but when they do, they lose weight so fast and I can't lose even a pound, and my self-esteem goes right down the toilet.

Zee goes on to explain that she is working very hard on stopping all the comparisons on every level because she can't afford to compare. She explains that it doesn't help her present situation in the least and that she is working to be more satisfied with just knowing that she is trying. Also, many women in this study expressed that when they looked around they found themselves surrounded by others who were often "worse off" than themselves. Belinda actually spent time contemplating if being overly concerned with her weight is really worth it.

> I think the feeling of acceptance plays a big part in why so many of us are overweight and we are all living so what the heck do I really need to change if everyone else is overweight and living their lives worry free?

As Cali described it:

> I look around me and see other people who are worse off than me and they don't seem to be so concerned so I wonder why am I so concerned but then I look in the mirror and look at those who are health conscious and just have these feelings of just really feeling inadequate would be how I would summarize it. It's like I have no control over myself.

Ann looked physically upset as she accounted becoming infuriated at the thought that those around her that were in the same predicament or worse than she was were the ones often making recommendations about how she would need to adjust her exercise or dietary habits.

> What upset me most was that I saw the same people concerned about my weight eat foods they were depriving me of which just upset me even more and I quickly became convinced they were more concerned about how I looked when I was out in public with them than any health issues.

Zee describes how being overweight her entire life has impacted her previous and current attitude about her weight.

> Throughout elementary and middle school, I was considered fat because I was never as skinny as the students around me. My thighs were big, even though the rest of me was extremely small. I hated not looking like everyone else. I was active, not "fat" but that did nothing for my self-esteem. When I got to high school, all the girls looked like me and great deals of them were even bigger than I was, so I finally accepted the way I looked for a long time. By grad school when the weight was pronounced, things started looking just like middle school

> again, and the cycle of work out frustration began heavily. Today, I made the decision not to let the cycle frustrate me. I am working, and I know that I am loved so my self-esteem is up. Now I look at where I want to be for health mainly not in comparisons as much as I used to.

Driven. This sub-theme was somewhat all encompassing of the driven mindset necessary to overcome their battle with obesity. Kathy expressed, "My battle is because of me and my inner thoughts and feeling about my weight and knowing what I have to do and just doing it."

For Belinda, she explained how overcoming her weight issues would bring her so much happiness. She expressed that she is never content knowing she is overweight so in the back of her mind she tells herself "I have to get back on track." She went on to say:

> I really desperately want to be comfortable in my own skin and be happy with how I look and when I cannot fit into my clothes the way I want to that is an indication I need to do something about my weight.

Whytney also spent time addressing what she believes it would take to achieve withstanding weight management behaviors.

> What I know is that it takes will power, commitment and planning ahead. I have to want to do this for myself and not be doing it for someone else. If I am not committed to losing the weight I will cheat and eventually give up.

She goes on to explain,

> When I go out I want to turn heads because I look fabulous. I do not want to turn heads because people are wondering if I do not have a mirror at home. I am as vane as the next person so I still want people to take that second look because I

> look good for my age. I have accepted that I am never going to have the body I had in my 20's or even my 30's. But I see no reason why I can't live in hopes.

In addition to the longing to overcome obesity for themselves, many of the participants expressed the same desire for others in the same situation. They expressed the desire to help others to not put themselves in the same circumstances they are currently in. Belinda explains, "If I can overcome my weight issues I would be able to inspire others that battle with their weight."

Zee also became rather passionate explaining her sense of urgency for making a change now and all she seeks to accomplish:

> I am driven by my wanting to be healthy and wanting smaller sized clothing. I want to lose weight, increase my energy, not sit down so much, help my asthma symptoms, and like what I see in the mirror. I don't want to be a weight lifter or have the body of a body builder or anything but I want to be toned, and tightened. I want to be less self-conscious in a bathing suit and I want to like going into stores and not worrying about them having my size and it fits. Also I want to stop comparing myself to skinny girls and be happy with me. Don't get me wrong I love my shape, but hate the size it is, so I'm doing something about it. Wanting a better me is what drives me daily.

In summation, *Mindset* addressed the notion that many of the women in this study found it hard to change their eating habits and exercise behaviors which was greatly influenced by their overall mindset as it pertains diet, exercise, and the possibility of actually being successful at overcoming obesity. Favorably, many spoke of their motivation to make lifestyle changes notwithstanding their concern with others

surrounding them that are quite impressionable on their attitudes of the possibility of making a lifestyle change not just in the short term but part of their lives for the long term. Also, this theme addressed that while each woman wanted to achieve gaining the upper hand on their weight for themselves, many expressed the want to use their stories as an example that overcoming obesity is possible. Unfortunately, achieving such a long-term lifestyle change would come at the hands of great frustration and grief along the never-ending journey of initiating and maintaining a strong weight management regime.

Chapter 5

Discussion

This study expanded on previous literature by providing an in-depth examination of the experience of weight management behaviors among obese African American women. While various studies have highlighted the need for the development of weight management behavior strategies, none of this research has approached the topic of concern from a strictly qualitative standpoint nor captured an in-depth analysis of the first-person experience of weight management from the perspective of obese African American women.

The researcher and participants of this study held a shared interest in exploring the lived experience of weight management in African American women, subsequently, inspiring a natural flow of dialog exchanged in efforts to reach an accurate description of a human experience (Pollio et al., 2006). It is through dialog that participants and researcher are able to make clear to one another the meaning of the exchange. Descriptive data comprising first person accounts of the phenomenon yielded findings that provide a more comprehensive depiction of the dynamics of weight management behaviors among obese African American women.

The results of in-depth phenomenological interviews with eleven obese African American participants revealed five major themes that characterized these participants' experiences of weight management behaviors: *Eating Patterns*, *Exercise Behaviors*, *Balancing Time*, *Empowerment*, and *Mindset*. A visual depiction of the thematic structure and interaction between the various dimensions is shown in Figure 1. The

relationship linking these dimensions is perhaps one of the most significant findings that emerged in this investigation.

While participants displayed a desire to change their behaviors, their actions appeared to be a disconnect between the thoughts, attitudes, and behaviors of the participants in the current study. While each participant acknowledged that they are unhealthy and have the drive to do what they need to do to be healthier, then the underlying question is holding them back? Perhaps, the answer can be found between the lines and rooted deeply within the results of this study. For example, in the data collection process several participants announced that this would be the first time they would be weighing themselves in months. Such comments certify the lack of self-monitoring, awareness, and consciousness necessary to transition to healthier living. While research has shown that there is an awareness of obesity-related health risks, the perceived psychosocial consequences of being overweight remains limited (Kumanyika et al., 1993). Such findings demonstrate the necessity for further exploration of such factors as awareness and health consciousness and the impact it has on beginning and maintaining effective weight management behaviors.

Also, the present study confirms the need for education which appears to be lacking for many of the participants. For example, although the topic of less healthy foods available among the African American culture was addressed, it is necessary for African American women to be educated about the healthy alternatives to such options, requiring that there be a greater understanding of what it “healthy” means to an African American woman. Also, in addition to identifying and understanding what healthy dieting means to African American women, other factors must be taken into account

when making healthier food choices. For example portion size was not a topic covered within this study. Previous research conducted by Rolls et al., (2002) shows that chronic exposure to portion sizes that exceed energy needs might promote chronic over-consumption and excess weight gain. While investigating the relationship between portion size and energy consumption in single-meal settings, Rolls et al., (2002) found that large portion sizes significantly increase energy intake among adults. Therefore, the lack of acknowledgement of such a critical aspect of *Eating Patterns* as it pertains to portion size may be an indication that it is not taken into account when discussing dietary habits within the African American culture. Ultimately this ties back to the need for an increase in awareness and education that has been shown to be lacking in such areas as *Eating Patterns* and *Exercise Behaviors.*

The five major themes revealed in the transcripts of each participants interviews appeared to be connected in a number of ways. As depicted in the general thematic structure (see Figure 1.), the experience of weight management behaviors are vastly interconnected and often times overlap. While all of the participants addressed their poor *Dietary Patterns* and *Exercise Behaviors*, such themes could not go without mention of the physical and emotional toil that comes with it. The results demonstrated that just as important as diet and exercise can be to managing weight, it is just as important to acknowledge the repercussions such themes have on ones self-esteem and the empowerment of others as well as the mindset one takes towards weight management. Also, it was evident in the results of this study, the impact the concept of *Balancing Time* can have not only on one's self-efficacy but ultimately can pose to shape ones *Mindset* about their ability to effectively engage in weight management behaviors.

Ultimately, no matter what theme each woman found herself on, it was inevitable that the other themes followed closely behind. For example, a woman who has a positive *Mindset* and is motivated to overcome her obesity status through healthy *Dietary Patterns* and *Exercise Behaviors,* it is important to acknowledge the significant challenge *Balancing Time* or lack thereof can pose on ones feeling of *Empowerment.* Despite the breakdown of themes into distinct segments of the experience, it is important to emphasize the dynamics between these dimensions collectively shape the total experience of weight management for these women.

This chapter outlines the *Connections to Previous Research,* offers *Practical Implications* for the findings, suggests *Future Directions* for research and provides *Concluding* remarks.

Connections to Previous Research

From an examination of the experiences and perceptions of weight management behaviors among African-American women, five themes were determined including: *Eating Patterns, Exercise Behaviors, Balancing Time, Empowerment, and Mindset*.

As discussed through the current research study, within the theme of *Eating Patterns,* there was a mixture of positive and negative implications for the women of this study. According to a study conducted by Tyler, et al., (1997), African Americans are more motivated to change their eating habits due to high blood pressure, cholesterol and hypertension than Caucasians (Food Marketing Institute and Prevention Magazine, 1994); however, African American women are less likely to sustain their diet patterns compared to Caucasians (Kumanyika, et al., 1991; Tyler, et al., 1997). This notion was supported through the participants' transcripts in various capacities. While the

participants expressed that their dietary habits were a direct reflection of foods most prevalent within their culture, it was evident that in order to successfully overcome such a barrier to weight loss, as desired, an active effort would have to be prompted through discipline, intentional planning, and decision making.

Unfortunately, poor eating habits are a major contributor to obesity and other chronic diseases (Food and Nutrition Board, 2002), and African American women have a high incidence of obesity due to poor dietary behaviors (U.S. Department of Health and Human Services, 2000). Consequently, in a study conducted by James (2004) six focus groups with 19 African American women, age 22–46, explored how culture and community impact on the nutrition attitudes, food choices, and dietary intakes of a select group of African American women in north central Florida. Results indicated that there was a general perception that eating healthy meant giving up part of their cultural heritage and trying to conform to the dominant culture. This perception was not supported through the current study. According to the current study many of the participants expressed that their attitudes and decision making as it pertains to dietary choices is greatly influenced and often impaired by the acceptance of cultural standards. Differing from the ideal of trying to conform to the dominant culture, many of the participants expressed a desire to overcome and resist the cultural norms that many felt negatively impacted their engagement in effective weight management behaviors. Such differences may be attributed to the method in which the results were acquired. Through focus groups, the perceptions may have been swayed or altered by the opinions of the majority of the group as opposed to accounting the personal experiences with dietary behaviors individually as generated in the current study. Results of the study conducted

by James (2004) also found that obesity was not perceived as a priority or as important as the immediate issues of daily living, the social and cultural symbolism of certain foods, the poor taste of healthy foods, the expense of healthy foods, and lack of information. Such findings on the other had were evident through the current study. In fact, the participants of the current study expressed many of the same factors playing a significant role in their decisions as it pertained to their *Eating Patterns* such as the expense of healthy foods. Ultimately, as confirmed by the results of this study, the lifestyles of many African American women such as an increase in the number of meals consumed outside the home, increased consumption of fast and convenience foods, and lack of physical activity predispose them to excessive weight gain (Ferguson, 2001). Additionally, several qualitative studies have identified that cultural attitudes and beliefs related to body image and perception of body size may impede the ability of African American women to engage in positive health behaviors (Ard, Durant, Edwards, & Svetkey, 2005; Baturka, Hornsby, & Scholing, 2000). Findings within the sub-theme of *size matters* supports the notion that within the African American community, there is a wider range of "acceptable" body sizes, therefore "obesity" and "overweight" are more difficult to define culturally (Hawkins, 2007; Towsend- Gilkes, 2001). Past research describes that within the African American community, terms such as "big-boned," "PHAT" (pretty, hot, and tempting), and "fine" are articulated to describe obese African American women or attractive African American women of any size (Edwards & Poff, 2008). This notion was verified in this research that further established that the cultural attitudes about weight have a direct influence on weight management behaviors among African American women. As discussed in the current study, within the African

American culture there is the notion that it is attractive for a woman to be “thick”. But, contrasting previous research, participants in this study also recognized that there is a point where one can cross over from being “thick” to being overweight and subsequently obese and the impact it has had on their health. For example, each participant expressed their worry and frustrations with their weight but a strong desire to overcome their poor dietary decisions and transition to healthier dietary habits. While many of the participants expressed satisfaction with who they are as individuals, they expressed displeasure with their weight as they reflect upon the implications their weight poses on their health. Furthermore, there was a sense of empowerment and fortitude being built as they verbally expressed their want for change.

Closely related and directly impacting the theme *Exercise Behaviors* was the theme *Balancing Time*. Building on previous research in regards to the Mindset of each participant and its influence on ones Eating Patterns, Exercise Behaviors, and Empowerment, it is impossible to speak of such themes without addressing *Balancing Time.* Many African American women believe that physical activity is important to their health and well-being, yet these women also identify many barriers to actually achieving an active lifestyle (Henderson & Ainsworth, 2003). Lack of time is a well-known barrier to physical activity, yet it is not known whether this barrier reflects actual time commitments or simply a perception. The current study indicated that lack of time and the inability to balance time with day-to-day responsibilities does in fact impact upon the participants current weight management behaviors. The present study also revealed a number of explanations the participants addressed in regards to their difficulty in fulfilling multiple roles in addition to engaging in weight management behaviors.

A study conducted by Robinson & Wicks (2012) identified common barriers to physical activity including: (a) lack of time; (b) family and job responsibilities; (c) dislike for physical activity; (d) lack of motivation; (e) physical effort required; (f) lack of enjoyment of physical activity; (g) fatigue; and (h) social and cultural cue to be inactive. Of those listed above, lack of time, family and job responsibilities, and fatigue were common barriers to physical activity also found in the current study. Lack of time in their daily lives was noted as the biggest barrier to engaging in adequate physical activity reported by African American women (Henderson & Ainsworth, 2003), which supports the findings of the present study. All in all, family and job demands, fatigue, illness, lack of motivation, economic limitations, unsafe neighborhoods, lack of available facilities or resources, and lack of cultural acceptance are other barriers to adequate physical activity recorded by African American women (Nies et al., 1999). Such findings are supported by the current study through the themes *Balancing Time and Dietary Behaviors.* Overall, within the sub-theme *Balancing Time,* it was evident that family and job demands as well as fatigue played a role in the experience of weight management behaviors for many of the women. Also, in regards to *Dietary Behaviors,* the current study supports the findings of the study conducted by Nies et al. (1999). Particularly, such factors as economic limitations and lack of available resources paralleled those of previous research.

Finally, in a descriptive qualitative study, Blixen, et al., (2006) explored cultural values and beliefs related to obesity and weight loss, six themes were drawn from the analysis of data: (a) attitudes and perception of weight; (b) areas of life affected by weight; (c) previous weight loss attempts; (d) barriers to successful weight loss; (e)

medical knowledge related to obesity; and (f) help from a primary care physician. It is evident that *Mindset* is a strong connection that can be made to this research. Many of the women in this study found it hard to change their eating habits and exercise behaviors which was greatly influenced by their overall mindset as it pertains diet, exercise, and the possibility of actually being successful at overcoming obesity. Research conducted by Blixen et al., (2006) also demonstrated the impact cultural values and beliefs or the *Mindset* of each woman has on one's ability to manage their weight.

In summation, one of the major benefits of descriptive data attained through dialog is its ability to capture consistencies and contradictions that are present within lived experiences (Kvale, 1996), hence, no two accounts are exactly alike. This detail differentiates quantitative criteria for generalizability from qualitative generalizability. Thus, the findings of the present study should not be assumed to apply across the board for all African American women, instead, the research is validated when a reader understands and recognizes the support for the thematic structure set forth by the author (Kvale, 1996).

Practical Implications

The results of this study offer several practical implications for health care practitioners, founders of social and community health initiatives, policy makers, health researchers, weight loss programs, and schools and community organizations associated with obese African American women. There are numerous recommendations that can be developed based on the results of this study and the selected research question. The following list is based on the findings of the present investigation and suggests possible strategies for the various people that affect the experience of weight management

behaviors for obese African American women. Although it is unlikely that these recommendations will result in instant changes, they may serve to improve the quality and hopefully the effectiveness of maintaining effective weight management behaviors for African American women of the present and future.

African American women can:

- Self-monitor weight to maintain awareness of weight status.
- Increase knowledge about healthy foods and appropriate portion sizes.
- Increase knowledge about the types of exercises needed to achieve weight loss goals.
- Identify personal determinants and barriers to effective diet and physical activity and ways of overcoming each barrier.
- Develop and encourage social support from friends and family.
- Implement a time management plan including alternative options if initial goals are not viable.
- Join faith-based institutions that have culturally relevant *Empowerment* workshops and programs for African American women who are challenged with the many facets of obesity.
- Initially use physical appearance goals to aid motivation. For example, they can keep a picture of themselves at their ideal weight in order to give a visual picture of the body they are striving for.
- Set personal standards of beauty independent of societal attitudes towards weight.

Exercise Psychologist can:

- Teach effective goal setting strategies.
- Provide information and practical time management strategies that will assist African American women who are attempting to lose and maintain weight.
- Help with body image dissatisfaction.
- Through facilitating conversations about their experience with weight management, motivational interviewing can be used to emphasize the empowerment enabled through sharing their story.

Personal Trainers can:

- Be more flexible in developing individual physical activity plans that target the availability, accessibility, affordability, and the motivational level of African American female clients.

Schools and community organizations can:

- Use strong ties in the African American community, promote more advertisements and health initiatives and provide more education regarding good health as being the first choice to weight loss in African American women.
- Mandate more health and wellness programs into school systems with large African American populations for addressing the mindsets of children regarding obesity; later impacting weight management behaviors in adulthood.

Family and Friends:

- Motivate and encourage friends and family in weight loss efforts.
- Support exercisers in their endeavors to enhance their experience with weight management.
- Support the dietary needs and changes.
- Do not rely solely on women to cook cultural expectations of food.

Ultimately, a high obesity rate stemming to a large extent from lifestyle behaviors has occurred in African American women (Befort et al., 2008). Therefore, improving African American women's experiences may result in a better product along with increased appeal to engage in effective and lasting weight management behaviors. Furthermore, knowledge of an African Americans experience of weight management should aid in better serving the specific needs of the African American female population.

Future Directions

The first suggestion for continued research is to conduct a qualitative study of African American women who have been obese and were able to successfully lose a substantial amount of weight and maintain the weight loss as a separate study from women who acquired obesity as adults. This could be advantageous in providing solutions for women who are learning to live without obesity for the first time, whereas a study of women who became obese as adults could lead to a deeper understanding of how preventive measures can be implemented for women who are gaining weight after their childhood and adolescent years. Developing and implementing preventive measures for weight gain, have become important public health and research priorities (Lynch, Chang,

Ford, & Ibrahim, 2007). To date, only a few studies have examined how the neighborhood or family poverty in childhood may be associated with adulthood obesity (Saunders, Watson, & Tak, 2012). Qualitative research has not focused on how being overweight in childhood leads to adult obesity and thus warrants further research.

Correspondingly, through a qualitative design the social, emotional and psychological barriers that impact African American women before and after their weight loss should be examined. According to Jones et al., (2007), there is little information about how interventions for treating obesity impacts individuals lives, and that social, emotional, and psychological factors are seen as barriers to making changes and losing weight. A study of this nature could potentially provide healthcare professionals, community service organizations and the African American female population with more strategies for combating weight loss and maintenance barriers. Finally, another suggestion could be to examine the impact weight loss has had on the way African American women monitor their children's health behaviors, as prior research states that lifestyle behaviors such as eating patterns, exercise behaviors, and thoughts of obesity are developed during childhood (Oude & Baur, 2009).

While the present findings offer additional insights into weight management experiences of obese African American women, they are limited. There was a possible lack of full disclosure of the experience by an interviewee. Participant recruitment occurred through self-selection therefore, it is possible that those that were most interested in participating included women that were more educated and more engaged in the discussion of weight management behaviors. Lastly, the limited interviewing experience of the primary researcher may have influenced the amount and type of data

gathered. Despite these limitations results of the present study complement and extend upon previous research weight management behaviors of African American women.

Conclusion

This qualitative, phenomenological research study examined the lived experiences of African American women and their plight with obesity and weight management behaviors. This method was deemed the most helpful in providing a richer insight into the women's lived experiences. Although participants shared their individual lived experiences, the underlying conclusion collected from the interview data in this study is that weight loss and maintenance is based on individual lifestyle decisions and subsequently their behaviors. Chapter 5 concludes this research study. The findings produced five themes that revealed weight loss and weight management influences including: (a*) Eating Patterns*, (b) *Exercise Behaviors*, (c) *Empowerment*, (d) *Balancing Time*, and (e) *Mindset;* representing extensions to previous research.

Recommendations encourage health care practitioners, founders of social and community health initiatives, policy makers, health researchers, weight loss programs, and schools and community organizations to join in the development of interventions and strategies that can assist African American women in overcoming and avoiding obesity. This study provides additional support for the need to focus on issues of obesity among a specified, at risk population. It is hoped that this study will contribute to gaining a deeper understanding of the phenomenon of weight management behaviors in obese African American women in order to target each theme revealed which have been consistently been encountered leading up to, during, and following weight management efforts within this specified population.

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Appendix A

Major and Sub-Themes of Participants' Experiences of Weight Management Behaviors and Representative Meaning Units

Major Themes	Sub-Themes	Representative Meaning Units
Eating Patterns	Food	There are a lot of starchy, sugary and high cholesterol foods that we usually eat. There is never a decreased supply of and intake of fatty foods. We love our starches. My neighborhood ultimately consist of unhealthy fast food restaurant. Why do I have to travel 10 miles for healthy food?
	Decisions	I don't really want to spend extra money on those foods. Spending more money on healthy food is not as important as paying bills.
	Health	Health is my main goal. The improvement in health would be great. It will improve my health status.
Exercise Behaviors	Size Matters	I never understood why people had insecurities because of weight. I am not at a healthy weight and yearn for the size I was when I was

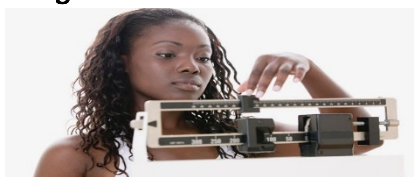
		younger. I always equate those outcomes with the size I once was.
	Exercise	I need to stick to starting back up on doing physical activities. The gym is really overwhelming. I lack access to local gyms or fitness classes.
	Lack of Patience	I would see results for a little bit and then I wouldn't lose any more. I feel like if after a 2 weeks period I am not seeing the results I want it is not worth it. I am not seeing results as quickly as I would like.
	Support	My husband has always encouraged me. My spouse has supported me in everything. I have a great support system in my life.
Balancing Time	Finding Time	I do not have enough time. Time, time, time. If only there was more time in the day. It's hard to do all my responsibilities and still manage to have time to exercise.
	When Life Gets In the Way	Life seems to get in the way. Life and other work commitments to get in the way of taking care of myself. Everything comes in the way and draws away from all that is built within just moments.
	Ready, Set, Go	As hard as it is to start once, it is even harder to start over and over again. Starting is the hardest part. Keeping going after I have started is oh God almost as bad as getting started.
	The Time Is Now	This was jarring call to health for me. I am more determined than I have ever been.

Empowerment	Physical Appearance	I want to enjoy my physical appearance and the flexibility to wear the clothing of my choice. I have outfits that I would love to wear again. I am more happy about myself when I am happy about how I look and if I fit in my clothes.
	Can and Will	I don't want to be defeated by something that I should have control over. I will always be on this journey of weight management until I am satisfied and concur it.
	Self-Esteem	I am putting myself, my weight, and my health first above others. The hurt and emotional toll my weight has taken on my self-esteem and feelings of self-worth. I want to be healthy and happy. I want to build my self-esteem.
Mindset	The Never Ending Journey	My weight management is a never ending journey. When I do lose weight it's a constant journey to maintain it.
	When I Look Around	I compare myself to all my skinny friends. I look around me and see other people who are worse off than me. I have always had curves, but the people around me at various stages of my life didn't always like I did.
	Driven	I need to do something about my weight. I have to want to do this for myself. I'm doing something about it.

Appendix B

Volunteers Needed for Research Study

Participants needed for a research study:
Experiences of Weight Management Behaviors in Obese African American Women



Description of Study:	To Participate You Must Be:
The primary purpose of this research is to investigate how obese African American women describe and explain their personal experience of weight management behaviors. Participation will consist of an in depth interview lasting anywhere from 30 to 90 minutes.	• An African American Woman • 18-70 years old • Clinically Obese with a BMI ≥ 30; as determined by lead researcher • Previously or currently taking personal actions to lose or maintain weight through diet, exercise, and/or behavior modification

Your consent to be a research participant is strictly voluntary and confidential and should you decline to participate or drop out at any time during the study, there will be no adverse effects to you. As a participant in this study, you will be asked to participate in an interview at a time and location of your choice. The interview should last approximately 30-90 minutes depending on the depth of your responses.

To learn more, contact the principle investigator of the study, Chantelle Green, at 786-537-3817 or cgreen0421@gmail.com

This research is conducted under the direction of Dr. Duncan Simpson, Sport, Exercise, and Performance Psychology Department, and has been reviewed and approved by Barbara Cook of the Barry University Institutional Review Board. Dr. Duncan Simpson can be reached at (305) 899-4890 or via email at DSimpson@barry.edu and Barbara Cook at (305) 899-3020 or via email at BCook@mail.barry.edu

Chantelle Green
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Weight Management Study

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Appendix C

Barry University
Informed Consent Form

Your participation in a research project is requested. The title of the study is "A Phenomenological Study: Experiences of Weight Management Behaviors in Obese African American Women". The research is being conducted by Chantelle Green, a student in the Sport, Exercise, and Performance Psychology program at Barry University, and is seeking information that will be useful in the field of Exercise Psychology. The aims of the research are to attain in-depth first-person accounts of the lived experience of obese African American female participants along their weight management journey, in efforts to understand the true nature of the experience.

In accordance with these aims, a detailed description of the issue will be sought through an interview, which will later be analyzed to draw meaning from your experiences. Should you decide to participate in this study, you will be asked to participate in one in depth interview. During the interview you will be asked to describe in as much detail as possible your experiences of weight management behaviors in relation to being an obese African American woman. I may occasionally ask follow-up questions to gain further clarification or to obtain additional details to previous comments. The interview should last approximately 30-90 minutes depending on the depth of your responses. I will audio record the interview and then I will transcribe it (i.e., type it out on paper) for further analysis. Once I have transcribed your interview, it will be returned to you either electronically or via mail as a hard copy. This will allow you to look at your transcript to be sure it accurately portrays what you were trying to say in your interview. You may choose to omit, add, or modify any part of the interview in order to provide a more accurate description of your experience. We anticipate the number of participants to be 15, depending upon data saturation.

Your consent to be a research participant is strictly voluntary and should you decline to participate, answer any questions, or should you choose to drop out at any time during the study, there will be no adverse effects to you. Also, there are no known risks to you presented through involvement in the study. Although, there are no direct benefits to you, your participation in this study may help our understanding of the experience of weight management behaviors in African American women, as well as increase the depth of your own understanding of the issue through the exploration of your personal experiences.

As a research participant, information you provide will be held in confidence to the extent permitted by law. Your signed consent and demographics form will be kept in a locked filing cabinet in the primary researchers home, separate from the audio files and transcribed interviews. You will select a pseudonym (fake name) for this study, which I will substitute for your real name whenever you make comments that might identify you. Any published results of the research will refer to you by your pseudonym; no real names will be used in the study. All interview transcripts and audio files will be stored on a password-protected computer, maintained for 5 years and then destroyed. Any other information that could potentially be used to identify you or other participants will be changed or excluded from the transcripts. This is done to help preserve the confidentiality of your responses. I will only share your interview (not contact details or real name) with members of the research group assisting me in this study. Members of the research group will never have access to any materials, which might identify you.

If you have any questions or concerns regarding the study or your participation in the study, you may contact me, Chantelle Green, at (786) 537-3817 or cgreen0421@gmail.com,

my supervisor Dr. Simpson, at (305) 899-4890 or via email at DSimpson@mail.barry.edu, or the Institutional Review Board point of contact, Barbara Cook, at (305) 899-3020 or BCook@mail.barry.edu. If you are satisfied with the information provided and are willing to participate in this research, please signify your consent by signing this consent form.

Voluntary Consent

I acknowledge that I have been informed of the nature and purposes of this experiment by Chantelle Green and that I have read and understand the information presented above, and that I have received a copy of this form for my records. I give my voluntary consent to participate in this experiment.

_____	_____	_____	_____
Signature of Participant	*Date*	*Signature of **Researcher***	*Date*

Appendix D

Demographic Information Form

Instructions: Please provide a response for each of the following questions:

1. What is your age? _____

2. What is your marital status?

Single ○ **Married** ○ **Separated** ○ **Divorced** ○ **Widowed** ○

3. What is your annual income (or combined annual income if you have a spouse)?

Less than $10,000 ○ $10,000 to $19,999 ○ $20,000 to $29,999 ○ $30,000 to $39,999 ○

$40,000 to $49,999 ○ $50,000 to $59,999 ○ $60,000 to $69,999 ○ $70,000 to $79,999 ○

$80,000 to $89,999○ $90,000 to $99,999 ○ $100,000 to $149,999 ○ $150,000 or more○

4. With which racial or ethnic category do you identify?

African American ○ Other (*please specify)*: _____

5. With what denomination or faith tradition do you most closely identify?

_____

6. What is the highest degree or level of school you have completed? If currently enrolled, mark the previous grade or highest degree received.

No schooling completed ○ 12th grade, no diploma ○

High school graduate - high school diploma or GED ○

Some college credit, but less than 1 year ○ 1 or more years of college, no degree ○

Associate degree ○ Bachelor's degree ○ Master's degree

○ Professional degree ○ Doctorate degree ○

Appendix E

Interview Question

When you think of your experiences of weight management what stands out for you?

Appendix F

Barry University

Research with Human Participants Protocol Form

PROJECT INFORMATION

1. **Title of Project**

A Phenomenological Study: Experiences of Weight Management Behaviors in Obese African American Women

2. **Principal Investigator** (please type or print)

Student Number or Faculty Number: 2213068
Name: Chantelle Green
School – Department: HPLS - SES
Mailing Address: 14911 SW 139 Ave, Miami, Florida, 33186
Telephone Number: 786-537-3817
E-Mail Address: chantelle.green@mymail.barry.edu

*NOTE: You **WILL NOT** receive any notification regarding the status of your proposal unless accurate and complete contact information is provided at the time the proposal is submitted.*

3. **Faculty Sponsor** (If Applicable)

Name: Duncan Simpson PhD, CC-AASP
School – Department: HPLS- SES
Mailing Address: 11300 NE Second Avenue, Miami Shores, FL, 33161
Telephone Number: 305-899-4890
E-Mail Address: dsimpson@mail.barry.edu

Faculty Sponsor Signature: _____ Date: _____

4. **Is an IRB Member on your Dissertation Committee? Yes __X___ No: _____**

5. **Funding Agency or Research Sponsor**
(Name, Address)

None

6. **Proposed Project Dates**
Start _December 1, 2013_
End _May 1, 2014_____

Note: It is appropriate to begin your research project (i.e., the data collection process) only *after* you have been granted approval by this board. Proposals that list starting dates occurring before the date of submission will be returned without review. Please allow time for approval when determining your start

date. It is best if the end date you choose is one year after the start date.

Please Provide the Information Requested Below

A. Project activity STATUS is: (Check one of the following three as appropriate.)

_X_ NEW PROJECT
___ PERIODIC REVIEW ON CONTINUING PROJECT
___ PROCEDURAL REVISION TO PREVIOUSLY APPROVED PROJECT
(Please indicate in the **PROTOCOL** section the way in which the project has been revised.

B. This project involves the use of an **INVESTIGATIONAL NEW DRUG (IND) OR AN APPROVED DRUG FOR AN UNAPPROVED USE** in or on human participants.
___ YES **_X_** NO
Drug name, IND number and company:
_____

C. This project involves the use of an **INVESTIGATIONAL MEDICAL DEVICE (IMD)** or an **APPROVED MEDICAL DEVICE FOR AN UNAPPROVED USE.**
___ YES **_X_** NO

D. This project involves the use of **RADIATION** or **RADIOISOTOPES** in or on human participants.
___ YES **_X_** NO

E. This project involves the use of Barry University students as participants. (If any students are minors, please indicate this as well.)
___ YES Barry Students will be participants (Will minors be included? ___ YES ___ NO)
_X_ NO Barry Students will participate

F. **HUMAN PARTICIPANTS** from the following population(s) would be involved in this study:

___ Minors (under age 18)
___ Abortuses
___ Prisoners
___ Mentally Disabled
___ Other institutionalized persons (specify)
_X_ Other (specify) _Obese African American Women_
___ Fetuses
___ Pregnant Women
___ Mentally Retarded

G. Total Number of Participants to be Studied: _15_

Description of Project

1. **Abstract** (200 words or less)

There have been few studies that address in great detail the experience of weight management behaviors in obese African American women. The investigation will involve phenomenological interviewing of approximately 15 obese African American women to determine the meaning of the experience of weight management behaviors. The role of the interviewer is to facilitate in the participants' reflection of the experience and communication of their in-depth accounts, considering that they are the experts on the subject having direct knowledge of the phenomenon (Dale, 1996). All participants will be asked the same initial open-ended question, which is designed to illicit a variety of descriptive responses (Thomas & Pollio, 2002). It is intended that the findings will expand the research field, aiding in finding consistent themes in the lived experiences of the participants, in which each theme can be targeted in making efforts to overcome barriers to weight loss in this underserved population.

2. **Recruitment Procedures**

Describe the selection of participants and methods of recruitment, including recruitment letter if applicable. (**NOTE**: If the investigator has access to participants by virtue of his or her position within the study setting, please provide a brief description of such access.)

Pending approval of the Institutional Review Board for the Protection of Human Subjects (IRB), flyers promoting the study will be posted in various locations (Appendix A). The flyers will briefly explain the purpose of the study, procedure, and inclusion criteria as well as contact information for those interested and meeting the listed criteria. Participants will be recruited from various arenas including local parks, urban community centers, hair salons, and places of worship in the African American community. The diversity in participant recruitment will add to the richness of the varied experiences of the women. Those who are interested in being in the study will have the opportunity to contact the lead researcher, and volunteers who meet the inclusion criteria will be considered for the study. Additionally, snowball sampling will be used. This type of sampling includes networking, allowing volunteers to inform others who may meet the inclusion criteria about the study (Depoy & Gitlin, 1998). Once the participant has agreed to be interviewed, a convenient date and time will be decided for data collection. In this meeting, to ensure that all volunteers meet the inclusion criteria, the lead researcher will conduct a screening which will include taking the participant's height and weight, then manually calculating their BMI. Those participants meeting the inclusion criteria will then be required to complete a consent and demographics form prior to proceeding with the interview.

3. **Methods**

Describe procedures to which humans will be subjected. Include a description of deceptive techniques, if used, and debriefing procedures to be used on completion of the study. Use additional pages, if necessary.

Once the subject contacts the lead researcher with interest in the study, a convenient date and time will be decided for data collection. In this meeting, to ensure that all volunteers meet the inclusion criteria, the lead researcher will conduct a screening which will include taking the participant's height and weight, then manually calculating their BMI. In order to ensure confidentiality, as each participant is required to be weighed, the meeting will take place in a designated office or classroom or at the participants' home. Those participants meeting the inclusion criteria will then be required to complete a consent and demographics form prior to proceeding with the in depth interviews. These interviews will be open-ended in nature and each participant will be asked to verbally respond to the following (Appendix D): "When you think of your experiences of weight management what stands out for you?" Other open-ended follow up questions will be asked to gain an in-depth understanding of weight management behaviors among obese African American women. The opening question focuses attention on gathering data that will lead to a textual and structural description of the participants' experiences, and ultimately provide an understanding of the common experiences of the participants (Creswell, 2013). To make certain that nothing is overlooked; the concluding question in all interviews asks if the participant has anything else they want to share in regards to their experience. The interviews will last approximately 30 to 90 minutes depending on the depth of participants' responses. All of the interviews will be audio recorded and later transcribed verbatim by the primary researcher. With the participants sharing such personal information, to ensure confidentiality a pseudonym will be used and any identifiable details will be removed.

Participants will be provided a copy of their transcription electronically via email, giving them an opportunity to correct errors, clarify points, and/or add additional information in order to advance validity throughout the research. Next, an interpretive group composed of Barry University faculty members and graduate students from a variety of academic disciplines will aid with the analysis (Thomas & Pollio, 2002). Only the primary researcher will know the identity of the participants. After reading the complete transcripts aloud, the group will be able to assess whether the researcher's claims were substantiated or resulting from imposing biases or presuppositions. Also, the primary researcher will work with the group in developing a thematic structure for the interview data. Recurring patterns and/or significant statement will be identified as meaning units. Significant statements will include sentences or quotes that provide an understanding of how the participants experience the phenomenon of weight management behaviors as obese African American women. Within each transcript, similar meaning units, described by Thomas and Pollio (2002) as "the researcher's reflection about recurring patterns in the data" will be clustered into groups to develop sub-themes. Then, once sub-themes are identified for each individual transcript, a general thematic structure will be developed. Subsequently, a draft of the preliminary results including the general thematic structure will be sent to each participant in order to afford them the opportunity

to provide the researcher with feedback. Finally, participants will have an opportunity to express their satisfaction, pose questions, and offer clarifications to ensure that the transcripts provided accurate portrayals of their weight management experience.

4. **Alternative Procedures**

Describe alternatives available to participants. One alternative may be for the individual to withhold participation.

The alternative is to choose not to participate. Participants may withdraw from the research at any time without adverse consequences.

5. **Benefits**

Describe benefits to the individual and/or society.

There are no direct benefits to the participant.

6. **Risks**

Describe risks to the participant and precautions that will be taken to minimize them. Include physical, psychological, and social risks.

There are no known risks.

7. **Anonymity/Confidentiality**

Describe methods to be used to ensure the confidentiality of data obtained.

The consent forms will be kept in a locked filing cabinet in the primary researchers home, separate from the audio files and transcribed interviews. With the participants sharing such personal information, to ensure confidentiality a pseudonym will be used and any identifiable details will be removed. Only the primary researcher will know the identity of the participants. The audio files and verbatim transcriptions (word files) will be kept on a password-protected computer for a minimum of 5 years after completion of the study. The audio files will be permanently deleted from the audio recorder once they have been uploaded to the computer. The interview transcripts will be printed for the purpose of analysis with the research group but the primary investigator will collect all transcripts upon completion of analysis, will be typed up, and then the hard-copies will be will be destroyed.

8. **Consent**

Attach a copy of the consent form(s) to be signed by the participant and/or any statements to be read to the participant or informational letter to be directed to the participant. **(A copy of the consent form should be offered to each participant.)** If this is an anonymous study, attach a cover letter in place of a consent form.

9. **Certification**

I certify that the protocol and method of obtaining informed consent as approved by the Institutional Review Board (IRB) will be followed during the period covered by this research project. Any future changes will be submitted to IRB review and approval prior to implementation. I will prepare a summary of the project results annually, to include identification of adverse effects occurring to human participants in this study. I have consulted with faculty/administrators of any department or program which is to be the

subject of research.

_____ _____

Principal Investigator *Date*

***Reminder*: Be sure to submit sixteen (16) individually collated and bound (i.e. stapled or paper clipped) copies of this form with your application.**

*NOTE: Your proposal **WILL NOT** be reviewed until the completed packet is received in its entirety.*