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2018

**Decision Making Process of Afro-Caribbean Parents Towards
Swimming Competency for the Family: A Case Study**

Lorna Marie Wilson

DECISION MAKING PROCESS OF AFRO CARIBBEAN PARENTS TOWARDS
SWIMMING COMPETENCY FOR THE
FAMILY: A CASE STUDY

DISSERTATION

Presented in Partial Fulfillment of the
Requirements for the Degree of
Doctor of Philosophy in Nursing

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Barry University

2018

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2018

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Abstract

Background: Broward County's aquatic environment provides many recreational activities for both residents and visitors seeking fun in the sun and water, but the county has one of the highest rates of drowning in Florida, claiming the lives of Black children disproportionately (Florida Department of Health Bureau Vital Statistics, 2013- 2015). Some of the places in which children drown in the county are pools, lakes, ponds, and the ocean. According to the Centers for Disease and Control and Prevention (CDC, 2014), and the American Academy of Pediatrics (AAP, 2010), this tragedy is preventable through a range of effective interventions such as supervision, barriers, CPR training, and swimming competency.

Purpose: The purpose of this single embedded explanatory intrinsic case study was to gain an understanding of how Afro-Caribbean parents in Broward County decide to participate in swimming for the family

Philosophical Underpinnings: Qualitative case study is positioned in the constructivist paradigm and is guided by tenets of pragmatism and symbolic interactionism

Methods: This qualitative study was a single embedded intrinsic, explanatory case study. The research design is consistent with the qualitative case study research methodology guided by Yin (2014). Data analysis was guided by the techniques from Miles and Huberman (1994).

Results: The findings of how these Afro-Caribbean parents were making the decision to participate in swimming revealed that fear of drowning and having the swim center in their community had a significant impact in their decisions. The center provided water

safety education, convenient access, cost effectiveness, flexibility with schedule, and inclusiveness.

Conclusion: This study has produced evidence that unveiled a significant strategy to reverse the history of mistreatment and racial discrimination of Blacks at beaches and pools, which contributed to limited access to water and swimming for this population. This may be accomplished through community swim centers that have programs inclusive of all their community members.

ACKNOWLEDGMENTS

It is with a grateful heart that I pause to say thanks to all the wonderful people that have walked with me on this path toward my PhD. Thank God for the fortress He provided in the words, “I can do all things through Christ who strengthens me (Philippians 4:13).” My sincere gratitude to my committee chair Dr. Colin for her kindness, guidance, and wealth of knowledge that she imparted. She guides with such grace and wisdom that motivated me to continually take the next step. To my committee, Dr. Walters and Dr. Beason, thank you for your support, guidance and attention to detail, which were invaluable and welcomed. Thank you also Dr. Beason for your encouragement over the years that has kept me afloat. Special thanks to Dr. Chin whose kindness and help through my difficulty first semester when my mother became ill, kept me from dropping out of the program.

To my classmates who shared in this doctoral education journey, I thank you all for your support and for your friendship, especially to you, Duangrat Monthaisong who cheered me on through some very confusing days. A special thanks to my friends for their constant encouragement and confidence in me.

Finally and most importantly, thank you to my daughters, Paula Wilson-Kuehnlentz, Jamie Wilson and my son-in-law, Chris Kuehnlentz for supporting me emotionally and spiritually throughout this journey.

“Being confident of this, that He who began a good work in you will carry it on to completion...(Philippians 1:6)”

DEDICATION

I would like to dedicate this study to my three-year-old grandson, Canaan James Kuehnlenz who is participating in swimming lessons. His mother, Paula Wilson-Kuehnlenz, experienced a near drowning event before her third birthday which influenced my decision towards participating in swimming for my family. I strongly believe that children should learn water safety skills at an early age and hope he will be an example to Afro-Caribbean families to participate in swimming as a drowning prevention strategy.

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CHAPTER ONE

Broward County's aquatic environment provides many recreational activities for both residents and visitors seeking fun in the sun. As a potential byproduct of that culture, the county has one of the highest rates of drowning in Florida, claiming the lives of Black children disproportionately (Florida Department of Health Bureau Vital Statistics 2013- 2015). Some of the places in which children drown in the county are pools, lakes, ponds, and the ocean. According to the Centers for Disease Control and Prevention (CDC, 2014b) and the American Academy of Pediatrics (AAP, 2010), this tragedy is preventable through a range of effective interventions such as supervision, barriers, CPR training, and swimming competency. While drowning prevention is most effective in the context of a multifaceted approach, swimming competency for both parents and their children is invaluable in those moments of no supervision, lack of barriers, or other flawed interventions (CDC, 2014b). The CDC (2014b) reported that although learning basic swimming skills can reduce drowning risks, many children and adults, especially Blacks, reported limited swimming skills. Ross, Irwin, Martin, & Ryan, (2014) found that Black parents who reported lower swimming skills also reported less agreement with the idea that swimming is for them or their children. The acquisition of swimming competence should therefore be emphasized as being important to the entire family. Broward County is home to a large population of Afro-Caribbean immigrants, making up 15.3% of the 27% Black population (Florida Department of Health Bureau Vital Statistics 2013- 2015); thus, this group is included in the drowning and swimming disparities in the Black community. Understanding the barriers that influence the decisions of Afro-Caribbean parents towards the acquisition of swimming competence

may be used to advocate for culturally attuned and evidence-based water safety programs to bring greater participation in swimming and reduction in the drowning rate. No empirical data exists that specifically addresses the Afro-Caribbean population's swimming competency and drowning disparity. This study will, therefore, discuss findings from the African American perspective while seeking to understand how Afro-Caribbean parents make decisions towards the acquisition of swimming competency for the family and barriers that influence those decisions.

PROBLEM AND DOMAIN OF THE INQUIRY

Background of the Study

In the United States, approximately 4,000 people die each year due to unintentional drowning (CDC, 2014b) and more people drown in Florida than any other States except for the State of California (Lo, Hall, & VanderWerf-Hourigan, Vincent, & Pryor, 2010). In fact, Florida's Broward County has one of the highest incidence of fatal drowning among toddlers 1-4 years old with Blacks being affected disproportionately (Florida Department of Health, Division of Public Health Statistics & Performance Management, 2013- 2015). The World Congress on Drowning (2002) stated that, "Drowning is the process of experiencing respiratory impairment from submersion/immersion in liquid" (World Health Organization, 2014, p.1). According to the AAP (2012) the terms "wet," "dry," "active," "passive," "silent," and "secondary drowning," as well as the term "near-drowning," are no longer to be used (p. e253). The CDC (2014b) defined fatal unintentional drowning as a death for which the underlying cause included specific codes from the International Classification of Diseases—for

example, drowning while boating is coded in this category—while non-fatal is used in the report to indicate survivors of a drowning event.

Florida is especially attractive to visitors with families seeking water-oriented leisure, but according to the Florida Department of Health, in 2013, Florida had the highest unintentional drowning rate in the nation for the 1- to 4-year-old age group with most drownings occurring in residential swimming pools (Lo et al., 2010). The Florida Department of Health reports a drowning rate of 7.54 per 100,000 populations for ages 1-4, the highest in the nation. Florida had the second highest drowning rate in the nation for the 1- to 14-year-old age group with a drowning rate of 2.54 per 100,000 populations. Oklahoma was first for this age group with a rate of 2.69 per 100,000 populations, and Mississippi was third for this age group with a rate of 1.91 per 100,000 (Florida Department of Health, 2014).

The CDC (2014b) conducted a study to examine racial/ethnic disparities in fatal unintentional drowning among persons aged 29 years old and younger in the United States between the years of 1999-2000. Findings from this study revealed that disparities were greatest in swimming pools; swimming pool drowning rates among Blacks aged 5 - 19 years were 5.5 times higher than those among Whites in the same age. White, Black, and Hispanic children who are between the ages of 1-2 years old have the highest incidence of pool drowning, with Whites drowning at the highest rate for this age group: Whites (5.22 per 100,000 population); Hispanics (4.14); and Black children (2.98). Rates of pool drowning among Blacks were significantly higher than those for Whites for ages 5–6 and 27–28 years and higher than those for Hispanics for ages 3–4 and 19–20 years with the disparity greatest at ages 11–12 years. In fact, Blacks drown in swimming pools

at 10 times the rate of Whites. For drowning in natural water settings, the rates for Blacks were significantly higher than those of Whites for ages 7–8 and 17–18 years and higher than those for Hispanics for ages 5–6 and 15–16 years with rate ratios highest at 13–14 years. Rates of drowning in natural water settings among Hispanics were similar to those among Whites from 5–6 years and 15–16 years, when rates among Hispanics increased, peaking at ages 19–20 years. Among all racial/ethnic groups, rates of drowning in natural water settings increased among teens and young adults

Broward County's aquatic settings pose a public health challenge, as there are 124,580 residential pools, 4,250 community pools, 23 miles of Atlantic coastal beaches, 165 miles of navigable canals, 25 miles of intracoastal waterways, countless ponds, lakes, spas, above-ground and portable pools, and an abundance of buckets, garden ponds, bathrooms, and containers in every neighborhood (Florida Department of Health, Broward, 2017). Lo et al. (2010) explained that although natural and human-made bodies of water are plentiful in Florida and pose drowning hazards, single-family residential swimming pools are a particular problem, especially for children 1-4 years old, with the highest number of drownings occurring during July and August.

Broward County does not only experience one of the highest incidences of drowning in Florida, but the drowning of toddlers is one of the leading causes of death in the county, affecting Blacks disproportionately (CDC, 2014b; Irwin et al., 2009; Ross, Irwin, Irwin, Martin, & Ryan, 2014). This drowning disparity in Broward County is highlighted in reports from the Florida Department of Health Bureau of Vital Statistics (2013–2015) that revealed children 1–4 years old in Broward County have a drowning rate of 9.7 per 100,000 for Black children and 4.4 per 100,000 for White children.

Florida's total unintentional drowning rate is 2.0 per 100,000 deaths and Broward County has 2.3 per 100,000. The rate of drowning among Blacks in the State of Florida is 2.2 per 100,000 compared to 1.9 per 100,000 for Whites.

Broward County is home to many ethnic groups, which may result in various cultural influences on how drowning prevention interventions are received. The county has a population of 1,843,152, of which 62.6% is White and 27.8% is Black. The Afro Caribbean community, a subgroup of the Black population, makes up 15.3% of the Black population with the largest representation being 13% Jamaican (Town Charts, 2016). Drowning, therefore, poses a public health challenge due to the county's variety of aquatic settings, and the lack of water competency among some of its most vulnerable members. According to Quan, Ramos, Harvey, Kublick, and Langendorfer (2015) in a study entitled, *Toward Defining Water Competency: An American Red Cross Definition*, the American Red Cross Scientific Advisory Aquatic subcouncil proposed:

“ that water competency include the following: (1) entry with total submersion;(2) recovery to the surface and float or tread for at least 1 min; (3) turn 360° and orient toward an exit point; (4) level off and move on front and/or on back position for at least 25 yards; and (5) exit from the water. We note that water competency is influenced by conditions of the aquatic environment (e.g., water temperature, movement, depth) into which the person may be introduced, and that skills demonstrated in one aquatic environment may not transfer to another. Our proposed operational definition for water competency provides an initial framework for an expanded version that may be expanded to be used globally (p. 12)”.

The terms water competency, swimming skills and Swimming ability are often used interchangeable. Stallman, Moran, Quan and Langendonfer,(2017) discussed the concept of water competency as a more inclusive term than swimming skills. The researchers also discussed recommendations that swimming ability be promoted as a necessary component of water competency. In a case-control study in the U.S., Brenner et al. (2009) found a positive association between swimming lessons and lower drowning risk in children less than 5 years of age.

Broward County has a number of swim centers, some of which are operated by organizations such as Young Men’s Christian Association (YMCA) and offer swimming lessons as a drowning prevention intervention. Despite these summer swimming programs, the disparity in drowning and the reported limited swimming ability remains a problem among Blacks (Florida Department of Health Bureau of Vital Statistics, 2013–2015; Morrongiello, Sandomierski, & Spence, 2014). According to the Centers for Disease Control and Prevention (2014b), drowning continues to be a public health problem affecting racial/ethnic groups disproportionately among different age groups and in different aquatic settings. Although the Afro-Caribbean population shares in the drowning disparity of the Black population, there may be experiences and influences that are unique to this subpopulation. Both shared influences and differences need to be captured in order to gain understanding and insight of how decisions regarding swimming competencies are made.

Drowning and Swimming Disparities in Blacks

Studies revealed that Blacks are at risk for fatal drowning in the United States and that they are affected disproportionately. This disparity is reflected in a study conducted by the CDC (2014b) as the first organizational report to examine racial/ethnic disparities in fatal drowning rates by age and setting. The report explained that Blacks are 1.4 times as likely to drown as Whites, and the disparity increased when only drowning deaths in swimming pools were considered. Blacks aged 5-19 years were 5.5 times more likely to drown in a swimming pool than their White peers, and at ages 11-12 years, Blacks drowned in swimming pools at 10 times the rate of Whites. Golob, Giles, and Rich (2013) and Irwin et al. (2009) also revealed that African American drown at a much higher rate than White Americans. Golob et al. (2013) stated that contributions to these disparities included socioeconomic factors such as enough money to acquire water safety products like swimming lessons and life jackets or to live in neighborhoods that do not have access to swimming pools. Some of the proven drowning prevention strategies include the use of barriers, supervision, swimming lessons, and CPR training (CDC, 2014; Girasek, 2011). According to the CDC (2014b), although practicality and effectiveness of these strategies might vary in different settings, basic swimming skills can be beneficial across all settings.

Irwin et al. (2009) revealed that poor minority children, primarily African American children and Hispanics/Latinos, are found to have low swimming abilities. This disparity in the swimming skill among African Americans is suggested to be linked to the drowning rate. Irwin et al. (2010) revealed that 69% of African-American urban youth self-reported low or no swimming skills, and the CDC (2014b) explained that

Black children have limited swimming ability and a higher rate of drowning than Whites. Ross et al. (2014) discussed that some factors that contribute to the swimming disparity are fear of drowning, culture, and access to swimming.

Drowning Prevention Strategies

Drowning prevention is most effective in the context of a multifaceted approach through a range of effective interventions, some of which are close supervision, barriers such as pool fencing, water safety education, and the ability to swim (AAP, 2010; CDC 2010). The Florida Health Department's (2010) initiative on drowning prevention includes a program call Waterproof Florida, and the AAP (2010) described a framework for drowning prevention call layers of protection. The layers described are: (a) supervision, the first and most crucial layer of protection, means someone is always actively watching when a child is in the pool; (b) barriers, a child should never be able to enter the pool area unaccompanied by a guardian. Barriers physically block a child from the pool; and (c) emergency preparedness: it is important to learn CPR and have a phone nearby to immediately call 911 if needed. The AAP (2010) further discussed swimming instruction and water safety instruction as a layer of protection and suggested that all children should learn to swim. The AAP's previous position was that children should start swimming lessons at the age of 4 years old, but it has now changed its position to say that new research has revealed that swim instruction for children 1 to 4 years of age may decrease drowning. The AAP has, therefore, relaxed its policy regarding the age at which children should start learning water-survival skills but say that the current evidence is insufficient to support a recommendation that all 1- to 4-year-old children receive swim lessons. The parent's decision about the age at which to teach water-survival skills

or initiate swimming lessons must be individualized as they take into account factors such as factors such as frequency of exposure to water, health concerns, emotional maturity, and physical limitations.

Irwin, Irwin, Ryan, and Drayer (2009a) explained that adequate swimming skill is considered a protection against drowning, but this skill was reported to be limited in marginalized youths. Irwin et al. (2010) revealed that 69% of African American urban youth self-reported low or no swimming skills. According to the CDC (2014), swimming skills can be life-saving and the disparity in swimming skills among Black children and adults might help to explain the disparity in drowning rates. Brenner et al. (2009) conducted a comparative case study to estimate the association between swimming lessons and the risk of drowning among children 1-19 years old and found that participation in formal swimming classes was associated with an 88% reduction in the risk of drowning among children 1-4 years old.

The presence of swim center may be considered a strategy against drowning. Swim centers or swim schools that are designated spaces with a swimming pool or pools that provide swimming lessons for water survival skills, sports, or recreation—for example, pools at the YMCA or local community center that provide water education including swim lessons. Some of the factors that influence the acquisition of swimming skills are access, economic status, the fear of drowning, and motivation towards swimming.

Witse (2014) alluded to a time when public swimming pools were available in White neighborhoods but not in Black communities; thus, the perception that was that swimming was for Whites only. According to Irwin et al. (2014), minority swimming

programs that include free or low-cost swimming lessons can be potentially effective solutions toward decreasing fatal and nonfatal drowning incidents. Swim centers, especially in the local community, can provide access to water safety education, thus making them invaluable as a drowning prevention strategy.

Barriers to the Acquisition of Swimming Competency in Blacks

Ito (2014) explained that barriers to the acquisition of swimming included attitudes and values developed over 100 years of history of mistreatment of African Americans at beaches and pools. Ross et al. (2014) explored why African-American youth are less likely to learn swimming and found that a lack of support from parents was one of the contributing factors. Some of the barriers suggested to influence the decision-making process towards swimming competency are culture, fear of water, and access to swimming lessons (Ross et al., 2014).

Studies have asserted that cultural barriers are grounded in the history of the African American experience. The historical perspective is a crucial piece of the puzzle to the understanding of cultural dynamics involved in the Black population towards the acquisition of swimming competency. Dawson (2010), in an intriguing historical account, discussed the proficiency of swimming in the Black population and events that led to the lack of this skill in Blacks today. This spans a period from before the slavery of West Africans all the way to the 20th century. Dawson contended that swimming was a way of life among West Africans who often live along riverbanks, lakes, and oceans. Many West Africans were therefore skilled swimmers who incorporated swimming into their work and recreation, and proficiency in swimming and underwater diving was brought to the Americas. Dawson explained that from the mid-15th century to the 19th

century, swimming and underwater diving abilities for people of African descent often surpassed those of Europeans and their descendants. That period from the 16th to the 19th centuries, however, brought with it much xenophobia, ethnocentrism, and perceptions viewed proficiency of swimming among Blacks as barbaric and animal-like. Whites compared themselves through social, religious, cultural, and political avenues to view themselves as superior (Dawson, 2010).

According to Wiltse (2014), the changes in the Black family's ability to swim and lack of motivation plummeted during the 1920s and 1930s when public swimming pools were popular, but sadly enough, those were only for Whites and so were swim clubs. During the 1950s and 1960s, racial segregation reared its ugly head, and African Americans were largely barred from swimming as neighborhood pools and beaches became segregated or not accessible to Blacks at all. This led to the perception that is held today by both Blacks and Whites that swimming is really a White activity (Dawson, 2010; Golob et al., 2013; Ross et al., 2014). It also gave rise to the incorrect theory that Blacks are less capable of swimming than Whites because Black bones are less buoyant, which makes swimming harder for them (Dawson, 2006; Wiltse, 2014). Perceptions, attitude, and culturally based beliefs related to the thinking that swimming is not for Blacks are powerful barriers to the acquisition of this skill (Golob et al., 2013; Morrolgiello et al., 2013). Cultural barriers to the acquisition of swimming skills such as hair care were discussed by Pharr, Irwin, and Irwin (2014) and Ross et al. (2014) as constraints to the participation in swimming by African-American girls. The girls were hesitant to participate in swimming because of the difficulty it presented to wash and style their hair.

The legacy of fear of the water is another barrier to swimming competency in the Black population (Ross et al., 2014). The fear of drowning is the strongest predictor of no or low swimming competence, and African Americans are affected disproportionately. Parr et al. (2014) explained that parents who have fears about their children drowning will keep them from formal swimming lessons, while parents who are able to swim will encourage their children to swim since this skill reduces the fear factor. The study revealed that the fear factor and the lack of motivation towards swimming dated back to a period of racial discrimination and segregation rooted in the history of the Jim Crow laws. Public swimming pools were available in White neighborhoods but not in the Black communities, thus creating a culture in which swimming became less a part of the Black family's way of life (Wiltse, 2014). Research has suggested that further studies are needed to uncover specific cultural mores that influence swimming participation and to explore successful programming for "at risk" groups and that until then, minority parent/caregivers are encouraged to prioritize swimming lessons for their children (Wiltse, 2014)

Access to swimming lessons, including cost and location, is another factor that influences the acquisition of swimming competency for people who are of African descent (Irwin et al., 2011; Ito, 2014; Ross et al., 2014). Many Whites grow up learning to swim in their neighborhood using public facilities that were provided by YMCA or the parks and recreation department that provided swimming lessons. The history of mistreatment of African Americans at beaches and pools, as well as continued racial discrimination, all contributed to limited access to water and swimming. Swimming access was also impacted by structural leisure constraints such as the availability of a

comfortable and safe pool in which to swim, access to transportation, sufficient finances, and discretionary time that would permit parents to allow their children to participate in swimming.

Who is Really Drowning in Broward County?

The Afro Caribbean community, a subgroup of the Black population, makes up 15.3% of the 27.8% Black population of Broward County, making it the largest group of Blacks in the county. This group is inextricably subsumed within the African American experience (Jones & Erving, 2015; Thornton, Taylor, & Chatters, 2013). It is, therefore, necessary to consider the unique experiences of the Afro-Caribbean parents and any cultural influences on the decision-making process of acquiring swimming skills. The dilemma, however, is that no published study exists to give insight to such cultural tailoring; thus, the need exists for investigating the problem through the eyes of the Afro Caribbean population while embracing a shared history and experiences with African Americans. The unique experience of the Caribbean culture and its dynamics that influence participation in swimming is not highlighted, as there is no published empirical study on this dilemma.

Statement of the Problem

Providing swimming lessons for Afro-Caribbean family members is an effective component of drowning prevention. Drowning affects Afro-Caribbean families disproportionately and continues to be a public health problem in Broward County due to the area's many aquatic settings and the lack of swimming skills for both parents and their children. Scholars suggest several factors may influence the lack of swimming skills including culture, fear of water, and access to swim lessons (Ross et al., 2014).

Research is needed to explore how these, and potentially other factors, influence Afro-Caribbean parents' decision-making regarding when or if swimming lessons are needed for themselves or their children. Findings from this research may provide the knowledge needed to enable nurses to develop preventive educational interventions to decrease the incidence of drowning in Afro-Caribbean families.

Purpose of the Study

The purpose of this single embedded intrinsic explanatory case study was to gain an understanding of how Afro-Caribbean parents of a Broward County's swim center decide to participate in swimming for the family and factors that influence their decisions.

Research Questions

The research questions for this study were:

1. How do the Afro-Caribbean parents in Broward County decide whether to participate in swimming lessons?
2. What factors influence the decision of Afro-Caribbean parents to seek swimming lesson for the family?
3. How does membership in a swim center influence the decision of Afro-Caribbean parents to seek swimming lesson for the family?

Philosophical Underpinnings

The philosophical underpinnings are important in both quantitative and qualitative research. The philosophical stance provides a guide to the research methodology and offers a context for the process and a basis for its logic and standards (Crotty, 1998). Postpositivism, Interpretivism, constructivism, and constructionism's historical roots can

be traced back to Immanuel Kant's belief that objective reality cannot be separated from the person who is experiencing the reality (Chen, Shek, & Bu, 2011). One of the paradigms used in qualitative studies is interpretivism. Although interpretivism is sometimes presented as, "the constructivist/constructionism/ interpretive paradigm," it is an alternative to the positivist worldview, but each view has different traditions or branches (Chen et al., 2011, p. 129). The philosophical underpinnings of qualitative case study inquiry are grounded in the following interpretive frameworks.

Postpositivism

Postpositivism challenges the strict thinking of the positivist as it acknowledges the impossibility of total objectivity (Polit and Beck, 2012). Postpositivism recognizes that there is still a belief reality and a wish to understand and accept the impossibility of total objectivity but understands that cause and effect is a probability that may or may not occur (Polit and Beck, 2012). The reality of postpositivism is that inquiry is a series of logical related steps that believe in multiple perspectives from the participant rather than a single reality which supports the rigor of qualitative data collection and analysis (Creswell, 2013). Furthermore, according to Creswell (2013), those who engage in qualitative research using a belief system grounded in postpositivism will use a scientific approach to research. This qualitative research employed multiple sources of data collection such as various types of documentation, and interviews from two groups of participants.

Interpretivism

Interpretivism emerged as a contradiction to positivism in an attempt to understand and explain human and social behavior (Crotty, 1998). Interpretivism

provides a radical alternative to positivism and is often associated with the thoughts of Max Weber (1864-1920), who suggested that human sciences are concerned with understanding (Crotty, 1998). The roots of interpretivism, however, were birthed from the minds of various philosophers such as Wilhelm Dilthey (1833-1911), who suggested that natural reality and social reality were different and investigation of each needed different methods. Wilhelm Windelband (1848-1915) rejected the thought that there was a real distinction between natural and social realities but recognized there was a logical distinction between the two, and Hein Rickert (1863-1936) discussed a generalizing method in the natural sciences as opposed to an individualizing method in the human and social sciences. This paradigm shift was accepted by some and rejected by others, but the interpretive approach to human inquiry has historically appeared in many forms (Crotty, 1998). The essence of interpretivism is that of gaining insight and understanding about an individual perception of events in an attempt to understand and explain human and social reality (Crotty, 1998). Interpretivism, therefore, focuses on meaning and understanding based on the relativist ontology and the epistemology of subjectivity.

Constructivism

Constructivism is rooted in interpretivism and points out the unique experiences of the individual or the subjective creation of meaning. It is each person's way of making sense of the world, which is valid and should be respected (Crotty, 1998). The roots of constructivism are derived from various disciplines such as education and psychology. Philosophers such as Lev Vygotsky discussed a model of social constructivism while

Jean Piaget described personal constructivism (Bachtold, 2013).

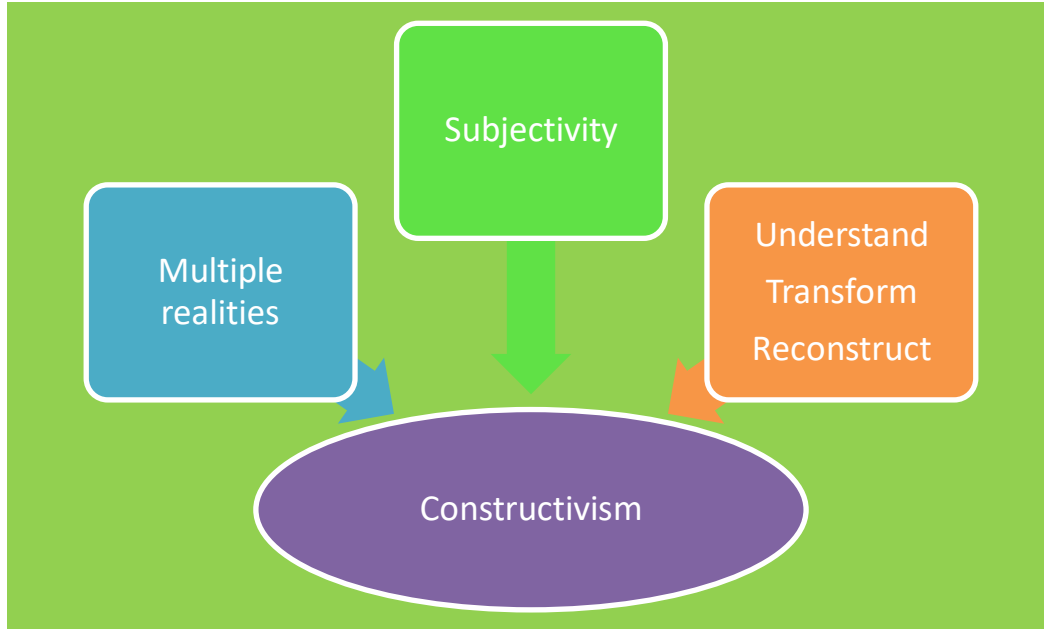


Figure 1. Schema: Constructivism (Wilson, 2014, adapted from Guba & Lincoln, 1994).

Constructivism is based on the assumption that individuals create their own reality or their own subjective meaning through their understanding of actions and interactions with objects and other individuals in the world. Crotty (1998) explained that “Before there was consciousness on earth capable of interpreting the world, the world held no meaning at all” (p. 40). Creswell (2013) explained that the constructivist researchers addressed the processes of interaction between individuals; therefore, the relationship between the researcher and the participant must be acknowledged and addressed. Polit and Beck (2012) explained that the findings from a constructivist researcher are the product of the interaction between the researcher and the participants. The constructivists believe that they bring their own “reality” to the interview, equalizing the power between researcher and the participant, thus allowing for reciprocity, a sharing of understandings, and the co-construction of knowledge between the two which must be met through reflexivity. While the researcher's role is to facilitate the participants in

sharing their meaning-making of the phenomenon, Creswell (2013) noted that the researcher's intent is to make sense of the feelings others have about the world. The constructivist acknowledges that the final interpretation is co-constructed within the context of the shared relationship of researcher and participant. According to Polit and Beck (2012), "the constructivist paradigm represents a major alternative system for conducting discipline research in nursing."

Constructionism

Constructionism embraces the notion that meaning is not discovered or created, it cannot be described simply as objective or subjective; instead, the "constructionism claims that meanings are constructed by a human being as they engage with the world they are interpreting" (Crotty, 1998, p. 43). Crotty described the concept of constructionism by explaining that a tree is a tree with all the meaning we ascribed to it and that it would be a tree with the same meaning whether anyone knew of its existence or not. It was, however, humans who constructed it as a tree with all the associations that went along with it being a tree and these associations may differ according to place and culture. The constructionist believed that reality is first socially constructed and then passed on to the individual. Particular attention is given to how people ascribe meaning to a phenomenon in a particular time, place, and sociocultural context. Constructionism is, therefore, the view that, "all knowledge and therefore all meaningful reality as such is contingent upon human practices, being constructed in and out of the interaction between human beings and their world, and developed and transmitted within an essentially social context" (Crotty, 1998, p. 42).

Qualitative Research

The qualitative inquiry is a scientific approach to research that locates the observer in the world and employs the use of interpretive material that makes the world visible (Creswell, 2013). Qualitative research begins with assumptions and interpretive/theoretical frameworks that inform the research problem and address the meaning participants ascribe to the problem (Creswell, 2013). The researcher has the ability to choose among several qualitative methodological approaches to address a phenomenon of interest such as grounded theory, ethnography, case study, historical research, narrative inquiry, and phenomenology. Characteristics of qualitative research as discussed by Creswell (2013) are: (a) the natural setting in which data is collected in the field, at the site where the issue is experienced or the problem is being studied; (b) researchers are a key instrument as they collect data themselves and if an instrument is used, it is one designated by the researcher using open-ended questions; (c) multiple forms of data are used such as interviews, open-ended questions, and documents and the data are reviewed and organized into categories or themes; (d) complex reasoning is employed through inductive and deductive logic. The inductive process involves working back and forth between themes and the database until a comprehensive set of theme is established; (e) participants' meaning allows the researcher to focus on learning the meaning participants hold about the issue; (f) emergent design is the process of qualitative research, therefore the plan cannot be tightly prescribed as all phases of the process may shift; (g) reflexivity means that the researchers must position themselves by conveying their background, their interpretation of the study's information, and what they gain from the study; and (h) holistic accounts involve reporting of multiple perspectives,

identifying the many factors involved in a situation, and looking at the larger picture that emerged. The foundation of qualitative research is based on the following five assumptions: ontological, epistemological, axiological, rhetorical, and methodological.

Ontological. Ontology deals with the nature of reality or what is real in the world (Creswell, 2013; Guba & Lincoln, 1994). Ontology is viewed as relativist in qualitative inquiry, which means that reality is local, contextual, and temporal comprising of multiple constructed and co-constructed meaning (Lincoln, Lynham, & Guba, 2011). The researcher will, therefore, interpret different perspectives of the participants' experiences as themes and patterns develop in the findings (Creswell, 2013).

Epistemological. Epistemology deals with the nature of the knowledge such as what counts as knowledge, how the knowledge is justified, and what the relationship is between the researcher and the participants (Creswell, 2013). The epistemological assumption is subjectivist, which means that knowledge is co-created by the researcher and the participants. The researcher, therefore, attempts to reduce the distance between the researcher and the participant. This means the researcher will rely on what the participant is saying and collaborates and spends time with the participant (Creswell, 2013). Since epistemology is transactional and subjective, the investigator and the object of investigation are assumed to be interactively linked so that the findings are literally created as the investigation proceeds (Guba & Lincoln, 1994).

Axiology. Axiology deals with the role of values and bias in research. In qualitative research, the values of both the researcher and participant are acknowledged and made transparent (Creswell, 2013). Biases are addressed in two ways in qualitative research. The first is through reflexivity in which the researcher is conscious of the

biases, values, and experiences brought to the study (Creswell, 2013). The second way of addressing bias is through bracketing, which is the process of identifying and controlling any preconceived beliefs and opinion about the phenomenon under study (Polit & Beck, 2014). Reflexivity and bracketing can both be handled through a reflective writing that is placed in the study. Qualitative research acknowledges that research is value laden and that biases may be present. The researcher should therefore openly discuss values that shape the narrative and include both the researcher's own interpretation in conjunction with the interpretation of the participant (Creswell, 2013).

Rhetorical. The rhetorical assumption in research refers to the way the research is described and how the findings are reported. Qualitative research uses language that reflects the relativist, subjectivist assumptions of the methodology. For example, the research design is emergent, rather than a fixed priori; research is not conducted “on subjects” but “with participants.” The data collected is non-numeric; analysis is descriptive or interpretive; and, findings are reported through narratives, themes, and conceptual categories. Rigor is established through trustworthiness rather than objectivity, reliability, and validity.

Methodology. Ontology is relative and deals with the nature of the reality, and epistemology is subjective and concern with nature of the knowledge but the methodology is the assumption that guides the research. It is the plan of action, process, or design behind the choice a researcher selects for a particular research approach to obtain the desired outcomes (Crotty, 2013). Common qualitative methodologies include phenomenology, grounded theory, ethnography, historical research, and case study. The methodological assumptions in qualitative research guide the process and language of the

research, use inductive logic, study the topic within its context, and use an emerging design (Creswell, 2013).

Case Study

The case study approach has been a common research method in psychology, sociology, political science, anthropology social work, business, education, nursing, and community planning (Yin, 2014). Yin explained that the method was born out of the need to understand complex social phenomena. The approaches guiding case study designs are posed by Stake (1995) and Yin (2014).

Yin (2014) presented a revised twofold definition of a case study approach to capture the scope and features of a case study.

1. A case study is an empirical inquiry that investigates a contemporary phenomenon (the case) in depth and within its real context, especially when the boundaries between phenomenon and context may not be clearly evident.
2. A case study inquiry copes with the technically distinctive situation in which there will be many more variable of interest than data points and as a result relies on multiple sources of evidence with data needing to converge in a triangulating fashion and as another result benefit from the prior development of theoretical proposition to guide data collection and analysis. (pp. 16-17)

According to Yin (2014), a case study design should be considered when: (a) the focus of the study is to answer “how” and “why” questions; (b) researchers cannot manipulate the behavior of those involved in the study; (c) the focus is on current

phenomena within real-life circumstances; or (d) the boundaries are not clear between the phenomenon and context. Yin (2014) described the five components of case study research design as follows:

1. A case study's questions
2. Propositions provided if appropriate
3. Its unit or units of analysis
4. Logical linking of the data to the propositions
5. Criteria for interpreting and reporting the findings

Yin (2014) suggested four types of case study designs: (a) multiple holistic designs is more than one case with each case having one unit of analysis; (b) multiple embedded designs is more than one case and each case has more than one unit of analysis within the case; (c) single holistic design is one case and one unit of analysis; and (d) single embedded design, which is used in this study, is one case with more than one unit of analysis within the case. Therefore, holistic designs require one unit of analysis, whereas embedded designs require multiple units of analysis.

Yin (2014) explained that a case study may be undertaken from various vantage points: exploratory, descriptive, and explanatory. Exploratory is to explore that situation in which the intervention being evaluated is not clear. It can, therefore, be used to collect some data to determine whether a topic is worthy of further investigation. Descriptive is used to describe a phenomenon in the real-life context in which it is occurring. Finally, explanatory is more suited to the how or why questions such as how or why some condition came to be or how or why a sequence of events did or did not occur.

Another case study proponent is Stake (1995) whose description of case study includes two components: intrinsic and instrumental. The intrinsic case study suggests that researchers who have a genuine interest in the case should use this approach when the intent is to better understand the case, while instrumental case study suggests that the case is of secondary interest and supports facilitate understanding of something else. Stake (1995) provided two techniques for data analysis: categorical aggregation and direct interpretation. The two key approaches that guide case study methodology, Stake (1995) and Yin (2014), both position qualitative case study in constructivism. The tenets of pragmatism and symbolic interactionism undergird qualitative case study and support the selection of case study as an appropriate methodological approach for this study. This approach allows for the utilization of in-depth interviews to gain an understanding of reality based on multilayered contexts of interaction between the participants and the researcher.

Pragmatism

Pragmatism originated in the United States with Charles Sanders Peirce (1839-1914), who is known as the founder of American pragmatism. Peirce (1992) believes that there is value in things and actions if they serve a purpose. Pragmatism is a method to render ideas clear (Crotty, 1998). William James and John Dewey were the main proponents of early pragmatism. Dewey (1929) contended that actions have an emotional aspect that cannot be separate since actions are part of the flow of event of one leading into another. James (1907) believed that pragmatism focused on the practical consequences. Pragmatism revises understanding through reflective confirmation and existing knowledge and uses this to make changes through inductive exploration of the

human experience (Polit & Beck, 2012). The main components of pragmatism are the interpretive world is that it focuses on the outcome of the research such as the action, situation, and actions of the inquiry (Creswell, 2013). Pragmatists believe in a worldview that encompasses the use of multiple sources of data collection to best answer the research question. It focuses on the practical implication of the study and the importance of choosing a research approach that best addresses the problem (Creswell, 2013). One of the hallmarks of case study inquiry is that it uses multiple sources of data to gather information such as records, documents, and group and individual interviews. According to Creswell (2012), pragmatism revises understanding, through reflective confirmation and existing knowledge and uses this to make changes through inductive exploration of the human experience. Journaling and revision based on emerging themes will be done. Pragmatism offers the ideas that actions are embedded in interaction, past, present, and imagined future, and may generate other meaning both with regard to other action and interaction in which they are embedded (Mead, 1934). This study utilizes inductive reasoning and is therefore well framed by pragmatism to answer the “how” question of a case study in a practical way and to render ideas clear.

Symbolic Interactionism

The term symbolic interactionism was born out of the thoughts of George Herbert Mead (1863-1931), a social psychologist and has its roots in pragmatism (Crotty, 1998). Herbert Blumer (1900-1987), a student of Mead later came up with the phrase, symbolic interactionism. Symbolic interactionism assumed that meaning is made and constantly changes through interaction that becomes embedded in the social context; therefore, the paradigm of constructivism and tenets of symbolic interaction supported the selection of

a qualitative case study with a methodological approach. Symbolic interactionism considers people as realistic actors who are continuously adjusting their behavior to the actions of others through activities that can only be interpreted to denote symbolical treatment on the actions (Crotty, 1998). The tenets of symbolic interactionism according to Blumer (1969) are:

1. Human beings act towards things on the basis of the meanings that these things have for them.
2. The meaning of such things is derived from, and arises out of, the social interaction that one has with ones fellows.
3. These meanings are handled in, and modified through, an interpretive process used by the person in dealing with the things he encounters (p. 2).

The process of symbolic interactionism is thought about as realistic actors who are continuously adjusting their behavior to the actions of other through activities that can only be interpreted to denote symbolic treatment on the actions (Crotty, 1998).

The paradigm of constructivism and the philosophical tenets of symbolic interaction supported the selection of a qualitative methodological approach through in-depth interviews to gain an understanding of the reality based on the multilayered context of physical and social interaction and the interaction between the participants and the researcher. Yin's case study approach enables the researcher to use multiple sources of evidence to gain an in-depth understanding of the interpretation or meaning that the individual holds about the phenomenon under study.

Significance of the Study

The intent of this inquiry is first to gain an understanding of the problem of drowning in the Afro-Caribbean community and how the decision towards the acquisition of swimming competency is made in an effort to reduce the occurrence of this dilemma. This case study may, therefore, create understanding for strategies to effectively deal with obstacles and barriers to swimming competency for this population. This case study approach may produce evidence that could be used by other disciplines such as educators, public health workers, and pediatricians in planning interventions for the safety of vulnerable populations they engage with. The study will also add to the body of scientific evidence as it relates to the case study design.

Significance to Nursing

This study may provide a framework for the development of culturally attuned water safety education provided by nurses in health promotion, pediatric, and family practice. The study may also provide a framework for public policies to provide inclusion to minority groups such as mandating recreation centers that provide water safety programs be strategically placed for easy access and cost effectiveness. This study may also be useful in empowering the Afro-Caribbean families to gain swimming competency through the understanding of cultural differences and other obstacles to the acquisition of swimming. Insight and understanding of this phenomenon may provide an avenue to the reduction of drowning in this high-risk population through education and encouragement.

Implications for Nursing Education

Health education is a very important role of the nurse in promoting healthy communities. The role of the nurse as an educator is especially important as the diversity and demography of the population changes in the United States (McEwen and Nies, 2015). According to Ross et al. (2014), adults should be educated on the importance of children becoming safer in water by learning to swim so they could, in turn, encourage their children to swim. If parents are educated on the value of swimming lessons, the children will become safer around water and the disparity in swimming and drowning in the Black communities will be decreased. Nurses can be a part of the message going out to these parents as they work in pediatrician offices, health centers, hospitals, and other public venues for programs with the message that learning to swim saves lives. Findings from this study may, therefore, play an important part of how educational programs on drowning prevention are developed and taught to the community. This study may give insight to nurses on how to be involved in culturally attuned education .

Implications for Nursing Practice

The public health problem of drowning and swimming disparities in the Afro-Caribbean community is positioned in the practice of the public health nurse. The American Nurses Association (ANA, 2013) adopted the definition presented by the American Public Health Association (APHA) for public health nursing as the practice of promoting and protecting the health of populations which includes advocating for vulnerable populations. According to Nies and McEwen (2015), public health nursing involves health promotion as well as disease prevention and must use a population-based approach to move beyond providing direct care to individuals and families. It employs a

scientific approach the engages in systematic assessment of the population in order to plan an intervention for the individual, family, aggregate and the population levels (Nies & McEwen, 2015).

Public health nurses are in strategic positions to identify vulnerable populations such as the Afro-Caribbean community. The nurse can then research this phenomenon and employ evidence-based practice in order to improve outcomes. This entails using the evidence to change practice and deliver culturally sensitive care through the promotion of health in a diverse community. The pediatric nurse are strategically placed in the role to educate and interact with the Afro-Caribbean families, and this study may provide the insight to the factors that influence their decision making towards swimming. This study may also provide the knowledge for the development of educational material that may be used in the pediatric setting for both parents and children.

Implications for Nursing Research

The scope and standard of practice for public health nursing include evidence-based practice and research, collaboration, resource utilization, and advocacy (American Nurses Association, 2010). This study will build the knowledge of nursing science by generating new knowledge in an organized way. It is therefore important for nurses to be involved in the advancement of nursing science, thus moving nursing to the forefront on the stage through research. Research is, therefore, necessary to create a greater understanding of the phenomenon that is under study.

The application of research results improves practice, presumably by providing a credible basis for care decisions that nursing practice is collaborative and is based in research and theory. Research is necessary to improve the nurse's understanding of

aggregates that render the Afro-Caribbean population as vulnerable in relation to drowning and swimming disparities. Research from this case study may, therefore, help to establish a body of evidence that helps in the understanding of this vulnerable population's cultural practices as well as past and present barriers that influence the decision process of whether to participate in swimming as a drowning prevention intervention. Current trends in nursing dictate how important it is for nurses to understand and incorporate culturally sensitive practices as they advocate for vulnerable populations in a diverse community.

Implications for Health/Public Policy

Many researchers (Dawson, 2010; Kahrl, 2008; Wiltse, 2014) have alluded to periods in the American history when Blacks were excluded from swimming pools thus limiting their access to water safety education. Banks (2014) contended that it is still happening today. This study, therefore, may be used to change policies to mandate the expansion of the water safety education delivery system through a partnership with community bodies such as school-based swimming programs, pediatrician offices, and clinics on water safety teaching. This study may also be used to obtain federal grants to place swimming programs in underserved communities, thus facilitating social inclusion and access to swimming and other water safety education.

Scope and Limitation of the Study

The scope of the study involves the parameters that bound the case, which involves parents and staff at the swim center in Broward County. The limitation of the study may include a language barrier, which may make it difficult to obtain samples across the cultural arena of possible participants. Another limitation of the study is the

researcher's inexperience with the case study methodology and as a novice researcher. The case study approach is selected to explore the phenomenon of interest in this study and allows for various sources of data collection to be used. This may cause the novice researcher to be overwhelmed, thus losing sight of the original research purpose and research questions.

Chapter Summary

This chapter discussed drowning as a tragedy that is preventable through a range of effective interventions. Swimming competency was described as an effective strategy in the fight against drowning yet found to be deficient in the Black population. The disparity in the Black drowning rates in Broward County was described as one of the highest in the state of Florida, and the Afro-Caribbean population was highlighted as the largest subpopulation of the Black community, thus sharing in the disparity. Barriers to the acquisition of swimming competencies in the Black population were discussed as well as the gap in the literature of the decision-making process of Afro-Caribbean parents in Broward County regarding swimming competency for the family. The purpose of this explanatory, single embedded case study was discussed to gain an understanding of the decision-making processes of Afro-Caribbean parents who are members of a swim center regarding the acquisition of swimming competency. This case study is placed in the constructivist paradigm and is guided by the tenets of pragmatism and symbolic interactionism. The research question was discussed as consistent to the case study method, philosophical tenets, and methodology. The scope and limitations of the study were also discussed.

CHAPTER TWO

REVIEW OF THE LITERATURE

The purpose of this single embedded intrinsic explanatory case study was to gain an understanding of how Afro-Caribbean parents in Broward County decide to participate in swimming for the family and factors that influence their decisions. Chapter two reviews pertinent literature, identifies the gaps in the literature, and presents the researcher's experiential background. A search of relevant literature across disciplines was conducted to explore how the Afro-Caribbean family was making the decision to participate in swimming. Using First Search, Lilitnet Online, and ProQuest Direct search engines, the following computerized databases were utilized for this search: The Cumulative Index to Nursing and Allied Health Literature (CINAHL), MEDLINE (EBSCO), Google and Google Scholar, Dissertation Abstracts, and Periodical Abstracts (Per Abs:). The key words used in the search were drowning, race/ethnicity and drowning, disparities in drowning, United States swimming and drowning, Florida and drowning, Broward County swimming and drowning. Citations were limited by language to English and by subject to the concepts being investigated. Studies conducted in the last 5 years, 2012 to present, were preferred, but a limitation of 10 years was imposed, which is 2007 to date with classics sought by reviewing citations in the published works. A random selection process delimited the profusion of references that were found. Additionally, 15 research studies were examined to evaluate the history of swimming among Blacks since the mid-15th century until the present, the drowning disparity in the United States, and barriers to the acquisition of swimming for the Blacks family, and synthesis of the literature reveals what is known and not known. There is a

gap in the literature, as no empirical study was found that details precisely the Afro-Caribbean cultural experience with swimming and drowning in the United States or the Caribbean. The studies discussions are therefore in the African American/Black population under which the Afro-Caribbean is subsumed. The literature review opens with the historical context of swimming among Blacks in the United States, followed by a discussion of drowning disparities in the United States and barriers to the acquisition of swimming competency for the Black family.

Historical Context

The history of swimming among Blacks both in the United States and the Caribbean is a crucial piece of the puzzle to this study. It is critical to understanding the dynamics involved in how Blacks went from being avid swimmers to possessing limited swimming skills, thus rendering them at risk for drowning (Dawson, 2010; Wiltse, 2014). Unlike the perceptions held by both Blacks and Whites that swimming is not a Black activity, Dawson (2010), in an intriguing historical account of *Swimming, Surfing, and Underwater Diving in Early Modern Atlantic Africa and the African Diaspora*, tells a different tale. The study spanned a period in history before West Africans were enslaved up to the 20th century. He contended that swimming was a way of life among West Africans who often live along riverbanks, lakes, and oceans; therefore, many West Africans were skilled swimmers and underwater divers. They incorporated these skills into their work and recreation as the family way of life. These skills accompanied them to Europe and the Americas including the Caribbean. Dawson further explained the swimming and underwater diving abilities of these people of African descent often surpassed those of Europeans and their descendants, and underwater diving abilities

surpassed those of Westerners. In fact, most Whites, including sailors, could not swim. The study compared: (a) the swimming skills and techniques of Africans and Westerners to demonstrate that people of African descent were stronger swimmers than Westerners; (b) how Africans incorporated swimming, underwater diving, and surfing into their work and recreational activities; (c) ways New World slaveholders exploited bond-peoples' swimming skills for gain; and (d) how people of both European and African descent have racialized swimming. Dawson (2010) presented many sources of evidence to support the discussion on the swimming abilities and techniques of Africans and Westerners. To demonstrate that people of African descent were stronger swimmers than Westerners, Dawson presented sources such as the Portuguese navigator, João Gonçalves Zarco who was the first recorded account to describe the African's swimming abilities. He described how his men found it difficult to capture Senegambian canoe men after they leaped into the water to avoid capture due to their superior diving skills. According to Dawson, several travelers to Africa West alluded to the Africans' excellent swimming abilities and freestyle technique. The Venetian merchant adventurer, Alvise de Cadamosto, wrote in 1455 that Africans living along the Senegal River were the most expert swimmers in the world. In the late 16th century, Flemish adventurer Pieter de Marees commented on freestyle technique of Gold Coast Africans. He mentioned that they could swim very fast and were better swimmers and divers than people of his nation. Pieter van den Broecke that noted in 1606, many of the Africans on Gorée Island, Senegal, were outstanding swimmers. Jean Barbot described the freestyle technique used by the residents of Elmina (Gold Coast) and compared the breaststroke used by Europeans in which he noted the Africans were superior in swimming dexterity. Robert Rattray commented about the use

of freestyle among the Asante people at Lake Bosomtwe, and those Asante men were excellent swimmers. Dawson also discussed that Africans incorporated swimming, underwater diving, and surfing into their work and recreational activities. Dawson mentions sources from Pieter de Marees and William Bosman that alluded to the fact that after early modern Africans incorporated this skill into numerous activities and taught their children to swim at a very young age. Parents would teach basic swimming skills, and children would improve their skills by playing in the water and learning the techniques of stronger swimmers. Jean Barbot, after watching the children playing in water, contended that the Africans' strong swimming abilities were taught from infancy, so with constant practice as a way of life, they swim like fishes. Many coastal and interior Atlantic African men and women incorporated swimming into their work and recreational activities. Numerous accounts given by Dawson mentioned Africans swam as a form of relaxation and recreation and incorporated swimming into different forms of competition. Swimming, diving, and surfing were used as a sport in many various forms: fighting crocodiles, alligators, manta rays, and sharks to having family fun in the water. Dawson discussed a way that New World slaveholders exploited bond-people's swimming skills for gain. As mentioned before in the early 16th century, Africans brought their swimming and underwater diving skills with them to the new world. Slaveholders exploited these skills for profitable gains such as diving for pearls and to recover goods from sunken ships. Dawson moves on to describe how people of both European and African descent have racialized swimming. Swimming traditions of the African diaspora included family time of recreation and fun. Traditionally, many African women swam nude as they Africans felt less shame than Westerners about publicly

revealing their bodies while the Western standard of modesty for White women would not tolerate such public display. Writers from the 16th through 19th centuries started pointing out these differences in Africans swimming practice and the Westerner, thus accentuating the xenophobia and ethnocentrism. According to Dawson, Whites considered their biology, socialization, religion, culture, and politics to be superior to that of the Africans. Africans were seen as savage, and their excellent ability to swimming was perceived as proof of animal-like inferiority. Many writers wrote negatively about the exceptional swimming skills of African and found ways of comparing with Whites to prove that Whites were superior to Blacks. Philip Curtin noted that because African children mature and learn to swim at an early age and were therefore perceived by Whites as being like animals. In 1658, William Percey also wrote that the swimming skills of the African were unnatural, which echo the feelings of many Whites, thus negatively racializing swimming. Dawson argued that history has taught that the Africans were superiors in swimming and Whites had none or limited swimming skills, so he posed the question, “Since, as sources suggest many early modern Black people were adroit swimmers, why are there statistically so few dominant African-American competitive swimmers today?” (Dawson, 2010, p. 115). Dawson suggested several 20th-century factors that contributed to the decline in swimming in the African-American community such as segregation of pools and beaches, lack of proper swimming facilities in Black neighborhoods, no resources to pay for swimming, and denied access to swimming pools. The Jim Crow laws presented a period of racial violence that transformed natural waterways into resting places for countless murdered African Americans. Waterways such as rivers, ponds and lakes were often avoided by them and swimming began to be

seen as not for Blacks but was now perceived as a White activity. The many historical sources presented by Dawson unequivocally indicated that people of African descent were usually stronger, more efficient swimmers and underwater divers than people of European ancestry. Swimming was a cultural activity that the entire family participated in for recreation and work until the early 20th century when segregation and discrimination in term of access to water raised its ugly head. Swimming today is no more a part of the Black culture. Dawson suggested that African-American community must await further research and analysis before any definitive conclusions about contemporary swimming practices are made.

Wiltse (2014) conducted a case study to investigate why Black Americans are less likely to know how to swim than Whites. The case study vignette discussed an account that happened on August 2, 2010, while several families came together for a barbecue picnic on the banks of the Red River outside Shreveport, Louisiana. As 15-year-old DeKendrix Warner played around in the shallow water of the river with his cousin and friends he slipped off a ledge into the deep water of the river. His cry for help brought his siblings and cousin rushing into the water to save him. They did not know how to swim, however, and soon they were all in danger of drowning. Twenty-two-year-old Christopher Patlan was hanging out with his friends nearby when he heard screams and jumped into the water to help. He ended up closest to DeKendrix who he was able to save, but it was too late for other teenagers. The six African American teens drowned as their parents watched in helpless anguish because no one knew how to swim. This tragedy focused public attention on the troubling disparity in swimming and drowning rates between Blacks and Whites in the United States (Wiltse, 2014). The study

contended that some of the contributing factors to the swimming disparity are past discrimination from the lack of access to swimming pool and the perception that swimming is a White activity, so it is culturally not a part of the Black family's way of life. Wiltse (2014) alluded to the period of the 1920s and 1930s when public swimming pools were popular, but sadly enough that was only for Whites. During that time, severe discrimination took part mostly at swimming pools in three basic forms: (a) public officials and White swimmers denied Black Americans access to pools earmarked for Whites; (b) the relatively few pools provided for Blacks were dilapidated and small; and (c) cities close many public pools at the onset of desegregation just as they became accessible to Black Americans. Other features of swimming discrimination came through access to YMCAs, particularly between the years of 1920-1940. Blacks were also denied access to the many suburban swim clubs that were open during the 1950s and 1960s. Swimming, therefore, became White activities through the White family who generated swimming as a sport as well as recreation, as they had easy access to pools in contrast to Black households.

Wiltse (2014) contended that although the same blatant forms of racial discrimination do not happen today, many Americans still have unequal access to swimming pools. He sees the swimming disparity in Blacks today as created by past discrimination. He contended that history suggested that more is needed to close the swimming and drowning gap between Blacks and Whites. The rate of swimming drastically increased when Americans have access to desirable pools that cause swimming to become a frequent and favorite activity, integral to the social and recreational life of the community. Wiltse (2014) suggested that the question of why

Black Americans are more likely to drown than Whites has not been thoroughly researched and requires a major, well-funded study.

Kahrl (2008) conducted a study to examine the interrelated stories of five African American beaches and resorts in the South during the age of racial segregation. He discussed the challenges Black southerners faced as they contested their exclusion from city parks and playgrounds and relegation to the most remote and environmentally hazardous sections of rivers, lakes, and coastlines. The development of beautiful Black beaches and resorts free from White harassment emerged as a major political issue in the long civil rights movement. Conversely, Whites worked hard to suppress the fruition of Black beaches and resorts comparable to their own to ensure that Black leisure spaces conformed to, rather than challenged, practices of power and privilege.

This historical account focuses on the efforts of a crew of entrepreneurs, educators, religious leaders, concerned mothers, reformers, activists, and pleasure seekers to claim places of play for themselves. Through five cases, this project examined the creative measures Black Southerners adopted to secure and defend leisure spaces along Southern waterways. This study began by asking how the legacy of slavery shaped White perceptions of Black recreational activities in the New South.

The study also discussed the history behind the fear of water among Blacks. He contended that bodies of water were ominous places to African American and were often the sites of watery graves. Indeed, for West Africans suffering under a brutal regime and separated from home by an insurmountable aqueous divide, making rivers, lakes, and oceans potent metaphors for life beyond this world and figurative mechanisms through which they “flew away” from the Land of Canaan and returned to the Promised Land.

The quest for spiritual transcendence along Southern waterways was therefore tempered by the feelings of fear. Throughout the Jim Crow era, bodies of water served as the sites of countless acts of racial violence. Watery graveyards come to national attention; African Americans knew at an early age the untold horrors committed at nearby lakes, rivers, and streams since often, White lynching parties choose locations along rivers and lakes.

The response to desegregation initiatives in the 1950s and 1960s brought about the closure of public swimming pools, and public beaches as coastal properties and public resorts became private racially discriminatory groups all to exclude African Americans. According to Kharl (2008), this type of discrimination of African Americans is a familiar story, but the hard work that Blacks devoted to developing their beaches and resorts is not well known. Kharl gave an engaging historical account of the 1950s and early 1960s, which marked the golden age of Black beaches in the American South. The recommendation in the dissertation's epilogue asked to consider what the recent history of Black beaches in the American South can teach about the ongoing struggle for racial equality and economic justice in America today.

Banks (2014) examined the major, unexamined consequence of failed civil rights approach in the context of access to recreation facilities including swimming pools. These consequences included a high rate of obesity, high rate of drowning, and limited swimming competencies for Black Americans. Banks contended that for Black Americans, the civil rights approach to improved access to swimming facilities and recreational facilities, in general, has failed. The study presented many cases to illustrate that swimming pools in America remain for the most part social segregated space for

Black Americans. The study reported that Black children in the United States are up to five times more likely to drown than Whites, and those Blacks between ages 5 and 19 are 2.3 times more likely to drown than the White youth of that age. Even more, almost 70% of Black children have no or low swimming ability. Furthermore, swimming pools in America remain mostly segregated social sites of which Black American remains unwelcome. Banks (2014) examined: (a) the history of public swimming pools in the United States; (b) efforts to desegregate swimming pools post-Brown; (c) impact on the health of Black and Brown Americas; and (d) swimming as a healthy source of exercise.

In Banks' (2013) examination of the history of public swimming pools in the United States, the author discussed that in the early 20th century, swimming pools evolved from swimming bath a place where the unwashed working class of Blacks, immigrants, and native-born Whites swam together. These swimming baths were mostly found in the major northern cities such as New York and Chicago positioned in poor, racially homogeneous neighborhoods. Although Blacks were discouraged, they were not prevented from entering White pools. By the 1920s and 1930s, however, this changed, and pools became racially segregated due to the European assimilation, migration of Blacks from the south to the north, and females are now using the once male-dominated space. Public pools became a place of recreation for the White family as the Black family was excluded. During the 1940s, very little was accomplished to desegregate pools, even as federal courts continue to declare that racially segregated public pools were unconstitutional. Many states and municipalities outside of the Deep South enacted laws to prohibited discrimination. The 1943 and 1944 Integration was mandated at the federal level as the War Department issued directive forbidding assignment of

recreational spaces based on race. In 1950, the Supreme Court decision in *Brown v. Board of Education* effectively declared racial segregation unconstitutional.

Banks (2013) next examined the efforts to desegregate swimming pools post-*Brown*. To better illustrate the failure of a civil rights approach to improving Black access to public swimming pools, section three examined post-*Brown* efforts to desegregate public pools using the border city of Baltimore, Maryland as a case study. It briefly discussed other desegregation efforts in southern states including the United States Supreme Court's 1971 decision in *Palmer v. Thompson* upholding the closing of Jackson, Mississippi municipal pools in the face of an integration order. This section also explores post-*Brown* attempts to desegregate privately owned pools.

Banks (2013) discussed the impact on the health of Black and Brown Americans and mentioned that obesity, lack of exercise, risk for accidental drowning, injury, and death are increased in racially minority communities. The study indicated that the higher risk of accidental drowning might be attributed to racial differences in swimming ability. The study alluded to the possibility of a variety of factors such as race, socioeconomic, gender, access to swimming facilities, and geography as contributors to racial swimming disparity.

Banks (2013) recommended that as a public health initiative, the federal government should mandate school-based swimming programs as a condition for accepting federal monies. Given that urban schools located in underserved communities are also under resourced, the federal government should subsidize swim programs targeting at-risk children without ready access to free public or low-cost swimming facilities. Finally, any programs targeting these communities must be structured to take

into account and combat the cultural attitudes that may contribute to drowning rates and swimming ability disparities.

These four studies addressed swimming among Blacks and spanned a period from the 15th century to the present. Dawson (2010) and Wiltse (2010) gave accounts of the exceptional swimming ability of Africans brought to the Western world, where Whites had limited or no swimming skills. Dawson asserted that many slaves were strong swimmers, a skill that was used for recreation and work and served to shape generations of bond people.

Dawson reported that from the 16th century through the 1940s, there were numerous accounts of European and Euro-American Travelers, slave traders, planters, and government officials who were fascinated with Africans' superior swimming skills. That period from the 16th to the 19th centuries, however, brought with it much and ethnocentricity that was portrayed by Whites to dehumanize and undermine the swimming and diving of Blacks. Xenophobia and ethnocentrism and perceptions were changed as writers viewed proficiency of swimming among Blacks as barbaric and like an animal. Whites compared themselves through social, religious, cultural, and political avenues, thus regarding themselves to be superior. All studies alluded to the segregation and desegregation eras of the swimming pools during the Jim Crow period. While all the studies discussed past segregation and discrimination, Banks (2014) and Kahrl (2008) addressed the fact that today Blacks are still drowning in segregation in the United States. Blacks still have unequal access to swimming pools, and without access to swimming facilities, most urban Blacks have few places to swim. Kahrl (2008) discussed the history of Black beaches and resorts and the challenges that enterprising African American faced

as they strive to. carve out a place of leisure for themselves in the face of the Jim Crow environment. All studies presented contended that the historical roots about the progression of discrimination and segregation, especially access to swimming pools and beaches, may have contributed to many of the beliefs and perceptions held by Blacks and Whites today. Some of these are that swimming is a White activity and the fear of drowning experience by Blacks. The historical context is therefore critical to the understanding of cultural barriers to the acquisition of swimming competency. Findings from this study may be used to inform program messaging for swim centers to attract the Black families to take swimming lessons.

Drowning and Swimming Disparities in the United States

The drowning disparities in the United States are documented in several studies highlighting minorities as the most at-risk group, namely, the Black population. Gilchrist and Parker (2014) conducted a quantitative descriptive study in which they examined racial/ethnic disparities among person age 29 years or less for 1999 to 2010 in the United States. The categories were race such as American Indian/Alaska Native, Asian/Pacific Islander, Black, Hispanic, and White; age 29 years or less for the period of 1999 to 2010; and settings such as were a bathtub, swimming pool, natural water, boating, and other. Death certificate data for the target age and years were obtained from the National Vital Statistics System. Mortality rates per 100,000 populations were calculated. The differences between rates were representing at least 100 deaths determined using z-tests; rates based on fewer than 100 deaths were compared using 95% confidence intervals from a gamma distribution.

Results revealed that drowning disparities were greatest in swimming pools for Black, White, and Hispanic children 1-2 years old, with Whites at the highest rate for this age. Rates among Whites were significantly greater than those for Hispanics, and Blacks were the lowest in this age group. Rates of pool drowning among Blacks were considerably higher than those for Whites for ages 5–6 and 27–28 years and greater than those for Hispanics for ages 3–4 and 19–20 years with the disparity greatest at ages 11–12 years. In fact, Blacks drown in swimming pools at 10 times the rate of White. For drowning in natural water settings, the rates for Blacks were significantly higher than those for Whites for ages 7–8 and 17–18 years and greater than those for Hispanics for ages 5–6 and 15–16 years with rate ratios highest at 13–14 years in comparison with White and Hispanic. Rates of drowning in natural water settings among Hispanics were similar to those among Whites from 5–6 years and 15–16 years, when rates among Hispanics increased, peaking aged 19–20 years. Among all racial/ethnic groups, rates of drowning in natural water settings increased among teens and young adults. Among all settings combined, American Indian/Alaska Natives aged 29 years and less had the highest rates of drowning, with Blacks having the second largest rates and Asian/Pacific Islander aged ≤ 29 years were lower than for other groups.

The results further revealed that swimming pool drowning rates for Black children, adolescents, and young adults were higher compared with those for other racial/ethnic groups. The researchers discussed limitations such as the lack of exposure data as to recreational water settings, so the rates reported are population-based. The exposure may have varied the findings substantially according to age, sex, season, the level of swimming skill, and other factors. Another limitation was the lack of critical

data on the death certificate to explore causes of disparities, therefore limiting more detail analysis. The recommendation states that learning basic swimming skills to reduce drowning risk, especially racial/ethnic minorities should be encouraged to gain skills needed to survive in the water.

The disparity in swimming abilities is reported to be a contributing factor to the drowning, according to a quantitative study conducted by Irwin et al. (2009) to examine swimming ability and variables associated with swimming for U.S. inner-city, minority children. They revealed that although adequate swimming skills are considered to protect against drowning, marginalized youth reports limited swimming competency. Six U.S. cities were chosen: Chicago, Illinois; Houston, Texas; Memphis, Tennessee; Miami, Florida; Oakland, California; and Philadelphia, Pennsylvania. Young Men's Christian Association (YMCA) facilities were used to solicit subjects. A large cross-sectional, convenience sample ($N = 1680$) was gathered, which targeted poor, minority children. Surveys from parents of children aged ages 4–11 years and adolescents 12–17 years were obtained. Research team members or trained YMCA staff supervised during non-swimming YMCA programs. Statistics were calculated to describe the sample and determine apparent by a variable. The design was a cross-sectional survey in which descriptive statistic used and multiple regressions applied.

Results revealed that 57.5% of African-American respondents reported being unable to swim or uncomfortable in the deep end of the swimming pool, therefore putting them at risk for drowning. Hispanic/Latino children confirmed at risk level were 56.2% as compared to Whites with 30.9%. Age, sex, socioeconomic, parental education, and race variables were all significantly associated with children who had low to no swimming ability. This research revealed that poor minority children, specifically African-American and Hispanic/Latino, are

at a significant disadvantage concerning swimming ability. Results from this study also disclosed that swimming ability in U.S. minority children differs significantly across demographic groups, particularly socioeconomic and racial categories. Economically disadvantaged African-American and Hispanic/Latino youth were the most “at risk” populations concerning swimming ability. Improving swimming competence and water safety knowledge in these marginalized youth may help decrease fatal and non-fatal drowning events. Research is suggested to uncover particular cultural mores that influence swimming participation and to explore successful programming for “at risk” groups. Until then, minority parent/caregivers are encouraged to prioritize swimming lessons for their children.

Drowning disparities in the minority were discussed by Golob et al. (2013) in a study exploring how culturally based beliefs, attitudes, and behaviors influence participation in and the development and delivery of water safety education programs. The researchers examined international analysis literature, which included data collected from studies done in the in the United States. They explored existing data on drowning to identify practices that may be useful for the development and delivery of more effective water education programs targeted at ethnic and racial minorities. The researchers (a) analyzed and described statistical data on ethnic and racial minorities' international drowning rate; (b) examined the existing literature to explain how culturally based beliefs, attitudes, and behaviors influence the drowning risk among ethnic and racial minorities; and (c) discussed health communication experts and contemporary examples that appear promising to enhance the relevance and effectiveness of water education programs targeted at ethnic and racial minorities.

Data from the United States that were examined by the researchers showed that ethnic and racial minority group members such as African Americans, Hispanic Americans, Asian-Pacific Americans, and Native Americans, drown at much higher rates than Euro-Americans.

The study revealed that some of the factors that contributed to the disparities ethnic and racial minorities' drowning rates were the lack of water safety skills among ethnic and racial minority group members. This lack of water safety is often ascribed to socioeconomic factors such as enough money to acquire water safety-related competency and products like swimming lessons, life jackets, or living in neighborhoods that do not have access to swimming pools. Four promising practices that could enhance the relevance and effectiveness of water safety education programs for ethnic and racial minorities included: (a) developing water safety education programs that should begin with an understanding of culturally normative practices and beliefs; (b) giving members of target groups a voice and role in the planning and development of water safety education programs; (c) offering vital water safety education to newcomers while enabling them to learn more about popular recreational water activities; and (d) recruiting and retain more ethnic and racial minority group members to become lifeguards, swimming instructors, and programming administrators.

Three studies were offered to highlight the disparities in drowning and swimming in the United States. The disparity in drowning was presented in studies, conducted by Golob et al. (2013), Gilchrist and Parker (2013), and Irwin et al. (2009). These studies revealed that the disparity in drowning was highest in African Americans. According to Gilchrist and Parker (2013), drowning continues to be a public health

problem affecting racial/ethnic groups disparately among different ages and in various aquatic settings; these differences require implementation of multiple prevention strategies. Drowning prevention strategies include the use of barriers, supervision, swimming lessons, and CPR training. Practicality and effectiveness of these strategies might vary in different settings; however, basic swimming skills can be beneficial across all settings. Irwin et al. (2009) revealed that poor minority children, primarily African American children and Hispanics/Latinos, are found to have low swimming abilities. While all the studies highlighted the fact that drowning is a problem, Gilchrist and Parker (2013) highlighted the disparity in the places where children drown and found that swimming pools are a setting that shows the highest rate of drowning. These studies brought awareness and understanding to the dilemma in the drowning and swimming disparities among Black families.

Barriers to the Acquisition of Swimming Competency Among Blacks

The decision that parents make towards the acquisition swimming for themselves and their children is influenced by several obstacles, some of which are suggested to include culture, socioeconomics, and the fear of water (Ross et al., 2014). A qualitative case study was conducted by Ito (2014) to examine the current curriculum and context of water safety and swimming education in the United States for people who are African American. One of the questions asked was: Why are African Americans drowning and not learning to swim? The focus of the investigation was on the experiences of African Americans with swimming lessons, the swimming lessons themselves, and the physical environment of the aquatic facilities as a way to discover embedded covert and overt messages. Critical theory and the hidden curriculum were utilized by the researcher to

identify any reproduction of historical discrimination for African Americans and resistance of transferred through the instructors, procedures, and settings themselves. Three urban agencies that provided swim lessons to the public, and where 75% of the patrons were African American were examined and 19 individuals interviewed. Those interviewed for the study included seven lifeguards/administrators, eight parents of children, of whom seven had children in swim lessons, and four people who did not swim for a total of 19 participants.

Data collected for this study included observation of swimming lessons and the community or neighborhood surrounding the three agencies, semi-structured interviews, documents, and information available to the public on swimming lessons from the agency, newspaper articles on African Americans swimming, and drowning in the Chicago area. The four themes that arose from the interview and observational data included access or lack of access to facilities and education, cultural capital in the form of water safety knowledge, social customs including attitudes and values related to water safety and swimming, and the results of embedded values related to water safety and swimming.

The findings included the agreement that a lack of access and exposure to swimming exists for people who are African American. Knowledge or learning to swim can be viewed as a cultural benefit, but for those not learning to swim, it is a cultural liability. Lack of access to swimming facilities results in institutional decisions that in turn support the lack of access to knowledge on water safety. Customs, attitudes, and values such as fear of water that was passed down through the generations also contributed to the lack of swimming. Each group of participants in this study indicated

that many African Americans feared water and held perceptions that Blacks do not swim. They also found that these fears are transmitted in families. Consequently, from one generation to the next, African Americans are not learning to swim. They are learning instead to be afraid of the water, and they are fearful of exposing their children to education that can keep them safe. They are also not learning how to be safe in and around the water. As a result, social customs develop in which children are not allowed to go to pools or waterparks and many are taught to stay away from water activities. A significant gap in addressing this issue is that the racialized view of African Americans is not recognized nor dealt with in teaching swimming, thus continuing the barriers in learning to swim. Another gap is that there was no information in the literature related to educating instructors or continuing education on that addressed water safety professionals and those who operate aquatics facilities or beaches.

African Americans participate in swimming at an alarmingly low rate, yet swimming competency for the family is an effective strategy in the fight against drowning (CDC, 2014). It is important to identify factors that prevent African American individuals from swimming, according to Ross, Irwin, Irwin, Martin, and Ryan (2014) who conducted qualitative a study to gain a greater understanding about swimming participation and skill among African Americans. The study sought to discover reasons that parents and caregivers could provide as to why their children did not swim. Thus, the two research questions guiding this study were: (a) what barriers to swimming participation are identified by African American respondents? and (b) In what ways do parent/caregiver attitudes impact the swimming opportunities of their children? The study also wanted to gain pertinent information from parents and caregivers on the means

to improve swimming participation rates and swimming skills of African American children. The participants were purposefully and conveniently selected among those who used the YMCA of the USA branch facilities located in low-income communities with considerable numbers of minority members, as identified by YMCA administrators. A total of 72 parents or primary caregivers of young children (53 women, 12 men, and seven others who did not report their sex) from six U.S. cities (Atlanta, Boston, Denver, Memphis, Minneapolis, and San Diego) took part in the current study. Forty participants identified by YMCA staff members as having children who could swim were grouped for the focus groups, as were 32 individuals whose children were identified as non-swimmers. Using 2010 U.S. Census categories, 33 individuals identified their child's race as Black or African American (43.4%), 22 as Hispanic or Latino (28.9%), four as White (5.3%), and three as Black Hispanic (3.9%), two as Asian Black (2.6%), two as Native American (2.6%), five in categories other than those listed above (6.5%), and one person did not report. The study focused on the attitudes and opinions of the participants that self-identified as Black or African American to address the research question. Data were gathered from YMCA staff members who were then identified to recruit members to participate in focus group interviews to be held at their facility.

Data analysis was conducted through observation and debriefing notes taken by members of the research group who were present for focus groups were shared and discussed among researchers. Coding was performed through a process of repeated readings and interpretation of the transcripts.

Results from four primary categories emerging from the data were swimming access, cultural constraints to swimming attitude, parental perceptions that encourage

swimming participation, and convincing resistant parents of the value of water competence. The focus group also provided recommendations to improve communications such as trusted messenger to provide messages that include safety and meaningful education to parents/caregivers on the benefits of swimming skills.

The role that the fear of drowning plays during childhood and adolescence was explored by Irwin et al. (2015) to understand what factors within the child/adolescent and the child/adolescent's environment influenced their fear of drowning. Six research questions were proposed and included: (a) What *personal factors* affect a child's fear of drowning?; (b) What *behavioral factors* influence a child's fear of drowning?; (c) What *environmental factors* impact a child's fear of drowning?; (d) To what extent do children who have a fear of drowning want to improve their swimming skills?; (e) Does fear of drowning differ based on who taught the child to swim?; and (f) Do children who have a fear of drowning swim less frequently than children who do not have a fear of drowning (Irwin et al, 2015, p.138).

Data were collected between February 1 and March 31, 2010 and within each city, Young Men's Christian Association (YMCA) branch facilities were identified and targeted for data collection. Trained YMCA staff assisted the research team with the data collection using sites and programs within their facility. Approximately 2,000 surveys were distributed in English and Spanish. From this, a total of 1,909 surveys were usable, with 1,305 completed by an adolescent (age range of 12–18 years) and 604 completed by a parent or caregiver of a younger child (age range of 4–11 years). African Americans had the largest representation at 52.3%. Data analysis utilized Statistical Package for

Social Sciences (SPSS 21). Results from the study showed that children/adolescents with a strong fear of drowning reported much lower levels of swimming participation.

Irwin et al. (2011) conducted a quantitative study to examine minority children's and parents'/caregivers' fear of drowning as a possible variable associated with limited swimming ability. The purpose of this research was to examine demographic variables, specifically race identity and sex, and their association with fear of drowning/injury while swimming. The four racial identities that were employed in this analysis were White, African American, Hispanic/Latino, and Other.

The research participants came from six metropolitan areas randomly chosen by USA Swimming, which included Chicago, IL, Houston, TX, Memphis, TN, Miami, FL, Oakland, CA, and Philadelphia, PA. This targeted sample was composed of underrepresented youth residing in impoverished areas of each city, and ages ranged between 4 and 17 years. Parents/caregivers of young children aged 4 to 11 were asked to complete the survey in the place of the child. Within each survey market, research staff worked with representatives from the Young Men's Christian Association (YMCA) to identify appropriate data collection sites. Approximately 2,000 surveys were distributed in both English and Spanish nationwide. Completed surveys that were used in the analysis accounted for a total of 1,680: 1,116 adolescent surveys and 564 parent surveys. The Statistical Package for Social Sciences (SPSS) version 15 was utilized for data analysis. Parent/caregiver responses in this study confirmed that there are significant racial differences when queried about their child's fear of drowning/injury while swimming as well as their fear of their child drowning/being injured.

Parents/caregivers are primary transmitters of knowledge, attitudes, and beliefs concerning life in general to their children. Whites were the least fearful of drowning, and African American girls were the most fearful group on this issue when swimming. This result corresponds with other results that show that African American females report the highest at-risk swimming Ability (Irwin et al., 2009). In contrast, African American adolescent boys experience the highest fatal and non-fatal drowning rates, but they have lower levels of fear for drowning/being injured while swimming than African American girls. Interestingly, African American females experience some of the lowest fatal drowning rates of all groups measured in this study (CDC, 2008). Based on the consistent results, it can be argued that a general fear of water, or aqua phobia, was verified among African Americans within this sample. The American Academy of Pediatrics, the Centers for Disease Control and Prevention, the National Institutes of Health, and the International Life Saving Federation (ILSF) recommend further research. Quality swimming lessons from a certified water safety instructor for every child are highly recommended as a protective step toward drowning prevention (AAP, 2010; Brenner et al., 2009; CDC, 2010; ILSF, 2007). Understanding the barriers, both physical and psychological, is imperative to overcoming these obstacles for these children. Additional research is therefore needed on the critical question of why racially underrepresented children are not learning how to swim. There is a gap in the literature that details what is preventing racially underrepresented children from learning how to swim.

According to Pharr et al. (2014), children were found to swim significantly more if their parents encouraged them to swim, members of the family knew how to swim and

swam with them, or their parents were not afraid of the children drowning or afraid of drowning themselves. The purpose of the study was to determine what parental factors influenced the number of days that children swam.

Specific research questions for the study consisted of the following issues:

- What are parental/family factors associated with the number of days children swim?
- What is the strength of the relationship between the number of days that a parent swims and the number of days that the child swims?
- Does a parent's fear of drowning impact their child's swimming (i.e., do parents who fear drowning encourages their children to swim)?
- Do parents who fear drowning also report that their children fear to drown?
- Do parents who feared to drown encouraged to swim when they were children?

(Pharr et al., 2014, p. 3)

A survey instrument was used, and the questionnaire included demographic questions of age and gender for both parent and child; highest educational attainment and annual household income of the parent, and race/ethnicity of the child. Data were collected in six metropolitan communities in the United States: Atlanta, GA; Boston, MA; Denver, CO; Memphis, TN; Minneapolis/St. Paul, MN; and San Diego, CA. Participants were adolescent respondents (ages 12-17) who completed the survey under the supervision of at least one trained researcher/YMCA staff member. For children age 4-11 years old, a parent or caregiver was asked to complete the survey. A trained investigator/YMCA staff member was also available for the parent/caregiver during the survey, over half (52.3%) of the sample identified as African American. Approximately 2000 surveys were

distributed in both English and Spanish, which yielded a total of 1,909 usable surveys. Adolescents completed 1305 surveys, while parents/caregivers completed 604.

Results from this study showed that parental factors have a strong influence on the frequency of swimming in which children engage. Importantly, parents who swim more have children who swim more. Also, this study highlights the complex, but very real cyclical familial pattern between encouragement to swim, fear of drowning, and swimming frequency, which might reveal a generational pattern that either encourages or discourages children and parents from swimming. Results also suggest that an effective family-based intervention to increase swimming and physical activity in children and their parents may prove to lessen the risk of drowning as well as the fear of drowning. Relatively few studies have investigated the relationship between swimming skill levels and drowning.

The five studies offered addressed barriers to the acquisition of swimming and revealed that some of the barriers were found to be a lack of access to swimming for Blacks, parental factors such as culturally held beliefs, and the fear of drowning. According to Ito (2014), Ross et al. (2014), and Irwin et al. (2011), a lack of access and exposure to swimming exist for people who are African. Many Whites grow up learning to swim at their neighborhood using public facilities that were provided such as YMCA/YWCA, the park, and recreation department that provided swimming lessons. The history of mistreatment of African Americans at beaches and pools, as well as continued racial discrimination all contributed to limited access to water and swimming. Swimming access was also impacted by structural leisure constraints such as the availability of a comfortable and safe pool in which to swim, access to transportation,

sufficient finances, and discretionary time that would permit parents to allow their children to participate in swimming. All five studies discussed the fear factors as a barrier to the acquisition of swimming skills. Four of the studies discussed the African American experience and the cultural impact that left a familial pattern of the legacy of fear (Ito, 2014; Ross et al., 2014; Irwin et al. 2014; Irwin et al., 2011). One study found that fear was a barrier, but the study did not discuss the association of fear with race/ethnicity (Irwin et al., 2015). Findings also revealed that families with an intense fear of drowning significantly impacted the acquisition of swimming competency. It is important to note that the studies alluded to the cultural impact as an underlying factor to the fear of drowning, access to swimming and parental factors for the Black population.

Experiential Context

It was over 20 years ago when my 2 1/2-year-old daughter became the victim of a near drowning accident. How could this have happened to us? We were good parents! This happened to other people, not to parents who had taken the necessary precautions to protect their children, or so we thought. As I stood beside the bed in the Pediatric Intensive Care Unit at Broward General Hospital that night, I thanked God for saving her life and giving us another chance to raise our daughter who sustains no deficit from this incident. Other thoughts that flooded my mind were, how could we have been so foolish? We placed our confidence in swimming devices like the arm floaters and in that one unsupervised moment when the floaters failed, our child could have been taken from us. What if she knew how to swim? Wouldn't she have had a greater chance of saving herself? This burning truth stayed with me, and when she returned home from the hospital, we registered her for swimming lessons.

My decision-making process of having my daughter learn to swim was, therefore, influenced by her near-drowning experience. As I reflected on the reasons why I had not given her swimming lessons up to the point of her near drowning, I realized that my Caribbean culture influenced that decision. We were taught in the Caribbean how to enjoy the water through play but always to respect and fear the water. I was therefore raising my child with those cultural ideas, as we placed floaters on her arms for protection and taught her how to have fun in the pool or at the beach but did not teach her how to swim.

According to World Health Organization Report (2015), drowning is the leading cause of death among children 1-4 years worldwide, although this tragedy is preventable through a range of effective interventions. Lapses in supervision happen, and it only takes a moment for a child to drown; therefore, swimming competency for the family is important in drowning prevention. How are Caribbean parents making the decision to gain swimming competency for the family? What are the factors that influence their decisions towards gaining swimming skills? These are some of the issues that inspired this research.

Yin (2014) pointed out that the case study investigators are especially prone to biases because they must understand the problem beforehand. This awareness will allow me to pay particular attention to how these biases will be addressed in this study. It is critical for me to first explore my personal feelings and experiences in order to prevent them from influencing my understanding of the study. Reflexivity, which is a technique that entails analyzing and paying attention to personal values and biases, will be utilized to position myself. This involves conveying my background and interpreting the study's

information, and identifying what may be gained from the study. The second way of addressing biases is through bracketing, which is the process of identifying and controlling any preconceived beliefs and opinion about the phenomenon under study (Polit & Beck, 2014). Reflexivity and will therefore both be used in this study to address biases through a reflective writing that is placed in the study and/or a reflective journal during the study. The reflective journal will be kept to document any personal thoughts and feelings that emerge from the data and decisions to be made during the data analysis and bracket biases.

Chapter Summary

This chapter discussed a review of the relevant literature across disciplines that was conducted to explore the phenomenon involves in the decision making the process of Afro-Caribbean parents towards the acquisition of swimming competency. The studies discussed the African American/Black population under which the Afro-Caribbean is subsumed. The topics explored were the historical context of swimming among Blacks in the United States, disparities in swimming and drowning among Blacks in the United States, and barriers to the acquisition of swimming competency for the Black family. As a result of the gap identified in the literature, the opportunity presented itself to pursue a study with the purpose to gain an understanding of how Afro-Caribbean parents in Broward County decided to participate in swimming for the family and factors that influence their decision.

CHAPTER THREE

METHODS

The purpose of this single embedded intrinsic explanatory case study was to gain an understanding of how Afro-Caribbean parents in Broward County decided to participate in swimming for the family and factors that influence their decision. This study utilized a qualitative case study approach guided by Yin (2014).

Research Design

According to Yin (2014), a research design is the blueprint for the research. It is therefore a, “logical plan for getting from here to there” (p. 28), which means, here may begin with questions, and there may conclude with some answer. Yin (2014) contended that the development of a case study design calls for careful craftwork, and the five components that should be considered when undertaking the use of this design are (a) the research question, (b) propositions if any, (c) unit or units of analysis, (d) the logic linking the data to the proposition, and (e) the criteria for interpreting the findings. Yin (2014) also described four basic types of case study designs: single holistic; single embedded; multiple holistic; and multiple embedded. A design of a single embedded intrinsic explanatory case study is the approach that will facilitate exploration of the phenomenon and enable the researcher to gain a richer understanding of the problem. The following is a description of the components of the inquiry.

Single Case Study

A single case study was chosen for an in-depth understanding of the decision making the process of the Afro-Caribbean family towards the acquisition of swimming competency. One of the rationales that Yin (2014) discussed for doing single case study

is that the case represents an *unusual* case, which offers a distinct opportunity worth documenting and analyzing. The decision making process of the Afro-Caribbean family, which is a single case, is appropriate for this inquiry since the value may reveal insight into strategies that may be able to reduce the disparities in drowning and swimming in the Black communities.

Embedded

Within the single case study, subunits of analysis are incorporated so that a more complex or embedded design is developed. This design will add a significant opportunity for extensive analysis, which will give an in-depth insight into the single case (Yin, 2014).

Intrinsic

This concept is described by Stakes (1995) who termed a case intrinsic because the focus is on a single unit and the researchers who possess an authentic or personal interest in a case uses this approach in a desire to gain a better understanding of the case. The decision-making process of the targeted population in of unique concern to the researcher

Explanatory

An explanatory case study is more suited to the how or why questions, including how and why some condition came to be, or sequence of event occurs or did not take place (Yin, 2014). These studies, therefore, propose to utilize an explanatory type of case study to enable the research to explain how Afro-Caribbean parents and their families make the decision towards the acquisition of swimming competency.

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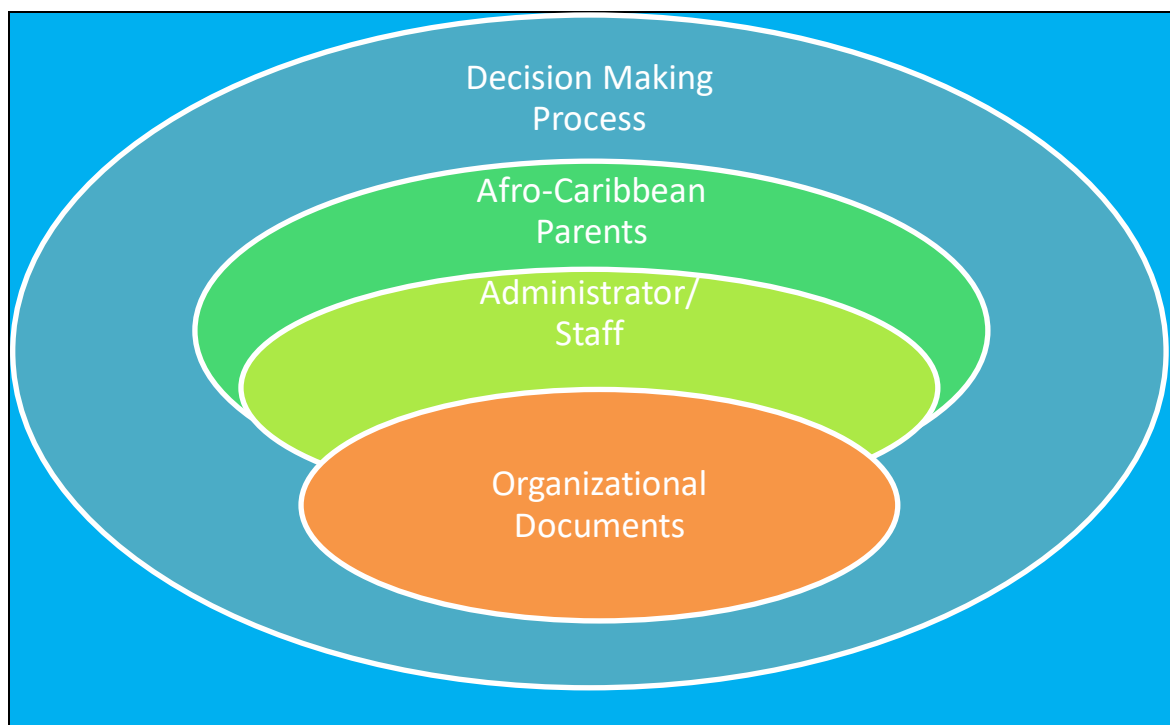


Figure 2. Single case study with embedded subunits (Wilson, 2017, adapted from Yin, 2014).

The schema above represents the single embedded intrinsic explanatory case study with the subunits. This is one phenomenon but impacted by different decision-making process within, between, and across all subunits such as organizational documents, staff, and the Afro-Caribbean parents. This decision-making process is bounded by definition and context (Miles & Huberman, 1994). Definition involves the description of the phenomenon that is peculiar to the targeted population, and context is within a swim school located in Broward County.

Sample and Setting

This study employed a purposive sample with supplementation of new participant through snowball sample. The purposive sample is a strategy of selecting cases that are

beneficial to the study (Polit & Beck, 2012). Purposive means that the researchers purposefully select individuals, sites, and documents for the study because they can inform an understanding of the research problem and central phenomenon of the investigation (Creswell, 2013). The purposive sample is necessary to case study design since it enables the researchers to collect and provide rich data for a particular event or situation and allows the researcher to acquire understandings and uncover new meaning (Munhall, 2012). The three decisions that go into purposeful sampling are (a) who to select as participants or site for the study, (b) the size of the sample to be studied, and (c) the particular type of sampling strategy (Creswell, 2013). Snowball sampling is otherwise called network sampling, which means that early sample members are asked to refer other people who meet the eligibility criteria. This sampling method is often used when the population includes people with certain characteristics that are otherwise difficult to locate (Polit & Beck, 2012). The homogeneous sample will be utilized for the Afro-Caribbean parents' interviews, which are the primary source within the case and target this particular group.

In case study design, Yin (2014) and Creswell (2013) refer to the sample size as cases. Yin did not give an exact number for the sample size of cases or sample size for individual participant interviews within the subunits of the case. Creswell (2013) recommended not more than four to five cases in a case study. The sample size for this study is one case, a decision-making process, with three embedded subunits. Two of the subunits within the case are the parents and the staff at the swim center. Semi-structured interviews will be conducted with the two subunits of participants. The third is the organizational documents. The sample size for individual interviews was determined

from sample size of qualitative studies discussed by Polit and Beck (2012) and Creswell (2014). A maximum of 5 staff and a maximum of 7 parents making a total maximum of 12 individual interviews were used for the sample size for this study. All interviews were conducted at a time and place convenient to the participants. This embedded case study was in the context of a swim center in Broward County, so the center was chosen because of the location and the diverse community it serves, which includes Afro-Caribbean families. The selection of prospective participants and the choice of setting reinforced the researcher probability to understand and acquire understanding of the phenomenon under study (Creswell, 2013).

Access and Recruitment of the Sample

Upon receiving approval from Barry University's Institutional Review Board, a letter was sent to the administrator of the swim center in Broward County to request access to facility documents, staff, and Afro-Caribbean members (Appendix C). Once access to the center was received by an official letter (Appendix C), the study proceeded in three phases.

Phase I: Review of Organizational Documents

After receiving permission to access organizational documents, the times to go to the swim center were confirmed with the administrator. The researcher reviewed a list of documents (Appendix D) in a maximum of one visit

Phase II: Administrator/Staff Interviews

After access to the swim center was granted and phase I was completed, flyers with the study information (Appendix D) to conduct semi-structured interviews with the staff at the swim center and the contact information of the researcher were taken to the

swim school by the researcher and handed out as the posting board was not available. The Information on the flyers was also posted by the administrator on the school information email. Interested persons contacted the researcher by phone or email that was listed on the flyer; when contacted, the researcher screened the interested persons for inclusion in the study. If inclusion criteria were met, the study was explained, and a mutually convenient time and place for a face-to-face interview was scheduled.

Phase III: Afro-Caribbean Parents Interviewed

After access to the swim center was granted and phase I was completed, flyers with the study information (Appendix D) to conduct semi-structured interviews with the Afro-Caribbean parents that were members of the the swim center and the contact information of the researcher were taken to the swim school by the researcher and handed out as the posting board was not available. The Information on the flyers was also posted by the administrator on the school information website. Interested persons contacted the researcher by phone or email that was listed on the flyer, when contacted the researcher screened the interested persons for inclusion in the study. If inclusion criteria were met, the study was explained, and a mutually convenient time and place for a face-to-face interview was scheduled. Parents were interviewed individually.

Inclusion Criteria

Phase II. Inclusion criteria for staff at swim center were as follows:

- Must provide swimming lessons to the Afro-Caribbean family
- Must be employed at the swim center
- Must speak English

- Must be willing to be audiotaped

Phase III. Inclusion criteria for parents were as follows:

- Parent or grandparents of children any age
- Self-identifies as Afro-Caribbean
- Members or past members of the swim center
- Speaks English
- Willing to be audiotaped

Exclusion Criteria

Exclusion criteria for staff/administrators at swim center in Broward County were as follows:

- Did not work at the swim center
- Did not speak English
- Was not willing to be audiotaped
- Did not provide swimming lessons to Afro-Caribbean families

Exclusion criteria for interview with parents/caregivers were as follows:

- Did not speak English
- Was not a member or past member of the swim center
- Was not willing to be audiotaped and transcribe
- Was not a parent
- Was not of Caribbean ethnicity as verified by the demographic form

Ethical Considerations/Protection of Human Subjects

Researchers need to give careful consideration to ethical requirements while planning the study and vigilance should be continued throughout the course of the study

(Polit & Beck, 2012). The approval of the Barry University Institutional Review Board was obtained before recruiting and starting data collection (Appendix A). In this study, all participants selected pseudonyms to protect their identity. Informed consent was obtained before the start of the face-to-face interview. The participants were informed that their participation in this study is voluntary and that they have the option to stop the interview at any time and could refuse to answer any of the questions posed, without consequences. Audio recorders were used during the interview and confidentiality was assured throughout the data collection process. The pseudonyms that were selected by the participants were only known by the participant and the researcher. These pseudonyms remained confidential, were not traceable to the identity of the participants and confidentiality of participant information was assured and maintained to the full extent of the law.

Audio recordings were transcribed by the researcher with the aid of voice recognition software. These recordings were destroyed upon confirmation for accuracy by member check of the transcribed interview. Electronic data was stored on the researcher's personal password protected computer at the researcher's home.

The transcribed data and demographic questionnaire were also kept separate from the consent in a locked file cabinet in the researcher's home office. All hard copy documents relating to the study were stored in a locked cabinet at the researcher's home. All study data will be kept for a minimum of 5 years after completion of the study and indefinitely thereafter. The findings of the study will be reported in the aggregate or using pseudonyms in order to protect participant. A token of appreciation was given to participants at the end of the interview in the form of a \$25 Visa gift card.

Data Collection Procedures

After approval from Barry University's IRB, data collection was conducted in three phases: Phase I (Table 1) was an in-depth study and description of the information obtained from the organizational records (Table 2). Phase II involved individual interviews of the staff at the swim center (Table 3), and phase III included individual interviews with parents who take swimming lessons at the swim center for themselves or their families.

Table 1

Data Collection Phase One

Phase One	Data Collection Procedure
Organizational Documents of swim School	Upon confirming a time and the dates to go to the swim school, the researcher reviewed documents in one visits, such as but not limited to: <ol style="list-style-type: none"> 1. Records (example, percentage of Afro-Caribbean families attending the program) 2. Class schedule 3. Program (example, messaging types of swimming programs) 4. Swimming instructors' training; success rate 5. Swim school website 6. Policy and procedures

Table 2

Data Collection Phase Two

Primary Sources	Data Collection Procedure
Staff at the swim Center	<ol style="list-style-type: none"> 1. Upon receiving a phone call or email from the individuals indicating their interest from the official flyer (Appendix E),

the researcher contacted the individuals via phone and ensured that they met the inclusion criteria before scheduling a face-to-face interview at a mutually agreeable date, time, and place.

2. Individuals that met the inclusion criteria and agreed to participate in the study received an email correspondence to confirm the scheduled appointment (Appendix F) and a text message as a reminder of the scheduled appointment the day before the scheduled face-to-face interview (Appendix F).
 3. All participants were reassured that participation in the study was voluntary and they have the option to withdraw from the study without penalty. They were reminded of the use of audio recording before starting the interview.
 4. The individuals were reminded that the initial interview would last a maximum of 60 minutes, and the second interview would follow within 1 to 2 weeks after the first interview. This lasted a maximum of 30 minutes for member-check and to ensure accuracy of the transcription and the participants' intended meanings.
 5. Individuals selecting the face-to-face interview were provided the informed consent, reviewed, and clarified the content with the participants (see Appendix B). If there were no questions, the researcher obtained a signed informed consent before starting the interview. After obtaining the informed consent, the participant selected a pseudonym; the demographic questionnaire (see Appendix G) was completed by the participants. The participants were provided a maximum of 10 minutes to complete the demographic questionnaire. The maximum total time for the interviews was therefore 100 minutes.
 6. Established interview protocol (see Appendix H) along with
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the interview questions (see Appendix I) was followed to elicit in-depth information from the participants.

7. For participants selecting to be interviewed, a \$25 Visa gift card was given after the consent was signed.
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Table 3

Data Collection Phase Three

Primary Sources	Data Collection Procedure
Afro-Caribbean Parents at the swim center	<ol style="list-style-type: none"> 1. Upon receiving a phone call or email from the individuals indicating their interest from the official flyer (Appendix E), the researcher contacted the individuals via phone and ensured that they met the inclusion criteria before scheduling mutually agreeable date, time and place to conduct a face-to-face interview. 2. Individuals that met the inclusion criteria and agreed to participate in the study, received an email correspondence to confirm the scheduled appointment (Appendix F) and a text message as a reminder of the scheduled appointment the day before the scheduled face to face interview (Appendix F). 3. All participants were reassured that the interview is voluntary, and they have the option to withdraw from the study without penalty. They were reminded of the use of audio recording before starting the interview. 4. The individuals were reminded that the initial interview would last a maximum of 60 minutes, and the second interview would follow within 1 to 2 weeks after the first interview for member-check and ensure correctness of the data as understood and documented. 5. Individuals selecting the face-to-face interview were provided the informed consent, and the researcher reviewed

and clarified the content with the participants (see Appendix B). If there were no questions, the researcher obtained the participants' signatures before starting the interview. After obtaining the informed consent, the demographic questionnaire (see Appendix H) was given to the participants. The participants were provided with a maximum of 10 minutes to complete the demographic questionnaire. The maximum total time for the interviews was therefore 100 minutes.

6. Established interview protocol (see Appendix H) along with the research questions (see Appendix I) was followed to elicit in-depth information from the participants.
 7. For participants selecting to be interviewed, a \$25 Visa gift card were given after the consent was signed.
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Upon completion of the interviews, the participants were thanked, and they were reminded of the follow-up meeting as described in Table 2 and Table 3.

Interview Questions

Meaning is not discovered but constructed (Crotty, 1998); therefore, the interview process is an integral part of an in-depth exploration of a particular topic using open-ended questions, which were employed for the interview. The primary data were collected through a maximum of 60 minutes face-to-face, semi-structured individual interviews, and the participants were asked to share their experiences by responding to open-ended questions and through probing (Appendix H).

Demographic Data

A researcher-designed demographic questionnaire (Appendix F) was used to collect information about the participants. This data was used to describe the characteristics of the population under study.

Data Analysis

Yin (2014) suggested that analysis for case study included techniques from Miles and Huberman (1994) who presented a detailed systematic approach to data analysis. Yin (2014) listed the following steps from Miles and Huberman (1994) that are beneficial to case study analysis.

- Putting information into different arrays
- Making a matrix of categories and placing the evidence within such categories
- Creating data displays, flowcharts, and other graphics for examining the data
- Tabulating the frequency of different events
- Putting information in chronological order or using some other temporal scheme

(p. 135)

This case study therefore employed the technique of Miles and Huberman (1994) for data analysis. Miles and Huberman (1994) described three main components to the data analysis: (a) data reduction, (b) data display, and (c) conclusion drawing and verifying. Miles and Huberman explained that this process interacts concurrently throughout the data collection and analysis process. The schema below is an interactive model of the components in the analysis process.

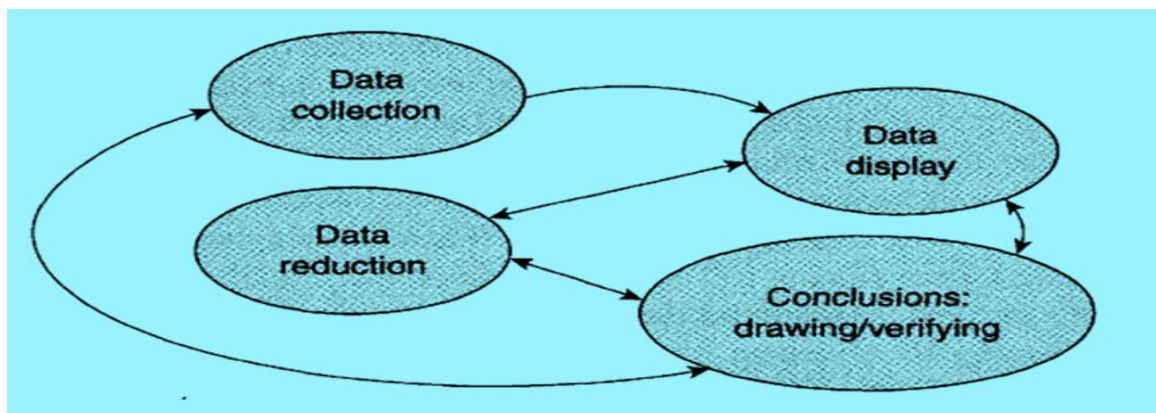


Figure 3. Components of data analysis: Interactive model (Miles and Huberman, 1994, p. 10).

Data Collection

The data collection in the schema means that the first step in the process is to collect and manage the data that comes in from the various sources. Miles and Huberman (1994) explained that qualitative data are a source of well-grounded, rich descriptions and explanations of processes occurring in local contexts. Creswell (2013) explained that data generated from qualitative methods are voluminous. After field contact has been completed and written, the next step was to consider the main themes, issues, problems, and questions for data reduction and display, which could be going on simultaneously. The first step that that Miles and Huberman therefore described is data reduction.

Data Reduction

Data reduction occurs continuously throughout the life of any qualitative studies, which is a part of analysis (Miles & Huberman, 1994). This continuous process throughout the analysis activity is an effort to reduce data while maintaining the information within its context. Miles and Huberman (1994) described this process of selecting, focusing, simplifying, abstracting, and transforming the raw data that appear in written-up field notes. Strategies discussed by Miles and Huberman (1994) for data

reduction include writing margin notes in field notes, writing reflective passages in notes; drafting a summary sheet on field notes; making metaphors, segmenting, and summarizing; coding; memoing; finding themes, clusters and patterns; finding the relationship among variables; and making contrast and comparison.

Data Display

Data display organized and assembly of information that permits conclusion drawing and action taking. This may be done in various ways such as flowcharts and other graphics, but the most frequent form of display for qualitative data has been narrative text (Miles & Huberman, 1994).

Conclusions, Drawing/Verifying

The third step in this process is conclusion drawing and verifying; although from the beginning of data collection, the qualitative analyst states to conclude meaning of the data by noting regularities, themes, patterns, differences, or similarities, explanations, possible configurations, causal flows, and propositions (Miles & Huberman, 1994). Some of this meaning takes place concurrently with data reduction and display, however, but it is not finalized until all the data are in. The researcher will revisit the data as many times as necessary for cross-reference or verification of these emergent themes or patterns to identify of emerging themes and linked sequence of events to the data from the participants.

Research Rigor

The qualitative research rigor is concerned with trustworthiness and integrity in qualitative research, according to Polit and Beck (2012), who explained that it “is an all-encompassing issue” that starts at the inception of the research questions and continues

throughout (p. 582). There are four criteria for developing trustworthiness as introduced by Lincoln and Guba (1985): confirmability, dependability, credibility, and transferability.

Credibility

Credibility addresses the confidence that the participant experiences are represented in a truthful and accurate context (Polit & Beck, 2012). This includes adequate verification method and what type of verification method will be used. Triangulation of multiple sources was used to provide an in-depth exploration of the phenomena from different angles. Member checking also was used to ensure accurate interpretation to the data and lent credibility to the result.

Dependability

Dependability is the stability of the data over time and condition that is if the study is repeated, within the same context and with the same participants and setting, it will produce similar results (Polit & Beck, 2012). Dependability is link to credibility, and one cannot be attained without the other. This researcher explained the process used to evaluate the accuracy of the data, and a clear guideline for the procedures that were used for data selection, analysis, and synthesis. Other strategies of dependability that were employed included an audit trail in which the researcher presented a thorough explanations of procedures to provide an account of what exactly occurred during the research period and included journaling, field notes, and memoing. Reflexivity was observed in which the researcher kept a continuous, self-critical account in a journal including documentation of the data, methods, reasoning, and conclusions.

Confirmability

Confirmability refers to objectivity that is the potential agreement between the participants and the researcher about the data's accuracy, relevance, or meaning. It is concerned with accurate representation of information as provided by the participants and interpretations are not invented by the researcher (Polit & Beck, 2014). Strategies for ensuring confirmability include:

- **Researcher's bias:** This should be acknowledged and managed through self-disclosure of beliefs and biases within the research document; reflexivity, which is a technique that entails analyzing and paying attention to personal values and biases through ongoing reflexive journaling and memoing.
- **Audit trail:** The journal of the researcher can be audited to authenticate confirmability. Determination that conclusions, recommendations, and interpretation are reflective of the inquiry and not that of the researcher can be confirmed through the journal audit. Memoing used throughout the study processes can be audited to review how and where data was linked, ideas emerged, and how memos assisted in the identification of concepts, categories, and theory emerging from the data.
- **Triangulation:** Triangulation was employed to ensure multiple sources of data collection in order to gain an in-depth understanding of the phenomenon. The inclusion of multiple sources through triangulation is a hallmark of case study and provided a richer, deeper, more comprehensive picture that can be used to improve both credibility and confirmability.

- Member checking: The researcher ensured that the data adequately represents what the information the participant provides by using members checking to confirm accuracy of the data provided.

Transferability

Transferability refers to the extent for which the findings can be transfer or have applicability in other setting or groups (Polit & Beck, 2012). In a qualitative case study, a rich description of the data was provided, allowing the readers to draw their own conclusion of applicability to their own situation. Yin (2014) discussed benefits from theory or theoretical proposition in case study design that could facilitate transferability by linking the themes developed in the study to existing theory.

Chapter Summary

This chapter discussed the research method and procedures that were used to conduct a single embedded intrinsic explanatory case study to answer the research question of how Afro-Caribbean parents decide to acquire swimming competency for the family in congruent with the purpose of the study. The chapter discussed the importance of the purposive sampling in a case study design to recruit participants. A description of the characteristics of the sample and justification were addressed. Access and recruitment of the sample, inclusion, exclusion criteria, data collection procedures, and demographic characteristic were described. The interview question and protocol for the interview were discussed in detail. The chapter concluded with an in-depth description of data analysis and research rigor.

CHAPTER FOUR

FINDINGS OF THE INQUIRY

Providing swimming lessons for Afro-Caribbean family members is an effective component of drowning prevention. Drowning affects Afro-Caribbean families disproportionately and continues to be a public health problem in Broward County due to the area's many aquatic settings and the lack of swimming skills for both parents and their children. Scholars suggest several factors may influence the lack of swimming skills including culture, fear of water, and access to swim lessons (Ross et al., 2014). Research is needed to explore how these, and potentially other factors, influence Afro-Caribbean parents' decision-making regarding when or if swimming lessons are needed for themselves or their children. Findings from this research may provide the knowledge needed to enable nurses to develop preventive educational interventions to decrease the incidence of drowning in Afro-Caribbean families.

Overview

This chapter discussed the sample description, the results of the data collection and provides results of data exploration that verified assumptions necessary and appropriate for the method. The research question was also reviewed, as the findings of the data were reported according to four identified themes and connected to a theory. Prior to data collection, Barry University IRB approval was obtained (Appendix A). A request for access (Appendix C) was e-mailed to the administrator/owner of the swim center, and access was granted (Appendix C). A mutually agreed upon date was set to meet with the administrator to begin phase I of the data collection. Flyers (Appendix D) were taken to the swim center by the researcher and given out to their members as an

approve posting board was not available. The information was also posted on the center's informational email by the administrator.

The sample description of phase 1 consisted of available organizational documents that were discussed and reviewed with the administrator as well as other sources of documentation that were reviewed from websites and the city magazine. These documents included class schedule, type of swim programs, cost of lessons, messaging on advertisement, type of training for swim instructors/coaches, and percentage of Afro-Caribbean in the swim program. The record of the policy and procedure was not found and only verbalized by the administrator. Phase II involved interviews with swim instructors who were members of the swim center and met the inclusion criteria. Phase III, sample description were Afro- Caribbean parents that were members of the swim center and met the inclusion criteria. The participants of both phase II and III were protected through the use of pseudonyms.

The data collection began with participants who responded to the email posting of the research flyers, and sampling was purposive with participants. Snowball sampling was utilized for additional participants. Interviews were scheduled for a mutually agreed upon time and place with the individual participants who met inclusion criteria. All interviews were held face to face with the researcher commuting to the mutually agreed upon site in South Florida. The interviews were conducted using a semi-structured interview approach. An informed consent form and demographic description that included the individual characteristics (Appendix F) were completed before the interview. Iterative questions were utilized and included probes to elicit participants' thoughts, meanings and perceptions, about their decision making process for

participating in swimming and factor that influences this decision. All individual interviews were audio taped and subsequently transcribed by the researcher with the aid of voice recognition software. Each participant was provided the opportunity to review the interview through member checking.

The data were reviewed and analyzed continuously using Miles and Huberman analytical process of data reduction, data display, and conclusion drawing and verification as well as utilization of NVIVO 11 software for data management. The constant comparison process was used from the initial interview through the analysis process to scrutinize and uncover any further information that clarified conditions of the emerging categories or themes. Saturation occurred when no new relevant data emerged. Reflexivity in the journaling process allowed the researcher to remain sensitive throughout the analytic process by setting aside biases and journal reaction to interviews, analysis, and explanation of the emerging themes.

The researcher remained cognizant of the research questions and the assumptions appropriate for the qualitative case study methodology. Yin (2014) explained that one of the hallmark of the case study design is that the focus of the study is to answer “how” and “why” questions. As the data were explored, theoretical integration was linked to the health belief model, which will be discussed further in the chapter. This chapter therefore provides an aggregated description the data and the results that were co-constructed from the data.

Sample Description

The purpose of this single embedded intrinsic explanatory case study was to gain an understanding of how Afro-Caribbean parents of a Broward County’s swim center

decide to participate in swimming for the family and factors that influence their decisions. A swim center in Broward County was chosen, as this was congruent with the study.

This section provides a summary description of the three phases of purposeful samples collected from documents related to the swim center and two groups of individual participants that are members of the swim center. The various sources of data collection reflect the principle of triangulation as discussed by Yin (2014) for allowing rigor in the case. Phase I consisted of the data obtained from secondary and contextual sources, phase II consisted of data obtained from interviews of instructors at the swim center, and phase III consisted of data obtained from interviews collected from the Afro-Caribbean parents who are members at the swim center. The description of these samples will be discussed under the three phases of data collection.

Phase I: Description of Secondary and Contextual Sources

This case study was embedded within a swim center in Broward County. The administrator explained that the center is a member of USA Swimming and its local governing body, the Florida Gold Coast Programs offered at this center start with lesson to learn how to swim and moves to competitive swimming. The center offers private and group lessons as well as a variety of classes of all levels for their competitive swim teams. According to its website, loyalty, commitment, and a solid work ethic are a few of the characteristics the swim center strives to instill in its members. The sample for phase I was derived from the examination of secondary and contextual sources about the swim center, the swim instructors, and Afro-Caribbean parents who are members at the center. Documents included the membership roster for records of number of Afro-Caribbean

members. The class schedule, type of programs offered, messaging in advertisement, cost, program evaluation and staff training were readily available through the swim center's website, documents obtained from the administrator, the school posting board at the center, and the city magazine.

Phase II: Demographic Characteristic of Instructors

This phase consisted of the five individual participants who are instructors of the swim center and met the inclusion criteria. Saturation within phase II was achieved when the data began to repeat itself with the fourth and fifth participants. The characteristic based on information collected from participants' responses on the demographic forms (Appendix F) and are reported in the aggregate. The five (100%) participants were current employee of the swim center and had previously worked with minority groups. Four (80%) of the participants interviewed were female, and one (20%) was male. Three (60%) were born in the United States. One (20%) was born Canada, and one (20%) was born in Ecuador. Three (60%) participants have been employed between 14-15 years with the center, one (20%) was employed for 7 years, and one (20%) for 2 years. Table 4 contains the demographic characteristics of the individuals who participated in the individual interviews.

Table 4

Demographic Characteristics of Instructors

Name	Gender	Age	Place of Birth	Employee of Swim Center	Capacity of Employment	Length of employment	Past work with minority
Joy	Female	51-60	Canada	Yes	Owner/Instructor	15years	Yes
Rose	Female	51-60	Ecuador	Yes	Instructor	14 years	Yes

John	Male	18-30	Florida	Yes	Coach Instructor	2 years	Yes
Amy	Female	41-50	New Jersey	Yes	Instructor	15 years	Yes
Stacey	Female	18-30	Florida	Yes	Instructor	7 years	Yes

Phase II: Individual Characteristics of Instructors

This section consists of data is used to describe the individual characteristics of each participant including the demographic information gleaned from the interviews. The center offers private and group lessons as well as a variety of classes of all levels for the competitive swim team. Four (80%) of the swim instructors do lesson instructions and one (20%) also coaches on their competitive team but emphasizes that the coaching staff focuses on all aspect of the individuals not just the athlete. A pseudonym is used to report the actual data of participants to support the unique characteristics of each participant. A probing question that was asked of each the participants is: How do the Afro-Caribbean parents in Broward County decide whether to participate in swimming lessons?

Joy. Joy a female between the ages of 51-60 years old. She was born in Toronto Canada but wrote on demographic questionnaire that she has worked previously with minority groups. She is the co-owner and administrator of the swim center and a lesson instructor. She has been teaching swimming over 38 years and 15 years at the center. The probing question that was asked was, how do you find Afro Caribbean parents making the decision to take swimming through your program?

Joy responded:

So, we try to be accessible to parents where we're located geographically. And Broward County is in western Broward County, where I think there's a high population of the African Caribbean population.

With regard to the children, the parents often come to us wanting the children to learn how to swim because they themselves don't know how to swim. And oftentimes once the children or grandchildren have learned to swim, and then the parents and grandparents will say I need to learn as well.

Amy. Amy a female between the age of 41-50, born in New Jersey and has been a lesson instructor for 15 years with this swim center. She also has worked with minority groups in the past. The question was asked of her, how do the Afro-Caribbean parents in Broward County decide whether to participate in swimming lessons? She replied:

Usually they have a home or they've recently purchased a home with a pool. Water Safety, mainly, because of their fear or the parents' fear of the water, they don't want their children to fear it and they want to utilize the pool,

Stacy. Stacey a female between the ages of 18-30 who was born in Florida has been a lesson instructor at the center for 7 years. She has also worked with minority group in the past. She was asked, how are the Afro-Caribbean parents making the decision to take swimming lesson for themselves or their families? She answered:

The parent has had a bad experience and so therefore they want to make sure their kid doesn't have the same experience they had, whether it was drowning I'm being questioned to a for or whatever event it may be. Um, another one would just be

that we live in south Florida. We're surrounded by water, so that's a big one that I get. Um, but yeah, those would be the three big things reasons why. So they swam because there was a traumatic experience. Oh, and then also that the child may have had a traumatic experience without having formal teaching for the parents to swim.

John. John is a male between 18-30 years old who was born in Florida; he is a lesson instructor as well as a coach for one of their competitive team. He has also worked in the past with minority groups. He was asked the question, how are Afro-Caribbean parents making the decision to take swimming lessons for their families?

John answered:

Afro Caribbean families normally in my experience are usually a huge motivator by the parents. Whether they're scared of the water or their children are scared of the water or both. Usually what I've noticed is that the first thing they tell me, he was very scared. Shewas very scared, which sometimes surprises me because I know most of the time Afro Caribbean families come from areas where there is water around. Most of the time they've told me that their kids like going to the beach and like doing that, but when it comes to the pool they are, petrified, they're scared. That's probably been one real big motivator. I've seen it and they just want their kids to not be afraid anymore. That's probably been the biggest factor in my opinion.

Rosa. Rosa is a female between the ages of 51-60 years old and was born in Ecuador. She is a lesson instructor and has worked at the center for 14 years. She has also worked with minority groups in the past. She was asked the question: How do you

see Afro Caribbean parents making the decision to take swimming lessons for themselves and their families? Her response was:

I think one of the main important things is that they noticed that the kids cannot swim and because they are exposed right now in the public schools to go to Swim Central and things like that, they realized the importance of swimming, not just because of actually um, to learn the safety of that, but also to be competitive too, because they see the Olympics, they see so many stuff that is going on right now and then they want to be part of it and also the safety more than anything else.

When they go out or they go out to the pool or they go to a lake that their kids can be able to survive because even the parents, they don't know how to swim. That's the problem too, that is across the board.

Phase III: Demographic Characteristics of Parents

This phase comprises the seven individual participants that are Afro-Caribbean parents and have met the inclusion criteria. The demographic characteristic is based on information collected from participants' responses on the demographic forms (Appendix F) and is reported in the aggregate. The participants were from four different geographical locations in the Caribbean. Six (85.7%) of the participants were female with one (14.2%) that was male. Five participants ranged in age from 40-50 years old, and two (28.5%) ranged between 40 and 50 years old. Six (85.7%) were born in the Caribbean, and one (14%) was born in New York of Afro-Caribbean parents and ultimately spent time in the Caribbean. Seven (100%) had children being taught at the center and were therefore current members. Table 5 contains the demographic characteristics of the individuals who participated in the parent interviews.

Table 5

Demographic Characteristics of Parents

Names	Gender	Age of Parent	Place of Your Birth	Place of your Parents Birth	Member Current or Past	Children Taking swim lessons
Jamie	Female	31-40	Trinidad/Tobago	Guyana/Trinidad	Current	yes
Mary	Female	41-50	Jamaica	Jamaica	Current	yes
Angela	Female	41-50	Bronx, New York	Antigua, WI	Current	yes
Marie	Female	41-50	Jamaica	Jamaica	Current	yes
David	Male	41-50	Bahamas	Bahamas	Current	yes
Paula	Female	41-50	Jamaica	Jamaica	Current	yes
Cheryl	Female	31-40	Trinidad	Trinidad	Current	Yes

Phase III: Individual Characteristics of Parents

This section comprises of data used to describe the individual characteristics of each participant including the demographic information gathered from the interviews of the Afro- Caribbean parents.

Jamie. Jamie is a female between the ages of 31-40 and was born in Trinidad with parents from Guyana and Trinidad. She also lived in St. Lucia for 3 years with her children and presently resides in Broward County. She has three sons who are currently members at the center. She was asked the question, how did you decide to participate in swimming for your family? Jamie answered:

I actually was a swimmer. I swam all throughout until high school so my mother put me into swimming and so I just automatically thought my kids had to swim. Also we lived in the Caribbean, We lived in New York and then we moved back to St Lucia for three years and that's where they started swimming because my

thinking was you lived on an island surrounded by water, you're going to go to the beach constantly and I not always going to be there, You have to know to swim.

Mary. Mary is a female between the ages of 41-50 and was born in Jamaica of Jamaican parents. She has two sons: one is an adult, and the other is a current member of the swim center. She is able to swim because this was a requirement of her job as a firefighter, and therefore, she learned to swim as an adult. She was asked the question, How did you decide to participate in swimming for your family and what influenced that decision? Mary answered:

Well, I wanted my son to learn how to swim I have two kids. I have a grown adult and he, I had him do swim lessons because I was not given the opportunity growing up in the Caribbean. As a matter of fact, we were taught to have a fear of the water. I'm pretty much if we went into the water we're going to drown, which made sense to us at a time, but now, it doesn't make sense. So my thing was to change that trend because my mother didn't know how to swim and I'm almost sure my grandmother and great grandmother didn't know how to swim either. So that fear was passed down and I decided I was going to break that, that reaction or that domino effect and put my kids into swimming.

Angela. Angela is a female in the age range of 41- 50 years old. She was born in New York of parents from Antigua where she goes sometimes. She has two daughters and both of them are members of the swim center. She was asked, what influenced you to make the decision to take swimming lessons for your family? Angela answered:

Well, um, when I moved here from Georgia, I know that Florida is surrounded by so much water and um, I, that is really my deciding factor. My daughter was very

young, three going to school and most homes have pools and I grew up in area, not that type of environment of pools, just pools everywhere, but water everywhere. So, um, that was my, one of my main decisions that if we're going to live here, that the children need to know how to swim because there'll be going to birthday parties and things like that. And um, yeah, that was pretty much my number one factor that we're living here. So if we may not have been living in Florida and might not have been such an urgency because I pretty much learned when I was a teenager, not so early, but that was a big influence on me wanting to get my children to know how to swim so I wouldn't be in fear that if something happened and they'd be drowning, go to a party, go like lakes, there's water everywhere you go. So that's pretty much the main reasons.

Marie. Marie is a female that that is between the ages of 41-50 that was born in Jamaica of Jamaican parents. She has two children that are current members at the swim center. She was asked the question, how did you decide to participate in swimming lessons for your children and what influenced this decision,

The reason why I pursued swimming was I thought it was very necessary that they learn how to swim so that they could save themselves. what was happening in Jamaica was that there was a lot of drowning, there was incidents that was being on the news almost on a daily basis about a child drowning or children went to field trips, went on field trips and then they didn't make it back with a drown and the teachers, nobody could seem them. So, for me it was very important that my children knew how to swim just enough so that they could save themselves if they fell in the water.

David. David is a male between the age ranges of 41-50 years who was born in the Bahamas of Bahamian parents. He had one daughter who is a member at the swim center. He was asked the question. How are Afro-Caribbean parents making the decision to participate in swimming lessons for the family? David's answer was as follows:

Living here in Broward County, sunrise area, there are quite a few drowning in my area and as a matter of fact before she started there were a set of twins that passed away just this opposite to where I live, so I figured, you know what, I have a young one better start before something happens. I don't have to face with those other family faced. She would at least know how to save herself. Um, over a period of time she did get better and better and decide to join the team.

Paula. Paula is a female between the ages of 41-50 who was born in Jamaica of Jamaican parents. She has two boys that are current members at the swim center. She was asked the question, how are Afro- Caribbean parents making the decision to take swimming for themselves and their families? Paula answered:

Well, um, it's just that because, you know, I have young kids and I want to be able to protect them any way that I can, whether I'm around them or not. And living in Florida, they're, you know, a lot of people have pools in their yards and there is water all around us, so I figured it was important for me to get them into a swimming program so that they can protect themselves from, any danger, the water stuff. And it gives you the peace of mind as well.

Cheryl. Cheryl is a female between the ages of 31-40 and was born in Trinidad of parents who were also from Trinidad. She has one daughter that is a current member of the swim center but has other children that learned to swim. She was asked the question,

How did you decide to participate in swimming lesson for your family? What influenced this decision? Cheryl answered:

Um, it was primarily my husband's decision. Um, he's always had a passion for swimming. He put all of our kids in swimming lessons. He would take the time to make sure they know how to do the swimming lessons to save their lives. Um, and then when my daughter was about two or one and a half, I believe he started her off with her swimming lessons to make sure that she can swim, especially because we live in Florida.

Results of the Data Collection

The following section discussed the result of the data collection. According to Yin (2014), case study inquiry copes with the technically distinctive situation in which there will be many more variables of interest than data points and as a result relies on multiple sources of evidence with data needing to converge in a triangulating fashion. The data collection preceded in three phases—firstly, data provided by review of documents followed by individual interviews from 5 staff swim instructors at the swim center and from seven parents that are members at the swim center. The first phase of data collection comprised of aggregated data obtained from secondary and contextual sources that were reviewed to reinforce the clarity of the research problem. The second and third phases were the individual interviews consisting of five Staff members ($n = 5$) and seven Parents ($n = 7$), and from these primary sources, the participants' perceptions were explored to obtain a meaningful and clearer picture of the phenomenon and the emerging themes from each phase are discussed as well as the major case themes.

Table 6

Themes of the Three Phases and Major Case Themes

Phase I	Phase II	Phase III	Major Case Themes
Messaging	Competing	Benefiting	Knowing
Being Cost effective Finding Flexibility	Understanding Location Factors	Finding Inclusion	Accessing
	Seeking Safety	Fearing	Overcoming Fear

Phase 1 Document Review

Phase I sample was derived from the examination of secondary and contextual sources about the swim center and the swim instructors and Afro-Caribbean parents who are members at the center. The researcher examined the document for relevancy of the data to the study and for logical relationship between secondary, contextual, and primary data. The data examined was congruent to the research question and the problem statement of the research. A logical relationship existed between the secondary and the contextual data and the data obtained from the primary sources. The emergent themes from the secondary and contextual sources are *messaging*, *being cost effective*, and *finding flexibility* in the schedules and programs.

Messaging. Raising the awareness about the importance and benefit of swimming could be targeted through the messaging that is put forward by the swim center. While the swim center does not necessarily focus on targeting the Afro-Caribbean or the Black population, the advertisement in the city magazine emphasizes the benefits. Some of the benefits advertised are improved health and safety, flexibility in the times, the benefit of

aspiring to the competitive aspect of the program, its first come first serve basis operation, the low cost of the program, and the central location of the pool. The messaging in the website, magazine, and organizational document reports that the center is a member of the Florida Gold Coast Swimming and describes the goal of the programs offers, which is to provide every member an opportunity to improve swimming skills and achieve success according to the ability of the individual ability from novice to international competitor. The messaging also highlights that all the coaches are members of the American Swim Coaches Association and have access to the most comprehensive training and certification program for youth coaches of any sport in the United States.

Being cost effective. Being cost effective refers to the cost of accessing the program, whether through the cost of the lessons or the fees for the various component of the program. The cost of participating in a swimming program can be a deterrent for many families who must think of not only the price of the lesson but the cost of the gears and fees that goes along with it. The documents and websites that were reviewed reflect the cost of the program at each level and discounts that are available to absorb some of the cost such as cost reduction for families with more than two children.

Finding flexibility. Flexibility a beneficial strategy to any program as it enables working parents to take advantages of activities such as swimming lessons that fit in their life and work schedules. The review of the program schedule informed the research that the program was flexible, which shows that classes were at various times during the day and included that private lessons that could be schedule a the clients convenience. The website states that the center offered a variety of levels in the swim program to benefit all incoming swimmers whether they are new or not. It gives a list and descriptions of the

available group with times and dates. Moreover, if those dates do not work with parents, they have the opportunity to for private lessons at their selected times.

Phases II: Interviews of Staff

Interviews were conducted with the swim instructors to understand what they found to influence the decision of how Afro-Caribbean parents towards making the decisions to take swimming lesson for themselves and their families. The voices of the participants supported the emergent themes of *competing, understanding location factor, and seeking safety*

Competing. Competing is a theme that the staff of the swim center described as participating in swimming as a sport. The swim center offers a year-round competitive swimming as well as group and individual lessons that provide the individual with the opportunity to join the swim team and compete professionally as a sport. The dream of competing and the possibility of swimming in the Olympics as a Black person were motivating factors for the parents towards the acquisition of swimming competency for their children. John explained that the opportunity for competing is present and the hope to make swimming available to everyone as a sport.

John remarked:

Swimming started off as a country club sport. It was for rich people and that's really how it started. We aim to make this sport an, everybody sport. We want everybody to know how to swim and whether they want to compete in swimming or not.

John also noted that Afro-Caribbean population need that role model or exemplar that they too can do competitive swimming

John said:

Especially those of Afro-Caribbean descent, showing them and reminding them. I had one swimmer now that is on our team and he was a very gifted swimmer when he was younger. His father is Afro-Caribbean and he again at first very afraid, but once he got it, stayed with it, stayed with it, stayed with it. And now he's a member of our competitive swim team.

Stacey noted: “Most that I can recall has been either they were competitive swimmer, so back home they swam and they want their kids to do to the same thing.”

Rose voiced:

They realized the importance of swimming, not just because of actually um, to learn the safety of that, but also to be competitive too, because they see the Olympics, they see, so many stuff that is going on right now and then they want to be part of it.

Understanding location factors. Understanding the location factor was a theme described by the staff participants as influencing the parent’s participation towards swimming. The staff of the swim center spoke to two factors regarding location that motivated the parents in the decision-making process: (a) the location of the swim center that provided convenient access and (b) living in an aquatic location. Amy addressed the factors of living in an aquatic location and that the location provides access to the pool.

Amy said:

It's usually they have a home or they've recently purchased a home with a pool Um, and the children want to go into the pool, but the parents are fearful because they don't know how to swim. They think they are going to drown. In terms of

access to the, to the pool itself is very accessible to residents and non-residents.

This pool is visible

Joy also expressed that they are located in a community with a high population of Afro-Caribbean.

Joy reports: Um, so I think them, when they've come to the States, they realize how important it is for them to learn to swim, with the canals, the waterways, the pools, et cetera. They did not learn to swim in their country but they want their children to swim.

Joy added: “So we try to be accessible to parents where we're located geographically. And Broward County is in western Broward County, where I think there's a high population of the African Caribbean population.”

Rose stated: “So I have seen that too, but it is so important for these kids to learn how to swim. I mean everybody needs to learn how to swim, especially when you're surrounded by water.”

Seeking safety

Seeking safety was a theme that emerged in this phased and is described by Ito (2014) as learning how to swim that allows people to participate in enjoyable leisure activities while keeping them safe in a number of aquatic environments. The drowning risk in ethnic and racial minority populations may be influenced by their different beliefs, attitudes, and behaviors the acquisition of water safety. The voices of the participants reflected that seeking safety for the family was a motivating factor for them to seek out the swim center to participate in swimming.

Stacey reflected that one of the reasons that the family seeks safety through swimming was because of previous experiences and living in an aquatic environment. She said:

Um, another one would just be that we live in south Florida. We're surrounded by water, so that's a big one that I get. Um, but yeah, those would be the three big things reasons why. I think it's just increasing those resources, increasing awareness, especially here in south Florida that we have so such water. I mean we're surrounded by water, whether you think it's your, the lake in your backyard or swimming pool or the ocean at some point in time you're going to interact with a large body of it and you need to be self-aware of what to do regardless of your age. I think it should be, is no doubt in my mind, especially just emphasizing the fact that we live in south Florida and there are pool parties all the time. We have water parks, we have all these things and I think it's not only for the safety of children but also for the mental health of children because if you're sitting on the sidelines and not included with everyone else, you're more likely to be bullied. And others have been that they've had a bad experience. The parent has had a bad experience and so therefore they want to make sure their kid doesn't have the same experience.

Amy stated: "Water safety mainly because of their fear or the parents fear of the water. They don't want their children to fear it and they want to utilize the pool. They want their children to be safe in the pool."

John remarked:

Most of the time they've told me that their kids are like going to the beach and like doing that, but when it comes to the pool they are, petrified they're scared.

And I think the other thing is they don't want their children to be a statistic. That's been one thing I've noticed a lot. They don't want their child to be one of those. It has to, uh, go through the terrible thing that drowning is.

Rose added:

They realized the importance of swimming for the safety more than anything else. Yes, when they go out or they go out to the pool or they go to a lake that their kids can be able to survive because even the parents, they don't know how to swim. That's the problem too, that is across the board. So I have seen that too, but it is so important for these kids to learn how to swim. I mean everybody needs to learn how to swim, especially when you're surrounded by water.

Phase III: Parents

Interviews were conducted with the Afro-Caribbean parents to gain insight into their feelings of how they were making the decision to participate in swimming lessons for the family and what factors influenced this decision. The themes that emerged from this phase through the voices of the participants were *benefiting*, *finding inclusion*, and *fearing*

Benefiting. Benefiting was voiced by the participants and is explained by Lythgoe (2015) as influencing why an action is taken. **Angela** explained that benefiting through scholarship played a role in her decision making process towards swimming. She said:

So I mean with my girls more opportunities have arisen for them as far as scholarships. I tell my daughter that when she goes for college, I'd like for her to

get some type of scholarship if she can for athletics in swimming. So I kind of think that might have a little bit to do it some too.

Jamie expressed:

I know pushing my kids because my kids had scholarships. I tell them every year, minority, you're assuming you can get a scholarship. This is what we're pushing towards all. So you're swimming, but if you stick with it, you might be able to have someone because you're a minority. So that's also a strategy on my part because they have to go to college and a way for me to pay for college will be somehow to get a scholarship for them.

Marie stated:

If they're able to get their kid in swimming at an early age or on a competitive team this would help in terms of future education, in terms of scholarship. Those kinds of things, so maybe look at some of the benefits of swimming.

Mary shared that swimming for herself benefited her in her career as swimming was a prerequisite for the job that she does.

Mary shared:

I guess for myself, as a matter of fact, I learned how to swim out of necessity. It was necessary for me to swim to get into the career that I am right now. I'm a firefighter and in order for you to work in Broward County, you have to pass a swim test

The benefits for Paula were safety of her children and peace of mind. She said:

Well, um, it's just that because, you know, I have young kids and I want to be able to protect them any way that I can, whether I'm around them or not. And

living in Florida, they're, you know, a lot of people with pools in their yards and there is water all around us. I figured it was important for me to get them into a swimming program so that they can protect themselves from, from any danger, the water stuff. And it gives you the peace of mind as well.

Finding inclusion. Finding inclusion can be defined as a sense of belonging and the feeling of being welcome (Ito, 2014). The fight for inclusion has been an uphill battle in the history of Blacks in the United States, and this legacy of swimming pool discrimination is well documented. It is important to note how these Afro-Caribbean parents expressed their feeling of inclusion.

Paula shared:

And I came over and met them and they're all very nice, very approachable and, and I see how they interact with the kids so they're like an extension of me, and, and that gives me the comfort or peace of mind to know that they're in good hands and I see the different programs that they have and how kids move up. So I said, you know what, this will be good for my kids. So I started them in the summer program and it was a dream. I mean they were hugging and kissing on my boys like I would, so I love that, you know, and they were encouraging them and they were enjoying it and moving forward into the next step up, the next phase of the swimming. So, I think it was a right fit and they do have a great reputation as well. So, it works out perfect for me right now.

Angela stated:

I feel included for the most part whenever I'm here. Whenever they have their meetings, they'll actually come around and try to say, hello, hey, we're having this

booster club meeting, hey, this is what's going on do you want to join and listen to what's happening? They sent emails out all the time, even though I'm not so much an email person, but they communicate a lot from emails. I don't know that many people and that's the opportunity to meet a lot of people at the, um, meetings. So I don't feel on the on the outside.

Cheryl said:

It was really difficult, but I saw that I had somebody that I could trust. She felt very at home with my baby, you know, and she explained to us exactly how the process was going to be. So we knew to expect that our baby was going to cry a lot and she was going to be afraid and she did tell us she was going to put that fear in her heart and make sure she understood, um, how to manage herself in the water. So she was awesome.

Marie added:

Once I got here I think what I enjoyed was the diversity that I found other Jamaicans and other people from different islands. The instructor was very friendly and welcoming. So, I do like the family environment that you find here. Um, but I think coming here and seeing my friends and how my children have made friends and that the program is good.

Mary said:

Well, I never really felt excluded and I never really saw color when I decided to sign my son up or my kids up for swim lessons. It wasn't, I never really looked at it like that. I never felt excluded or felt like they were overly trying to include me. It was I was just another person and he was another child.

Fearing. Fearing is a theme that emerges in this phase among the Afro-Caribbean parent as a powerful factor that influences swimming. The parents discussed fearing for the safety of their children due the aquatic environment, or perceived danger from past experience they have observed or experienced as well as the generational fearing of water by parents and grandparents that kept that generation from learning to swim.

Angela reflected on Afro-Caribbean fear of water, saying:

I believe they do fear the water as far as like going in the ocean with the waves, um, because I feel they do, they love the water but yet they fear for it in the aspect that to enjoy it. So, say go jet skiing or to do all those fun things of the water to me that is where I really see their fear because I know my mom, even my husband, I like to go out and jet ski and do things but even putting on a life vest, they're still not comfortable with going to do those things. So, it's a fear. It's definitely a fear just because if they fall in it, they know that they don't know how to swim, even though you have on a life jacket.

Jamie stated that even though she grew up in New York where she learned to swim but move back to Saint Lucia with her children where she started her children to learn swimming for their safety. She said:

They don't know how to swim, and they have a fear of water because they were never taught what to do in the water. So, it's the fear of water that comes from their parents. Don't go there, don't go there, and don't go you are going to drown. OK, well then show them what to do not to drown. That was my thinking now. My kids, they know when they're going to the sea they are allowed to go further because I know they can control themselves and have taught them what to do if

you see a red flag or yellow flag, so it all depends on what your parents teach you. Like if your parent tells you don't touch that is too hot, you're not going to touch it so if their parents say don't go there, you're going to die, you're going to drown then I'm not going to go out. So, then that passed through generations, the grandmother tells the mother, the mother tells her son, and that son then tells his son without teaching them what to do. So that's my thinking.

Mary voiced:

I think the fear of water came from, it was passed down from generation to generation. I'm not sure where it started. If you have parents that told you not to go into the water because you're going to either drown or you're going to get eaten by sharks and you never questioned it that fear is it's going to be in you and you're going to want to pass it along to your kids because you have that fear for yourself. You don't want to say anything that happens to your kids. I think we were taught not to read the question or parents, whatever they tell us, you know, to do. We weren't taught to ask why. We just continued along with it, so I think that started there. I can't say I can go back to the beginning of mankind. I, I really don't know where it came from, but I just think it started from generation to generation.

Cheryl stated:

I grew up with a father who was a police officer, a firefighter and police officer. Back in Trinidad we were always at the beach on the weekends. Um, but he always put that fear in us not to go too far out in the water, um, because he had those times when he did save lives and he would talk about those stories, like a kid almost drown, I can remember one specific story about a little boy who almost

drowned and he had to do CPR to save his life. So, um, when we went to the beach we always stayed at just about knee level in the water and he kept a very strict eye on us with that. Um, so it put a, a passion for being in the water, of course, growing up in the islands and going to the beach on the weekends, but it also put a fear on you to go to fall into that water.

Cheryl explained her source of fear, saying:

I grew up with a father who was a police officer, a firefighter and police officer. Back in Trinidad we were always at the beach on the weekends. Um, but he always put that fear in us not to go too far out in the water, um, because he had those times when he did save lives and he would talk about those stories, like a kid almost drown, I can remember one specific story about a little boy who almost drowned and he had to do CPR to save his life. So, um, when we went to the beach we always stayed at just about knee level in the water and he kept a very strict eye on us with that. Um, so it put a, a passion for being in the water, of course, growing up in the islands and going to the beach on the weekends, but it also put a fear on you to go to fall into that water.

Major Themes of the Case

The major themes of the case are presented in this section and include the meaning ascribed through supportive accounts from the documents as well as the meanings co-constructed from the data of the 12 individual interviews of the participants which functioned synchronously to form the three emerging case themes of *knowing*, *accessing and overcoming fear*.

Knowing

According to Chinn and Kramer (2015), knowing is the way one perceives and/or understands self and the world. Knowledge refers to knowing expressed in a way that can be communicated to others. Knowing reflect the foundation of how the decision of the Afro-Caribbean parents was made. Knowing the danger of the aquatic environment in which they lived, water safety education, access the swimming lessons, and the benefit of swimming and of competing influenced their decision towards swimming. The instructors also spoke about strategies that can be used to bring more awareness to the Afro-Caribbean community and increase their ways of knowing.

Amy, a swim instructor, spoke ways of knowing or bringing awareness to the Afro-Caribbean community about the accessibility of the swim center. She said:

In terms of access to the, to the pool itself is very accessible to residents and non-residents. What I do find a lot as um, they're not aware that it's here, whether they don't research it, um, whether the city is not sending out enough material, which I personally, as a former sunrise resident, I felt that they sent out enough material. However, um, if you live in a multi-unit dwelling where say your water is included, you may not get the literature that the city sends out quarterly, which shows you about the access to the pool and the other facilities here as well as lessons either through the city or through the swim team. Um, so they may not get that in. No. So it's partly their own non-knowledge. They're not aware of it. In the east section of sunrise, there's a community called the village, um, and there's a pool over there and many of the residents don't even know it exists. Um, I myself didn't know it existed until 15 years ago when I went with the school to do lessons

there and when, oh, I had no knowledge because there was a White fence around hiding it. This pool is visible. So I think a lot of it is just not knowledge if they make it accessible, but the knowledge of knowing where it, where it is and that is there and they're not aware of.

John, a swim instructor, spoke about how the school was getting the knowledge out to everyone but specifically how to get the message out to the Afro-Caribbean community.

He said:

I think it's making sure where we're advertising possibly. I know we have advertisements here at the sunrise civic center in there magazine that they keep all the sports in, but I think it might need to be advertising at schools, advertising at events where there are, again, not only Afro-Caribbean families, all families and if we go to, I'm thinking the local public schools or local just aware swim awareness and that kind of thing and what it might take as well is to get people's foot in the door offering free lessons, advertising or reduced lessons at first so that they get their foot in the door. They understand, wow, this is great. This is necessary. We again want our children to be able to swim competently like we've talked about. So, it might take something like different advertising as well as reduced fees at the beginning.

Rose, a swim instructor, noted that ways of knowing were through the city magazine, word of mouth, and flyers. She also spoke about the benefits of discounts in the cost.

Rose voiced:

Well first of all, the advertising, they have the magazine, whatever magazine they tell you, you the type of lessons that they have. You have beginners; you have a

parent, and toddlers. You have adult one on one, you have privates, so they have choices and the prices are very competitive, so they're, they're very good prices. Word of mouth, that's one of the ways. I mean also reaching out through flyers, trying to tell them, hey, we can do swim lessons for free. Three lessons for free, which the city of sunrise provides that too. You see what I mean? I don't know who gets the vouchers. I don't know how that works. That will be a question for the city, but you know, the more that you can involve them, the better it will be for those kids.

Stacey, an instructor, added:

And so a lot of what I do outside of the water is educating not only the parent, but also the kids that no everyone is capable of learning how to swim. It's just a matter of one being mentors.

Angela, a parent, spoke about ways of knowing that influenced her decision to participate in swimming. She voiced that she became aware of benefits of swimming such as scholarships through the swim center and verbalized that if more Afro-Caribbean parents knew about this that would have an impact on their decision towards swimming.

Angela said:

So I mean with my girls more opportunities have arisen for them as far as scholarship. I've seen a rise in Afro-American, Afro-Caribbean swimmers too since I started many years ago. I tell my daughter that when she goes for college, um, that I'd like for her to get some type of scholarship if she can, for athletics in swimming. They offer scholarships, and just getting the knowledge out to more

Afro-Caribbean or African Americans so that they are aware of that these are available.

Angela also verbalized that social media and word of mouth are big avenues of knowing for Afro-Caribbean population. She said:

I'm always putting stuff on social media when the kids are swimming, so people see, oh, Aleah swimming. So I always like put that on when I'm at practice, I'm always filming them swimming. Yeah, I think social media is a big influence and word of mouth.

Cheryl, a parent, voiced that for her knowing about the dangers of the environment influenced her towards swimming. Her way of knowing came at an early age from her father. She said:

I grew up with a father who was a police officer, a firefighter and police officer. Back in Trinidad we were always at the beach on the weekends. Um, but he always put that fear in us not to go too far out in the water, um, because he had those times when he did save lives and he would talk about those stories, like a kid almost drown, I can remember one specific story about a little boy who almost drowned and he had to do CPR to save his life.

Cheryl also expressed ways of knowing or bringing awareness to the topic in the Afro-Caribbean community:

A lot more advertising is really the only way you can reach people and giving them that reminder. You know, that it is important for them to swim. We have so many lakes, not just the pools. We have lots of these little lakes behind the homes and so it's, it's just advertising and let them know how important that is, like a

safety feature especially here in Florida. Face to face is really what I think promotes it a whole lot more than just than just flyers or even doing those commercial.

David, a parent, shared that one way of knowing for him was through neighborhood drownings:

There were quite a few drowning in my area and as a matter of fact before she started, there were a set of twins that passed away just opposite to where I live, so I figured, you know what, I have a young one better start before something happens.

David also talked about role modeling as a way of knowing for the Afro-Caribbean community. David voiced:

If you have more families getting out swimming and see other African kids, out in the water and doing pretty well, because here at sunrise, you know, there are a number of African kids and not that I don't enjoy seeing the other kids but I cheer on, especially the African ones because it brings joy to my heart to see them doing so well.

David discussed strategies in the ways of knowing or bringing awareness to swimming, saying:

I mean where flyers may work in some places, as we know to a lot of us don't like to read either, you know, so I mean social media, maybe a way for you to know , because when people don't read they'll look on social media quicker they'll, look at a video, quicker than they will look at a book.

Jamie, a parent, voiced that she swam at school through high school as a child so the knowledge of swimming as a sport as well as a drowning prevention strategy was instilled in her at an early age. Jamie shared: “Well, I actually was a swimmer. I swam all throughout until high school as my mother put me into swimming and so I just automatically thought my kids had to swim.” She also shared ways of knowing that may be effective in the Afro-Caribbean community.

Well we have to find role models who swim and there are role models and they have to do the PSA (Public Service Announcement) the same way we do PSA for no smoking, the same way we do PSA for different things. For Black History Month, you have to find those people who do swim to come out and do a PSA on swimming for safety.

Marie, a parent who previously lived in Jamaica, had her children start swimming there before coming to the United States and becoming a member of this swim school that her knowing and awareness of the importance of swimming was intensified when she heard stories of drowning.

She voiced:

What was happening in Jamaica was that there was a lot of drowning, there was incidents that was being on the news almost on a daily basis about a child drowning or children went to field trips, and then they didn't make it back with the teachers. So, for me it was very important that my children knew how to swim just enough so that they could save themselves if they fell in the water. There is a message in terms of the importance of teaching our kids how to swim. Um, even just for survival, they don't have to be competitive, they got to be able

to drop into a water can help themselves. So I think that is being message but I don't know if it's out there.

Mary, a parent, confessed that her way of knowing how to swim for herself came by way of her job. She voiced:

I guess for myself, as a matter of fact, I learned how to swim out of necessity. It was necessary for me to swim to get into the career that I am right now. I'm a firefighter and in order for you to work in Broward County, you have to pass a swim test. So prior to that I didn't know how to swim, so I decided, I was actually forced into doing it because I needed to get into this career, so I started taking swimming lessons.

Mary's children were currently taking swimming lessons at the swim center and they were on the swim team. She voiced that they started to swim before she did but did not state how she first gain knowledge about the importance of swimming as a drowning prevention strategy. She added:

My kids started swimming before I even ventured out on this career. I wanted them to learn how to swim. I wasn't really thinking about myself. I was more concerned for their safety than mine, so that was my goal at a time so I made them learn how to swim and then when it became necessary for me to learn, that's how I got into it.

She spoke about strategies to bring the drowning prevention education to the Afro-Caribbean community and mention that safety was paramount although Olympics was a hope.

Public education to kind of push it out there that this is not just for, to learn, this is not just for leisure, it's not to get you hopefully to be in the Olympics, It's for your own safety, you know, give them statistics. The drownings statistics that's prevalent amongst children. Um, and just kind of reiterate that maybe you need people to go inside, go to the neighborhoods. I'm not sure in what format in schools, churches, and talk about the necessity of this, you know, it shouldn't be just an option.

Paula also spoke about strategies that could be used in the Afro-Caribbean community to increase the knowledge that swimming saves lives. She voiced:

Well, word of mouth helps, you know, it's human nature that when we receive good service and we want promotes it. So, and that's what I've been doing, like my brother is actually going to be coming soon with his daughter, so word of mouth. I mean like at Caribbean events is good to put it out there where we're mostly hanging out and having fun amongst friends and family to, you know, have those advertisements out there or some banner or something, you know, or somebody that come and speak. So even if it's just for a few minutes, five to 10 minutes, we just have to get the word out there and let them show you that it's a good thing. It's a good, um; path to take because it's going to save life and it gives the kids that confidence and you the peace of mind that, you know, there'll be OK.

Accessing

Accessing describes the opportunity for the participants to gain entry or access to the swim center. Finkelman's (2015) definition of access as pertaining to the health care consumer states "access is the ability to obtain health care services in a timely manner, at

a reasonable cost, by qualified practitioner and at accessible location” (p. 204). This definition is congruent with conceptual category of accessing as co-constructed from the data gleaned from the 12 individual interviews. This concept was explored in terms of the influence on the decision making process of Afro-Caribbean families in the access to the swim center. The findings provided from interviews, the participant’s quotes and a review of documents pertaining were found to be congruent. Accessing involved the cost for lessons, equipment, fees, and location of the pool, living in an aquatic environment, which may be a motivating factor, and the flexibility of scheduling lessons and other related activities.

Angela spoke about flexibility, cost, and location that was a positive influence to accessing the program.

Angela said:

I think the times that they have it is actually pretty reasonable and flexible. So their um, their times are actually really good, especially when it comes to school, because it's after school activities and um, they offer it private lessons too you can make your own time even from morning on Saturdays. Yeah. And um, the, the location of where it is accessible even if you are not able to have a vehicle. But I don't see anyone ever really traveling by bus, but just the whole time frames I think, they have a time pretty much for everyone because you can come in the mornings, you can come in the afternoons. It is actually very cost effective. That's one of the reasons I took my daughter out of the private lessons or group lessons where she was in at other facility.

Cheryl was asked, why did you and your husband choose this swim center for your children's swim lessons to? Cheryl spoke about cost and flexibility as to the motivating factors for choosing this swim center to enroll her children for swimming lessons, saying:

With no research to say that it's less expensive or more expensive than somewhere else, but it was manageable and affordable for us to pay that \$25 a week for her to have her personal lessons and I know they have lots of evening classes and of course they have the weekend classes.

David stated:

I live in the area, so it was very convenient and I think I made the right choice because I love it. Right now because she's just starting out it is not so costly. I mean from what I've heard, you purchase gears, you know, swim gears, swimsuits and pay for swim meets but right now it's ok it's not too costly.

Marie voiced:

So truthfully for me was location. It's about three to four minutes away from where I was living. So it was easy to access, but once I got here I think what I enjoyed the diversity in that that I found other Jamaicans and other people from different islands I'm, OK with the cost was very satisfied with what you get for the price you pay. Also like that if you have more than one child or more than one children, they, they will decrease the cost and you don't pay for, I think it's four children and beyond, you don't pay more, so that's nice.

Mary shared: “I don't live far maybe two minutes, so it's the accessibility of getting there and the convenience with my work schedule and the kid's school schedule. So that was pretty much the main reason.”

Amy, a swim instructor, discussed accessing:

In terms of access to the, to the pool itself is very accessible to residents and non-residents. What I do find a lot as um, they're not aware that it's here, whether they don't research it, um, whether the city is not sending out enough material, which I personally, as a former sunrise resident, I felt that they sent out enough material.

Joy, an administrator and swim instructor, affirmed that cost is a barrier to access but that their swim center have addressed by keeping prices cost effective for parents. She said:

The only other one I could think of really, would be financial is that many of the programs here in south Florida who teach swimming are extremely expensive and that's one of the things we try to do is keep it cost effective for the families and not break the bank. Compared to other programs, other privately run programs, yes, we're very reasonable. We try to keep our fees in line with the city of sunrise so that they're very comparable.

John, a swim instructor, spoke about cost and inclusions:

I mean we look around at all of the other swim schools, swim teams, lesson programs in the area. We are consistently the cheapest and I understand that that's a factor as well. Swimming started off as a country club sport. It was for rich people and that's really how it started. We aim to make this sport and everybody sport. We want everybody to know how to swim and whether they want to

compete in swimming or not. As long as they can swim and be effective that's our end goal.

Stacey expressed that some parents receive vouchers from the county in the summer and this help them to access the program by keeping cost down. She stated, "As long as it's a Broward county program because even though we're not really like or not like the YMCA, we're a private thing, but we are able to use our vouchers."

Amy spoke about inclusion: "We treat them no different than the other than the other non-African Caribbean parents or students. There's complete equality. Um, so we're not singling out."

Overcoming Fear

Overcoming fear is the ability of the participants to engage in swimming for the family despite their acknowledgement of the fear towards the water and of drowning.

The fear of drowning however was identified by the interviews of the participants as a major barrier to the acquisition of swimming and was identified as a case theme.

Overcoming that fear to participate in swimming for the Afro-Caribbean families was also identified as a major case theme. The participants' interviews addressed motivating factors for them towards overcoming fear to participating in swimming.

Angela noted that living in Florida a place where there is a lot of water made her fearful that if the children did not know how to swim they would be at risk for drowning. Angela who was able to swim reflected on how living in an aquatics location and fear of her children drowning motivated her to make the decision to seek swimming for her children. She said:

One of my main decisions that if we're going to live here, that the children need to know how to swim because there'll be going to birthday parties and things like that. And um, yeah, that was pretty much my number one factor that we're living here. So if we may not have been living in Florida and might not have been such an urgency because I pretty much learned when I was a teenager, not so early, but that was a big influence on me wanting to get my children to know how to swim so I wouldn't be in fear that if something happened and they'd be drowning, go to a party, go like lakes, there's water everywhere you go.

David talked about an experience he observed that made him fear for the safety of his children and that was the deciding factor for seeking swimming lessons his daughter. He noted also that once his daughter learned to swim he became interest in the scholarships that swimming offered and became more motivated to seek higher levels of competence.

For **David**, the factor was safety for his daughter.

She would at least know how to save herself. She did get better over time and decided to join the team. I guess for some people you can say there's a fear of water, you know, our fear of the unknown was out there.

Jamie stated that even though she grew up in New York where she learned to swim but move back to Saint Lucia with her children where she started her children to learn swimming for their safety. She said:

Well, I actually was a swimmer. I swam all throughout until high school so my mother put me into swimming and so I just automatically thought my kids had to swim. Also we lived in the Caribbean, We lived in New York and then we moved

back to St Lucia for 3 years and that's where they started swimming because my thinking was you lived on an island surrounded by water, you're going to go to the beach constantly and I not always going to be there, You have to know to swim.

She observed that was not the norm in her country because some people on the island were not able to swim and she contributed that to the fear of water.

So in the Caribbean, I think that people are comfortable with water in their mind, they think OK the sea is OK, we could all go to the sea if we could all swim, we can all do this. But then you would see the people where they only go up to the water, up to their waist and they not moving any further and then not moving if that their life could be, they could be hundred dollars, could be a step away.

They're not going. And that is a thing they will only go up to where they think they can. They can, they can survive.

Jamie was asked what contributed to the people in St Lucia not being able to swim, and she replied:

They don't know how to swim and they have a fear of water for it because they were never taught what to do in the water. So it's the fear of water just comes from their parents. Send them, don't go there, and don't go here, you are going to drown. OK, well then show them what to do. Not to drown. That was my thinking now. My kids, they know when they're going to the sea even though you can swim do not go too far, but they are allowed to go further because I know they can control themselves and have taught them what to do. If you see a red flag or yellow flag, so it all depends on what your parents teach you. Like if your parent tells you don't touch that too hot, you're not going to touch it to their parents

either. Don't go there. Just protect. You're going to die, you're going to drown and I'm going to go out. So then that passed through generations, the grandmother tells the mother, the mother tells her son, and that son then tells his son without teaching them what to do. So that's my thinking.

Amy also spoke about fear as a barrier to the parent's decision to participate in swimming and the strategies that she has used at this swim center to overcome that fear in both children and parents.

Amy explained that:

The fear is the main, some have had an experience with, um, drowning in their home islands at the beach, slipped and fell and going underwater when they are playing around and panicked when water either go up their nose or in their throat. So that's what we consider an experience because it created or even added to that fear. That's when we are doing instructions with adults, with those adults, that are what we consider an experience because the minute the water hits the back of the throat or goes up the nose, they panic and again, that instills their own fear and it portrays onto the children. You know, the children do sense our feelings.

Amy spoke on strategies she employed to help overcome fears:

If I feel a student, whether it be an adult or child needs more one on one instruction because of their fear, I will pull aside the parents and speak to them privately suggesting that. I'm just to um, lessen the fear in the child and make them more comfortable and then reintroduce them back into the groups or sometimes we remain in privates and that, that in itself, when it becomes a more private one on one situation with the student, there's more one on one interaction

and communication with the parents as well because it's just, I'm only focusing on their child. They're more open to asking questions than, and sometimes inquire about lessons for themselves.

Joy is the owner and administrator of the swim center, and she lends her voice to the concept of fearing as both in the decision making process of the parents for their children to learn swimming and as a barrier to them learning to swim. Joy stated:

They're concerned with fear. I think it's been ingrained in them through the years that water is dangerous. Get away, you'll drown, you'll get hurt, and so oftentimes the children ages four and up have a high level of fear. Four and under, maybe less fearful just because of their developmental age, but it's, it's typically fear. Here's more fear I think. Let me say there's less fear in the Caucasian population. I think there's more fear in the African Caribbean and or African American and Indian and Asian, much more fear. Well, I'm not sure. I don't know why other than it's when the kids come to us, it's ingrained. Don't let go, I'm going to die, I won't let go, I'm goanna drown, I can't do this. So clearly they've been told stay away from the water. You're going to drown. You know, so I don't know if it's something cultural that starts in the home at a very young age if it's because the adults in the home don't know how to swim and that's just fostered through the generations. I'm not totally sure.

John, a swim instructor, stated:

Whether they're scared of the water or their children are scared of the water or both. Usually what I've noticed is that the first thing they tell me, he's very scared. She's very scared, which sometimes surprises me because I know most of the time

Afro Caribbean families come from areas where there is water around. Most of the time, they've told me that their kids are going to the beach and like doing that, but when it comes to the pool they are, petrified they're scared. That's probably been one real big motivator. I've seen it and they just want their kids to not be afraid anymore. That's probably been the biggest factor in my opinion.

So I think most of the time these parents don't want their kids to have to, I guess they don't want their kids to be afraid of, you know, go into the pool with their friends or going to a pool party with their friends. And I think the other thing is they don't want their children to be a statistic. That's been one thing I've noticed a lot. They don't want their child to be one of those that has to, uh, go through the terrible thing that drowning is.

Rosa, a swim instructor, spoke about experiences that some of the parents told her that she thinks may contribute to Afro-Caribbean parents' fear:

Some of my previous adult, they had said that they are coming from islands or different countries where when that were taught to swim, they were thrown in the pool or in the lake and were expected let them survive. Not knowing that that can cause drowning because they don't know how to do anything to be able to survive in the water, so that's one of their fears. There were a few cases that I have of parents that they use to submerge the kid in the bathtub thinking that's how you learn how to swim and that's not how you learn how to swim.

Rosa discussed how Afro Caribbean parents made the decision to participate in swimming for the family despite their fear of drowning:

They realized the importance of swimming, not just because of actually um, to learn the safety of that, but also to be competitive too, because they see the Olympics, they see so many stuff that is going on right now and then they want to be part of it and also the safety more than anything else.

Stacey, a swim instructor, emphasized that fear influences parents' decisions to participate in swimming and this may also be due to Florida's aquatic environment or traumatic experiences. She said:

The parent has had a bad experience and so therefore they want to make sure their kid doesn't have the same experience they had, whether it was drowning, or whatever event it was. Um, another one would just be that we live in South Florida. We're surrounded by water, so that's a big one that I get. Um, but yeah, those would be the three big things reasons why. So they swam because there was a traumatic experience. Oh, and then also that the child may have had a traumatic experience without having formal teaching for the parents to swim.

Restatement of Research Questions

1. How do the Afro-Caribbean parents in Broward County decide whether to participate in swimming lessons?
2. What factors influence the decision of Afro-Caribbean parents to seek swimming lesson for the family?
3. How does membership in a swim center influence the decision of Afro-Caribbean parents to seek swimming lesson for the family?

Connection to the Health Belief Model

The Health Belief Model (HBM) was first developed in the 1950s by social psychologists working in the U.S. Public Health Services (Martin, 2015). It provides some insight into the way people make decisions about their health such as, why some people will take action to prevent illness and some people will not (Pender et al, 2011). The HBM has six constructs: perceived benefit, perceived seriousness, perceived susceptibility, perceived barriers, cues to action and self-efficacy (Pullis and Nies, 2015). Although the HBM has six constructs only five of those constructs are relevant to the findings of the study. The five constructs are: perceived benefits, perceived seriousness, and perceived susceptibility, perceived barriers, and cues to action. Results from this study were connected to these five constructs which relates to how the Afro-Caribbean families made decisions towards swimming competency for the family. The schema below reflects the constructs of the HBM to which the study connects. These constructs and their connections to this study will be further discussed in Chapter 5.

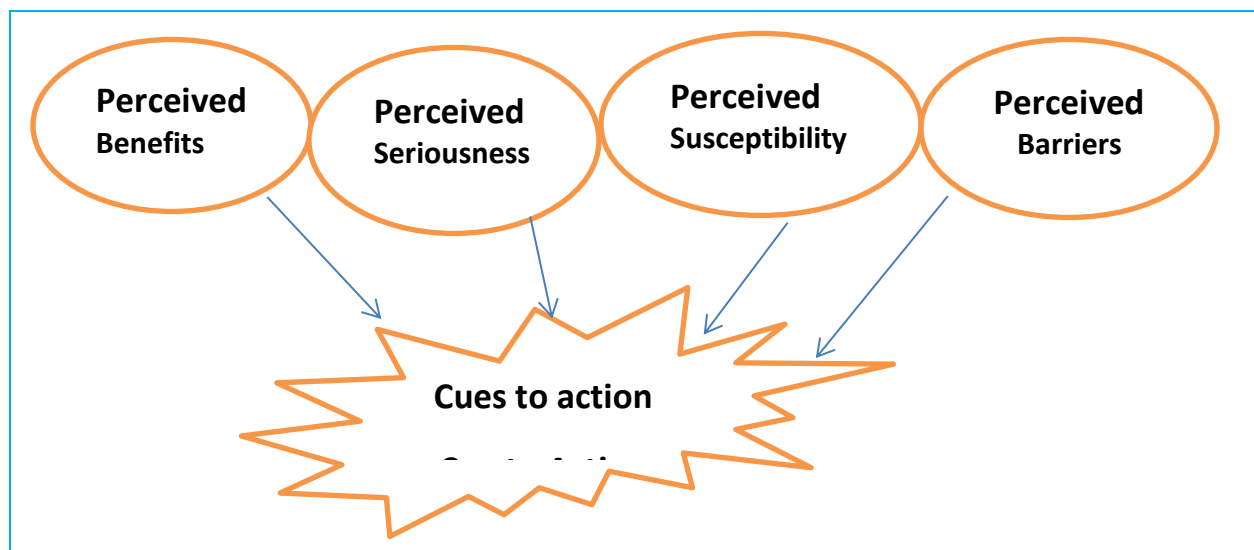


Figure 4. Schema of constructs from HBM (Wilson, 2018, adapted from Janz & Becker, 1984).

Chapter Summary

Chapter Four provided the results of the inquiry from 12 individual participants for this case study. A rich description of the phenomenon was constructed through documents, demographic information, and individual characteristics that were provided on all participants and presented in aggregate to provided descriptive information. The emerging case themes of *knowing*, *accessing*, and *overcoming barriers* were presented with supporting data from the voices of the participants to help construct meanings and a theoretical connection was made with the Health belief Mode

CHAPTER FIVE

DISCUSSION AND CONCLUSION OF THE INQUIRY

The purpose of this single embedded intrinsic explanatory case study is to gain an understanding of how Afro-Caribbean parents of a Broward County's swim center decide to participate in swimming for the family and factors that influence their decisions. This chapter provides: (a) an exploration of the meaning of the study findings; (b) the interpretative analysis of the findings; (c) explication of connection to the health belief model; (d) significance of the study; (e) significance of the study; (f) significance to nursing; and (g) implication to nursing education, practice research and health/public policy. As a final point, the strengths and limitations of the study are suggested along with recommendations for future studies and conclusions.

Exploration of the Meaning of the Study

This qualitative case study research is grounded in interpretivism, which focuses on a comprehensive understanding of the phenomenon with rich contextual detail (Munhall, 2012). The particular area of interpretivism that applies to the qualitative case study is found in the paradigm of constructivism, which allows the researcher to focus exclusively on the meaning making activity of the individual's mind (Crotty, 1998). Polit and Beck (2012) explained that the findings from a constructivist researcher are the product of the interaction between the researcher and the participants. The constructivists believe that they bring their own "reality" to the interview, equalizing the power between researcher and the participant, thus allowing for reciprocity, a sharing of understandings, and the co-construction of knowledge between the two. This case study utilized the

philosophical underpinning of symbolic interactionism and pragmatism that provided the examining lenses that explored the meaning of the participant's realities.

Pragmatism is another theory or philosophical perspective that supports this qualitative case study. Pragmatism, simply focuses on the practical consequences of various possibilities (Rodgers, 2005). The main component of pragmatism in the interpretive world is that it focuses on the outcome of the research such as the action, situation, and actions of the inquiry (Creswell, 2013). Pragmatists believe in a worldview that encompasses the use of multiple sources of data collection to best answer the research question. It focuses on the practical implication of the study and the importance of choosing a research approach that best addresses the problem (Creswell, 2013). One of the hallmarks of case study inquiry is that it uses multiple sources of data to gather information. This case study utilized documents, and two groups of individual interviews in this inquiry. According to Creswell (2012), pragmatism revises understanding, through reflective confirmation and existing knowledge and uses this to make changes through inductive exploration of the human experience. Journaling and revision based on emerging themes was done. This study utilizes inductive reasoning and was therefore well framed by pragmatism to answer the "how" question of a case study in a practical way and to render ideas clear.

Symbolic interactionism allows people to use symbols in communicating thoughts that are shaped by social interactions as they learn, interpret and modify meanings through those symbols necessary (Blumer, 1969). Three assumptions made by Blumer (1980) were: (a) action depends on meaning, (b) meaning depends on social interaction which is attached to an object, event, or phenomenon, therefore different people assign

different meaning to things, and (c) meaning given to something is not permanent and is modified from the interpretive process of the person interactionism. This includes the assumptions that as people interpret the effect or impact of their actions that were derived from these social interactions they may modify meaning and symbols used in future action. These modifications are made possible as people self-reflect and interact with others.

In this study, the tenets of symbolic interactionism were heard among the voices of the parents as they recounted how they came to make the decision to participate in swimming for the families. Despite the barriers that the Afro-Caribbean culture may have presented as well as other barriers or past meanings that were held towards swimming, they were able to modify those meanings through knowledge and experiences within the society that they now live and interact. Their meaning making of the decision process of these families were also embedded in their actions and interactions with the aquatic environment of the community in which they lived. The Afro-Caribbean culture, as well as the American culture the social context of the swim center, were all critical to the emerging categories. Hearing the perception and thoughts of the swim instructors formed from their interaction with the Afro-Caribbean families were critical factors in the co-construction of the participants' meanings that formed the conceptual categories of fearing, accessing, benefiting and knowing. Their attitudes, perceptions, and reflections provided an insight of how behaviors were changed and decisions were made.

The health belief model was identified to conceptualize and explicate the meaning of the decision making process of the Afro-Caribbean parents while the philosophical underpinnings of pragmatism and symbolic interactionism helped to

capture the voices of the participants, thus giving meanings to their actions and interactions.

Interpretive Analysis of the Findings

This research focused on an understanding of how Afro-Caribbean parents are making the decisions to participate in swimming lesson in spite of the barriers they may experience. The interpretive analysis of the findings that emerged was obtained through the triangulation of data that included the review of documents, and two groups of participants, the Afro-Caribbean parents who were members at the swim center and the instructors who were staff members at the swim center. The review of the documents revealed that the messaging as to cost of lesson, centrality of location that enhanced accessibility, and flexibility were congruent with the information expressed by both group participants. The certifications that qualify the instructors to teach at the center were also reviewed and supported by the administrator.

Examining the demographic characteristic of the participants revealed that six participants were born in three different islands in the Caribbean, one was born in the United States to Afro-Caribbean parents, and all lived in Broward County and had children taking lessons at the swim center. Six of the participants were female, and one was male. Five were between the ages of 41-50 years old and two were between the ages of 31 and 40 years old. This data was important to give a rich description of the phenomenon of Afro-Caribbean from various geographical locations in the Caribbean.

The demographic data of the instructor participants revealed that three of them were born in the United States and two were born outside of the United States.

All had experience working with minority populations in the past, and three had experience as a swim instructor—one had more than 14 years, one had 7 years of experience, and one had 2 years of experience. Two were between the ages of 51-60, two were between 18-30 and one was 41-50. The researcher made the observation that there was no African American or Afro-Caribbean among the swim instructors. The interview data clearly revealed that the voices of the participants reflected their interpretations of the phenomenon under study and will be discussed, interpreted, and supported with literature through the emergent case themes of *knowing*, *accessing* and *overcoming fear*.

Knowing

Knowing is a category that influenced the Afro-Caribbean community towards swimming competency. Storm et al (2017) suggest that important barriers to youth participation in swimming include limited knowledge of swimming opportunity. Ross et al. (2014) spoke about the value of the message and that this may be promoted in such a way to be convincing to those limited in finances and/or time, and who might not prioritize swimming over other interests or needs. This may be presented to the audience that swimming is a life-saving skill, an excellent physical activity throughout the lifespan, and the potential for educational and employment opportunities. **Joy** reported that the advertisements were general and did not really target any specific culture.

Joy voiced:

Everything is general as there is no advertising specifically to certain culture or certain population. We advertise very generally in the newspaper and in the horizon magazine, which is the city magazine. I think oftentimes when there is someone in their circle who has learnt to swim and they start sharing word of

mouth and how, how fun it is, how exciting it is. That is often a snowball in a positive way. Or if there is a, a, someone who has experienced a drowning or knows of someone who is experienced in near drowning that can also, you know, influence people to try to learn to swim.

According to Waller & Norwood (2015), messaging is a strategy that could raise awareness about available opportunity and dispel negative perceptions that swimming is not a black sport through role models.

The Black community has had a history of negative stereotypes about swimming such as swimming is not a Black activity (Wiltse, 2014). Positive messaging may be a means to overcome some of the barriers found among the Black population towards swimming (Storm et al, 2017). The researcher observed, however, that the Afro-Caribbean family did not express any barriers in the messaging.

Golob et al. (2013) argued that in the development and delivery of water safety education messages, “careful attention must be given to culturally-specific conceptualizations of drowning and water safety if messages directed toward any target group are to be culturally meaningful and lead to desired behavioral changes in this manner” (p. 12). Ito (2014) noted that as the parents repeatedly stated that their children did not get to fully participate in water activities because of fears or lack of swimming ability and that the knowledge of water safety is a cultural capital that improves the quality of life. Stempesi et al. (2015) explained that swimming promotion addresses two public health priorities, obesity prevention and injury prevention, and may have the potential to reduce related disparities. The parents’ remarks highlighted some of these aspects.

Cheryl states:

She gets her exercise. She's learning discipline. Um, additional discipline, and she's learning team work. That's a big one for her. She's learning how to compete fairly, so there's just lots of, lots of little personality changes I've seen in her. And of course she's, she's getting a lot more athletic with it.

Mary voiced:

I find that to people when I say people were referring to Afro-Caribbean or African Americans being physically fit may not be a priority. One of the biggest, one of the things too, I see is, kids are so bombarded now with technology, they have cell phones, they have all these video games, they have these virtual things that could be done indoors and it just kind of promotes them to be indoors and not venturing outside to do anything that's, that involves nature or exploring other things outdoors

The participants also voiced that knowing about swimming as a sport and that the center participates in competitive swimming, influences their decision to take swimming lessons at that center. **Marie** noted: "If they're able to get their kid in swimming at an early age or on a competitive team, this would help them in terms of future education, in terms of scholarship." **David** voiced: "So I wanted her to at least at least just start with lessons and then she did so well in the lesson over a time and I guess it's for selfish reasons as well. I saw her doing so well I saw the Olympics, so I figured hey, you know what might as well just join the team."

Waller and Norwood (2011) mentioned that in the final analysis, for some African Americans, swimming it is a matter of life and death, although swimming is a great

lifetime leisure pursuit, a tremendous recreational and competitive sport, and the activity itself represents a great form of physical activity. Banks (2014) noted that benefits of the community pools is that the entire community would be encouraged to develop their swimming skills and engage in a healthy form of exercise.

Mary spoke about strategies to bring the drowning prevention education to the Afro-Caribbean community and mentioned that safety and physical exercise were paramount when she voiced:

Public education to kind of push it out there, that this is not just to learn, this is not just for leisure, it's not to get you hopefully to be in the Olympics, It's for your own safety, you know, give them statistics. The drownings statistics that's prevalent amongst children. Um, and just kind of reiterate that. Maybe you need people to go inside, go to the neighborhoods. I'm not sure in what format in schools, churches, and talk about the necessity of this, you know, it shouldn't be just an option.

Joy voiced:

One of the things we try to do is are our rates and our fees are the same no matter where you live so that we don't want to limit our services to just the sunrise residents. Many cities do that. It's, it would be lower fees for those residents. We open it up all over. Um, I mean we'll take anyone from any city. A big part of our success I think has been word of mouth is that we've been here for 15 years now and we're now teaching some of the children of children we taught, you know, through the years and I've been teaching for 38 years, but. So I really get to see the history, but I think a lot of it is word of mouth. Oh, a friend told me about you.

Oh, you know, we heard you guys do a good job. You taught my grandson to swim. I want to learn to swim now kind of stuff

They spoke about bringing awareness of the benefits of the swim center swimming as water safety education and physical exercise. The participants discussed ways that the Afro-Caribbean would know about the importance of swimming as one drowning prevention strategy. Knowing the danger of the aquatic environment, being aware of barriers to swimming, understanding strategies for overcoming barriers, and knowing how to swim influences the decision to participate in swimming for the Afro-Caribbean families. Community centers and pools can play a major role in the water safety education and overcome to overcome barriers. The participants also voiced ways to bring awareness to the drowning prevention strategies within the Afro-Caribbean community.

Accessing

The participants spoke about access in terms of location, inclusiveness, flexibility in lesson schedules, and cost as factors in the decision to participate in swimming. Banks (2014) discussed reasons to improve swimming skills and access to swimming facilities for all Americans. Banks declared that access to swimming and swimming facilities can help to shape personal attitudes essential to maintaining a healthy lifestyle and reduce drowning rates, especially for male adolescents who often engage in risky behaviors

Ito (2014) discussed a lack of access to include unavailable pools, full classes, and/or a perception of safety issues by parents; economic issues such as no money to pay fees, buy swimsuits, or pay for transportation costs; and scheduling and convenience of pools and lessons. These were important barriers that were overcome through this swim

school location at a central place in the community that was accessible, the cost that the participants voiced was manageable, and the flexibility of schedule. These factors all contributed to access, which ultimately played a major role in how Afro-Caribbean families were making the decision to swim. Despite Banks (2014) declaring that swimming pools in America remain largely segregated social sites, the Afro-Caribbean parents described how they were influenced to accessing this swim center.

Jamie discussed the convenience of the location as being one of her deciding factors for choosing this swim center. She stated, “It was very close to home and then I felt that, um, Coach I liked her. I liked how she worked.”

Ross et al. (2014) noted that working parents and parents who did not have consistent employment found it difficult to plan recurring activities for their children.

Paula talked about location and flexibility:

Well for one, it's very close, so location has a lot to do with it. I'm not sure what others cost, but I think the cost here is very affordable. It is very um, flexible. I know for me because I work earlier and my profession allows me flexibility as well, so then um, it being so close, it is easy run in. But yes, it's very flexible. The timing of the day, um, which is in the evening, allows you to come home from work and do what you'd have to do with the kids even allow them to do their homework before.

According to Waller and Norwood (2011), the distribution of locations where victims drowned varied by race/ethnicity with Black non-Hispanic victims drowning in public pools (51%) compared with White non-Hispanic (25%) and Hispanic victims (23%). Natural and human-made bodies of water are abundant in Florida, and while both

pose drowning hazards, drowning in residential swimming pools is a significant public health problem in Florida (Lo et al, 2010). The participants also spoke about the aquatic location in which they lived as being a factor in accessing swimming lessons. **Angela** stated, "I know that Florida is surrounded by so much water and um, that's really what my deciding factor was."

Ross et al. (2014) explored issues surrounding finances and pricing strategies and found that a lack of discretionary funds was commonly stated as a reason for not participating in swimming lessons. Irwin et al. (2009) found that the lack of water safety skills among ethnic and racial minority group members is often ascribed to socioeconomic factors. **Rose declared**, "the prices are very competitive, so they're very good prices."

Wiltse (2014) explained that the history of swimming pools segregation has contributed to the Black-White disparity in America. Black Americans were faced with systematic discrimination that severely limited their access to public swimming pools and the swim lessons offered at public pools. Whites had access to resort styles swimming pools that were built in their communities, while in the Black communities; the limited number of pools was dilapidated. Later as Blacks tried to take advantage of desegregation and access pools in white neighborhoods they were faced with varying degrees of hostility and intimidation. **Amy** addressed inclusion as she states, "We treat them no different than the other than the other non-African Caribbean parents or students. There's complete equality. Um, so we're not singling out."

Marie voiced:

Once I got here I think what I enjoyed the diversity that I found other Jamaicans and other people from different islands which Christie very friendly and welcoming. So, I do like the family environment that you're fine here. Um, but I think I l come in here and seeing my friends and um, my children have made friends and the program is good and like how, and again, it's not something they had in Jamaica, but I like how there's different groups that you are putting in based on their skills and their readiness. And so to me, I enjoy that.

Amy voiced:

Um, after the initial curiosity and they make the contact. They're actually very comfortable in their confidence with us. It's still their own fears, but we do our best to put them at ease and help and that does help them. I have noticed that.

Stacy stated, “ I think just the biggest thing would be to de-stigmatize the idea that Afro-Caribbean or I'm African American, aren't capable of swimming, is a big misconception that I've just noticed not only teaching but also as a competitive swimming.”

Dawson (2010) recounted a time when African men and women incorporated swimming into their work and recreational activities since they learned to swim at an early age. Dawson also spoke about the numerous accounts of Africans swimming as a form of relaxation and recreation and indicates that swimming was incorporated into different forms of competition, and that their swimming abilities enabled some to invent and develop surfing prior to contact with Europeans.

Banks (2014) discussed reasons to improve swimming skills and access to swimming facilities for all Americans. Banks declared that access to swimming and

swimming facilities can help to shape personal attitudes essential to maintaining a healthy lifestyle and reduce drowning rates, especially for male adolescents who often engage in risky behaviors. Banks also discussed recommendations to increase access by explaining that people from all socio-economic backgrounds are more likely to take advantage of public swimming facilities when they are available without cost and that the wide availability of swimming facilities offering swimming lessons can significantly reduce the rate of drowning among those most at risk. Ross et al. (2014) explained that affordability, convenience, incentives, and the affordability of lessons are desirable approaches to convince parents to get their children in the water.

Overcoming Fear

The legacy of fear is well documented as being a barrier to the swimming in the Black population (Ross et al., 2014). Overcoming fear is explained by Parr et al. (2014), who indicated that parents who have fears about their children drowning will keep them from formal swimming lessons, while parents who are able to swim will encourage their children to swim since this skill reduces the fear factor. Irwin et al. (2011) spoke about the legacy of fear of water in the African American population and reported results that confirmed significant racial differences concerning the fear of drowning with adolescent African American females were notably more likely to fear drowning while swimming than any other group. They argued that one of the first steps in dispelling fear, especially the fear of water and drowning, is education and that it is necessary for parents/caregivers and the entire community to understand the importance of these swimming lessons. Banks (2014) reported that the fear of water, together with lack of swimming skills, translate into lower swimming ability among racial and ethnic

minorities, especially if parents are not involved in their children's swimming instruction. Therefore, it is important to get parents' support for swimming equity programs to work. **Amy** spoke about working with a family to overcome fear and how they have now made swimming a family thing.

Amy said:

Um, I have one family I've been working with for seven years. Um, the son, the parents are Jamaican. The son who is now almost nine years old has been with me since he was two and a half. His sister also started swimming lessons then last year, dad started learning to swim. Mom knows how to swim. It's becoming a family thing and they purchased a home with a pool. But we started the lessons before they noticed the son had no fear of water.

The voices of the participants in this study revealed that Afro-Caribbean families were participating in swimming in spite of their fear of drowning or the fact that some of the parents did not know to swim.

Mary said:

Well, I wanted my son to learn how to swim I have two kids. I have a grown adult and he, I had him do swim lessons because I was not given the opportunity growing up in the Caribbean. As a matter of fact, we were taught to have a fear of the water. I'm pretty much if we went into the water we're going to drown, which made sense to us at a time, but now, it doesn't make sense. So my thing was to change that trend because my mother didn't know how to swim and I'm almost sure my grandmother and great grandmother didn't know how to swim

either. So that fear was passed down and I decided I was going to break that, that reaction or that domino effect and put my kids into swimming.

The findings further revealed that fearing for the safety of the children and perceived threat from the aquatic environment in which they live greatly influence them towards overcoming their own fear and seek swimming lesson.

Mary said:

Well, I could speak for myself. I would say it's not. I would say the fear of drowning being in a situation where your children are not able to help themselves or you're not able to help them, so I don't want to be a child to be a statistic. I don't want to be grouped into that group of people. That's the mass crowd with that don't know how to swim or can't save themselves, so I think it's just the fact, my motivation, my influences, my children need to be safe.

The parents and swim instructors spoke about fear of drowning as one of the greatest influences for the families participating in swimming for their children. This phenomenon is in striking contrast to the other studies that revealed that fearing was one of the greatest motivations to African American not swimming.

Connection to the Health Belief Model

The emerging case themes in this study of *knowing*, *accessing*, and *overcoming fear* are linked to five constructs from the health belief model. The five factors that can play a role in the decision of the Afro-Caribbean family to participate in swimming are perceived seriousness, perceived susceptibility, perceived benefits, perceived barriers and cues to action.

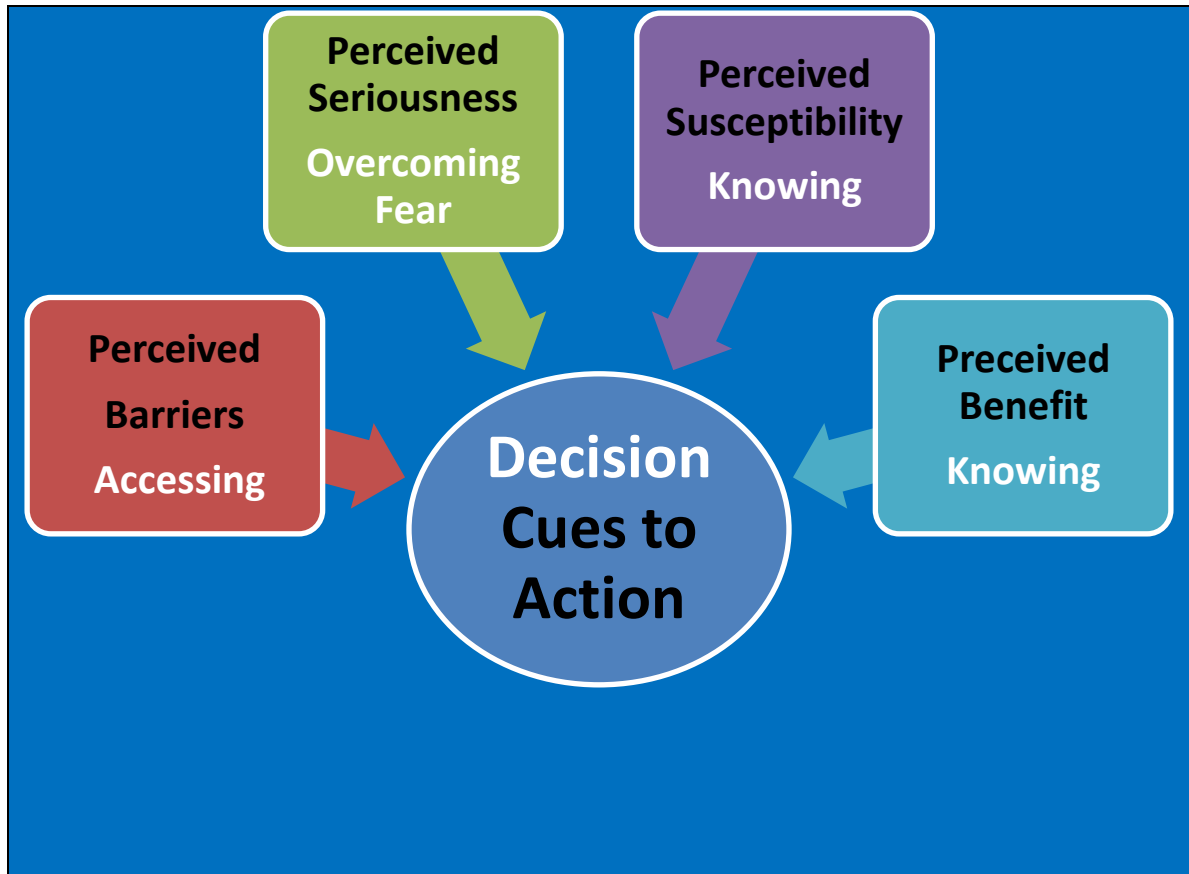


Figure 5. Schema: Health belief model (Wilson, 2018, Adapted from Janz & Becker, 1984).

Perceived Seriousness

Perceived seriousness focuses on how much importance people place on the potential or real consequences of an action which varies from person to person (Janz & Becker, 1984). Fearing the consequence of drowning or danger to the individual if he or she is not able to swim was one of the major driving forces in the decision making process for the family. The theme of *overcoming fear* to participate in swimming was a decision made due to the seriousness of the consequences such as drowning. Afro-Caribbean parents and the swim instructors who were interviewed, voiced the consequences of drowning and the seriousness of not participating in drowning

prevention strategies. For the Afro-Caribbean parents who were interviewed, this perceived seriousness was significant enough for them to participate in swimming for the family. Cheryl spoke about her husband making the decision: “He put all of our kids in swimming lessons. He would take the time to make sure they do the swimming lessons to save their lives.”

Perceived Susceptibility

The theme of *knowing* was connected to the construct of perceived susceptibility which reflects the individual feelings of personal vulnerability (Pender, 2011). This is viewed as the risk or chance that a certain threat may befall the individual. Bringing awareness about drowning prevention interventions such as swimming, water safety education, and even the news about drowning accidents allows the individual to ask the question, could this happen to me? This perceived susceptibility was emphasized by **David**, a parent who became aware of drownings in his neighborhood. He stated, “I have a young one, I better start before something happens then I don't have to face what those other family faced.” Lythgoe (2015) emphasized that sometimes people’s feelings of being at risk are heightened by past experiences. This perceived susceptibility was also emphasized by **Amy**, a swim instructor, who added, “Some have had an experience with, um, drowning in their home islands at the beach.” Parents who perceived the consequence of drowning was a real threat to the family were motivated to participate in swimming.

Perceived Benefits

Perceived benefits mean that the families must feel that the benefits outweigh the barriers such as costs and inconvenience of the action (Cody, 2013). This construct was

linked the case theme of knowing. The perception of the parents was heightened by the knowledge that swimming yielded benefits such as safety for the family, physical fitness through exercise, monetary rewards through competing, and peace of mind. **Angela** stated, “So I mean with my girls um, more opportunities have arisen for them as far as scholarships.” **Cheryl** added, “She (her daughter) gets her exercise and she’s learning discipline and she’s learning teamwork.” **David** voiced “I saw her (his daughter) doing so well I saw the Olympics.” **Jamie** added, “So that's also a strategy on my part because they have to go to college and a way for me to pay for college.” **Paula** reflected on safety, saying, “...and it gives you the peace of mind as well.”

Perceived Barriers

Perceived barriers include accessibility to treatment (Polit and Beck, 2012), which may keep individual from what they should do, or want to do. Overcoming these barriers was paramount to the decision-making process of the Afro-Caribbean families as reflected in the case themes of *accessing and overcoming fear*. Access includes flexibility, cost, inclusiveness, location of the swim center and the fact that the homes are located in an aquatic environment. **Rose** added, “Economic situation too, so it cost money like everything else. So, if you don't have the means to do something like this, that’s not going to become a priority. **Amy** voiced, “For the parents is getting them over their fear to allow their children to swim. They want their children to do it.” **Angela** voiced, “It’s pretty much they're flexible with mornings, afternoons, just not in the night. So, I think as long as you carve out some time you're able to work with um, swimming.”

Cue to Action

After considering the four constructs of the HBM that influence the decision-making process, the next step is to consider the motivation for the individuals to put this decision into action by taking lessons at the swim center. This is referred to as the Cue to Action in the Health Belief Model (Martin, 2015). For all the families, their biggest concern was the safety of their children. These cues were from raised awareness through news media on drowning in the community and knowledge gained from other sources such as magazines and community flyers. Their perception of the severity or the seriousness of drowning and the perceived susceptibility that drowning could happen in any one of their families due to the aquatic environment in which they live were forceful, motivating factors. Although swimming at the swim center presented a number of benefits, all participants in this study voiced that the biggest motivating benefit presented was knowing the safety shield that swimming represented to them.

Significance of the Study

The significance of this study was that it serves to address the gap in the literature regarding how Afro-Caribbean families in Broward are making the decision to participate in swimming. The intent of this inquiry was first to gain an understanding of the problem of drowning in the Afro-Caribbean community and how the decision towards the acquisition of swimming competency is made in an effort to reduce the disparities in drowning and swimming. The emergent themes in this case study approach produce evidence that supported documented barriers to swimming in the Black population. Some of the barriers that were identified in the literature (Irwin et al., 2015; Parr et al., 2014) are accessing, knowledge, and fear. It is also significant to note also that findings

from this study pointed to the importance of a swim centers located in the community that was invaluable to the Afro-Caribbean parents overcoming these barriers and made the decision to participate in swimming. Community swim centers are able to destigmatize the years of history of being contested waters in the United States and the perception that swimming is a White activity (Wiltse, 2014) as they become more inclusive to the Black community.

The findings from this case study may be used by other disciplines such as educators, public health workers, pediatricians, and local government to bring understanding and awareness to the problem of drowning disparities in the Black communities. The finding may also be used to create strategies to effectively deal with obstacles and barriers to swimming competency for vulnerable populations. The understanding and awareness that the study brings to the table may be used to create effective programs for reducing the swimming and drowning disparities in the United States. The study may also add to the body of scientific evidence as it relates to the case study design.

Significance to Nursing

Nurses have a professional commitment to be active participants in identifying and working to eliminate of health disparities. The purpose of the study is to gain an understanding of how Afro-Caribbean parents of a Broward County's swim center decide to participate in swimming for the families and factors that influenced their decision. Through this understanding, nurses can be empowered to participate in program development, policy making, and culturally attuned education for this population. One of the roles of the nurse is advocacy, especially for vulnerable populations.

Findings from this research may provide the knowledge needed to enable nurses to develop preventive educational interventions to decrease the incidence of drowning in Afro-Caribbean families. Findings may also provide a framework for the development of culturally attuned water safety education provided by nurses in health promotion, pediatric, and family practice. This study is significant to nursing in that it adds to the body of nursing knowledge, serves to address the gap in the literature as to how Afro-Caribbean parents in Broward County are making the decision to participate in swimming for their families, and advances nursing science.

Implication for Nursing Education

The information gleaned from this study discussed the views of participants of how they were able to make the decision towards swimming competencies for an at-risk population. The study addressed health disparities in a vulnerable population by highlighting the drowning disparities in the literature reviews and gives an understanding of how the decision-making process of this population towards swimming competencies were made through the voices of the participants. Community health nurses must routinely assess and intervene in areas of injuries, health disparities, the social determinants of health and findings from this study may play an important part of how educational programs on drowning prevention are developed and taught to the community.

In the climate of a global community that nurses must serve, it is important that nursing education be seasoned with evidenced-based, culturally competent education. The evidence of this study may therefore be incorporated in the community health course of the nursing curriculum and serve as example to nurses as they undertake education in

cultural competence. South Florida is particularly heavily populated with people from the Caribbean, and this study may give an insight to nurses as they prepare teaching tools to use in the Afro-Caribbean community.

Implications for Nursing Practice

The significance of this study to the practice of nursing is the understanding of how the Afro-Caribbean community makes decisions about health promotion. As previously stated public health nursing involves health promotion as well as disease prevention and must use a population-based approach to move beyond providing direct care to individuals and families (Nies & McEwen, 2015). Using the health belief model with this population gives better insight into how the decision process was made, and this information can be used by nurses to apply towards other health promotion practice that is slated to be used with this community. Another key function of nursing practice is the nurse as an advocate, especially to vulnerable populations. This information can be used by the nurse to advocate for program and teaching tools that are culturally attuned to this group in order to reduce the disparities in drowning. Educating parents and children through healthcare professionals may also be accomplished through the pediatric nurses, the maternity nurse and the school nurse. The nurse is also strategically placed in his or her role, and interactions with the Afro-Caribbean families in this study may provide the insight to the factors that influence their decision making towards swimming.

Implications for Nursing Research

This study has built the knowledge of nursing science by generating new knowledge in an organized way, but remains a starting point for further investigative effort. This research serves to close the gap in the literature through the contribution of

new evidence. To the researcher's knowledge, research that has been conducted in the areas of drowning and swimming disparities mainly focused on the African American population, but this study of Afro-Caribbean may serve as a springboard to examining decision making on the matter of health promotion in this community. According to the literature review, the fear of drowning in African Americans is a major factor in the low swimming competency (Parr et al., 2014). This study, however, revealed through the voices of the participants that fear of drowning was a big indicator in the Afro-Caribbean population as to why the parents participated in swimming for the family. Another significance of the study is the role that the swim center played in influencing the decision process towards swimming in term of access. Research has alluded to the fact that swimming pools were places of exclusion for Blacks, and therefore, access to swimming was a barrier to the acquisition of swimming. Banks (2014) wrote that although in the 1920s until the 1950s public pools were the center of recreational activities for Whites, Blacks throughout the country were generally excluded by law or custom. The swim center in Broward County was located at the community civic center, and the participants voiced that location of the pool, manageable cost of the program, and flexibility in scheduling were all factors in their decision making process. This evidence is significant to improving nurses' understanding of aggregates that are unique to the Afro-Caribbean population. As a result, this research may provide a foundation to future health promotion programs.

Implications for Health/Public Policy

This study clearly identified key evidence to substantiate how decisions were made in the Afro-Caribbean community towards health promotion through inclusiveness.

This evidence may be used in health and public policies towards health promotion projects. The study may, therefore, provide a framework for public policies to provide inclusion to minority groups such as mandating recreation centers that provide water safety programs be strategically placed for easy access and cost effectiveness. It may serve to open discussion with insurance company to widening the scope of preventive policies covered by private insurance and Medicaid. This study may be used to obtain federal grants to place swimming programs in underserved communities, thus facilitating social inclusion and access to swimming and other water safety education.

Getting the message out that swimming is one of the strategies that saves life is a significant factor of making the decision to swim. This study, therefore, may be used to change policies to mandate the expansion of the water safety education delivery system through a partnership with community bodies such as school-based swimming programs, pediatrician offices, and clinics on water safety teaching. Another implication for health policy is the importance for the nurse to be present at the table and actively participate in the development of health policies that will eliminate health disparities in vulnerable populations.

Strengths and Limitations

This section discusses both the strength and limitation of this qualitative case study. The strength of the study began with the rigor that is built in qualitative research through trustworthiness. Credibility was maintained, as participants were informed of options to withdraw from the study at any time, and each participant was allowed to reviewed the transcription (member checks), allowing for confirmation of accuracy and intent of their responses. Dependability was ensured when the measures to ensure

credibility were used. In addition, the researcher's audit trail, journaling, field notes, and reflexivity contributed to dependability. Confirmability was assured through the researcher's self-disclosure through a reflexive journal that is place in the study, audit trail, member checking, and the use of triangulation to gain additional sources to confirm findings. Transferability was undertaken through a rich description of the data that will enable the readers to draw conclusion of applicability to their own situation. Yin (2014) discussed benefits from theory or theoretical proposition in case study design that could facilitate transferability by linking the themes developed in the study to existing theory. The categories that emerged in this study were linked to the theory presented in the health belief model of the decision making process of Afro-Caribbean parents, which may give some degree of transferability.

A significant strength of this study was that the findings were co-constructed from the voices of the participants as they describe how the decision to participate in swimming was made. A final strength of the study was that the faculty chair and committee members of this research provided feedback and clear guidance that the researcher followed.

Limitations of the study included that this embedded case study employed a convenient sample of participants who had to be members of the swim center under study, so other members of the Afro-Caribbean population in the community were excluded. Parents who made the decision towards swimming were the only ones who participated in the study. The members of the swim center were from the same community and surrounding areas of middle income neighborhoods, so the voices of parents from more depressed areas were not captured. Another limitation of the study

includes the researcher's inexperience with the case study methodology and being a novice researcher.

Recommendations for Future Study

Several recommendations for future studies in this area exist. More research is needed to evaluate the effectiveness of swim centers that are accessible to all members of the community in changing the perception that swimming is a White activity. Ito (2014) alluded to the fact that many Whites were provided swimming lessons in their neighborhoods by YMCA or the parks and recreation department, so they grew up learning to swim. Banks (2014) discussed the history of Blacks being excluded from access to swimming pools United States, so the perception was that swimming was for Whites. Research is therefore needed to evaluate programs offered by community swim centers in terms of inclusiveness for Blacks in today's United States and particularly here in Florida. More research is needed to explore effective strategies for the delivery of drowning prevention education among Afro-Caribbean parents and to explore barriers that are keeping parents from learning to swim themselves. The data from this study revealed that although Afro-Caribbean parents encourage their children to swim, most of them did not swim. This study was conducted in a Broward County's city that services a large population of Afro-Caribbean; it was, however, a middle-class area, so further studies are recommended to be conducted in a lower socio-economic area so findings could be compared.

Conclusion

The purpose of this single embedded intrinsic explanatory case study was to gain an understanding of how Afro-Caribbean parents of a Broward County's swim center

decide to participate in swimming for the family and factors that influence their decisions. It was important to gain an understanding of the Afro-Caribbean families as this group has been subsumed under the African American population thus revealing a gap in the literature in regards to any cultural difference. Afro-Caribbean in Broward County make up a significant proportion of the Black community and drowning affects Afro-Caribbean families disproportionately and continues to be a public health problem in Broward County due to the area's many aquatic settings and the lack of swimming skills for both parents and their children. Scholars suggest several factors may influence the lack of swimming skills including culture, fear of water, and access to swim lessons (Ross et al., 2014).

The result of this investigation was gleaned from multiple sources to provide an explanation of how Afro-Caribbean parents were making the decision to participate in swimming and the influencing factors. The finding was co-constructed through the voices of 12 participants, secondary and contextual sources. Quotes from individuals were used to illustrate and support various themes while secondary and contextual sources were also used to interpret and compare the information with the primary sources in order to gain a richer understanding about the phenomenon. Supporting literature were presented to undergird the emergent case themes of *Knowing, Accessing and Overcoming Fear*.

Knowledge gained at the center brought heightened awareness about the benefits of swimming and water safety education. Accessing the swim lesson through, location cost, flexibility with schedule and inclusiveness was supported by the swim center. Overcoming the fear of drowning for these parents was translated into the decision to seek water safety education and peace of mind that their children could be safe in the

aquatic environment in which they live. The findings also revealed how a swim center in their community greatly influenced the decision to participate in swimming. This study has produced evidenced that has unveiled a significant strategy to reverse the history of mistreatment and racial discrimination of blacks at beaches and pools which contributed to limited access to water and swimming for this population. This may be realized through community swim centers that has programs inclusive of all members of the community. The issue is not merely getting messages of water safety out to the population instead it is more important to change the content and approach of water safety to be more reflective of cultural diversity in their community (Golob et al 2013).

This study revealed that the barriers faced by the Black population in terms of fear, access, and lack of water safety education were overcome by these Afro-Caribbean parents through programs at a swim center. This knowledge may be translated into evidence based practice to fundamentally change the content and approach of swim centers to become more culturally diverse as a strategy to drowning prevention.

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APPENDIX A**BARRY UNIVERSITY IRB APPROVAL LETTER****Barry University**

Division of Academic Affairs

Institutional Review Board
11300 NE 2nd Avenue
Miami, FL 33161
P: 305.899.3020 or 1.800.756.6000, ext. 3020
F: 305.899.3026
www.barry.eduResearch with Human Subjects
Protocol Review

Date: November 30, 2017

Protocol Number: 171108

Title: Decision Making Process of Afro-Caribbean Parents toward
Swimming Competency for the Family

Name: Ms. Lorna Wilson
Address: [REDACTED]

Faculty Sponsor: Dr. Jessie Colin

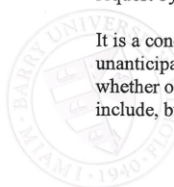
Dear Ms. Wilson

On behalf of the Barry University Institutional Review Board (IRB), I have verified that the specific changes requested by the convened IRB on November 15, 2017 have been made.

It is the IRB's judgment that the rights and welfare of the individuals who may be asked to participate in this study will be respected; that the proposed research, including the process of obtaining informed consent, will be conducted in a manner consistent with requirements and that the potential benefits to participants and to others warrant the risks participants may choose to incur. You may therefore proceed with data collection.

As principal investigator of this protocol, it is your responsibility to make sure that this study is conducted as approved by the IRB. Any modifications to the protocol or consent form, initiated by you or by the sponsor, will require prior approval, which you may request by completing a protocol modification form.

It is a condition of this approval that you report promptly to the IRB any serious, unanticipated adverse events experienced by participants in the course of this research, whether or not they are directly related to the study protocol. These adverse events include, but may not be limited to, any experience that is fatal or immediately life-



threatening, is permanently disabling, requires (or prolongs) inpatient hospitalization, or is a congenital anomaly cancer or overdose.

The approval granted expires on November 30, 2018. Should you wish to maintain this protocol in an active status beyond that date, you will need to provide the IRB with an IRB Application for Continuing Review (Progress Report) summarizing study results to date. The IRB will request a progress report from you approximately three months before the anniversary date of your current approval.

If you have questions about these procedures, or need any additional assistance from the IRB, please call the IRB point of contact, Mrs. Jasmine Trana at (305)899-3020 or send an e-mail to dfeldman@barry.edu. Finally, please review your professional liability insurance to make sure your coverage includes the activities in this study.

Sincerely,



David M. Feldman, PhD
Chair, Institutional Review Board
Barry University



Note: The investigator will be solely responsible and strictly accountable for any deviation from or failure to follow the research protocol as approved and will hold Barry University harmless from all claims against it arising from said deviation or failure.

APPENDIX B

BARRY UNIVERSITY INFORMED CONSENT FORM



Informed Consent Form

Your participation in a research project is requested. The title of the study is *Decision Making Process of Afro-Caribbean Parents toward Swimming Competency for the Family*. The research is being conducted by Lorna Wilson, a student in the College of Nursing and Health Sciences at Barry University, and is seeking information that will be useful in the field of nursing. The aims of the research are to gain insight and understanding as to the how Afro-Caribbean parents make the decision towards the acquisition of swimming skills for the family. In accordance with these aims, the following procedures will be used: Semi-structured interviews and the completion of a demographic questionnaire will be used to collect data from various primary sources. The anticipated number of participants for the swim center site will be a maximum of 10 staff from the swim center and a maximum of 20 parents who use the swim center will be interviewed. A total maximum of 30 individual participants will be interviewed. If you decide to participate in this research, you will be asked to do the following:

1. Complete a demographic questionnaire that will take a maximum of 10 minutes
2. Participate in a face-to-face interview for a maximum of 60 minutes
3. Participate in follow-up interview within 1 to 2 weeks after the first interview for a maximum of 30 minutes. This will be done in person, by phone or email to review the original transcript for accuracy.

Your total time commitment of participation in the study is 100 minutes. You will receive a \$25.00 visa gift card for participating in the study whether you complete the interview or not.

Your consent to be a research participant is strictly voluntary, and should you decline to participate or should you choose to drop out at any time during the study, there are no known risks to you. Although there are no direct benefits to you, your participation in this study may help to understand the decision making of process of Afro-Caribbean parents to gain swimming skills for the family.

As a research participant, information you provide will be held in confidence to the extent permitted by law. No names will be used in the study instead participants will be asked to select a pseudonym that will only be known by the participant and the researcher. This will remain confidential and will not be traceable to the identity of the participants. Data will be kept in a locked file in the researcher's office. Recorder will be used to record the interview without identifying the participant. After the interview, the recording will be saved on the researcher's password protected home computer for transcription. The recordings will be transcribed verbatim by a professional transcriptionist who has

signed the third party confidentiality form. The signed consent will be kept separate from the data and all data and all study data will be kept for a minimum of 5 years after completion of the study and indefinitely thereafter. Recordings will be deleted after each follow up communication with the participants.

If you have any questions, or concerns, regarding the study, or your participation in the study, you may contact me, Lorna Wilson at [REDACTED] or email-

[REDACTED] My faculty advisor, Dr. Jessie Colin can be contacted at [REDACTED] or email at [REDACTED] and the Institutional Review Board point of contact is Jasmine [REDACTED]

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

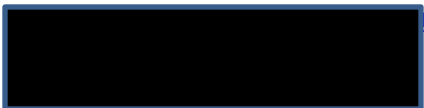
I acknowledge that I have been informed of the nature and purposes of this experiment by _____ and that I have read and understand the information presented above, and that I have received a copy of this form for my records. I give my voluntary consent to participate in this experiment.

Signature of Participant

Date

APPENDIX C**BARRY UNIVERSITY OFFICIAL LETTER FOR ACCESS TO SWIM CENTER**

Lorna Wilson



Date

Name and Address of

Dear Mr. _____;

I am a doctoral student at Barry University conducting a study entitled *The Decision Making Process of Afro-Caribbean Parents Towards Swimming Competency for the Family*. The study is being conducted for my dissertation, which is in partial fulfillment of the PhD requirements. The purpose of the study is to gain an understanding of how Afro-Caribbean parents in Broward County decide to participate in swimming for the family and factors that influence their decisions.

I am writing today to ask for permission and assistance in gaining access to your swim center upon IRB approval. I am seeking access to organizational documents as well as two groups of individuals for interviews. The first group will be a maximum of 10 staff members, and the second group will be a maximum of 20 parents who have had swimming lessons for themselves or their children in the past or presently. They will be asked to participate in individual interviews for 60 minutes and will be digitally audio-recorded face to face and a follow-up in 2 weeks for a 30 minutes interview to verify information that was transcribed.

Thank you for your consideration in allowing me access to recruit volunteers for the study. Please contact me at [REDACTED]. You may

also contact my faculty sponsor, [REDACTED] or email at

[REDACTED] The IRB point of contact is [REDACTED]

[REDACTED] I look forward to your response at your earliest convenience.

Sincerely,

Lorna Wilson MSN, RNC

Barry University PhD Student

BARRY UNIVERSITY

OFFICIAL PERMISSION LETTER FROM SWIM CENTER

[Redacted]

Sunrise Swimming

City of Sunrise

[Redacted]

Lorna Wilson

[Redacted]

1/16/18

Dear Ms. Wilson,

Our swim center is please to assist you with your research study entitled, *The Decision Making Process of Afro-Caribbean Parents towards Swimming Competency for the Family*. We are therefore granting you access to recruit volunteers and review documents for your study as approved by the Barry University IRB.

If you have any further questions please feel free to contact me at [Redacted]

Sincerely

[Redacted]

APPENDIX D

FLYER FOR SWIM CENTER EMPLOYEES



Volunteers Needed for a Research Study

Decision Making Process of Afro-Caribbean Parents toward Swimming Competency for the Family

WHO MAY PARTICIPATE IN THIS STUDY?

- Individuals who teach swim classes at the swim center.
- All participants must be 18 years of age or older to participate in this study.

WHAT IS INVOLVED IN PARTICIPATING IN THIS STUDY?

- You will be asked to take part in an audio recorded semi-structured face-to-face interview for a maximum of 60 minutes at a time and place that is convenient to you.
- Participate in follow-up interview within 1 to 2 weeks after the first interview for a maximum of 30 minutes to review the original transcript for accuracy.
- To complete a demographic questionnaire that will take a maximum of 10 minutes.
- Your participation in this study is strictly voluntary and you may decide to withdraw at any time during the study without any consequence.
- In appreciation for your time, you will receive a \$25.00 Visa gift card. A maximum of 10 participants are needed to participate in this study.

CONTACT INFORMATION

To volunteer in this study, contact: Lorna Wilson MSN, RNC at [REDACTED]
[REDACTED] Faculty Advisor: Dr. Jessie M. Colin, PhD, RN,
FRE,FAAN [REDACTED], or Barry Institutional Review Board point of contact
Jasmine Trana [REDACTED].

FLYER FOR FAMILIES RECEIVING LESSONS AT SWIM CENTER



Volunteers needed for a Research Study

Decision Making Process of Afro-Caribbean Parents toward Swimming Competency for the Family

WHO MAY PARTICIPATE IN THIS STUDY?

- Afro- Caribbean parents receiving or have received swimming lessons at the swim center for themselves or family members.
- All participants must be 18 years of age or older to participate in this study.

WHAT IS INVOLVED IN PARTICIPATING IN THIS STUDY?

- You will be asked to take part in an audio-recorded, semi-structured face-to-face interview for a maximum of 60 minutes at a time and place convenient to you.
- To complete a demographic questionnaire that will take a maximum of 10 minutes
- Participate in follow-up interview within 1 to 2 weeks after the first interview for a maximum of 30 minutes to review the original transcript for accuracy
- Your participation in this study is strictly voluntary, and you may decide to withdraw at any time during the study without any consequence.
- In appreciation for your time, you will receive a \$25.00 visa gift card.
- A maximum of 20 participants are needed to participate in this study.

CONTACT INFORMATION

To volunteer in this study, contact: Lorna Wilson MSN, RNC at [REDACTED]
 [REDACTED] Faculty Advisor: Dr. Jessie M. Colin, PhD, RN,
 FRE, FAAN at [REDACTED] or Barry Institutional Review Board point of contact
 Jasmine Trana, [REDACTED]

APPENDIX D**LIST OF DOCUMENTS TO BE ACCESS BY RESEARCHER**

1. Records (example, percentage of Afro-Caribbean families attending the program)
2. Policy and procedures
3. Class schedule
4. Program (example, messaging, types of swimming competencies; attrition rate)
5. Swimming instructors' training; success rate.
6. Swim school website
7. Cost of program
8. Evaluations of program
9. Newspaper coverage and media clippings

APPENDIX E

THIRD PARTY CONFIDENTIALITY AGREEMENT

Confidentiality Agreement

As a member of the research team investigating _____, I understand that I will have access to confidential information about study participants. By signing this statement, I am indicating my understanding of my obligation to maintain confidentiality and agree to the following:

- I understand that names and any other identifying information about study participants are completely confidential.
- I agree not to divulge, publish, or otherwise make known to unauthorized persons or to the public any information obtained in the course of this research project that could identify the persons who participated in the study.
- I understand that all information about study participants obtained or accessed by me in the course of my work is confidential. I agree not to divulge or otherwise make known to unauthorized persons any of this information unless specifically authorized to do so by office protocol or by a supervisor acting in response to applicable protocol or court order, or otherwise, as required by law.
- I understand that I am not to read information and records concerning study participants, or any other confidential documents, nor ask questions of study participants for my own personal information but only to the extent and for the purpose of performing my assigned duties on this research project.
- I understand that a breach of confidentiality may be grounds for disciplinary action, and may include termination of employment.
- I agree to notify my supervisor immediately should I become aware of an actual breach of confidentiality or situation which could potentially result in a breach, whether this be on my part or on the part of another person.

Signature

Date

Printed Name

Signature

Date

Printed Name

APPENDIX F
DEMOGRAPHIC QUESTIONNAIRE FOR PARENTS
DEMOGRAPHIC FORM

Please complete the following questionnaire by circling what are appropriate for you.

Gender: Male: ___ Female: ___

Age in Years: 18- 30 31- 40 41-50 51- 60 > 61

Place of Birth: _____

Place of Birth of Your Parents _____

Do you have children _____

Yes: _____ No: _____

Are you a current member or a past member at this swim center

Current: _____ Past: _____

Do you have children receiving swimming lesson at this swim center?

Yes: _____ No: _____

***Thank you for completing this demographic form.

DEMOGRAPHIC QUESTIONNAIRE TO STAFF**DEMOGRAPHIC FORM**

Please complete the following questionnaire by circling what are appropriate for you.

Gender: Male: ___ Female: ___

Age in Years: 18 – 30 31- 40 41-50 51- 60 > 60

Place of Birth: _____

Are you an employee of the swim center?

Yes: _____ No: _____

In what capacity are you employed? _____

How long have you work at the swim center? : _____

Have you worked with minority groups in the past?

Yes: _____ No: _____

***Thank you for completing this demographic form.

APPENDIX G
INTERVIEW PROTOCOL

Primary Investigator: Lorna Wilson

Date: _____ Time: _____ Pseudonym: _____

Contact Number: [REDACTED] _____

Email: [REDACTED] _____

Thank you for taking the time to speak with me today. I will be recording and transcribing our conversation verbatim. I will also note and summarize our conversation to you, and will also give you an opportunity to provide feedback on our conversation. It is important that you reflect what you say and mean to say; therefore, a verbatim transcription includes the “uhs” and “ahs” will in order to put on paper exactly what was said. Though I may quote you when writing the results of the study, your confidentiality will be assured, and I will make every effort to disguise your affiliation and identification while maintaining your perception and opinions.

In this study, I am interest in **understanding how you made the decision to take swimming lessons and what factors influenced your decision to gain swimming skills**. You will have a chance to review these questions and reflect on your responses.

This a semi-structured interview, so the dialogue may trigger additional questions that were not listed. Additional questions may help you to identify exactly what you mean to say.

Interview Protocol

1. Introduce participants to the research project.	Recruit a maximum of 10 staff and a maximum of 20 parents for the interview which is a total maximum of 30 participants. a. Read the purpose of the study b. Repeat the risks and benefits of the study c. Explain the time that the interview will last.
2. Establish general interest on the topic	a. Explain how you narrow down to a topic that interested you.
3. Have participants sign the informed consent	a. Provide participant with the document to sign and date.
4. Have participants complete the demographic questionnaire	a. Provide time for the participants to complete the questionnaire
5. Have participants establish pseudonym to assure confidentiality	a. Ensure and respect that the identity of the participants is concealed in all documents.
6. Assure the participants that they still have control of interview	a. Decide to end the interview and withdraw from the study at any time. b. Choose not to answer any questions. c. Request to turn off the audio recorder. d. Demand to stop the interview to take a short break at any time
7. Ask the participants permission to begin the interview and audio recorder	a. Have notepad and recorder ready after receiving permission from the participants.

8. Start the interview	<p>a. Record time that the interview started. Place recorders in view of the participants.</p> <p>b. Start the audio recorder.</p>
9. Ask the participants if they would like to discuss anything else	<p>a. At the end of the scheduled time that the participants committed for the interview.</p> <p>b. Provide participants with the \$25.00 Visa gift card.</p>
10. End the interview	<p>a. Restate that confidentiality will be maintained.</p> <p>b. Remind participants that an email will be sent within 1 to 2 weeks for the transcription review.</p> <p>c. Ensure that phone numbers or email addresses are correct and that the participants can be reached at the number or email provided.</p> <p>d. Acknowledge the participants participation in the study.</p>
11. Post Interview	<p>a. Label the audio recording with the participants' pseudonym.</p> <p>b. Finish investigator notes and reflections.</p> <p>c. Start transcribing the recorded interview.</p> <p>d. Follow up interview for accuracy</p> <p>e. Perform the data analysis of the data collected.</p> <p>f. Data will be kept in a locked file Cabinet in</p>

	<p>the researcher's office which can only be accessed by the researcher.</p> <p>g. All data will be kept indefinitely after completion of the study</p>
--	---

APPENDIX H

INTERVIEW QUESTIONS FOR ADMINISTRATOR/STAFF

1. How are Afro-Caribbean parents making the decision to take swimming lesson for themselves and their families? (Leading question).
2. What is the greatest influence you perceived on their decision to take swimming lesson and why?
3. What do you perceive as barriers to swimming competency for the Afro-Caribbean family?
4. How are you influencing the Afro-Caribbean families towards the acquisition swimming competency?

INTERVIEW QUESTION FOR AFRO-CARIBBEAN PARENTS

1. How did you decide to participate in swimming lessons and what influenced this decision? (This leading question will elicit a description of the problem to initiate the interview).
2. What strategies do you think would be effective in influencing the Afro-Caribbean families to participate in swimming?
3. Why do you see as the greatest influence in the Afro-Caribbean family's decision towards swimming competency?
4. What do you perceive as barriers to swimming competency for the Afro-Caribbean family?

APPENDIX I

VITA

Lorna M Wilson MSN, RNC

January 22, 1954	Born- Jamaica, West Indies
1975	RN Diploma Kingston School of Nursing Jamaica, WI
1981	Midwifery Diploma University of the West Indies, School of Midwifery Jamaica, WI
1983-1985	Staff Nurse Jackson Memorial Hospital Miami, FL
1985-1987	Staff Nurse New York University Medical Center NY, NY
1989-1994	Relief Charge Nurse NICU Plantation General Hospital, FT Lauderdale, FL
1994-2002	Staff Nurse/Relief Charge Nurse Palms West Hospital, Loxahatchee, FL
2002- 2004	CPR Instructor, S.T.A.B.L.E Instructor Relief Charge Nurse Palms West Hospital, Loxahatchee, FL
2005-2015	Unit Educator Maternal, Newborn, NICU Staff Nurse Palms West Hospital, Loxahatchee, FL
2007	BA Barry University, College of Liberal Study Miami Shores, FL
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