

Abstract

THE MEANING AND CULTURAL CONTEXT OF PHYSICAL ACTIVITY AS PERCEIVED
BY PHYSICALLY ACTIVE, RURAL AFRICAN AMERICAN WOMEN

by

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Background - The health problems of overweight and obesity are growing concerns in the United States and in many parts of the world. At the time of this study, African American women had the highest mortality and obesity rates of any other racial/ethnic group in this country, and the highest level of physical inactivity (CDC, 2008; OMHRC, 2007). Research has suggested that despite African American women's awareness of the benefits of physical activity their rates of physical activity have remained low. A need existed to understand how physically active African American women, particularly those who resided in a rural area, perceived and experienced physical activity.

Objective - The purpose of this qualitative phenomenological study was to explore the meaning and cultural context of physical activity among physically active, rural African American women, and to understand how they related physical activity and overweight to their health status.

Methodology - To achieve this purpose, the researcher conducted 4 in-depth, open-ended focus group interviews in North Carolina. A qualitative methodology using a phenomenological approach enabled the researcher to better understand the meaning and

sociocultural influences that the participants associated with physical activity participation.

Analysis of verbatim transcriptions of the focus group interviews involved immersion, coding, categorizing, and identifying themes that emerged from the data.

Results - Several primary themes emerged from the data from this study that revealed the participants experience of physical activity. These themes included perceptions of personal health, the evolution of physical activity, body image and overweight, social support, barriers, societal views of African American health status, and health related education. This chapter explored themes and various subthemes in order to get a more in-depth view of the participants' experience of physical activity, and definitions of physical activity and overweight as they relate to health in the minds of the participants.

Conclusion - Health education programming aimed at this target population group must recognize several factors in order to provide culturally appropriate programs: the motivating factors of this population group; the association between size, overweight and health; their perception of what types of physical activities are appropriate; their support needs; the barriers that they face. In addition, it is important to provide education regarding their risks as well as information on how to get the information that they need to address these risks from their medical provider.

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BY PHYSICALLY ACTIVE, RURAL AFRICAN AMERICAN WOMEN

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CULTURAL INFLUENCES AMONG RURAL AFRICAN AMERICAN WOMEN'S
EXPERIENCE WITH PHYSICAL ACTIVITY

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Chapter 1

Introduction

The health problems of overweight and obesity are growing concerns in the United States and in many parts of the world. Morbidity and mortality rates associated with overweight and obesity are on the rise. Even though overweight and obesity prevalence has increased among all populations, rates among African American women have been particularly high (OMHD, 2009). According to the Office of Minority Health, in 2007, more than half of all African American women aged 20 to 74 years were obese (HHS, 2007). Further, in 2008 the Centers for Disease Control estimated that eighty percent of African American women were considered overweight (CDC, 2008; OMHD, 2009).

To reduce the incidence and prevalence of overweight and obesity, the CDC and the Surgeon General have recommended participation in physical activity. Physical activity, as defined by the 2008 Physical Activity Guidelines for Americans, is considered engagement in moderate-intensity aerobic physical activity for 2 hours and 30 minutes per week of moderate-intensity, or 1 hour and 15 minutes per week of vigorous-intensity aerobic physical activity (USDHHS, 2008). Unfortunately, in a 2006 national health interview survey, African American women had the highest rate of physical inactivity compared to any other major racial/ethnic group in the United States (Brownson, R., Eyler, A., King, A., et al, 2000; Hawkins, Tuff & Dudley, 2006). A survey of physical activity among U.S. women forty years and older, more than seventy-five percent of African American women reported no vigorous leisure-time physical activity in comparison to sixty-two percent of white women (Pleis, J., Lethbridge-Cejku, M., 2000).

The researcher used a qualitative phenomenological approach to gain insight into the

meaning of and cultural influences on physical activity engagement as perceived by rural African American women who participated in a program of regular physical activity for at least six months prior to the time of the study. By studying rural African American women who were physically active, the researcher sought to gain insight into the cultural context of and facilitators and barriers associated with physical activity participation. The researcher explored participants' definitions of physical activity and overweight and their views on the relationship between body weight and physical activity.

Statement of Purpose

The purpose of this qualitative phenomenological study was to explore the meaning and cultural context of physical activity among physically active, rural African American women, and to understand how they related physical activity and overweight to their health status.

Research Questions

At the time of this study, African American women had the highest mortality and obesity rates of any other racial/ethnic group in this country, and the highest level of physical inactivity (CDC, 2008; OMHRC, 2007). Research has suggested that despite African American women's awareness of the benefits of physical activity their rates of physical activity have remained low. A need existed to understand how physically active African American women, particularly those who resided in a rural area, perceived and experienced physical activity. The researcher was particularly interested in the motivations, sociocultural influences and the facilitators and barriers these women associated with maintaining a physical activity regimen. The researcher set out to answer the following specific questions: What is the meaning of physical activity as perceived by

physically active, rural African American women? How do rural, physically active African American women perceive and experience physical activity? What meaning and sociocultural influences do physically active, rural African American women relate to physical activity? What do physical activity and overweight mean to these physically active, rural, African American women and how do they perceive these concepts related to health?

Addressing these questions will add to the body of knowledge regarding physical activity engaged in by a target population of physically active, rural African American women. Moreover, research in this area will potentially increase the health educators' understanding of the perceived influences on rural African American women's likelihood of participating in a regular physical activity regimen. The researcher hoped that the data gained in this study would increase the long-term positive effects of behavioral change through the development of culturally appropriate interventions that promoted physical activity.

Significance of this Study

Gaining knowledge about physically active African American women in regards to cultural influences was important for several reasons. First, the health risks associated with overweight and obesity have been deemed significant, while research evidence has underscored the benefits of physical activity (CDC, 2008). African American women have the highest rates of overweight and obesity of any other population group in the U.S. (Hawkins, Tuff & Dudley, 2006; Kirchoff, Elliot, Schlighting & Chin, 2008; Yancey et al., 2006). Understanding the meaning and sociocultural influences associated with physical activity can provide insight into contextual factors that impact African American women's regular engagement in physical activity. Further, understanding the cultural context of physical activity from the perspective of

physically active, rural African American women can aid educators in understanding the needs of this population. Health educators potentially can use findings from this qualitative study to contribute to the development of effective, culturally appropriate physical activity-related interventions targeted toward rural African American women.

This research study explored study participants' understandings of physical activity and overweight. Further, the study explored how physical activity and overweight were related to health status as viewed by participants. Such knowledge may inform health educators' communication with rural African American women regarding physical activity, overweight and health status. Findings from this phenomenological study provided a rich description of rural African American women's experience with physical activity. Lastly, findings from this study have led to identification of additional research needed in this area.

At the time of this study, the qualitative literature that explored African American women's experience with physical activity was limited. The researcher recognized that a need existed to examine physically active African American women who lived in a rural setting as much of the current literature focused on individuals in low-income urban settings. African American women who lived in the rural south reportedly had a higher prevalence of inactivity than their urban counterparts (Sanderson et al., 2003; Wilcox et al., 2003; Wilcox et al., 2000).

Of further significance is the focus of the current literature on physically inactive women and women who believed that they were active in their daily lives but whose activity did not meet the criteria for aerobic physical activity. By focusing on women who meet the physical activity requirement of 2 hours and 30 minutes a week of moderate-intensity, or 1 hour and 15 minutes a week of vigorous-intensity aerobic physical activity (USDHHS, 2008), findings from this study provides insight into how physically active, rural African American women perceive

such activity, and describe the activities in which they engage in order to be physically active. Currently there are no qualitative research studies that explore physically active African American women in rural settings.

Definition of Terms

Culture – an abstract concept used to account for the beliefs, values, and behaviors of a cohesive group of people (Richards & Morse, 2007).

Moderate intensity - On an absolute scale, physical activity performed at 3.0 to 5.9 times the intensity of rest. On a scale relative to an individual's personal capacity, moderate-intensity physical activity is usually a five or six on a scale of zero to ten: e.g. walking briskly, water aerobics, ballroom dancing and general gardening are examples of moderate intensity aerobic activities (CDC, 2008).

Physical activity - 2 hours and 30 minutes a week of moderate-intensity, or 1 hour and 15 minutes a week of vigorous-intensity aerobic physical activity (USDHHS, 2008)

Rural - The Census Bureau's classification of rural consists of all territory, population, and housing units located outside of urbanized areas and urban clusters. Urbanized areas include populations of at least 50,000, and urban clusters include populations between 2,500 and 50,000. The core areas of both urbanized areas and urban clusters are defined based on population density of 1,000 per square mile and then certain blocks adjacent to them are added that have at least 500 persons per square mile (Coburn et al., 2007).

Limitations of the Study

1. Due to a need for in-depth study, a small sample size was warranted, thus restricting the generalizability of findings. However, the researcher used thick description as a means of facilitating transferability of findings.
2. The participants in this study were volunteers. As such, it is possible that they had a greater interest in the topic of physical activity than others in the target population. The findings, therefore, may be atypical of other rural African American women who engage in physical activity.
3. The nature of qualitative research is interpretative and therefore can be influenced by a researcher's assumptions and biases. However, the researcher engaged in reflexivity, disclosed personal assumption and biases, used bracketing and journaling throughout the study, employed peer debriefing, expert review, triangulation and an audit trail to increase the rigor of the study.
4. In this qualitative study, the findings are subject to other interpretations.

Delimitations

Delimitations of the study include participants that were:

adult African American women eighteen years of age and older
residents of a rural area of North Carolina

self-reported physically active for the six month period prior to study participation. Participants met the 2008 Physical Activity Guidelines for Americans: 2 hours and 30 minutes per week of moderate-intensity, or 1 hour and 15 minutes per week of vigorous-intensity aerobic physical activity (USDHHS, 2008).

Chapter 2

Literature Review

According to the 2006 National Health Interview Service, more than 75 percent of African American women report no vigorous leisure-time physical activity (Brownson, R., Eyster, A., King, A., et al, 2000). This problem is further compounded by the fact that southern rural women are more sedentary than their urban counterparts (Wilcox et al., 2000). As the issue of a sedentary lifestyle continues to affect African American women, particularly those who reside in rural areas, so does the need to facilitate their engagement in physical activity programs. In order to effectively plan efforts to combat sedentary lifestyles, it is essential to gain insight into how sociocultural influences impact rural African American women's willingness and ability to regularly participate in physical activity. Further, it is necessary to discover how these women define physical activity, obesity and overweight, the meaning that physical activity holds for them and how they relate physical activity, obesity and overweight to health status. These definitions are imperative due to differing perceptions associated with different cultures and population groups. Sociocultural influences must be understood to facilitate communication with various target populations, specifically physically active, rural African American women in this study. Ultimately the findings from this study may inform health educators' efforts to create appropriate and culturally sensitive health education and outreach programming.

While there are few qualitative research studies that explore the experiences of physically active, rural, African American women, there are many studies that inform this particular topic. Much of the qualitative research has focused either on the physical activity-related experiences of African Americans in a low-income, urban settings or on the perceptions and attitudes of African Americans who were physically inactive. Quantitative research studies have focused on

comparing the physical activity levels of African American women to that of other populations; including comparing rural with urban residents and has explored the relationship between environment and physical activity. A review of the literature follows.

The Importance of Physical Activity to the Health of African American Women

The contributions of technology and research have greatly improved the health of Americans in general. However, according to the Office of Minority Health and Health Disparities (OMHD) “minorities and other underserved populations living in urban and rural communities continue to experience limited access to quality health care services, economic resources, and continue to experience poorer health than the general population” (OMHD, 2003). According to Probst et al., (2002) African Americans had greater unmet healthcare needs compared to other populations, a situation exacerbated by a reduced likelihood of African Americans having a regular doctor and reporting fewer physician visits than Whites (Strunk & Cunningham, 2003; Weinick et al., 2000; Weinick & Krauss, 2000). Minority communities also were found to have limited access to healthy foods and recreation facilities and greater exposure to potential health risks (Plescia, Herrick & Chavis, 2008). Some factors noted by the OMHD that contribute to observed health disparities in this population and the barriers to care they faced include: language and communication barriers, the populations’ lack of knowledge regarding health disparities and access to care, lack of unity within the community, and the need for increased communication between policy makers and the community (OMHD, 2003). In North Carolina, the State Center for Health Statistics (SCHS) reported that the percent of adults (18-64) who did not see a doctor within the past 12 months due to cost was 20% for African Americans,

while the percentage of Whites who did not see a doctor within the past 12 months due to cost was 13% (SCHS, 2006).

In 2007, African American women had a higher mortality rate than any other population group in the United States (OMHRC, 2007). The leading causes of death for African American women included heart disease, cancer, stroke and diabetes. Approximately 40 percent of African American men and women had some form of heart disease, compared to 30 percent of White men and 24 percent of White women" (OMHRC, 2007). African Americans were twice as likely to have diabetes as Whites, with nearly twelve percent of African American women over the age of 20 years diagnosed with diabetes (OMHRC, 2007). Overweight and obesity and physical inactivity are major risk factors for all of the leading causes of death for African American women (NIH, 2009).

The Impact of Rural Residence on Health Disparities

According to Probst, et al. (2002), living in a rural area increased the prevalence of health disparities. The combined effects of living in a rural area and being part of a minority group resulted in greater disadvantage than these characteristics alone. According to study findings, education and economics had a direct effect on healthcare. In 1999, 39.5% of rural African American working age adults lacked a high school diploma and nearly three of every ten rural African Americans lived in poverty (Probst et al, 2002; USDHHS, 2003). In the US, 65% of rural counties were whole or partial health professions shortage areas; this percentage increased to 83% for counties with an African American majority (Alegria et al., 2002).

Minorities who live in rural areas are among the most understudied and most underserved of all populations in the U.S. (Mueller et al., 1999). Most of the qualitative literature regarding African American women has focused on those residing in urban settings even though several

studies have found that rural women were more likely to be classified as sedentary (Sanderson et al., 2002; Sanderson et al., 2003; Wilcox et al., 2000; Wilcox et al., 2003). In 2000, Wilcox et al., noted that rural, southern, African American women, in particular, had high rates of sedentary behavior. In previous studies, distances of rural individuals from schools, stores and work places as well as road safety in rural towns was linked to obesity levels (Blankenau, 2009; Popkin, Duffey, Gordon-Larsen, 2005). Findings from a qualitative study revealed that issues related to child-care, availability of sidewalks, and access to recreation facilities were barriers to rural African American women's participation in physical activity (Sanderson et al., 2002). Two quantitative studies noted that seeing other exercise and having physical activity role models was correlated with a higher rate of physical activity; however, there was a lack of this type of role modeling in rural communities (Sanderson et al., 2003; Wilcox et al., 2000).

Currently Physically Active African Americans

Current research has involved participants who were sedentary as opposed to participants who were physically active. In these studies, the participants were asked to identify their needs in order to become physically active. Physically active people faced certain issues such as relapse, program adherence and complacency (Kirchhoff et al., 2008).

One qualitative study, by Kirchhoff and colleagues (2008) included African American participants from an urban area who were diagnosed as pre-diabetic or diabetic. The study compared physical activity maintainers to those who had once been physically active but had relapsed into a sedentary lifestyle. Study findings revealed that both groups experienced similar motivators and barriers, but the maintainers mentioned being a positive influence for family members, establishing social support and goal setting or rewards as being particularly influential

in their choice to maintain physical activity (Kirchhoff et al., 2008).

Perceived Meanings of Physical Activity, Exercise and Overweight/Obesity

The terminology and definitions for physical activity vary across the literature. In some studies, the concept of physical activity was defined as leisure time physical activity; in other studies the term exercise was used or some researchers simply used the term physical activity without it. Sanderson and colleagues (2003) indicated that the “variability in definitions of physical activity and the measurement among the different studies, comparing specific results for the prevalence of specific activity levels is challenging” (p. 34). In this study, the term, physical activity was used and is consistent with the 2008 Physical Activity Guidelines for Americans (USDHHS, 2008), and was defined as 2 hours and 30 minutes per week of moderate-intensity, or 1 hour and 15 minutes per week of vigorous-intensity aerobic physical activity. The Office of the Surgeon General provided this definition, in line with the definition of physical activity provided by the CDC and ACSM. Most of the literature used guidelines from Healthy People 2010, BRFSS, CDC and ACSM to define their physical activity-related terms (Ainsworth et al., 2003; Kirchhoff et al., 2008; Nies et al., 1999; Sanderson et al., 2003; Wilcox et al., 2000). Some studies choose to use much broader terms such as defining physical activity as "bodily movement produced by skeletal muscles that result in energy expenditure" (Banks-Wallace & Conn, 2002; Eyler et al., 1998). Many studies defined what it meant to be physically active for the participant but, in a few studies of participants residing in urban settings, individuals were asked to provide their own definition. In these studies participants defined being physically active and exercising as two different concepts: exercise and physically active (Eyler et al., 1998;

Sanderson et al., 2003; Wilbur et al., 2002). Participants defined “exercise” in these studies as: jogging, biking, or aerobics. They defined being physically active, on the other hand, as activity such as going up and down stairs, cleaning the house and taking care of children.

Since the health consequences of overweight and obesity are related to physical inactivity it is important to understand the meaning of these terms from the perspectives of those from different populations. An understanding of these terms would aid in establishing whether the weight range classification served as a motivator, barrier or had no affect on decisions to participate in physical activity.

The CDC (2009) defined overweight and obesity as a label for weight ranges that were greater than what was considered healthy for a particular height. The terms also indicated a weight range that was associated with an increased risk of certain diseases and other health problems. The literature indicated that African American women did not accept the current standard of weight ranges provided by the CDC. One grounded theory study of support needs of overweight African American women by Thomas, et al. (2009), indicated that overweight and obese African American women believed that the terms overweight and obese were "unacceptable and did not apply to them", the African American women participants (p. 345). Participants in this same study associated the terms obese and overweight with people who were unable to complete daily activities or were physically limited due to their weight.

Motivators

As researchers design interventions for any health behavior change they must consider the motivating factors that prompt individuals to make change. In the case of physical activity, many recognized benefits, ranging from aesthetics to health priorities, may serve as motivating

factors. The CDC indicated that physical activity could help control weight, reduce the risk of many diseases, strengthen bones and muscles, improve mental health and mood, and increase the possibility of living longer (CDC, 2008).

According to some studies, motivating factors related to physical activity differ among those with varying levels of physical activity and those who are sedentary, though support for this contention has not been consistent. In a qualitative study comparing physically active, sedentary, successful weight loss for more than one year and unsuccessful weight loss in African American women, Young and colleagues (2001) found that physically active African American women were motivated by health, weight control and stress reduction, while sedentary women indicated that they would be motivated by social support and enjoyment of physical activities. Social support was found to be a motivating factor in several studies of African American women with all levels of physical activity (Eyler et al., 1998; Henderson & Ainsworth, 2000; Nies et al., 1999; Richter et al., 2002; Sanderson, Littleton & Pulley, 2002; Thomas et al., 2009; Wilcox et al., 2003) and will be addressed in a following section of this paper.

A study of African American female physical activity maintainers and physical activity relapsers by Kirchhoff et al. (2008) found similar motivating factors between African American women who were currently physically active and those who were not. Such factors endorsed by participants included improved appearance, weight loss and health problem prevention. Even though these women mentioned weight loss, they also noted that exercise made them feel and look better even if they did not lose their target amount of weight (Kirchhoff et al., 2008). African American women in this study who were physically active further noted particularly influential facilitators that contributed to maintaining their physical activity: being a positive

influence for family members, establishing social support and goal setting or rewards (Kirchhoff et al., 2008).

Another motivator included in the literature was improved daily function. A qualitative study of obese African American women conducted by Befort et al. (2008) found that participants mentioned "not fitting in seats, not being able to bend over easily, or having difficulty walking up several flight of stairs" (p. 419). A qualitative study of environmental, policy and cultural factors related to physical activity among rural African American women who were not physically active by Sanderson, Littleton and Pulley (2002) participants were more motivated as their weight decreased. Nies and colleagues (1999) conducted a qualitative study about urban African American women's experiences with daily physical activity and found that African American women reported stress reduction as a major benefit of physical activity and that they related reduced stress to improved health. Some studies supported belief by African American women that physical activity was a major contributor to improved health status (Befort et al., 2008; Kirchhoff et al., 2008; Nies et al., 1999; Wilbur et al., 2002). Some women with medical conditions felt motivated by the requirement to engage in physical activity to decrease the effects of these conditions (Sanderson, Littleton and Pulley, 2002). Further, Befort and colleagues (2008) noted that participants who had no chronic conditions spoke frequently of family medical history and the association between increased health risks and excess weight: "[These women] had a strong desire to prevent the weight related diseases that they had witnessed in their family members" (p. 418). Findings from these studies indicated that African American women were aware of the health benefits of physical activity, which may indicate that these benefits alone were not enough to motivate this target group to participate in physical activity.

In addition to health, weight control, stress reduction, feeling better, looking better, increased daily function, being a positive influence for family members, establishing social support, goal setting or rewards, other studies found that neighborhood characteristics could be motivating. The nearby location of a park, for example, could be a motivator for physical activity, as well as resident's perception that the area was safe (Henderson & Ainsworth, 2002; Richter et al., 2002; Sanderson, Littleton and Pulley, 2002). In addition, the presence of children in the home was found to be a motivator (Sharpe et al., 2008), in some cases, because children "engage in physical play more often than adults [and] they often encourage adults to play sports or games with them" (Sanderson, Littleton and Pulley, 2002, p. 77)

Barriers

Despite the overwhelming statistical evidence that physical activity has many benefits, African American women continue to be less likely than other women to report physical activity in the past month (Krummel et al., 2001). Culture may have had an impact on physical activity within this population. In addition, the USDHHS (1999) recognized several barriers to physical activity for individuals in general which included: lack of time; inconvenience; lack of motivation; lack of confidence; fear of injury; lack of encouragement; lack of facilities.

The current literature focused on African American women reported several barriers to participation in physical activity. Their most often cited barrier was lack of time (Befort et al., 2008; Eyles et al., 1998; Felton et al., 2002; Henderson & Ainsworth, 2000; Kirchoff et al., 2008; Nies et al., 1999; Richter et al., 2002; Sanderson, Littleton & Pulley, 2002). This particular barrier was associated with several other factors. They experienced time constraints due to work commitments such as long work hours or commuting to work (Kirchoff et al., 2008; Wilcox et

al., 2003). Other factors for African American women were home responsibilities, adherence to traditional gender roles, serving as the sole caregiver for children or single parenting, and caretaking responsibilities for other relatives (Befort et al., 2008; Henderson and Ainsworth, 2000; Nelson, 1997; Richter et al., 2002; Sanders – Phillips, 1996; Sanderson, Littleton & Pulley, 2002).

The barrier of home responsibilities was associated with another barrier: limited financial resources. Wilbur and colleagues found that minority women felt that only women in the dominant culture had sufficient financial resources to free themselves of home and childcare responsibilities (2002). Other studies found that limited financial resources or lower socioeconomic status created environmental barriers. Limited financial funds decreased access to gyms and other community facilities that provided physical activity programs (Burroughs et al., 2006; Clark, 1999; Eyler et al., 1998; Henderson & Ainsworth, 2000; Kirchhoff et al., 2008; Wilbur et al., 2002).

Safety concerns posed barriers, particularly in low-income neighborhoods. Safety issues included lack of walking trails or sidewalks; limited lighting; traffic; high crime rates and others (Eyler et al., 1998; Kirchhoff et al., 2008; Richter et al., 2002; Sanderson Littleton & Pulley, 2002; Wilbur et al., 2002). Several studies reported that dangerous dogs were a safety concern for some African American women (Richter et al., 2002; Sanderson, Littleton & Pulley, 2002; Wilcox et al., 2003). One African American woman's summation of safety concerns that was quoted by Richter et al. (2002) was, "You just want to make sure when you walk you get home safe and not be fighting off the two-legged and the four legged ones" (p. 101).

Health issues that posed barriers to particular types of physical activity included, knee and back problems, heart disease, stroke and asthma (Ainsworth et al., 2003; Eyler et al., 1998;

Felton et al, 1998; Wilcox et al., 2003). Some participants also feared being injured during physical activity was also considered a barrier (Eyler et al., 1998; Wilcox et al., 2003).

Some studies found that lack of motivation or "being too lazy" was a barrier to physical activity (Befort et al., 2008; Eyler et al., 1998; Nies et al., 1999; Wilcox et al., 2003). One study of older African American women's perspectives on physical activity suggested that they did not enjoy physical activity because of the consequences of such activity: it ruined their hairstyle (Henderson & Ainsworth, 2000). Another barrier seen repeatedly in the literature is lack of social support, which is addressed in the following section (Eyler et al., 1998, Nies et al., 1999; Wilbur et al., 2002).

Social Support as a Motivator and Barrier

Much of the literature identified social support as impacting physical activity. The consensus among researchers was that social support was a motivating factor for physical activity: lack of social support, in contrast was a barrier to physical activity. The literature found that participants sought social support in different forms. In several studies, the participants expressed a need for another person to exercise with or a group exercise setting to help motivate them to participate in physical activity (Eyler et al., 1998; Henderson & Ainsworth, 2000; Nies et al., 1999; Richter et al., 2002; Sanderson, Littleton and Pulley, 2002; Sharma et al., 2005; Wilcox et al., 2003). These studies also found that participants needed support from family and friends in the form of encouragement. Some of these found that African American women felt that they were not encouraged by their peers to participate in physical activity due to the lack of community support and scarcity of role models (Sanderson Littleton & Pulley, 2002; Richter et al., 2002; Wilbur et al., 2008) According to Wilbur et al., (2008) participants "did not see women in their neighborhood walking or jogging...and feared being teased if they exercised in public

because they were not physically fit" (p. 21). Another study regarding weight loss found that a lack of support was expressed in other forms such as doubt regarding the person's ability to lose weight and disapproval of weight loss efforts (Thomas et al., 2009).

The literature indicated that a need or desire for social support was connected to African American culture, as it was more oriented toward interconnectedness and group support (Kumanyika, Morssing & Agurs, 1992). A study by Henderson and Ainsworth (2003) found that African American women tended to put others first. Participants in a study by Thomas et al., (2009) reported that African American women tended to prioritize the "needs of peer and extended family networks over independent, self-determined goal setting" (p. 340). In a qualitative study of urban physically active African American women, participants sought social support through a gym or personal trainer (Kirchhoff et al., 2008). A quantitative study that compared rural to urban ethnically diverse women found that rural women were more likely to state that other people "discouraged them from exercising" (Wilcox et al., 2000, p. 6).

Cultural Influences

Understanding the culture of the target population is a necessity as many programs may not be effective for African American women because they are based on assumptions and values of the dominant culture in the U.S. (Kumanyika, Morssink & Agurs, 1992). Social structure and culture also affect how accessible physical activity is to residents of rural counties. Restrictions due to religion, ethnicity and demographic characteristics can prevent an individual from engaging in certain types of activity, including exercise (Acrury, 2006).

Body size and image may play a role in physical activity decision-making. Several studies suggested that African American culture was more accepting of larger body size (DiLillo

et al., 2004; Fitzgibbon, Blackman, & Avellone, 2000; Flynn and Fitzgibbon, 1998; Hunte & Williams, 2009; Sorbara & Geliebter, 2002; Stevens, Kumanyika & Keil 1994; Thomas et al., 2009). However, other studies found that African American women recalled being pressured by family members to accept being overweight (Wolf, 2000; Baturka et al., 2000). Befort and colleagues (2008) found that African American women who tried to lose weight were teased about eating healthy food, chastised for weight loss efforts and sabotaged by other family members who would bring unhealthy food to the house.

Body image studies have found that African American women reported feeling attractive even if they were dissatisfied with their weight (DiLillo et al., 2004; Fitzgibbon, Blackman, & Avellone, 2000; Flynn & Fitzgibbon, 1998; Stevens, Kumanyika & Keil 1994). In fact, African American women expressed the view that being thin was not equivalent to being healthy and those who were underweight were more vulnerable to illness (Thomas et al., 2008). Richter et al., found that African American women associated physical activity with being lean and trim (2002). This study and another found that African American women described themselves as “lots of hips and thighs” (Richter et al., 2002, p. 93) and “they are big, they like hips” (Sanderson, Littleton & Pulley, 2002). While these studies reinforced the observation that African Americans as a group were accepting of larger body sizes, individually some African American women expressed dissatisfaction with weight and had a negative body image. Befort et al., (2008) reported that African American women felt “self-conscious about their bodies, and they described a sense of discomfort when unclothed or when seeing themselves in a mirror” (p. 417). However, due to the overwhelming cultural influence to be accepting of larger body sizes, “treatment programs that assume participants are motivated to lose weight in order to feel more attractive...might not be aligned with the cultural perspectives of African Americans” (Thomas et

al., 2009, p. 340).

Findings from a qualitative study that included “non-exercising” participants from multiple minority groups, indicated that all groups except African Americans identified themselves as physically active by nature (Eyler et al., 1998). Henderson and Ainsworth (2003) found that African American women “did not identify anything about their culture that related to physical activity besides a history of work” (p. 15). A study of African American women by Wilbur et al. (2002) found that participants would classify themselves and others that they knew as physically active but not as "exercisers" and went on to say that they did not know any women in their area that exercised. "There was the sense they would feel out of place and reproached if they exercised, because it was not culturally accepted in their neighborhood" (Wilbur et al., 2002, p. 26).

Impact of Faith Community on Physical Activity

African American culture is characterized by a high level of religiosity. A large portion of adults are members of a faith community, or report regular church attendance (Baskin, Resnicow & Campbell, 2001; DeHaven et al., 2004; Resnicow et al., 2002; Streaty-Wimberly, 2001). Incorporating religiosity was a common method used to increase cultural appropriateness of health education programs, which led to the increased success of health promotion programs (Baskin, Resnicow & Campbell, 2001; DeHaven et al., 2004; Kreuter et al., 2003; Resnicow, Braithwaite & Dilorio et al., 2002). Some studies have found that faith based interventions increased physical activity through social support (Bopp & Lattimore et al., 2006; Bopp & Wilcox et al., 2009; Eyler et al., 1999). These studies found that members of faith communities had an increased opportunity to interact with those of similar values and beliefs (Eyler et al., 1999). Also, African American faith communities emphasized family involvement and support

for physical activity by providing opportunities for parents and children to participate in such activities together (Bopp & Wilcox et al., 2009). Faith community involvement provided a high level of social support beyond the individual's family and peer groups (Eng, Hatch & Callan, 1985). On the other hand, involvement in faith communities can add to the barrier of time (Bopp & Lattimore et al., 2006) and contributes to dietary barriers, as food is highly associated with church gatherings (Davis et al., 2005).

Summary

The research literature indicated a need to further understand and define what physical activity and overweight meant to rural African American women and how these terms related to health. The research literature found that rural African American women have higher rates of health disparities as well as lower rates of physical activity. The terms used to define physical activity in the literature are varied. Further, the researchers found that African American women did not accept the current meaning of overweight and felt that it did not apply to them. Several motivators to participate in physical activity were identified in the literature and included health, weight control, stress reduction, feeling better, looking better, increased daily function, being a positive influence for family members, establishing social support, goal setting or rewards, neighborhood characteristics and children. Barriers to participate in physical activity found in the literature included lack of time, work commitments, home responsibilities, limited financial resources, availability of physical activity resources, safety concerns, health issues, lack of motivation and the consequence of ruining their hairstyle. The research literature found that African American women desired social support for participation in physical activity but in some cases felt that this support was not available to them. The literature indicated that African

American women were more accepting of larger body sizes even though they harbored negative feelings toward their own bodies. The literature revealed that faith communities provided a social support network for African American women that could contribute to participation in physical activity. The literature is thorough in its exploration of the meaning and cultural context of physical activity for sedentary African American women and African American women in urban communities. However, there is a need to explore the experiences of physically active African American women and specifically those who live in a rural area.

Chapter 3

Methodology

In this qualitative study, the researcher aimed to gain insight into how physically active, rural African American women perceived the meaning and cultural context of physical activity.

Qualitative Research

This research study used a qualitative phenomenological approach for several reasons. First, qualitative research is most appropriate when a complex question required an in-depth answer (Creswell, 2007). Due to a dearth of information about how rural African American women understood physical activity and study findings that focused on sedentary African American women, a need existed to gain insight into the meaning and cultural context of physical activity as perceived by physically active, rural African American women. Second, the researcher sought a means of presenting the voices of physically active, rural African American women in order to ensure the communication of a deep understanding of their perspectives and experiences. Third, qualitative research is used when researcher strive to understand the context or setting in which participants address certain problems or issue such as the context of physical activity within the rural, African American community. Much of the literature has explored the physical activity support needs of sedentary African American women by asking the participants what they believed they would need in order to participate in physical activity. This study asked physically active women about the support they currently received and what they believed they needed to encourage and maintain their physical activity regimen. By focusing on this particular group, the researcher hoped to discover the facilitators and barriers that impacted physical activity among physically active, rural African American women. This information potentially

can add to the current body of knowledge about the meaning and cultural context of physical activity and thus enable health educators to more effectively tailor their physical activity interventions to rural African American women.

Fourth the researcher aimed to explore physically active, rural African American women's meaning of physical activity and overweight and how they related such concepts to health status. Meaning included the perspectives of the individual, the environment and sociocultural influences that they faced and how they experienced these concepts. A qualitative methodology enabled the researcher to learn firsthand from participants about how they experienced physical activity, overweight and health status and the meanings they drew from their physical activity experiences and how they interpreted what they experienced (Richards & Morse, 2007). This information can lead to a better understanding of the connotations of concepts such as "physical activity", "overweight" and "health status". By understanding these terms from the perspective of the population it is possible to communicate messages about these concepts in an appropriate way for this population group.

Phenomenological Approach

In this study, the researcher used a phenomenological approach. The underlying philosophy to this approach is that people are a part and product of their environment and, therefore, reality is a subjective experience unique to the individual (Vishnevsky & Beanlands, 2004). A phenomenological study describes the "essence" of an experience, including what participants have in common as they experience a phenomenon (Creswell, 2007).

This study sought to explore the lived experiences and cultural context of participants regarding physical activity. The idea of the lived experience is a critical assumption that

underlies phenomenology (Richards & Morse, 2007). By using a phenomenological approach the researcher was able to collect data from the participants in an effort to create an understanding of the very nature of the phenomenon (Creswell, 2007) of physical activity. This approach enabled the researcher to focus on gaining insight about the experience of physical activity through the participants' lens.

A phenomenological study assumes that the environment and the individual are integrated (Vishnevsky & Beanlands, 2004). A lack of literature focuses on the experience of physically active, rural African American women. This research study focused on a specific target population in recognition of the fact that the context of the individual and the experiences of that individual were intermingled.

Measures to Address Study Credibility

Qualitative studies tell the story of a certain population, in this case regarding physical activity. In order to accomplish this purpose it was imperative that the researcher took steps to ensure the credibility or validity of the study. Creswell (2007) states that validation, in terms of qualitative research, is an attempt to determine the "accuracy" of the findings as best described by both the researcher and the participants (p. 206). Several strategies were used to ensure validity in this study including triangulation, peer review, expert review, bracketing, rich and thick description and an audit trail.

Triangulation

Triangulation in this study, involved the use of multiple sources to reveal participants' perspectives (Creswell, 2007). One way that the researcher applied triangulation is through the use of multiple focus group interviews. The data collected in each focus group interview

addressed the same overarching questions and thus was amenable to analysis across group and the ultimate identification of themes. Another way that the researcher addressed triangulation in the study was by comparing data presented in existing studies that addressed the same topic but through different questions, methods, settings and data in an effort to affirm the results of this study (Richards & Morse, 2007). This method provided corroborating evidence for the themes found within the data (Creswell, 2007). Finally, the researcher requested that participants use a drawing activity in an effort to further confirm participants' perceptions and meanings that they related to physical activity. The researcher requested that participants draw what physical activity meant to them.

Peer Review and Debriefing

Participants' perspectives and experiences should maintain their original meaning throughout the research process. Peer review ensures this occurs through the sharing of the collected data with others. This process affirms that the researcher's assumptions and biases are not intruding on the lived experience of the participants. The peer debriefer was familiar with the research process and the topic of study but was external to the study. This individual provided support, challenged and confirmed codes and interpretations, asking questions in order to push the researcher to the next level methodologically (Creswell & Miller, 2000). The peer reviewer also reviewed the final written findings to ensure that these themes remained intact throughout the interpretation and writing portion of the research process.

Expert Review

As the researcher is early in her research career, it was important for an expert researcher to review the work. This allowed the researcher to learn more efficient methods of practice and solidified the results produced by the researcher. Research procedures and protocol were

especially important focuses of the expert researcher. This expert review was provided by the thesis chair. This individual worked with the researcher throughout the research process to ensure that methods and research procedures were followed. The expert reviewer also guided decision-making, confirmed themes and reviewed study findings.

Bracketing

Bracketing is a strategy that the researcher used to ensure that her assumptions and biases did not shape the data or influence the meanings expressed by the participants (Ahern, 1999). Throughout the study, the researcher maintained a computerized reflexive journal. The researcher entered into the journal weekly personal reflections, reflections on the literature, spontaneous reflections on the qualitative research process, as well as biases and assumptions regarding the study topic. Personal reflections included how the researcher felt about the progress of the study, developments in the data and the evolution of the study topic. Reflections on the literature helped the researcher think about the study topic, increased the researcher's knowledge about existing study findings and also aided in the recognition of assumptions and biases developed by exploring the literature and during the process of data collection. Spontaneous reflections included anything that came up throughout the research process.

Clarification of the researcher's biases and assumptions made it possible for the reader of this study to understand the researcher's position in relation to the data. The researcher had been involved in the fitness industry for many years so bracketing was a vital part of the research process. For instance, during data collection when participants discussed availability of physical activity venues, the researcher had to bracket biases toward joining a gym. Also during data collection, the researcher had assumed that the participants would want to share information about their experiences for the sake of increasing knowledge about this population group. The

researcher had to continue to bracket this assumption throughout data collection and prior to coding in order to avoid creating bias in the interpretation of the data. Bracketing helped reduce the effects of the researcher's preconceptions on the interpretation of the data.

Rich and Thick Description

Rich and thick description was a means of providing "deep, dense, detailed" accounts of the participants, context and themes of the study (Creswell & Miller, p. 128, 2000). This type of detail allowed the researcher to provide a more accurate description of the lived experience of participants and the context within which the data was collected. The researcher wrote rich, thick descriptions with the intention of helping readers gain a clear understanding of the findings of the study and whether the findings would be transferable to other settings and situations. In order to provide this kind of detail, the researcher remained open to the words of the participants by bracketing biases and assumptions and listening carefully as participants told their stories.

Audit Trail

The audit trail provided detailed information about the process of the study, data collections and analysis, as well as decisions that led to the findings (Wolf, 2003). The audit trail for this study included a research log, field notes, analysis and interpretation memos and the reflexive journal. The research log included dates and times of all relevant activities and decisions that affected the course of the study. Field notes included all notes taken during and after focus group interviews and any other communication with participants. These notes allowed the researcher to record facial expressions, body language and other impressions that were not captured through the audio recording. The field notes provided a more accurate picture of the setting and context during data collection. The analysis and interpretation memos were written during the analysis process as key concepts became apparent. The reflexive journal

included the researcher's reflections throughout the study as well as the assumptions and biases held by the researcher. The items that comprised the audit trail allowed an external auditor to examine the process of the study and thus assess the process and findings for quality, consistency and accuracy.

Due to the interpretive nature of this qualitative study, the researcher found it imperative to use a rigorous design in an effort to protect and ensure the accuracy of the study findings. The trustworthiness of the study was attained by the researcher's efforts to accurately and completely capture the participants' perspectives and experiences (Vishnevsky & Beanlands, 2004). By providing credible findings, this study can add to the body of work on the topic of physical activity and increase other researchers' ability to address the issues presented in the study.

Researcher Qualifications

As the principal investigator in this study, the researcher was charged with all research study activities: communicating with recruitment sites; recruiting participants; screening participants; obtaining informed consent; conducting focus group interviews; reading transcribing data; analyzing results; and reporting findings. The researcher is a graduate student in the Department of Health Education and Promotion at East Carolina University. She has successfully completed many research projects as a graduate student and completed a graduate level qualitative research course (HLTH 7100). In addition, the researcher completed the Institutional Review Board (IRB) CITI training modules and has received UNCIRB permission (Appendix C) to conduct this study. She maintained close contact with her faculty advisor, Dr. Sloane Burke, during the course of this study.

Protection of Study Participants

One of the researcher's main priorities throughout the research study was the protection of participants. This protection was provided by communicating fully with the participants in an effort to relay the purpose, risks and benefits of the study. Also, it was important that participants understood the voluntary nature of their participation and that their participation would remain confidential. Open communication with the researcher allowed participants to make fully informed choices regarding their decision to participate in the study.

Prior to beginning data collection, the researcher obtained an approved signed informed consent document (Appendix A) from each participant. The researcher discussed the document, in detail, with the participants and asked if they had any questions regarding the information presented in the document. The researcher emphasized that participation was voluntary and that the participant could terminate participation at any time without penalty. The focus groups interviews were comprised of members of the general population and therefore the researcher wrote the informed consent document for those with no higher than an eighth grade reading level.

The researcher assured the participants in the study that their participation would remain confidential. The researcher provided each participant with a random initial as a pseudonym; for instance, Ms. A. Participants' names and other identifying information were not associated with data collected during the course of the study. The researcher was the only person with access to the data, which has been stored in a secure location on the researcher's password protected computer.

Participant Recruitment and Selection

The researcher recruited a purposeful sample of rural, adult, African American women, aged eighteen and older, who self identified as being physically active for the past six months. This means, "the inquirer selects individuals and sites for study because they can purposefully inform an understanding of the research problem and central phenomenon of the study" (Creswell, 2007, p. 125). The researcher recruited participants through a large community organization and a private fitness center. The large community organization was selected because it provided exercise classes, free of charge, to community members. The private fitness center was a member-based exercise facility. The criteria for participation was communicated through flyers (Appendix D) and announcements from gatekeepers within these organizations. This criterion-based approach is often used in phenomenological studies since it is "essential that all participants have experience of the phenomenon being studied" (Creswell, 2007, p. 128).

The researcher used two different recruitment methods. First, the researcher provided flyers to the gatekeepers at both organizations. These flyers briefly explained the study and the study criteria. The flyer requested that interested parties contact the researcher by phone. Second, the gatekeeper made announcements to the exercise groups regarding the study and study criteria. Even though the flyer asked that potential participants contact the researcher, the gatekeeper was able to set up a time and date for a focus group interview according to the availability of the potential participants.

Participants were selected if they verbally indicated a willingness to participate and if they met the criteria for study participation. The study required that the participants were currently physically active, rural African American females. The researcher determined if the participants met study criteria by asking if they self-identified as an African American female

and if they met the physical activity requirements which were 2 hours and 30 minutes a week of moderate-intensity, or 1 hour and 15 minutes a week of vigorous-intensity aerobic physical activity (USDHHS, 2008). Participation in this study was voluntary. The researcher provided light refreshments during three out of the four focus groups. At the suggestion of the gatekeeper at the private facility, the researcher offered a private Zumba class as an incentive for participants of this focus group interview.

Data Collection

The researcher used two methods of data collection: audio taped focus group interviews served as the primary means of data collection. In addition, participant drawing served as an additional type of data.

The researcher held four audio taped focus group interviews in Greenville, NC, each of which lasted for approximately one hour and fifteen minutes. This group interview structure was advantageous due to the group dynamics produced as a result of shared comments and interest in the topic of physical activity (Crosby, DiClemente & Salazar, 2006). Focus group interview number one, the Eppes group, was held at the Eppes Recreation Center. Focus group interview number two, the St. Peter group, was held at St. Peter Missionary Baptist Church. Focus group interview number three, the Gold's Gym group, was held at Gold's Gym. Focus group interview number four, the Simpson group, was held at the Simpson Town Hall. These four focus group interviews consisted of between 5 and 11 participants. A moderate size sample for each group allowed the researcher to explore as many perspectives as possible while also delving deeply into the research questions. The Eppes group, St. Peter group and Simpson group were comprised of

the exercise class participants associated with the aforementioned locations. The Gold's gym group was comprised of members of Gold's Gym and law enforcement professionals.

During the process of data collection in each focus group interview, the researcher and a research assistant were present. The research assistant helped to distribute information such as, the intent of the focus group interview, the estimated duration and also to answer questions prior to beginning the focus group interviews. During Eppes group interview, Donetta Wylie, a graduate level student in the Department of Exercise Sports Science at ECU filled this role. The research assistant throughout the remainder of the data collection and analysis process was Rebecca A. Davis, an instructor and a graduate of the master's program in Exercise Sports Science.

The focus group interviews were held in private areas within the exercise facility. Although the interviews were audio recorded, both the researcher and the research assistant took notes during each interview in an effort to capture gestures, facial expressions, tone of voice, and other visible cues that could not be recorded on the audiotape. This visual data increased the researcher's ability to remember and communicate the context of the data. Thus the findings revealed a richer, more detailed picture of the experiences of the participants.

Informed consent was obtained at the beginning of each focus group interview. Participants were given nametags and asked to refer to one another according to the aliases provided in order to ensure confidentiality. The focus group interviews were held after an exercise session in a private conference room within the exercise facility. In three of the four focus groups, the researcher arranged chairs in a circle formation with nothing in the middle. In the Eppes focus group interview, a rectangular table was used and the participants and the researcher and research assistant sat around the table. Each interview was audio recorded using

two digital audio recorders. The researcher followed an interview guide (Appendix B).

Participant Drawings

Following the signing of the informed consent documents, the researcher requested that participants draw what physical activity meant to them. The researcher distributed to each interview participant a pen and a blank, white 8.5" X 11" sheet of paper attached to a clipboard. The participants were given time to complete the drawing and the researcher collected the drawing individually. The participants explained any parts of their drawings that they felt were unclear.

Transcription was completed as soon as possible following the focus group interviews in order to ensure that the data were fresh in the researcher's mind. This increased the likelihood that the researcher accurately interpreted the context of the interview and it facilitated the actual transcription of the narrative. The researcher transcribed the interview data verbatim from the audio recording and used the researcher's and research assistant's field notes to provide the visual context of the recorded words. At the completion of transcription, the researcher compared the audio data to the transcription in order to ensure the accuracy of the transcription.

Data Analysis

The researcher began data analysis when data collection was initiated during the first focus group interview, the Eppes group. Creswell (2007) indicated that there were three steps to analyzing the gathered data: organizing the data; reducing the data into themes through coding; representing the data in figures, tables, or a discussion. In preparation for the first step, the researcher read and re-read all field notes and transcriptions to become immersed in the data. This process allowed the researcher to become intimately familiar with the data and made the

data analysis process more manageable. During the process of analysis, the researcher wrote memos as key concepts became apparent (Creswell, 2007). The researcher separated the data into "appropriate text units" which included words, sentences or whole stories (Creswell, p. 150, 2007). This prepared the data for the next step: coding.

Coding "represents the heart of qualitative data analysis" (Creswell, 2007, p.151). The researcher analyzed the data in an effort to reduce it into labeled segments. The researcher did not use all of the data collected, data that was limited to one individual or not representative of the group, was not coded. It was important that the data that was used gave the most accurate representation of the experiences of the participants. The researcher read each segment of the transcriptions to determine what those words represented in the context of the study. The researcher labeled these segments with a code that expressed a certain meaning to the researcher. The researcher listed the codes and their corresponding meanings in a codebook (Appendix E) in an effort to ensure the consistent application of codes throughout the coding process. Once the data were coded, the researcher reviewed and affirmed the codes with the research assistant. While the research assistant did not challenge any codes, she did suggest an alternative organizational approach. Once the researcher applied this organizational approach the researcher revisited the coding process. The research assistant and the researcher reviewed the codes and sent those codes to the expert reviewer for confirmatory analysis. The researcher then revisited these codes to categorize them and ultimately identify emerging themes in the data. During this step of the data analysis process the researcher became more involved in data interpretation. In doing so, the researcher stepped back from the data to get a better view of the large meanings within the participants' experiences (Creswell, 2007). The researcher then sent the themes to the expert reviewer for review.

The final step in the data analysis process was the presentation of data. In this research study the data were presented in the form of a written discussion. This was the "essence of the experience and represents the culminating aspect of a phenomenological study" (Creswell, 2007, p. 159). The goal of this phase of data analysis was to provide a rich, thick description of how the participants experienced and derived meaning from the phenomenon of physical activity.

Summary

This chapter described the methods and processes of a research study conducted for the purpose of exploring the meaning and cultural context of physical activity among physically active, rural African American women and to gain insight about how they related physical activity and overweight to their health status. This chapter outlined the rationale for using a qualitative, phenomenological approach as a way to explore the meaning and sociocultural influences that the participants associated with physical activity. The researcher described the strategies to establish credibility, including triangulation, peer review, expert review, bracketing, rich and thick description and the audit trail. The researcher's qualifications were listed as well as the methods used to protect the participant's rights. This chapter also identified the methods of recruitment, criteria for selection of participants and data management procedures. Lastly, the researcher outlined the processes used to analyze the data gathered in this chapter. The findings from this research study are presented in the following chapter.

Chapter 4

Findings

The researcher conducted four focus group interviews involving a total of 28 participants in an effort to address the following research question: What is the meaning of physical activity as perceived by physically active, rural African American women? All participants self identified as physically active, rural African American females. Each focus group interview lasted approximately one hour and fifteen minutes. All focus group interviews were held in private rooms but in each of four different settings: a private community recreation center, a church, a private fitness center and a town hall.

The data collected from the focus group interviews provided in-depth information regarding the meaning and cultural context that participants associated with physical activity. That data provides a rich description of the meaning of and relationship among the concepts of physical activity, overweight and health status from the perspective of physically active, rural African American females.

Characteristics of the Focus Groups

The researcher recruited participants in two of the focus group interviews, the Eppes group and the Simpson group, from the exercise classes provided a large community recreation program. These classes were provided free of charge to senior citizens and met in several different locations. The researcher recruited the third group, the Gold's Gym group, through members of a private fitness club that requires membership dues. The other focus group, the St. Peter group, was an exercise group provided by the faith community.

The focus group interviews were comprised of 28 participants that ranged in age from 23 to 78 years not including the six unreported ages. More than half of the participants were married although there were participants from each marital status classification. Half of the participants listed having some college education and ten indicated that they had a college education or higher. The majority of the participants, 18 out of the 25 that reported, participated in three to six hours of exercise per week. Table 1 (Appendix F) provides the demographic break down of the participants included in this study.

First Focus Group

The researcher conducted the first focus group interview with six participants who attended an exercise class sponsored by a community recreation center. The researcher met with the exercise group twice to explain the project and answer questions. The fitness instructor recruited the final participants through announcements and flyers provided by the researcher. The interview was held immediately following an exercise class in a private room with a classroom type setting at a recreation center building. The participants, the researcher and the research assistant sat around a long table with the researcher and research assistant seated side by side and the recorders placed on each side of the table. The researcher initiated the focus group interview after participants had refreshments and completed signing the informed consent document and drawing activity. The refreshments provided were packaged products that contained nutrition labels. The participants referred to these labels several times throughout the focus group interview. The researcher, the research assistant and the thesis advisor concluded that packaged products provided a distraction and would not be used in future focus group interviews.

During this interview, most of the participants shared their perspective. Participants expressed the strong belief that diet was linked to physical activity and health. They voiced resistance to allowing themselves and/or others attribute a lack of physical activity or poor diet to the fact that they were African American. They felt that their race should not be seen to determine their participation in physical activity or their eating habits because they “watched the same news and read the same publications” as those of any other race.

Second Focus Group

The researcher conducted the second focus group interview in a private room in a church. This was the largest of the four focus group interviews, with 11 participants. The researcher was not acquainted with the participants in this focus group interview because they were recruited through flyers and announcements given by a gatekeeper who was their exercise instructor. The research assistant, however, was acquainted with several of the participants through past participation as an exercise instructor in the program that provided the exercise classes. The focus group interview was held after the exercise class in the fellowship hall. Chairs were arranged in a circle and the researcher and research assistant sat side by side with the digital audio recorders in the middle. Refreshments were given prior to the focus group interview. No packaged products with nutrition labels were in sight in an effort to decrease the distraction that occurred in the previous focus group.

Most of the participants in this focus group shared at some point and they were open to discussing all topics that came up throughout the course of the group. This focus group talked in-depth about the issues of availability as well as medical discrimination. This was the only focus group interview that included members from an exercise class that was specifically funded by a

faith community, therefore they were able to discuss how the faith community provided education and outreach in the area of health and wellness.

Third Focus Group

The third focus group was held in a private room with members of a private fitness club. There were six participants present at this focus group interview. Several of the originally scheduled participants were not able to attend so the researcher and the research assistant recruited members entering the gym on the day of the interview. Refreshments were not provided because the participants requested a Zumba class demonstration as their incentive instead. The researcher arranged the chairs in a circle with the researcher and research assistant across from one another. One participant was in the middle of a floor workout when recruited and continued her floor exercises during the group. All members of the group actively participated in the discussion. Both the researcher and the research assistant were well acquainted with four of the six participants. Due to this fact, the researcher and the research assistant worked diligently to remain neutral and reminded the participants that they would not be active in the discussion. While all groups talked about body size, this was the only group that described the sociocultural expectations of the African American female body shape.

Fourth Focus Group

The fourth focus group interview was held in a town hall. The researcher was not acquainted with the participants in this focus group because they were recruited through a gatekeeper who was their exercise instructor. The research assistant, however, was acquainted with the participants through past participation as an exercise instructor in the program that provided the exercise classes. This group began prior to the exercise class, however, due to a miscommunication between the group members and the exercise instructor, the researcher had to

stop in the middle of the interview in order for the exercise group to take place. The researcher and the research assistant were therefore able to take part in the exercise class with the participants of the focus group. Refreshments were provided prior to the original start time and after the exercise class. Participants in this interview shared information about societal views of African Americans. They also touched on some of the differences in the African American community compared to other ethnic groups in relation to physical activity.

Thematic Findings

Analysis of the interview data revealed several primary themes and subthemes related to the participants' experience with and perceptions about physical activity. These themes included perceptions of personal health, the evolution of physical activity, body image and overweight, social support, physical activity barriers, societal views of African American health, and health related education. The following sections will explore findings associated with these themes and the participants' perceptions of physical activity, body size and body shape, and the influences that have affected these perceptions.

Perceptions of Personal Health

The participants talked at length about personal health during each focus group interview. They mentioned health status as a motivator for participating in physical activity, the meaning of healthy, and how body size was related to health. The following provides more detail about each aspect of health as described by the participants.

The meaning of health

Participants in all of the focus group interviews mentioned the concept of good health or being healthy but they differed in their individual definitions of these concepts. It is important to

note that the researcher asked the participants for their definition of “health” and the participants took this to mean the definition of “healthy”. Members of one focus group talked about being healthy in terms of not having “ailments” or medication. One participant recognized the vagueness of the term healthy in her comment, “but my last physical I didn’t have any ailments, so does that mean that I’m healthy-healthy?” Members of two of the interview groups talked about the concept of measurable health. Participants in the Simpson focus group interview, for example, indicated that healthy meant that any ailments that you had were under control through diet, physical activity or medication but if you were on “10, 11, 12 pills then that’s when I say, woah! You’re not healthy then.” Participants in the St. Peter group focused on heart health and objective evidence of health such as A1C levels and blood pressure readings. The other two groups were broader in their definitions of healthy. Participants in the Eppes group, for example, indicated that being healthy was simply eating the right foods and participating in physical activity. This group agreed that diet and exercise “go hand-in-hand”. The Gold’s Gym group related being healthy to feeling good and being able to do physical activities.

Health as a motivator to participate in physical activity

Interview participants indicated three main ways that health served as a motivator for in physical activity participation: health risks due to heredity; health problems associated with being African American; and health problems that their friends have faced. Participants in every focus group mentioned family members who had died or were suffering from diabetes, stroke, hypertension, or heart disease/attacks. Even though they associated many of these diseases with aging, the following comment from the youngest participant (23 years old) is an example of how this was a concern of all age groups

“Personally it runs in my family, um my dad has uh he was diagnosed with type 2 diabetes and it’s controlled now. And I have like, hypertension, cholesterol stuff that runs on my mom’s side of the family, so, and I am a bit overweight so I didn’t want to carry that stuff over.”

Participants also recognized the risks associated with being African American. As one participant shared, “when you look at strokes, when you look at heart disease, when you look at diabetes, we (are) more prone to it, to develop it and to die from it.” The participants in all focus groups were acutely aware of the health risks for them, being African Americans, and quick to recognize these risks when asked about motivators for physical activity as well as sociocultural influences on physical activity. Further, many of the participants felt influenced by friends of a similar age who had suffered from diseases that could be positively affected by physical activity. As one participant shared,

We all was working at the time so all we was doin’ was just working and goin’ home and doin’ what was around the house and that was it and when she found dat she had breast cancer they told her that ya know she should’ve been doing something else besides just working and goin’ home so that started me (being physically active).

Throughout much of the discussion participants voiced a strong desire to avoid disease and death through physical activity. This is the first reason that the participants mentioned and was also the most frequently talked about.

Another health motivator included the health benefits that participants perceived they derived from participating in physical activity. In some cases, participants mentioned hearing that others had decreased their blood pressure or stopped medication as a consequence of engaging in physical activity and these reasons motivated them to participate in physical activity.

In other cases, participants noticed that physical activity had enabled them to achieve a greater range of motion in their joints or in a body part that had been previously injured or affected by a heart attack or stroke. Also, participants mentioned that they were able to avoid medication or physical therapy by participating in regular physical activity. Members of each focus group interview also mentioned the outcome of improved mental health. Several participants said that they felt that exercise decreased their stress levels and strengthened their minds. Participants thus pointed to preventive health outcomes as a key motivator for becoming physically active

The relationship of body size to health

Many standard measurements of health, such as Body Mass Index (BMI), involve the measure of bodyweight. In the eyes of the participants, however, these standard measurements were inaccurate or inappropriate for African American women. In the words of one participant, such standards “aren’t based on us”. The participants addressed the relationship between health and body size in several ways. Participants perceived that the concept of overweight was more of an indicator of size than health. They perceived that being “big” and being overweight were not the same thing. Further, they believed that being slim did not necessarily mean that a person was healthy. There were several different examples of their understanding of overweight. One participant, the smallest of three sisters, shared that she was the only one among her sisters to have suffered a stroke. Another participant who self identified as a “proud fat girl” shared several examples of being able move more quickly and with better endurance than her “slim friends.” She told the following story about her experience in an amusement park:

I mean I was getting’ it, I’m goin’, I’m tryin’ to get to the next ride cuz I love to ride everything. I turn around and they (the “slim friends”) all (mimics heavy breathing and

hand on heart) “oh wait a minute, oooo lord, oh no, wait a minute girl”. I mean I gotta go back to down to help pull them up. They can’t, you know.

All focus group interview participants were particularly concerned with avoiding health risks as they aged. They repeatedly shared a perception that physical activity reduced health risks. The concept of being “healthy”, however, was varied, with no one offering a specific definition of “healthy.” On the other hand, all of the interview participants were able to define body size and it was clear that the participants felt that body size did not determine health status. Participants perceived overweight as an indicator of health but confidently expressed that body size was not an indicator of overweight.

The Evolution of Physical Activity

It was clear in each focus group that the participants had formed and reformed their perceptions and definitions of physical activity throughout the course of their lives. This includes the types of physical activities that they consider appropriate, reasons that they value physical activity, and how they define physical activity.

The definition of physical activity

When asked to define physical activity in words there were many different types of responses. It is important to note that the researcher asked the participants for their definition of physical activity but in most cases the participants described their perception of physical activity. Some described physical activity in terms of time saying that they participated for a certain amount of time per session or indicating how many times per week they participated in physical activity. Others chose to describe physical activity by listing certain kinds of activities such as yard work, walking the pool, aerobics, weights, group fitness classes, walking, walking the dog,

and Nintendo wii video games. Some participants talked about physical activity in the context of the benefits that they derived from it. As one participants expressed, “it mean dat um you can move better, your heart rate, you’ll live, actually say it make you live longer doin’ exercise.” Life circumstances impacted participants’ descriptions. Retired participants, for example, were likely to describe physical activity as an alternative to work. One retired woman commented,

And that also give you a reason to get up in morning too when you don’t have a job.

When you have exercise class to go to you gotta get up.

A participant described physical activity at, “on the treadmill runnin’ like a hamster”. Another participant initially viewed group fitness classes as rooms full of people “jumpin’ up and down”. She has since started attending a resistance-based group fitness class, however, and her perspective changed. She offered the following observation:

I never felt anything like that but I was, I couldn’t believe that, that class even though your moving is slow and deliberately but your just, your workin’ everything and I was just so sore. But now I love it

None of the participants felt that physical activity and weight loss were necessarily related. In addition, no one presented weight loss as their primary physical activity goal, even though they noted it was a welcome side effect. However, many of them indicated that they had not lost weight but that they felt smaller in their clothes or they just felt better. The feeling of wellbeing that they associated with physical activity is exemplified in the following comment:

I just feel better since I’ve been workin’ out, I just *feel* better, you know. Like I keep tellin’ her I don’t see where I’ve lost nothin’, the scale says I did but I don’t see it, but I feel better, you know, since I been workin’ out. And it might just be mental but whatever it is I like it.

Appropriate physical activities

When the participants discussed activities during their youth they described physical activities that they engaged in including cheerleading, “playin’ ball”, physical education classes in school, band and physical chores at home. Chores were described as chopping, “fieldwork”, and washing clothes using washboards. When asked to describe the current physical activities in which they participated they listed walking most often followed by activities such as yoga and group fitness classes (aerobics, weight training, swimming, weight machines and the stationary bike).

Study participants only mentioned sports when referring to sport participation by children in their lives. One group recalled a ladies ball team but mentioned that today only the children use the ball field. One reason for the absence of sports as a physical activity option was offered by one of the participants whose comment suggested the inappropriateness of older women participating in such activity:

in my day if they saw a woman say 40, 50, you know playin’ basketball, walkin’ or runnin’ they probably would question why you doin’ it.

There was also a sense that “back in the day” they worked harder and engaged in more physical activity during their daily lives due to a lack of modern day conveniences. Another participant puts this historical view into perspective by saying,

You still eatin’ the same foods but you not gettin’ the same physical activities and then you gonna start havin’ the problems.

Valuing physical activity

As children, the participants were involved in physical activity such as school sports, physical education in school and a home environment that required physically active chores.

Many of the participants indicated that they believed their early engagement in physical activity was an important reason they valued physical activity today. One participant shared an example that indicates the role that physical activity could have on young people.

“That’s why it’s (physical activity) still hard for me now cause I didn’t do it as a young person. Oh, now I wisht I had you know so it wouldn’t be so hard on me. But I struggle with it and that’s because I didn’t do it as a young person.”

Participants shared a belief that children today did not have the same opportunities. They observed that many did not have physical education in schools and led relatively sedentary lives watching television, playing video games and surfing the Internet.

The participants indicated that, as children the information that they derived about physical activity came from school. As adults their faith communities served as their main resource for physical activity and health information. The faith communities provided wellness centers with information on nutrition, disease prevention and physical activity. Many of these participants attended exercise classes funded by their faith community.

Participants most frequently mentioned health-related reasons for their engagement in physical activity. Many participants also indicated a desire to gain physical and mental strengthening and stress reduction and the promotion of a general sense of wellbeing. Weight loss was seen as a possible side effect of physical activity but it was not a primary goal of these participants. A couple of the participants mentioned that when they were younger they participated in physical activity because of their children.

I’ve always tried to [be] physically active and tried to influence my girls and they have been (physically active).

I did with my son, well, when he was comin' up, I had to do it because ya know, he was into it (physical activity)

As the participants have increased their experience with physical activity their perceptions about physical activity have changed. They participated in physical activities as a personal choice as opposed to school, family or other requirements or obligations. There was a sense that age played a role in what activities they chose as some believed that certain activities were more appropriate for the children in their lives. Participants' descriptions of physical activity varied but the consensus was that physical activity made them feel better overall.

Body Image and Overweight

In the focus group interviews participants rarely mentioned the term overweight. When asked about the meaning of the word overweight participants clearly associated this term with size and not health status. They were more comfortable using terms such as “fat” or “big” when describing the concept of overweight. These terms described the size of the body but did not indicate health status.

The participants contended that being “big” differed from being overweight. If a person was “big” that did not mean that they could be classified as overweight. According to participants, health status was not affected by weight until a person was obese: a person had to be very heavy in order for this classification to apply. The participants communicated their negative perception of overweight through the terms they used to describe themselves when they were overweight: face as round as a plate, face starts to puff up, double chin, chubby, heavy. One participant summarized the overall perception of overweight in the context of personal comfort and lack of impairment:

I think...risk, that might be a factor of being overweight. But what like you said, she doin' her activities, she's running, she's walkin', she's jumpin', she's doin' what she wants to do, yes the doctors might say one thing but if she can physically do these things then she's fine, and if she's comfortable where she is, I don't think that's overweight...

In all of the focus group interviews, weight was something separate from body size. Members of one group spoke specifically about the BMI, the current standard of measuring how weight affects health. The general feeling was that these standards were “never based on us,” in terms of body type, and that the application of such standard to African American women cause women to be “set up for failure”. The participants expressed their frustration with the standard by stating that they could do things that they saw slender people unable to do even though the BMI indicated that they were not in the optimal range.

As mentioned previously, only one group spoke about body shape. This group talked specifically about the sociocultural expectations of the body shape of an African American female:

“I can comment on that. (laughter) Um, basically, stereotypically black women have the big round butt, aka the donkey. (giggle) and if you did not have that, back in the day before white girls got donkeys (laughter) they would say you shape like a white girl (umhmm). So it was to imply that you're lacking something, you're missing something. So, it wasn't cute, it was a negative, that's what that meant.”

This group described the negative perception of “thin” within the African American culture. They used terms such as “snake hips,” “no humps, no bumps, no curves,” “six o'clock,” and “straight up and down” to describe the shortcomings associated with being slender. As one participant relayed,

When I see a girl who's really really skinny now like gah she looks sick to me because like in my family if I would like lose 120 pounds and go home they would probly kick me off the front porch.

Participants who had been slender in their youth recalled being teased incessantly by family members and friends for their lack of shape. One participant shared:

But its always that snake hip thing in the back of my mind that I don't want, you know, I remember that. I think that's kinda like, I don't think my dad knew he was, you know, doin' that to me. But it became a complex that forced, drove me to do those extra hundred squats, lunges, you know, tryin' to get some booty

Participants also mentioned their confusion and frustration regarding what their culture expected from them physically. They noted the absence of a role model for them, as many African Americans were portrayed as overweight or obese on television but on the other hand the African American models that were not overweight or obese still lacked curves. African American men preferred "thick" women but, in the words of one participant,

They'll look at Halle Berry and different people on t.v. and you know she all that. So, what is it, what's the purpose of tellin' women, the community tellin' us that we need to be thick or our butts need to be big or whatever?

Participants created their own definitions and vocabulary when talking about overweight and body image. They did not have a problem expressing their perceptions of these terms but seemed to experience a lack of clarity when describing the concept of overweight. Some of the participants were clearly frustrated due to the lack of representation for African American women with curves in the media and society at large. They also expressed confusion due to the ambivalent messages about body size they have received from the men in their lives.

Social Support

When asked specifically about who supported them in their endeavor to be physically active the participants listed family, group exercise classes, instructors, and peers. When they discussed their personal physical activity regimen, it was the peers with whom they exercised that were the most influential in their effort to remain physically active

Positive support – family

For married participants, the family member most often mentioned as a positive support person for physical activity was the husband. A few of the participants mentioned exercising or walking with their husbands. One participant indicated that she was in competition with her husband in regards to physical activity. Another mentioned that her husband's health risk factors precipitated their decision to join a gym. One participant filled the room with laughter when she said that "My husband make me come. If I come to exercise I don't have to cook supper." Other participants mentioned children, parents, and nieces and nephews as supportive influences. The son of one participant, for example, talked to her about the benefits of being physically active and took the time to walk with her in the mall when he came home for visits.

The participants mentioned that family members encouraged them when they recognized their hard work through comments about their appearance.

So she really touched me because I had a really really fat picer (photograph) and she dropped it in the mail and said um 'Mmm look how far you've come, great job.

Group exercise classes and instructors

Because three out of four of the focus groups were recruited from exercise classes within their community or church, the women in this study tended to engage in exercise classes alone or a sole type of physical activity. Many of them mentioned that being involved in a group exercise

class helped them adhere to their physical activity goals. Several of the participants said they felt exercise class was like a “girls night out” and gave them something to look forward to even if they were tired or uninterested in exercising. A few of the participants indicated that despite having workout equipment in their homes they did not exercise at home,

Participant 1: I ended up with um...a stationary bike, a treadmill, a stepper, uh two mats – a yoga mat, barbells, a ab roller. All this stuff is just in the house. Even with all this stuff at the house.

Participant 2: You don't do it

Participant 1: Very seldom, but I look forward to coming out here.

The women explained that going to the class relieved stress because they felt they could “just relax.” There was the sense that the group exercise environment allowed them to release control as someone was guiding them through the physical activity. One group felt the group exercise class created a sense of friendly competition. Some women wanted to be as healthy as the person next to them or be able to move like someone in the class. The following segment of conversation between two participants illustrates the appeal of a group exercise experience, Those who were members of a gym said the following about attending exercise classes:

Participant 1 – If I don't (attend class), I'm not motivated to go to the gym

Participant 2 – I can't do it by myself.

Participant 1 – I can't get on the treadmill and just go

Participant 2 – Not by myself

Other participants said that the instructor motivated them to participate by doing something different in every class. They also liked an instructor who “wakes me up” and “keeps us peppy.” As one person commented, the class could be tailored to meet the individuals' specific needs

And it depends on what you want to work on. Some might want to lose the booty, some might want to tone up this and tone up that. Or somebody might come in with a achin' leg, or achin' knee or shoulder ad she kinda give us some tips on how to get that joint workin' a little better.

Positive social support

Participants mentioned that fellow participants or others whom they saw participating in physical activity motivated them. Some women felt a sense of accountability for their physical activity participation due to the relationships formed in a physical activity setting. Participants contacted those that were absent from exercise class. A participant jokingly mentioned the act of “shaming” other participants into attending class:

She talk about me, make me feel guilty (laughs) and after I get out I really enjoy it cuz it relieves about stress.

Participants who lived in close proximity with one another sometimes derived additional motivation to exercise as illustrated by the following comment:

Sometimes she and I are doin' it together. We live right beside each other. She make me shamed comin' out in her yard and it's all clean and mine's not so I have to do somethin'.

Several women mentioned that the social components of group exercise drew them to the class. The exercise classes provided an opportunity to “laugh, talk, you know I'm clownin' around”. One participant mentioned rushing to get back from out of town so that she could go to the class. For this participant “it's a bond type thing you know, gettin' to see everybody after a week or so.” They enjoyed the camaraderie with other women, sharing what they had been doing and listening to what was going on in the lives of other people in the group. As one participant

mentioned “it’s just the idea of getting out and being with women (uhuh, yeah). No one’s pressuring you (yeah) no ones (giggles), ya just have fun”.

Participants discussed being motivated by others that were physically active. One participant was inspired by a coworkers’ participation in physical activity and therefore joined a gym and got involved in physical activity as well. Another participant talked about seeing one of the other participants in the focus group that she did not previously know:

I see her runnin’ on that little stair thing and I’m like I try that crap I’m gonna fall off...Ms. Blank, strollin’, girl I try some mess like that my forehead gon be skint up. But I admire that because she’s in here all the time doin’ somethin’. Gettin’ it in there, doin’ what she needs to do.

One participant referred members of her physical activity environment as her “gym family”. The knowledge that everybody was there, working towards a similar goal provided encouragement.

Negative Social Support

Although the researcher did directly question the participants regarding negative social support, members of each focus group interview gave examples of situations or comments that constituted negative social support. They attributed some of these comments to jealousy or mean-spirited motives, while other comments reflected sociocultural norms or reflected misconceptions regarding physical activity.

I had one person, I’ll call her X, who said to me, wait a minute now you da one who got this started, why haven’t you lost some weight. (laughter)

First they look at you and say you takin’ exercise? Giiiirl what kind of exercises you takin’?! (laughter) You hadn’t lost no weight.

After these types of examples the participants talked about other benefits they derived from physical activity besides weight loss such as improved health status or a heightened sense of wellbeing.

Participants shared several examples of negative social support from friends and family related to changes in body weight. They felt that they would be criticized whether they gained weight or lost weight. Friends and family members criticized them for gaining weight saying, “You picked up some weight”, or “Are you going to eat that?” or “the moment my face starts to puff up they wanna point out my double chin”. The women in this study interpreted these comments as jealousy from other women. They believed that female friends and family members tried to sabotage their efforts because, in the words of one participants:

[They] don't want [me] to look better than [them] so [they] gonna tell [me] to stop cuz [me] losin' weight makes [them] feel bad

Conversely, when the women started to lose weight, friends and family members criticized them because their body no longer fit accepted sociocultural norms. People around them commented that they looked “sick”, “like a crackhead” or “your face dudn't look right.” Participants said people questioned the time they spent participating in physical activity. They attributed the questioning of their motives to a view by some family members and friends that physical activity was unnecessary.

You know they just say well you look sick, and I've had a hard time with my family members. I had a uncle, he picked on me, and my gramama, every time I would see her, she, it, it was brutal.

Participants received significant support for engaging in physical activity from those who engaged in physical activity with them. Participation in group exercise classes increased the

likelihood of maintaining physical activity, in part, because they valued time to socialize with one another. Many participants became the target of criticism from family members and friends for weight loss or weight gain and for the time spent engaged in physical activity. None of the participants indicated that the criticism they received caused them to discontinue their participation in physical activity.

Barriers

The participants identified multiple barriers to participating in physical activity. Commonly cited barriers to physical activity for these participants included availability of physical activity resources, weather, and work demands. The findings regarding these main barriers and other barriers are included below.

Availability of physical activity resources

Even though the participants were currently physically active they noted that physical activity resources available to them were limited. Members of two out of the four focus group interviews engaged in exercise classes held in borrowed buildings (town hall and church fellowship hall). In order to participate in physical activity at both of these sites required that participants move tables and chairs to have space to move around. Even after moving the obstacles out of the way, the participants felt that the space was too small for the activities that they wanted to do.

I think if we had a, a true building to really expand out and get some of the other equipments that we could use to help us in our endeavor it would be a whole lot better, cause like right now, as you see we have to use this little area right here. This is where we exercise right here.

The participants also mentioned that they would like access to other types of equipment such as cardio machines, weights and a swimming pool. They also mentioned, however, the lack of a facility, in their town or nearby, that would allow them to expand.

Participants perceived a lack of physical activity opportunities in their communities. They listed activities that were available in the community for children but they were unable to think of activities for adults. Members of the Simpson group noted that there was talk of constructing a walking trail but the funds for such a project were not available. The St. Peter group echoed the lack of funds and mentioned that their work on grants to provide physical activity resources was a very lengthy process.

Some of the participants who had lived in other parts of the country indicated that they were once members of a gym. When they moved to their current residence, however, “there was nothin’ for [them] to do”. The gym options that they identified were either too expensive or too far out of the way.

Weather

All of the interview participants agreed that the weather conditions could pose a barrier to their physical activity goals. The following interview segment and participant comment illustrate the impact of weather as prohibitive to walking outside or attending exercise class.

Participant 1: Our place has decreased a little bit and I think it’s due to the weather. You know older people like myself, we don’t come out too much

Participant 2: Especially if it’s icy ‘cause you don’t want to break things.

Well, but I didn't like getting' hot an' sweaty and didn't like the bus and stuff.

Although like I said you know I was born on a farm but I didn't like it. So, that's one reason that I didn't get out and walk like she told me.

Work demands

Participants said that in some circumstances work demands, particularly work that was physically and emotionally draining, led to interruptions in their physical activity regimen. One participant's comment, for example, reflected the view that job-related physical demands could meet physical activity requirements for a particular day,

At work and you do a lot a walkin', I be like, I wait and do it later on or do I the next day or some'n like dat.

Another participant perceived that working rotating shift posed a barrier to her participation in physical activity,

But um, when I started workin' corrections night shift I was doin less because there was less to do on the night shift and I was like eatin' snacks and I gained forty-one pounds (laughs).

Another participant's comment illustrated a potential impact of emotional distress on physical activity regimens

If I'm goin' through somethin' I find myself sayin' you know I'm gonna cut myself a break and I just get in my bed and just stay in there for a long time (laughs). I don't wanna workout, I don't wanna be around the people but then in like 2 or 3 days I become, like I feel sick because of not workin' out.

Lifestyle and health-related issues

Participants mentioned several other barriers to physical activity less frequently; some were unique to particular individuals, others were mentioned in only one focus group interview. Such barriers included the perceived negative impact of personal lifestyle or health-related factors in engaging in physical activity or vice versa. Older participants in one interview, for example, indicated the negative impact of complications associated with individual health problems on the level or type of activity in which they engaged. Regardless of age, the following comment illustrates the impact of facing lifestyle change as a potential initial deterrent to physical activity.

And I was like well in order for me to join a gym and I really wanna lose weight I'm gonna have to stop eatin' this and this and this and this and to me that's *torture*... And that, that kept me from joinin' a gym for a long time.

Participants avoided certain physical activities due to personal issues or health problems. This was especially true regarding swimming as a physical activity option. For one participant, swimming was not an option due to decreased range of motion in her arm caused by a stroke. Another participant related the impact of a negative childhood experience with water:

Uh they had a pool but I'm not interested in water. Uh, when water gets up to here [indicated chest and neck area], I choke [laughter].

Members of one interview discussed the effects of physical activity on their hair as a possible barrier:

Participant 1: "That the number one reason (is hair) that people will not, women, black women don't workout is because of the hair

Collective response: (Hair!, umhmmm)."

Participant 2: “If I pay seventy five dollars to get my hair done I’m not jumpin’ up and down for thirty minutes to sweat it out, that’s just – I’m not gonna do it.”

In summary, even though all of the participants were actively involved in physical activity, a discussion of involvement occurred during each focus group interview. Participants mentioned the barriers associated with the availability of physical activity resources, weather conditions, work demands, and health and lifestyle factors. These issues presented a variety of obstacles that participants faced when they chose to participate in physical activity.

Societal Views of African American Health

The following section explores participant’s perceptions about societal views of the population in terms of health status and physical activity. They discussed stereotypes as well as medical discrimination that they attribute to these stereotypes.

Stereotypes

In general, interview participants perceived that society held a negative perception of African American health status. The terms they most often used to describe the stereotype were “big,” “overweight,” and “poor eating habits.” As one person relayed:

BUT they depict us as, if you look at tv and you didn’t know the community you would think that all of us are really obese. And to me, in some way they connect that we’re bein’ lazy

The participants talked about specific stereotypes that they had heard:

But all African American are not large boned or big boned, whatever they call it...And another they say they don’t eat the right food. There’s a lot a people that shop and do eat the right food. But I think what they (society) pick out is a certain group.

The women expressed a sense of frustration in the context of having to face such stereotypes that did not exist for other ethnic groups:

We have to apologize for everybody in our race but the other race is just one-on-one. But we, if it's bad it's all of us, if its good den it's not us. So dats the same thing health wise, takin' care a yourself and all.

Further, the participants expressed that the truth about their actual health practices were not always recognized. When asked about societal views of African American women's health status and physical activity practices one participant said under her breath, 'you don't wanna know.' One participant seconds this perception that society did not recognize the truth about African American women's health status and physical activity practices saying,

Before you put out uh I say information, before you give out a lot of information that you really, really haven't done any research just go around and ask in diffrent areas. Don't just go because you see, this neighborhood looks great. All big houses and swimmin' pools...Before you print somethin' and put me in (makes clicking sound) she's not doin' anything just sittin' there getting' fat. Hey I might be gettin' fat but I'm doin' somethin' too (laughs).

The participants perceived that society claimed that they did not seek medical attention or follow medical recommendations, as they should. Participants shared that society may not be aware of the actual physical activity practices of African American women:

Ya know sometime you don't see it until you come into it. And then sometime we have our only little private thing...So, it's not always out there that you can see it but it sill might be goin' – well, I know it's goin' on.

Medical discrimination

Members perceived that the access to care disparity was due, in some part, to “doctors treat[ing] us differently than they treat Caucasians.” Members expressed that doctors were hesitant to provide certain procedures including x-rays and sonograms when treating an African American patient.

Members perceived that doctors did not express concern when blood pressure and blood glucose readings were elevated.

And a lot a times with blood pressure, I talk to different people who go to the doctor and t hey say that the doctor would tell them that their fine and their blood pressure’s like 150 over 90

Collective response: (woah).

And when I say gimme my numbers the doctor told me that my A1C was 7. I said 7?!

And I had to um ask for that. And he said well I see some people who have it higher t han that. And it’s like, okay you’re African American it’s okay for yours to be that.

The participants in the focus group interviews perceived that societal views of African American health status and physical activity practices were negative. Participants expressed that stereotypes were unfair and based on a group that did not represent African American culture. In their experience, doctors based diagnoses on racial and ethnic stereotypes and not on the needs of the individual.

Health Related Education

Many of the participants recognized that education contributed to their participation in physical activity. The most cited sources of education included their community, faith community, doctor, and personal knowledge.

Community

Community activities and programs encouraged participants to learn more about diet, exercise and ways to decrease health risks. One participant mentioned her weekly participation in a community program that provides information on “how we sposed to eat and everything”. Another participant relayed information about a program for senior citizens that was provided by the community:

They have speakers out and – AH! People come out and do exercise and talkin’ about exercisin’, right foods and all a that stuff.

Faith community

Members of the focus group interviews mentioned involvement in grant-funded programs through their faith communities. One participant illustrates the goals and objectives of the program:

And that was one of the things we wanted to do is to exercise, um we are trying to um, have better health. Our primary goal is to help our hearts, cardiovascular system.

The participants explained that the wellness programs provided by their faith communities, encouraged communication with personal physicians regarding medical concerns.

Many of the members were involved in faith communities that had in-house wellness centers. The members received “information on heart disease, all of the disease that effect our

health”. The faith communities also provided senior citizen programs, speakers, medical specialists and information on workshops that are available. One participant described the wellness program in her faith community

I have a wellness program in our church called the RED Apron. R is for read, E is for exercise, D is for diet. So, you read your nutritional label and other information to keep updated like you said on cholesterol and all that.

Doctors

Many of the participants indicated that health risks were the catalyst for their participation in physical activity. Doctors had encouraged, or in some cases prescribed, physical activity to decrease the participant’s health risk. Participants noted that doctors encouraged them to read nutrition labels and, as one participant illustrates,

“and see how much sodium in it when you buy some’n. And always tole me try to eat a lot a lean meats ‘stead a lot a fatty meats and stuff”.

Participants mentioned the time, attention and knowledge that doctors provided. One participant shared the following example:

He did all the blood work he sent it to me in the mail and he had everything broken down cuz there was some stuff that I didn’t really understand. He had everything and explanation...what this meant, this meant, this meant...

Personal knowledge

Participants took the time to learn about nutrition, physical activity benefits and health risks. Participants shared ways this knowledge led to changes in their diet such as substituting Mrs. Dash, liquid smoke, and vegetable broth for grease. One participant expressed her knowledge of the relationship between unhealthy nutrition practices and health risks:

I'd rather not have bacon dripping in my collard greens and live to be a hundred than put it in there and live to be 65.

The knowledge that they derived from their personal research contributed to their maintenance of a physical activity regimen. As one participant relays:

I started reading more about it (physical activity) and try to make myself and motivate myself to get up and move because I don't want someone to walk in my bedroom and say she's slipped away with a heart attack because I wasn't you know doing what I could to try to get myself together.

The participants in this study received information regarding physical activity and nutrition from several different sources. They have clearly made educating themselves regarding their health a priority. They shared many alternative methods of cooking, information about what to ask doctors, opportunities for physical activity, etc. Not only are they concerned with educating themselves but they also share the information that they receive with their peers.

Drawing Activity

At the beginning of each focus group interview, the researcher requested that participants use a sheet of paper with one line of instruction written at the top (Appendix G) and a blue pen to draw their definition of physical activity. The researcher also verbally asking them to think about how they would define physical activity to someone who was unable to speak English. In most cases the drawings were comprised of stick figures, but a few participants drew their figures in greater detail. Some participants included words in their drawings.

In response to this activity, the participants enjoyed the opportunity to laugh and joke with one another regarding the drawings. It proved to be an effective way to start the interview process and provided an environment that encouraged comfort and discussion.

Participants in the Eppes group depicted figures walking in five out of six of the drawings. In some pictures the figures were walking on the treadmill and in the others walking without a machine. Three participants drew figures with weights and two drew figures with resistance bands or just the band itself. Also, two of their drawings showed the figures engaged in chair aerobics and two other drawings included figures jumping rope or the jump rope itself. This particular group participated in exercise classes through a community organization. Their exercise classes typically included walking, chair aerobics, weights and resistance bands, which may have informed the participant's drawings.

In the St. Peter group, nine out of eleven participants drew figures walking. Again, some of the pictures showed the figure on a treadmill and others on a track. One of the participant's drawings showed a figure sweating. Three of the participants depicted figures jumping rope, two drew figures running, two drew figures climbing stairs, and two depicted figures tossing a ball. Participants drew various other activities and physical activity equipment such as a bike, a figure engaging in abdominal exercises and hand weights. One participant in this group drew a figure shopping for healthy foods. The participants in the St. Peter group were members of an exercise class through a faith community. The exercise class typically included similar exercises to the Eppes group; however, the participants drew a wider variety of physical activity.

The Gold's Gym group participants' drawing did not include any figures engaged in walking, although one person listed it. One participant drew the physical activity venues that they frequented. Two of the participants words that they associated with being physically active:

determined; motivated; toned; lean; health body; consistency; discipline; stay focus; have goals set. Two of the drawings included pictures of figures that were smiling to indicate that physical activity made them feel better. Participants also drew figures playing basketball, engaging in pushups, engaging in squats, participating in step aerobics, engaging in abdominal exercises and lifting weights. The participants in this focus group were recruited from a private fitness center and participated in various types of physical activity besides group exercise classes.

All of the participants in the Simpson group drew figures walking. One participant drew a figure on a walking trail and another drew a figure on a treadmill. The participants from this group were members of an exercise class provided by a community organization. Their exercise class included cardiovascular endurance activities such as aerobics.

The most often drawn physical activity was walking, however, participants drew various types of physical activities and physical activity equipment. It is important to note that all of the figures that had faces were smiling. During the drawing activity, the participants were not separated from one another in an effort to encourage a community environment. However, it is possible participants drew other people's interpretations of physical activity instead of their own.

Summary

Several primary themes emerged from the data from this study that relate to the participants experience of physical activity. These themes included perceptions of personal health, the evolution of physical activity, body image and over weight, social support, barriers, societal views of African American health, and education. This chapter explored themes and various subthemes to gain a more in-depth view of the participants' experience of physical

activity, and definitions of physical activity and overweight as they relate to health in the minds of the participants.

Chapter 5

Conclusion

As the percentage of overweight and obese African American females continues to increase, there is a need to develop and implement education programs and interventions that effectively target this group, the barriers they face and the support needs that they require. To do this, educators must have an understanding of the target population. Gaining insight into the perceptions and experiences of African American females who are currently physically active is an essential part of planning and developing these types of programs. The purpose of this qualitative phenomenological study was to understand and explore the cultural influences among rural African American women's experience with physical activity. This study also sought to understand the relationship between physical activity, overweight and health according to these particular rural, African American women. Defining the terms physical activity, overweight and health was an important step in determining this relationship.

To accomplish this, the researcher held four focus group interviews, which included a total of twenty-eight self-identified African American females. The participants were residents of rural North Carolina who currently participate in physical activity as defined previously. Each focus group interview was approximately one hour and fifteen minutes long and included open-ended questions. Participants also completed a drawing activity that allowed them to express their definition of physical activity in a creative way. All of the participants had a high school education, or above, and were between the ages of 23 and 78.

The researcher used a phenomenological approach as the theoretical framework for this study. The underlying philosophy of this approach is that people are a part and product of their environment and, therefore, reality is a subjective experience unique to the individual

(Vishnevsky & Beanlands, 2004). As stated by Creswell (2004), a phenomenological study describes what the participants have in common as they experience a phenomenon. This study focused on the experience of physical activity in the context of the lives of the participants. The idea of the lived experience is one of the critical assumptions that underlie phenomenology (Richards & Morse, 2007).

The use of phenomenology in this research study provided insight into the environmental factors that are involved in the participants' experience of physical activity. This information may allow health educators and public health professionals to develop programs that will address some of these environmental factors. This information may increase their knowledge regarding motivators and barriers as they relate to the experience of physical activity for rural African American females. Also, this may lead to an increased ability to address cultural norms and definitions as they relate to this target population and behavior.

Researchers, educators and health behaviorists who are interested in discovering what factors may improve physical activity in rural African American females can use the findings of this study to inform their efforts. This study also addressed the perceptions of meanings of common terms associated with physical activity. The study provided suggestions for future research regarding the physical activity experience of rural African American females.

Discussion of Research Findings

During the course of the focus group interviews, the participants shared their experiences with physical activity. This segment of the chapter will revisit the main themes of the data: perceptions of personal health, the evolution of physical activity, body image and over weight, social support, barriers, societal views of African American health, and health related education.

In this section, the researcher will synthesize and discuss the findings in the context of existing literature and the lens of phenomenology.

Perceptions of personal health

The participants in this study shared that one of their main motivators toward participation in physical activity was avoiding health risks that ran in their family, health risks associated with being African American or health risks that their friends had suffered from. Kirchhoff et al. (2008) found that, in the case of African American women, “many women had family members or friends affected by chronic illnesses and wanted to avoid such diseases” (p. 520). In this study, the participants did not talk about disease in terms of weight. Participants talked about weight in terms of big or small or the ability to do things but not as a component of disease. However, in a study by Befort et al (2008), African American women acknowledged the relationship between weight and health problems and had a strong desire to avoid “weight-related” diseases. Participants in this study did mention that diet and physical activity could help prevent disease but did not mention that they wanted to decrease their weight due to the affects it has on health. Many of the participants in this study indicated that a doctor had suggested that they needed to participate in more physical activity. Also, several of the participants said that the reason they were physically active was to avoid going on medication or attending physical therapy. Befort et al., (2008) also found that African American women felt motivated to engage in physical activity because it was required in order to decrease the effects of their conditions.

In this study, the participants said they would participate in physical activity even though they had certain conditions or ailments that caused pain or discomfort. There was a sense that they knew when they needed to stop in order to prevent further injury. In some studies of African American women, they found that this was not the case. Participants mentioned ailments or

conditions created a barrier that prevented them from participating in physical activity (Ainsworth et al., 2003; Eyster et al., 1998; Felton et al., 1998; Wilcox et al., 2003). This difference may exist because participants in these studies were currently sedentary.

The participants in this study recognized that they had experienced a certain amount of fear related to further injuring previous injuries or parts of their body that had undergone surgery. However, either through talking to a doctor or other experience they continued to be physically active and found that the previously weak muscles or joints were stronger or had greater range of motion which they attributed to physical activity. In other studies, the fear of being injured during physical activity led the African American female participants to avoid physical activity (Eyster et al., 1998; Wilcox et al., 2003). Again, this difference could be due to the participants' experience with physical activity.

When asked about overweight in terms of health, many interpreted the question as asking about size in relation to weight. There was a sense that overweight was negative but not necessarily an indicator of health. Only one person mentioned that risk might determine whether a person is overweight or not but further explained that if the person could do certain physical activities then they were not overweight. Many mentioned the term obese when indicating a relationship between health and weight. The literature supported this finding that African American women did not accept the current standard of weight ranges provided by the CDC. Thomas et al., (2009) found that African American women felt that the definition of the terms overweight and obese were "unacceptable" and did not apply to them. The study by Thomas et al., (2009) also confirms the idea that overweight and obesity referred more to people that were unable to complete their daily tasks or were physically limited due to their weight.

The evolution of physical activity

The participants in this study communicated a sense that there were certain activities that were appropriate for their age groups. When discussing sports the participants referred to their participation in sports as a child or to the children in the community. They did not mention sports when listing activities that they currently participated in. This confirmed Henderson and Ainsworth (2000) studies that found that the African American female participants rarely mentioned sports in the context of physical activity. In this study participants shared that in the recent past African Americans did not participate in physical activity because they were doing so many work activities. Henderson and Ainsworth (2000) also found that African American female participants did not see adults participating in physical activities due to their demanding and labor intensive work schedules.

In a study by Wilbur et al., (2002) African American women felt that they would be reproached if they participated in physical activity because it was not culturally accepted in their neighborhood. In this study, this was not the case. The participants did say that older generations did not understand doing physical activity for leisure because their jobs were labor intensive. However, the participants felt that this was no longer an issue. Participants said that the information they received about their health indicated a necessity for physical activity and therefore they were changing their habits to include this component.

When asked to describe what physical activities they participated in the participants listed walking, aerobics, weights, group fitness classes, yard work, walking the pool, walking the dog, wii video games, etc. The participants did not distinguish between the terms physical activity and exercise. In other studies, African American women defined physical activity as going up and down stairs, cleaning the house and taking care of children; while exercise was defined as

jogging, biking, or aerobics (Eyler et al., 1998; Sanderson et al., 2003; Wilbur et al., 2002). This difference could be due to the language used throughout the focus group process. Participants in the study expressed their need to participate in physical activity by saying they needed to “move.” This description is reflective of the definition of physical activity used by Banks-Wallace and Conn, (2002) and Eyler et al., (1998) which is “bodily movement produced by skeletal muscles that result in energy expenditure”.

In this study there were several reasons given for participating in physical activity including health, weight loss, physical and mental strength, decrease stress, the social bond, because they enjoy it and it makes them feel better. In a study by Young et al., (2002) physically active African American women were motivated by health, weight control and stress reduction while sedentary women indicated that they would be motivated by social support and enjoyment of physical activities. The participants in this study were currently physically active and mentioned all of these motivating factors. The idea that African American women are motivated to participate in physical activity to decrease stress is further confirmed in a study by Nies and colleagues (1999). Also, several studies confirm that African American women believe that physical activity is a major contributor to improved health status (Befort et al., 2008; Kirchhoff et al., 2008; Nies et al., 1999; Wilbur et al., 2002). Further, many of the participants in this study mentioned that they participated in physical activity in order to improve daily functioning. These participants did not associate this improvement with weight loss. In a study by Befort et al., (2008), African American females associated improved daily functioning with weight loss. The focus of physical activity in this study may contribute to this difference.

The participants in this study did not feel that weight loss was a necessary result of physical activity. Many of them mentioned that they had not lost any weight but they stated they

felt better. This is consistent with the findings in a study by Kirchhoff et al., (2008) in which the African American women noted that exercise made them feel and look better even if they did not lose their target amount of weight. In this study, several participants mentioned that they participated in physical activity when their children were young. Some did this in an effort to influence them to participate in physical activity and some because their children were “into it”. Positive influence as a motivator is consistent with the findings of Kirchhoff et al., (2008) in which African American women who were physically active felt that this contributed to their physical activity maintenance. The idea that African American women are motivated by their children is confirmed in studies by Sanderson, Littleton and Pulley (2002) and Sharpe et al., (2008) in which they found that children encouraged adults to play sports or games with them.

Body image and overweight

Participants in this study did not feel that being big meant that a person was unhealthy. The participants felt that being healthy had more to do with the types of ailments a person suffered from or the “amount of pills” a person is taking. Big was simply a term that indicated the size of the body as opposed to the health status of the person. This is consistent with the a study by Thomas et al., (2008) in which African American women expressed the view that being thin was not equivalent to being healthy and that those who are underweight are more vulnerable to illness. Several of the participants gave examples of people they would describe as small but still suffered from illnesses. Other participants expressed a sense of pride in being able to do things that their smaller friends could not do.

Participants in this study did not feel that beauty was associated with size. One of the participants that wanted to lose weight described herself by saying “I’m fat, I’m cute”. Indicating that, even though, she would like to lose weight this did not affect her self-image. This is

consistent with body image studies that have found that African American women report feeling attractive even if they are dissatisfied with their weight (DiLillo et al., 2004; Fitzgibbon, Blackman & Avellone, 2000; Flynn and Fitzgibbon, 1998; Stevens, Kumanyika & Keil, 1994). Some of the participants went on to say that a person could be big and still be beautiful depending on how they wear their clothes and how they carry themselves.

One focus group did go into detail regarding the culturally accepted African American female body shape. In this case the participants used the term “donkey” which is defined as a “big, round butt”. This group of participants also used the word “thick” to describe this body type. They shared the sociocultural perception that if you did not fit this type you were “lacking something”. Many mentioned they were teased because they did not fit this description. The terms and descriptions mentioned above are confirmed in the study by Richter et al., (2002) who found that African American women described themselves as “lots of hips and thighs” (p.93). Another study by Sanderson, Littleton and Pulley (2002) found that African American culture described the perfect body type as “they are big, they like hips”.

All of the focus groups felt that being a big size was not negative in regards to being healthy or being beautiful which is consistent with a study of women’s experience with weight by Allan, Mayo and Michael (1993) who found that African American women had to be a great deal heavier before they classified themselves as overweight. However, in this study participants expressed that they did not want to be fat or classified as big even though it was not the primary motivation to participate in physical activity. This is consistent with the findings by Befort et al., (2008) and Davis et al., (2005), in which African American women did express dissatisfaction with weight and negative body image saying they felt uncomfortable when unclothed. This

contradiction may be attributed to the fact that African American women feel pressured by family members to accept being overweight (Baturka et al., 2000; Wolf, 2000).

Although there is this contradiction between acceptance of larger body sizes and the desire to lose weight, the participants felt motivated by other benefits of physical activity. They continued to mention that even though they were not losing weight they felt better and enjoyed doing it. Their main reason for being physically active was to avoid health risks. The findings of Kumanyika, Morssink and Agurs (1992) and Thomas et al., (2009) support this notion and state that physical activity programs that are based on the assumptions that participants are mainly interested in weight loss are not culturally appropriate for African American females.

Social support

All of the focus group interviews discussed social support in regards to physical activity. Participants mentioned feeling motivated by family members and friends who participated in physical activity with them or that they were in competition with. This is consistent with much of the current literature. Several studies about sedentary African American women found that the participants indicated a need for encouragement from family and friends (Eyler et al., 1998; Henderson & Ainsworth, 2000; Nies et al., 1999; Richter et al., 2002; Sanderson, Littleton and Pulley, 2002; Sharma et al., 2005; Wilcox et al., 2003). Some of the participants from this study did mention encouragement in the form of verbal praise but they talked more about family members that were willing to participate with them or took an active interest in their efforts.

In this study, the most often cited form of social support was from peers, or people that participants were physically active with. Many of them felt that the environment created by doing physical activity in a group was more enjoyable than being alone. They mentioned that it gave them “something to do” and was more like a “girl’s night out” than an exercise class. When

the participants were not involved in the exercise class many of them mentioned walking or doing some other physical activity with a neighbor or family member. This is consistent with the literature which indicates that sedentary African American women expressed the need for a person to exercise with or a group exercise setting to help motivate them to participate in physical activity (Eyler et al., 1998; Henderson & Ainsworth, 2000; Nies et al., 1999; Richter et al., 2002; Sanderson, Littleton and Pulley, 2002; Sharma et al., 2005; Wilcox et al., 2003). In this case, the findings from this study might be because most of the participants were currently involved in group exercise classes.

Most of the participants in this study mentioned actively seeking social support. Those participants that moved from other places said that they tried to find somewhere that they could go to be physically active as soon as they arrived. Some participants indicated that no matter what their income was they would always “invest” in a gym membership. Others mentioned creating that “bond” with the people in the class. This is consistent with a study by Kirchhoff et al., (2008) in which the physically active participants listed establishing social support as a facilitator that contributed to their physical activity maintenance and that they actively sought out social support through a gym or personal trainer.

Although the participants listed several ways that they received social support they also talked about negative social support. Participants talked about negative reactions of friends and/or family members regarding their physical activity efforts. Some attributed this to jealousy or a mean spirited nature, others felt that it was culturally driven and still others felt that a lack of understanding contributed to the negative reactions of others. Many of the comments they heard were in relation to weight loss. Others would tease them about participating in physical activity even though they had not lost any weight. In a study of support needs of overweight African

American women who were trying to lose weight, Thomas et al., (2009) found that friends and family members expressed doubts about their ability to lose weight. This was consistent with the findings of this study; however, many of the participants expressed that they continued to exercise despite not losing weight because this was not their primary goal.

Participants also perceived some family members and friends, specifically women, would try to sabotage their physical activity goals. Participants felt that these people were jealous of their results or envious of their drive. This is consistent with findings from a study about perceptions and beliefs about body size, weight and weight loss of obese African American women that reported participants felt the family members would try to sabotage their weight loss efforts by bringing unhealthy food to the house (Befort et al., 2008). In this study, participants said that family members and friends would question them about going to the gym. The participants noted that these people would question their motives and tell them they should not participate in physical activity as often as they were. Studies by Thomas et al., (2009) and Wilcox et al., (2000) also found that African American women experienced disapproval of weight loss efforts or were discouraged from exercising. Other studies found that African American women felt that they were not encouraged by their peers to participate in physical activity due to lack of community support and scarcity of role models (Sanderson, Littleton & Pulley, 2002; Richter et al., 2002; Wilbur et al., 2008). The participants in this study mentioned a lack of role models in society but also felt that the people who were physically active with them were role models. Further, several of the participants recognized themselves as role models.

Participants in this study found that family members and friends did not approve of their weight loss efforts. They would criticize their more slender look by saying, “your face doesn’t look right” or “you look like a crack head.” Participants also found that when they did not eat

healthy family members and friends would comment on their unhealthy choices saying, “Are you going to eat that?” The findings are similar to a study of weight loss in African Americans, by Befort et al., (2008), in which African American women were teased because they were eating healthy food and chastised for weight loss efforts.

Barriers

Participants in this study listed several barriers that sometimes prohibited them from participating in physical activity. The three most often cited were availability, work, and weather. Many of the participants felt that there was limited access to workout facilities. They mentioned that they had to use borrowed buildings, which were functional but sometimes inconvenient or limited in the amount of space available. They also mentioned that they lacked equipment that would better facilitate their physical activity goals. The participants attributed this limited availability to limited personal funds and limited community or church funds. Other studies confirm that African American women in particular expressed that limited financial resources created a barrier of access to gyms and other community facilities (Burroughs et al., 2006; Clark, 1999; Eyler et al., 1998; Henderson & Ainsworth, 2000; Kirchoff et al., 2008; Wilbur et al., 2002).

In this study, participants did not list childcare needs or traditional gender roles as a barrier. Many of the participants did indicate that they were in charge of the meals in the family but they did not mention that this role prevented them from participating in physical activity. This contradicts several studies that found responsibilities at home and lack of childcare was a barrier to participation in physical activity (Befort et al., 2006; Henderson & Ainsworth, 2000; Nelson, 1997; Richter et al., 2002; Sanders-Phillips, 1996; Sanderson, Littleton & Pulley, 2002; Wilbur et al., 2002). This may be because these participants were currently physically active and

therefore have overcome these barriers. Or, it may be because many of the participants either did not have children yet or had children that were at an age that they did not require care giving responsibilities.

In this study, participants also mentioned that their neighborhoods lacked sufficient walking trails. Many of the participants felt that every community should have a walking trail. Some of the participants mentioned that they were limited to walking at certain times of the day due to the decreased safety of walking on a “country road” at night. Several studies that included participants from a rural or low-income area found that these areas lacked walking trails or had limited lighting (Eyler et al., 1998; Kirchhoff et al., 2008; Richter et al., 2002; Sanderson, Littleton & Pulley, 2002; Wilbur et al., 2002). These studies also found that the participants felt that high crime was a barrier. The participants in this study did not mention crime during the course of the focus group interviews. Other studies also found that African American women in rural areas were concerned about dangerous dogs (Richter et al., 2002; Sanderson, Littleton & Pulley, 2002; Wilcox et al., 2003). Again, this was not the case in this particular study. These discrepancies may be because all of the participants attend group exercise classes in the community or church building or were members of a gym.

Participants in this study felt that working was energy depleting. In some cases they would skip physical activity if they felt fatigued from work. Also, some felt that work could be emotionally draining; if they felt particularly over stressed they would take time off from physical activity. All of the participants mentioned the idea of making it up the following day or at the next session. Studies by Kirchhoff, et al., (2008) and Wilcox et al., (2003) found that participants also listed work commitments as a barrier to their participation in physical activity.

Participants did mention hair as a barrier to physical activity. This focus group indicated that, in talking with other people, this was the biggest barrier for African American women. This finding is consistent with a study by Henderson and Ainsworth (2000) that also found that African American women did not enjoy physical activity because it ruined their hairstyle.

Societal views of African American health

The participants, overall, felt that society has a negative view of their health practices, physical activity levels and eating habits. Participants expressed that society portrays them as not being physically active nor eating the right foods. The participants said that this stereotype was based on the few, not the whole group. They expressed that many African Americans valued physical activity and were educated about what foods they should eat and what foods to avoid. This stereotype may come from findings that minority communities do, in fact, have less access to healthy foods and recreation facilities and greater exposure to potential health risks (Plescia, Herrick & Chavis, 2008). Participants also mentioned that they felt society said they do not take care of themselves and go to the doctor, as they should. Again, this stereotype might have developed because “minorities and other underserved populations living in urban and rural communities continue to experience limited access to quality health care services” (OMHD, 2003). The participants in this study did not fall into the stereotypes listed above. The fact that minorities living in rural areas are among the most understudied of all groups in U.S. may contribute to these stereotypes (Mueller et al., 1999).

Participants in this study felt doctors were less likely to recommend certain tests and/or procedures because of their race. There was a sense that because African Americans do suffer from higher blood pressure and higher glucose levels that there was no need to be alarmed when their numbers were, in fact, high. The participants specifically stated that they felt that they did

not get the same care as a Caucasian patient. The Office of Minority Health confirms that African Americans continue to experience poorer health than the general population (2003). Also, studies have found that African Americans have greater unmet healthcare needs which is exacerbated by the fact that they are less likely to have a regular doctor and report fewer physician visits than Caucasians (Strunk & Cunningham, 2003; Weinick et al., 2000; Weinick & Krauss, 2000).

Health related education

This study found that the participants were highly aware of the benefits of good nutrition and physical activity. The participants continually mentioned reading and educating themselves regarding their health. The Office of Minority Health claims that a populations' lack of knowledge regarding health disparities contributes to those health disparities (OMHD, 2003). Probst et al., (2004) also found that a lack of education can lead to greater health disparities. These participants were aware of the health disparities they faced and were taking steps to eliminate or avoid their risk.

The participants attributed much of their health education to their faith communities. They noted that wellness programs within the faith community provided information that related to physical activity, diet and health risks. They felt their faith communities encouraged them to learn more about their health and the members encouraged one another to attend educational and physical activity events. These findings are confirmed in a study by Bopp et al., (2009) which found that speaking with other faith community members about physical activity was associated with meeting physical activity requirements. Participants spoke about the involvement of their faith community in their education regarding physical activity, which included exercise groups that were funded by grants awarded to their faith communities, as well as walking trails and

wellness centers. The success of these faith based programs is consistent with findings of several studies that indicate incorporating religiosity is a common method used to increase cultural appropriateness and has been shown to increase the success of health promotion programs (Baskin, Resnicow & Campbell, 2001; DeHaven et al., 2004; Kreuter et al., 2003; Resnicow, Braithwaite & Dilorio et al., 2002).

Limitations

This study had both strengths and weaknesses. The qualitative approach provided deep, detailed information about the target population. The data collected further defined physical activity, health and overweight according to participants and also gave insight into the motivators, barriers and cultural influences that the participants associate with physical activity.

The qualitative design used in this study included a purposive sample of physically active, rural African American women. Therefore, the findings are not generalizable to all rural African American women. However, the results may be transferrable to comparable people in similar circumstances.

One limitation of this study was that not all participants grew up in a rural area; however, all of the participants had lived in rural North Carolina for at least five years. Further, the demographics indicated that these participants had higher education levels so might not have represented the average education level in eastern North Carolina. Also, because the researcher used a focus group interview setting it is possible that the nature of this data collection method created bias in the data. Focus group interviews can provide a picture of combined perspectives but are not a reliable technique for determining an individual's authentic point of view (Schuck et al., 2004). The researcher assumed that all participants answered truthfully throughout the

course of the focus group interview. Also, the researcher assumed that participants shared their own perspective and not what they perceived to be socially acceptable or “right” according to other participants and/or the researcher. These assumptions may be a limitation of the study. It must be noted that the researcher is a Caucasian female. Further only one focus group interview included an African American facilitator. These factors may or may not have influenced the participants’ communication during the focus group interview.

The researcher’s experience with physical activity and presence may have impacted the participants and their responses. The researcher tried to avoid this bias by keeping reactions and comments neutral; however, the possibility for this bias still existed. Also, the researcher encouraged the participants to use their own language as they described their experiences. However, it is possible that the researcher and/or the research assistant used jargon, resulting in an alteration of the participants vocabulary. Although the researcher bracketed her biases and assumptions, the findings of this study were within the context of the researcher’s interpretation. Another researcher may have interpreted the data in a different manner.

The researcher noticed that some participants were highly concerned with diet. Providing packaged refreshments, such as yogurt, with nutrition labels, might have caused this diversion. One member in particular continued to discuss diet even if the question did not seem related. Also, some participants seemed unwilling or unable to discuss cultural stereotypes in depth. One participant in particular would not allow the use of culturally charged words such as “soul food”

“scuse me, that is southern food. Don’t be, don’t believe the hite (I think she means “hype”). You go in Piggly Wiggly and you got just as many Caucasians buyin pig tail, collard greens (laughter). You live in the south, you should know better.”

This same participant corrected herself when she used the descriptor “Black” and changed her wording to include “African American”.

Implications for Health Education and Promotion

Information found in this study can be applied in the field of health education and promotion. Participants in this study were members of a population group underrepresented in the current literature. These findings may suggest how to serve African American females more effectively, through culturally appropriate education and interventions with the end goal of increasing participation in physical activity.

During the focus group interviews, it was clear that participants developed perceptions of physical activity at a young age. The participants perceived a lack of physical activity and education about the benefits of physical activity at a young age was associated with decreased participation in physical activity as an adult. Therefore researchers may consider programming aimed at increasing physical activity in this population must start in elementary school and continue through high school and college. Physical activity educational programs for African American females should include the following: individual goal setting, risk reduction, and terminology.

The individual goal-setting portion should address the issue of cultural norms. The participants in this study recognized that there were certain cultural standards regarding body size and body shape among African Americans. There is an opportunity to encourage young African American females to talk openly about what their family, friends and community tell them is the appropriate body size and shape. This type of open discussion may allow young females to recognize these social and cultural norms and give them a chance to discuss their own

perceptions and beliefs about body size and shape. Many of the participants received negative responses from friends and family regarding their participation in physical activity or the results of that participation. Individual goal setting is an important method in preparing young African American females to overcome negative social support. Learning how to set appropriate, achievable goals can increase confidence in their efforts as well as decrease the likelihood of eating and physical activity disorders.

The risk reduction portion of the programming should include education regarding risk factors based on heredity and culture. All participants said that their main motivator for participating in physical activity was avoiding and decreasing health risks. Young people should be encouraged to learn about their family health history so they are aware of their specific risks. During the focus group interviews, the participants mentioned that education about risks contributed to their participation in physical activity. Programming should include education regarding physical activity recommendations and nutrition information as these two factors are highly involved in leading causes of death for this particular population group.

Throughout the focus group interviews, participants used many terms to describe overweight and obesity. Although there was a sense that participants associated the term overweight with health they were more likely to use body size related terms to describe the meaning. The participants did not mention the risks associated with being overweight when they spoke about this classification. The only term that indicated a health risk in the minds of the participants was obesity. However, obesity was still associated with physical capability as opposed than health risks. Educating women about terms such as overweight and obesity will provide a clear association between these classifications and health instead of the current association with body size and/shape.

It was also clear that the participants looked to their physicians to provide them with information regarding their health, health risks and ways to reduce that risk. In some cases doctors were missing the opportunity to provide this education. In these cases, participants felt that because African Americans tend to have higher blood pressure and blood glucose levels doctors would not take action as they would with a patient of another race, specifically Caucasian. There is an opportunity here to collaborate with doctors in an effort to educate this target population on the benefits of preventative care. This information should include steps to being proactive in avoiding health risks. Components of this education would involve talking openly with the patient about weight and how it can increase health risks. Also, providing information about the benefits of physical activity as well as a list of available physical activity opportunities within their community. Finally, it is important that the patient understands how diet can affect health risks and is given alternative methods to making foods that are considered a part of their cultural norms.

Group fitness facilities and group fitness instructors played a big role in the motivation of these particular participants. Many of the participants felt that the instructor supported their participation retention. It is important that instructors are aware of the needs of this population. Group fitness instructors are required to have continued education credits to maintain their certifications. Health educators have the opportunity to work with these certifying bodies to educate this group of individuals about how to communicate in a way that is appropriate for this culture. For instance, many of the participants were involved in physical activity to decrease health risks. Instructors can provide information regarding how physical activity can help them accomplish this goal. Also, many of the participants mentioned that the social aspect was a main

reason they enjoyed the class and continued coming back. Instructors can encourage this type of environment via peer programs when planning and designing their class components.

Health educators have the opportunity to use the faith community wellness programs as a medium for providing education to this target population. Faith communities provided many participants with physical activity and health information and, also, funded some of the exercise programs the participants were involved in. Health educators can use these programs as evidence-based models and build upon the infrastructure that already exists. For instance, health educators can provide information to the target population about how to get involved in these programs and also health other faith communities to implement similar programs. One of the problems that these programs face is funding. Health educators have the opportunity to become advocates for this successful outreach program by communicating with funding sources about the importance of this endeavor.

Another opportunity for outreach is through African American beauty salons. Research regarding the success of health education outreach within the salon setting is currently being conducted. One such program is the BEAUTY project (Bringing Education and Understanding to You). This type of education program brings information to the target population in a setting that they feel comfortable. Also, this approach uses the stylist as the educator, someone that the patron already trusts. Flyers and brochures including information about the benefits of physical activity and the common health risks that African American women face would be available in the waiting room.

Implications for Future Research

Based on the findings from this study, there is an opportunity to expand the existing literature by focusing on several areas for future research. While quantitative data is currently the main method used to study the physical activity practices of African American women, researchers may consider using qualitative methods to explore this topic. By doing so, researchers can get a more in-depth perspective of how African American females experience physical activity. Also, the literature is limited in its exploration of physically active African American females. Research involving currently physically active African American women is necessary to learn more about this population group and what facilitates their physical activity maintenance. Finally, there is very little research about rural minority populations in general. An opportunity exists to study this population group in order to decrease the level of health disparities that they face.

The participants in this study reported that health risks were their main motivation in participating in physical activity. It may be beneficial for researchers to examine these motivations to determine at what stage this motivation becomes applicable. There is a need to understand if this motivation is affected by age, health status, heredity, etc. Participants also had difficulty defining what it means to be healthy. Researchers may want to explore perceptions of health with this population. It may be specifically beneficial to look into the origins of their perceptions and beliefs (using a theoretical basis such as the Health Belief Model) as they relate to health or being healthy.

It was clear that these participants did not associate body size with health status even though there seemed to be an association with obesity and health risk. Researchers may find it beneficial to study what factors contribute to determining health status according to this

population group. It is important that the terms used are culturally appropriate as much of the literature indicates that current terms do not apply to them.

Most of the participants in the study were members of group exercise classes. It may be beneficial to explore the experiences of those who participate in physical activity either on their own or not in a group setting. Future research should include those that independently participate in physical activity. These groups may have a different perspective in relation to social support and availability. Also, researchers may consider studying those that have consistently participated in physical activity in the past but no longer do so.

There is a need to address the idea of negative social support within this population group. The participants in this group continued to participate in physical activity despite criticism but many studies indicated that this was a barrier to physical activity for those who are sedentary. It is important to understand how those that are physically active overcame the barrier of negative social support. Also, there is a need to understand the origins of this criticism.

Conclusion

African American females who currently participate in physical activity are role models for those who are currently sedentary. These participants recognize several barriers to physical activity but feel that the benefits to their health outweigh these possible obstacles. Health education programming aimed at this target population group must recognize several factors in order to provide culturally appropriate programs: the motivating factors of this population group; the association between size, overweight and health; their perception of what types of physical activities are appropriate; their support needs; the barriers that they face. In addition, it is

important to provide education regarding their risks as well as information on how to get the information that they need to address these risks from their medical provider.

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APPENDIX A: CONSENT FORM

Title: Motivators, barriers and cultural influences among rural African American women's experience with physical activity.

Research Study Director:

Allison Lenkerd.....252.702.0006 or
aak0529@ecu.edu" aak0529@ecu.edu

Research Advisor

Sloane Burke, Ph.D., CHES252.737.1934 or
burkes@ecu.edu" burkes@ecu.edu

What are we asking you to do?

We are asking you to be part of a study about motivators, barriers and cultural influences among rural African American women's experience with physical activity. A person from our study team will ask the group some questions concerning this topic, and will help the group to discuss the questions. This meeting will be approximately 1 hour.

You can choose to do this or not.

Being a part of the group is voluntary. You can stop answering questions or stop being part of the group meeting any time you want to. It is possible that you may become bored or not feel comfortable about some of the areas being discussed in the group meeting. You don't need to discuss any topic that you don't want to talk about. We will give you breaks during the meeting.

Is it all right to audio tape this group meeting?

What you have to say is very important to us. To make certain we don't miss any important points you make during the meeting, we would like to record the meeting with an audio tape recorder. It will help us to better tell the story of your concerns and issues. Only the study team members will hear the tapes; they will not be shared with anyone else. Once we have listened to the audio tapes to make sure that we have correctly written down the group's comments, we will destroy the tapes by erasing them.

Your name will not appear in our written notes or audio tapes.

Loss of confidentiality is a potential risk to you as a participant in this study. However, during the group meeting, to protect your identity, you will not be identified by your name. Instead, we will give you a letter of the alphabet as your name, so that we can know that different people made comments. Your name will not be on any of the written notes or in the audio tapes we use for the meeting. The confidentiality of the information we obtain from you will be protected to the extent that is allowed by law.

What will we do with your comments from the group meeting?

We will look at your comments, and the comments of all the other persons from the group meeting, to learn more about rural African American women and the motivators, barriers and cultural influences associated with physical activity.

What should you do if you have questions about the study ?

If you have any questions about this study, you should ask the researchers: their phone numbers are at the top of the form. If you have questions about your rights as a participant in this research or the way this study has been conducted, you may contact the Institutional Review Board at East Carolina University www.ecu.edu/irb or 252-744-2914.

Will you participate in this study?

If you are willing to be a part of this group meeting as a participant in this study, please state that you agree to participate in this study. By agreeing, you are also saying that you are at least 18 years old.

If you would like a copy of the summary of this group meeting mailed to you, please put your name and address on a separate form that a study team member will provide for you.

The above consent form was read and discussed with the participant in my presence. In my opinion, the person agreeing to the contents of said consent form did so freely and with full knowledge of its contents.

Signature of Participant

Date

APPENDIX B: FOCUS GROUP INTERVIEW GUIDE

How would you define physical activity?

What are some reasons that you participate in physical activity?

Which reason is the most important one to you?

What keeps you from participating in physical activity?

What helps you stay physically active?

Do you value physical activity?

When did that happen?

Please share what you think overweight is

Does body size have anything to do with health?

What kinds of support do you have for participating in physical activity:

What/who helps you continue to be physically active?

Probe: In what way is this support provided?

Probe: What kind of support would you like to have?

How do family and friends react to your participation in physical activity?

I would like to know more about how you experience physical activity:

What kinds of physical activities have you participated in?

Which of these do you like best?

What do you not like about physical activity?

How does physical activity make you feel during and after?

What kinds of things help you continue doing physical activity?

When you think about next month, what do you envision yourself doing in terms of physical activity?

As you think about physical activity opportunities in your community, what would you like to see offered?

Cultural attributes:

What do you think society says about African American culture and health?

Probe – what do you think?

As an African American woman what kinds of cultural influences do you think affect your participation in physical activity?

What would you like to add that we have not talked about today

Are there any other things you would like to discuss regarding motivators, barriers and cultural influences?

Demographic Information

Age

Employment

Full-time

Part-time

Not Employed

Retired

If employed, occupation:

Marital Status:

Single

Married

Divorced

Widowed

Living with Significant Other/Life Partner

Education

Less than high school

High School

Some College

Finished College

Some Graduate School

Graduate Degree

Professional Degree (MD, JD)

Household annual income:

Medical Conditions

Do you have any diagnosed medical conditions? If so, please list.

Has a medical professional said that you are overweight?

Physical Activity

Please share what you are doing now in terms of physical activity

How many times a week do you participate in physical activity?

Probe: type of activity and time per session and days of week

APPENDIX C: IRB APPROVAL LETTER



University and Medical Center Institutional Review Board
 East Carolina University • Brody School of Medicine
 600 Moyer Boulevard • Old Health Sciences Library, Room 1L-09 • Greenville, NC 27834
 Office 252-744-2914 • Fax 252-744-2284 • www.ecu.edu/irb
 Chair and Director of Biomedical IRB: L. Wiley Nifong, MD
 Chair and Director of Behavioral and Social Science IRB: Susan L. McCammon, PhD

TO: Allison Lenkard, Student, c/o Sloane Burke, PhD, 3203 Carol Belk Building, ECU

FROM: UMCIRB *WLN*

DATE: December 31, 2009

RE: Expedited Category Research Study

TITLE: "Motivators, Barriers, and Cultural Influences Among Rural African American Women's Experience with Physical Activity"

UMCIRB #09-0687

This research study has undergone review and approval using expedited review on 9.21.09. This research study is eligible for review under an expedited category because it is on collection of data from voice, video, digital, or image

recordings made for research purposes. It is also a research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies. (NOTE: Some research in this category may be exempt from the HHS regulations for the protection of human subjects, 45 CFR 46.101(b)(2) and (b)(3). This listing refers only to research that is not exempt.)

The Chairperson (or designee) deemed this unfunded study no more than minimal risk requiring a continuing review in 12 months. Changes to this approved research may not be initiated without UMCIRB review except when necessary to eliminate an apparent immediate hazard to the participant. All unanticipated problems involving risks to participants and others must be promptly reported to the UMCIRB. The investigator must submit a continuing review/closure application to the UMCIRB prior to the date of study expiration. The investigator must adhere to all reporting requirements for this study.

The above referenced research study has been given approval for the period of 9.21.09 to 9.20.10. The approval includes the following items:

- Internal Processing Form (dated 8.11.09)
- Letter of Support (dated 12.9.09)
- Focus Group Instrument
- Demographic Information
- Informed Consent
- Advertisement

The Chairperson (or designee) does not have a potential for conflict of interest on this study.

The UMCIRB applies 45 CFR 46, Subparts A-D, to all research reviewed by the UMCIRB regardless of the funding source. 21 CFR 50 and 21 CFR 56 are applied to all research studies under the Food and Drug Administration regulation. The UMCIRB follows applicable International Conference on Harmonisation Good



Clinical Practice guidelines.

IRB00000705 East Carolina U IRB #1 (Biomedical) IORG0000418
 IRB00003781 East Carolina U IRB #2 (Behavioral/SS) IORG0000418
 IRB00004973 East Carolina U IRB #4 (Behavioral/SS Summer) IORG0000418
 Version 3-5-07

UMCIRB #09-0687
 Page 1 of 1

Title: Motivators, barriers and cultural influences among rural African American women's experience with physical activity.

Research Study Director:

Allison Lenkerd.....252.702.0006 or aak0529@ecu.edu

Research Advisor

Sloane Burke, Ph.D., CHES.....252.737.1934 or burkes@ecu.edu

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What should you do if you have questions about the study?

If you have any questions about this study, you should ask the researchers: their phone numbers are at the top of the form. If you have questions about your rights as a participant in this research or the way this study has been conducted, you may contact the Institutional Review Board at East Carolina University at www.ecu.edu/irb or 252-744-2914.

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The above consent form was read and discussed with the participant in my presence. In my opinion, the person agreeing to the contents of said consent form did so freely and with full knowledge of its contents.

Signature of Participant

Date

UMCIRB
APPROVED
FROM 9.21.09
TO 9.22.10

*****IMPORTANT INFORMATION*****

Continuing Review/Closure Obligation

As a investigator you are required to submit a continuing review/closure form to the UMCIRB office in order to have your study renewed or closed before the date of expiration as noted on your approval letter. This information is required to outline the research activities since it was last approved. You must submit this research form even if you there has been no activity, no participant s enrolled, or you do not wish to continue the activity any longer. The regulations do not permit any research activity outside of the IRB approval period. Additionally, the regulations do not permit the UMCIRB to provide a retrospective approval during a period of lapse. Research studies that are allowed to be expired will be reported to the Vice Chancellor for Research and Graduate Studies, along with relevant other administration within the institution. The continuing review/closure form is located on our website at www.ecu.edu/irb under forms and documents. The meeting dates and submission deadlines are also posted on our web site under meeting information. Please contact the UMCIRB office at 252-744-2914 if you have any questions regarding your role or requirements with continuing review.
<http://www.hhs.gov/ohrp/humansubjects/guidance/contrev0107.htm>

Required Approval for Any Changes to the IRB Approved Research

As a research investigator you are required to obtain IRB approval prior to making any changes in your research study. Changes may not be initiated without IRB review and approval, except when necessary to eliminate an immediate apparent hazard to the participant. In the case when changes must be immediately undertaken to prevent a hazard to the participant and there was no opportunity to obtain prior IRB approval, the IRB must be informed of the change as soon as possible via a protocol deviation form.
<http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.htm#46.103>

Reporting of Unanticipated Problems to Participants or Others

As a research investigator you are required to report unanticipated problems to participants or others involving your research as soon as possible. Serious adverse events as defined by the FDA regulations may be a subset of unanticipated problems. The reporting times as specified within the research protocol, applicable regulations and policies should be followed.
<http://www.hhs.gov/ohrp/policy/AdvEvtntGuid.htm>

APPENDIX D: RECRUITMENT FLYER

Are you an African American woman that is currently physically active?

Physically active for the purposes of this study is defined as 2 hours and 30 minutes a week of moderate-intensity, or 1 hour and 15 minutes a week of vigorous-intensity aerobic physical activity

What: We are seeking your participation for a focus group to discuss your experience with physical activity

When: To be determined based on your feedback

Where: Epps Recreation Center

Light refreshments will be provided.

Please call or email by **January 5th** for more information and to sign up for the focus group!

Allison Lenkerd
252-702-0006
aak0529@ecu.edu

We look forward to hearing from you!

APPENDIX E: CODEBOOK

CULTURAL INFLUENCES

- Body size
- Role model
- God
- Church
- Homelife
- Food
- Back in the day
- Male PA
- Stereotype
- Community knowledge
- Female competition
- Doctor

MOTIVATORS

- Personal Health
- Results
- Weight
- PE in school
- Feel better
- Mental health
- Priority
- Something to do
- Social support
- Children
- Husband
- Enjoy it
- Strength
- Negative social support
- Reward
- Sweat
- Exercise class
- Ability
- Something to do
- Clothes

BARRIERS

- Personal Health
- Availability
- Tired
- Age
- No PE in school
- School nutrition
- No social support
- Weather

BARRIERS CONTINUED

Bugs
Diet
Money
Home life
Work
Schedule
Time
Transportation
Parking
Hair
Ability
Alone
Stress
Children
Fear

SOCIAL SUPPORT

Family
Friends
Church
Education
School (neg)
Negative
School
Peers
Children
Husband
Doctor

PERCEIVED MEANINGS

Physical activity
Overweight
Health
Diet
Physical activity types
Physical activity without weightloss

APPENDIX F: DEMOGRAPHIC INFORMATION

Table 1

Characteristic	N=	Percentage
Age		
20-35	4	18%
36-45	1	4.5%
46-55	3	13.6%
56-65	11	50%
66-80	3	13.6%
Marital Status		
Married	15	53.6%
Single	4	14.3%
Divorced	4	14.3%
Widowed	5	17.9%
Education		
High School	4	14.3%
Some College	14	50%
Finished College	6	21.4%
Some Graduate School	2	7%
Graduate Degree	2	7%
Hrs/Wk Exercise		
2 or less	4	16%
3-4	7	28%
5-6	11	44%
More than 6	3	12%

APPENDIX G: SAMPLE OF DRAWING ACTIVITY

Please use the following space to draw your definition of physical activity.

