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AFRICAN AMERICAN GIRLS' PERCEPTIONS OF
HEALTH, OBESITY AND RECREATION

BY

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DISSERTATION

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ABSTRACT
**AFRICAN AMERICAN GIRLS PERCEPTIONS OF HEALTH,
OBESITY AND RECREATION**

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Obesity and inactivity rates of African American girls are high. However, little research has been conducted that examines how girls conceptualize health, recreation and obesity. Girls have received multiple messages about health from the media and at school. It is important to examine whether leisure service agencies have a role to play in addressing the high rates of obesity. Furthermore, because the rates of inactivity are also high, it is necessary for researchers to understand the types of activities that African American girls desire. This dissertation examined how African American girls understand and create meanings for health, obesity and recreation. Based on a constructivist framework, this research focused on the girls perceptions of themselves, their peers, and leisure service agencies. This research has implications for both practice and theory. Leisure service professionals will benefit from understanding how girls conceptualize these terms and also better understand the types of activities that they can offer to the girls. Theoretically, we can better understand cultural differences that emerge and whether concepts may have different meanings in other cultures.

To my parents, Rick and Terri Davitt and my husband, Andrew

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CHAPTER I: INTRODUCTION

Popular media messages are quick to point out that childhood obesity has reached epidemic levels (Doane, 2010; Kalb, 2010; Pear, 2010). Along with the increasing concerns surrounding childhood obesity, there are often contemporary tips and solutions for parents of children who are obese. They are told to increase time on the playground and decrease the number of trips to the fast food line. While these are potential solutions to the obesity problem, they do not account for the multiple factors such as culture, socioeconomic status, and environment that have led to high rates of obesity. Additionally, these messages raise questions about who should be responsible for combating childhood obesity, and often parents and schools are the target. However, schools are not the only institution that has access to children on a regular basis nor is the primary purpose of schools to educate children about physical activity. Therefore, it is important to understand the roles that other institutions, such as leisure service agencies, have in addressing childhood obesity and physical inactivity. Previous research has examined the causes and risk factors of obesity among children (Epstein et al., 1990; Golan & Weizman, 2001); however more research is needed that focuses on the treatment and prevention of the disease (Robinson & Sirard, 2005). Additionally, research should focus on who plays a role in treating and preventing obesity. The perceptions that youth may have about their personal health need to be addressed as well. Thus, the role that agencies, such as leisure services, play in reducing obesity among children should be examined because these agencies have historically been concerned about the health and well-being of children (McLean & Hurd, 2012; McLean, Hurd, & Rogers, 2008; Russell, 2008).

Leisure Services in the African American Community

Public parks, recreation, and leisure service agencies have access to children through their parks, facilities, and programming. While programs offered by leisure service agencies are generally thought to provide fun experiences for children, they are also opportunities for professionals in the parks and recreation field to promote health and well-being by offering safe places to participate in culturally relevant physical activity and by offering education programs about healthy eating. More specifically, leisure programs can play a role in promoting healthy living. Leisure services can improve the quality of life of residents; however this improvement in quality of life through programs and facilities has historically not been available to all racial groups (Baldwin, 2007; Cavallo, 1981; Wilson, 2009). African Americans often have limited access to parks and recreation facilities and leisure service programs, and report higher levels of discrimination in leisure spaces (Hutchinson, 1987; Johnson, Bowker, English, & Worthen, 1998; Shinew & Floyd, 2005; Washburne, 1978). Further, African Americans have been limited in their recreation pursuits because of a lack of adequate facilities and a historical oversight by public officials to recognize a need for recreation in the African American community (Cavallo; Austin; Murphy).

African American culture and recreation is shaped by the history of Black people. The development of Black adolescent girls' culture in America is shaped by family development which dates back to slavery in this country (Bass et al., 1982). Their culture has been influenced by the formation of social structures such as discrimination (Wilson, 2009), high poverty rates (Harris, 1996; Singh, Siahpush, & Kogan, 2010), race identity (Vankateesh, 2008), body image (Brown, 2009; Welch et al., 2004), and gender formation (McRobbie & Garber, 1991; Wald,

1998). These cultural markers impact the current state of obesity and recreation patterns among African American girls.

Obesity among African American Girls

The obesity rates among American children are alarming. Nearly one third (28.3%) of children and adolescents between 9th and 12th grade in America are overweight or obese (CDC, 2008). Additionally, one fourth (24.9%) of children between the ages of 14 Although boys and girls of various racial and ethnic backgrounds are affected, female children and adolescents are more affected by lack of physical activity (31.8%), being overweight (21.4%), and attempting to lose weight (60.3%) when compared to their male counterparts (18.0%, 16.0%, 30.4%, respectively).

African American girls are especially affected by low rates of physical activity and high rates of obesity. For example, 21% of African American girls between the ages of 13 and 18 do not meet the daily recommended levels of physical activity, and 42.1% do not participate in regular physical activity (CDC, 2008). Furthermore, 39.2% of African American girls are overweight and obese (CDC). Computer and television use are sedentary behaviors which are often linked to physical inactivity and obesity (CDC). Many African American girls report computer use of more than three hours per day (26.7%), and many African American girls also indicate that they watch more than three hours of television each day (60.6%) (CDC). While physical education (PE) is offered in many schools in the United States, only 50.6% of African American girls report attending PE class once each week, and only 37.8% attend PE daily (CDC). Again, only 21% of African Americans girls are meeting the daily recommended amount of physical activity (CDC). Thus, it seems that physical education alone does not adequately promote physical activity among African American girls.

Obesity is not only linked to physical health, it can also impact the psychological health of a child (Mullen & Shield, 2004). Children who are obese can develop eating disorders, associated with both overeating and malnutrition (Mullen & Shield). Furthermore, children who are overweight and obese are rated as undesirable friends by their peers (Lowry, Wechsler, Galuska, Fulton, & Kann, 2002; Mullen & Shield, 2004; Zametkin et al., 2004). Socio-cultural differences such as access to healthcare, availability and access to leisure spaces and programs, and cultural acceptance could also have an impact of obesity rates. Those living in suburban areas have greater access to health promoting programs and facilities such as parks than do children living in urban or rural areas (Smoyer-Tomic et al., 2008; Story et al., 2003; Squires & Kurbin, 2005). Research has examined the impacts of limited healthcare resources (Felton et al., 2002), access to leisure spaces (Austin, 1998), residence (Squires & Kurbin, 2005), and physical inactivity and psychological health (Mullen & Shield, 2004) associated with childhood obesity. However, there appears to be a gap in the research on childhood obesity as it directly impacts African American girls, and also there is limited information on how parks and recreation can play a role in addressing this epidemic (Bacarro, Kanters, & Casper, 2006).

Theoretical Examination of Health and Obesity

Various theories and explanations for the increasing rates of obesity have been used to examine the epidemic. These theories include obesity stigma (Lewis, & Van Puymbroeck, 2008), social cognitive theory (i.e., Bandura, 2004; Daley, Copeland, Wright, Roalfe, & Wales, 2006; Epstein, McCurley, Wing, & Valoski, 1990), and self-determination theory (Ryan & Deci, 2000). Obesity stigma refers to the negative behaviors and characteristics associated with being obese. People who are obese are thought to be lazy, unintelligent, and are typically blamed for their physical appearance (DeJong, 1980). Social cognitive theory states that behaviors such as

healthy eating and regular physical activity can be modified if participants are led to believe that they have the abilities and education to make these changes (Bandura; Daley et al., 2006; Epstein et al., 1990; Foster et al., 1985; Golan & Weizman, 2001). Self-determination theory is used to explain the motivations of people participating in various activities including recreation and leisure (Baldwin & Caldwell, 2003; Edmunds, Ntoumanis, & Duda, 2006; Ryan & Deci, 2000). This theory also measures the environmental conditions that can impact the motivation of an individual to participate in physical activity (Edmunds et al.).

Additionally, concepts such as the cycle of poverty (Harris, 1996) have been used to examine African American culture and the limitations African Americans encounter in various domains from decreased access to healthcare to high unemployment rates when compared to Whites. The awareness of these differences has led to an ample amount of research which has examined the health disparities among minorities (i.e., Freeman, Zonszein, Islam, Blank, Strelnick, 2010; Karleson & Nazroo, 2002). This research does not adequately address the cultural implications associated with obesity; however, it is helpful for setting the stage for the current study which will build upon previous frameworks to better understand obesity among African American girls.

Grounded theory will be used to address the research questions of this study. Grounded theory follows the principle that the best theory for any social phenomenon is directly linked to that particular experience (Denzin & Lincoln, 1994; Strauss & Corbin, 1990). My desire to conduct this study on the roles that parks and recreation agencies play in addressing the obesity epidemic allowed for the voices of the participants to be directly heard. This also allowed the theory or theories that resulted from conversations with African American girls to be reflective

of their experiences with leisure service agencies and their interpretations of the roles of the agencies in addressing the epidemic within their culture.

In order to appropriately employ grounded theory, qualitative methods were used to capture the thoughts and feelings of the girls. One-on-one interviews were conducted with each girl to allow for them to express their beliefs about “being fat” and its impact on girls their age, and the types of programs leisure service agencies should offer for African American girls. Grounded theory and qualitative methods allowed for the themes found in the stories to be taken directly from the girls and not forced into an existing theory (explanation of a similar phenomenon that has been examined previously) on health, obesity, or culture.

Purpose of My Research

The purpose of this study is twofold: to examine the conceptualizations of health and obesity among African American girls and to examine the roles of select leisure service organizations in addressing childhood obesity among African American girls. The research questions were generated from a review of the literature on African American perceptions about health and also obesity research. The questions were also informed by summative content analysis (Hsieh & Shannon, 2005) of program, special event, and facility descriptions of selected park districts throughout the state of Illinois. The content analysis helped to focus the research and interview questions in order to assess the perceptions of African American girls’ feelings on the roles of leisure service agencies in addressing childhood obesity in their community.

The first research question is intended to examine how girls conceptualize health and obesity. It is important to explore how the participants use and define these terms in order to provide programs and events that use language that African American girls use to think about health in order to combat obesity. These definitions will be determined through an assessment

provided by the participants. Perceptions of health and obesity are used to explore whether there are cultural factors that should be acknowledged before an agency creates a program or event that targets childhood obesity among African American girls.

The second research question is intended to examine whether girls feel that leisure service agencies are responsive to their needs. It is important to explore whether the participants feel that leisure service agencies are providing programs and events that target the specific needs and desires of African American girls. These needs will be determined through an assessment provided by the participants, and by the information collected from selected park districts throughout the state.

Conclusion

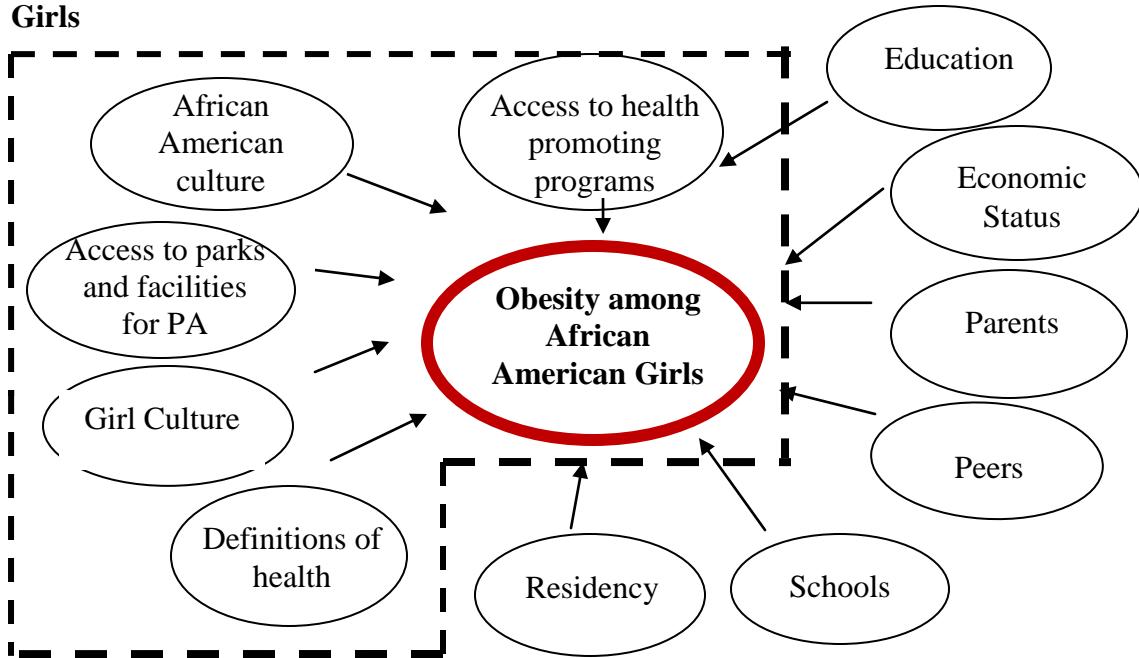
My goal in conducting this study is to make researchers and leisure service professionals aware of the complexity that surrounds childhood obesity. Additionally, I hope to shed light on the potential cultural influences that have led to the current rates of obesity among African American girls. By interviewing the participants, it allows them to tell their stories in relation to these research goals. Finally, the practical implications that can be taken from this study could influence programs and events offered by leisure service agencies in the community where the participants reside. Future research on this phenomenon has the potential to impact girls in other communities as well.

CHAPTER II: LITERATURE REVIEW

The current state of childhood obesity is the result of multiple factors. This study focused on the perceptions of obesity among female African American youth and the roles that leisure service agencies have in providing health-promoting programs and services. Childhood obesity has been identified as a social problem and will be addressed as such in the following review of literature. In order to provide a more comprehensive understanding of childhood obesity among African American girls, the ecological framework was employed. The following literature review is framed in this way so the reader can recognize the complexity of obesity, and acknowledge that an understanding of this social problem reaches beyond the physical health of an individual. An ecological framework, especially in an ethnically-focused study such as this one, values the interconnectedness of cultural intricacies (Sasao & Sue, 1993). Ecological frameworks are employed to explain the multiple components of a phenomenon that are continually changing with a focus on the variations of social phenomena that occur within a particular group of people (Dubois, Felner, Brand, Phillips, & Lease, 1996). Ecological factors are used to provide focus for studies that examine a particular population while at the same time allowing the researcher to understand that unique circumstances have impacted the phenomenon of focus (Sasao & Sue). Additionally, when using an ecological framework, it is important to understand the varying epistemological approaches used by researchers within the reviewed studies can also impact their findings (Sasao & Sue). Therefore, the following literature review will discuss various aspects of the African American community that can be linked to the development of childhood obesity among adolescent girls, and also the theoretical and methodological mechanisms that have guided research in multiple ecological components.

Furthermore, Figure 1 is provided as a guide to the ecological framework used specifically for this literature review and as a visual representation detailing the complexity of childhood obesity.

Figure 1. The Ecological Framework for Childhood Obesity among African American Girls



As noted in Figure 1, there are multiple factors that impact childhood obesity among African American girls. African American culture, access to health promoting programs, how African Americans define health, and access to leisure space are the factors that are most relevant to this study. It is also important to note, while not visually represented in this figure, theories such as social cognitive theory, obesity stigma, racial identity theory, fundamental attribution error and self-determination theory play an important role in understanding this ecological model. Therefore, in order to examine these factors specifically, it is important to review literature and theoretical frameworks that have been used in research in the following areas: (a) history of leisure services, (b) African American culture, and (c) health and obesity. In the first part of this chapter, I will present relevant history of the development of parks and recreation. Additionally, I will provide an analysis of public recreation as it developed in the

African American community. In the second part of this chapter, I will provide the reader with a detailed examination of African American culture from emancipation to present day. This will provide the reader with necessary context for a better understanding of the link between culture and childhood obesity among African American teenage girls. Also in this section, I will outline the current state of obesity research as well as present predominant theories for this area of research. Furthermore, this section will include information on the etiology of obesity and current epidemic trends. Lastly, this chapter will include a discussion of theories that have been used in health and obesity research.

History of Recreation and Leisure Services among African Americans

The development of public parks and recreation played a role in bringing attention to the significance of play among youth and addressing the health disparities that existed between White and minority populations. Additionally, this chapter addresses the ideology that recreation is created for all and how this impacts African Americans. Thus, this chapter details the history of parks and recreation among African Americans in the United States and examines the changes that took place within leisure from the Industrial Revolution through the Civil Rights Movement and up to today.

Recreation for All

Social reformers during the Industrial Revolution set forth an ideology that recreation was for all. However, these beliefs often overlooked the recreation needs of Black youth and adults (Austin, 1998; Murphy, 1972). An understanding of the limitations placed on Blacks' recreation participation begins with an acknowledgment of segregation that occurred at work and during leisure. A review of residential neighborhoods reveals that African Americans were more segregated from White Americans than were White immigrants at the beginning of the twentieth

century (Austin; Murphy). Furthermore, Blacks were excluded from recreation because they were thought to form cliques on playgrounds. Whites felt that Blacks used recreation to separate themselves. This perception provided support for segregation, and also generated uncertainty about Blacks' use of leisure spaces. Discrimination was not limited to leisure and recreation; high unemployment rates were also linked to discrimination. Because of this, unemployed African Americans (and there were many at this time) were also excluded from recreation opportunities. This exclusion was because recreation was considered to be a reward for achievements at work; however, when recreation was awarded without proof of employment (such as a replacement for work), then it lost its meaning (Murphy). The concern for recreation that was considered unearned overlooked the importance of recreation to prevent social problems. Lack of employment can have negative effects on a community, but lack of recreation can have many negative effects as well. Recreation deprivation was linked to rioting and civil unrest among African Americans during the Civil Rights Movement (Murphy; Trotter, 2007). While some may have argued against offering recreation for African Americans, others felt it was necessary to provide such services to "control" African Americans.

The hopes of those attempting to provide recreation services for Black youth and adults were that participation in recreation with Whites would lead to an acceptance of Blacks within White society. However, the perceived cultural differences in attitude expression, knowledge-base, skill-sets, and economic resources between Whites and Blacks during the Industrial Revolution, meant it was challenging to convince government officials that Whites and Blacks could participate in leisure together (Murphy, 1972). Government policy-makers and park officials also found it challenging to overlook segregation at this time. As a result of segregation, facilities which provided recreation opportunities to African Americans were extremely ill-

equipped to offer much beyond space to recreate. The staff in these facilities was often uneducated and unable to provide the programs needed for both youth and adults (Murphy). Because Blacks were poorly-equipped to provide recreation to their communities, it seemed that Whites felt that recreation was not something Blacks could manage on their own. Additionally, when Blacks attempted to participate in recreation with Whites, they were consistently discriminated against and thought to lack the morals needed to participate. White community leaders at the time felt that recreation needed to be rational and respectable and if community members could not engage in this type of leisure, then they should not participate (Vorspan, 2000). Therefore, there was little opportunity for the African American community to successfully provide recreation options for themselves.

Although African Americans were perceived as forming large groups in leisure spaces that lead to violence, this rarely if ever was the result. White immigrant youth were the “problem” in terms of crime (Austin, 1998). This created an additional reason to limit African American recreation participation because they did not “need” it. A “need” for recreation was based on the presence of crime or violence among a group of individuals. Because crime was not prevalent among African Americans at this time, they did not “need” recreation services or opportunities to combat the issue. Thus, recreation at this time was seen as a means to an end rather than a right. Despite the feelings of Whites at this time, members of the African American community felt the need still existed. Therefore, recreation resources for Black youth were often made available by churches and army bases since limited city funding was provided. Cities often withheld public recreation opportunities for Black youth. For example, in 1920 only 3% of the city parks in the United States were available to Black youth (Murphy). Churches and war camps

were able to create a sense of community among African Americans by providing recreation opportunities where they could participate freely in groups.

Public leisure spaces were segregated until 1955 when several legal cases were brought to the Supreme Court (e.g., Mayor and City Council of Baltimore vs. Dawson and Holmes vs. Atlanta). These cases led to the ruling that public beaches in Maryland and golf courses in Atlanta were to be desegregated (Murphy, 1972). This legislation led to a legal understanding that recreation was to be for all. However, it was not until after the 1963 ruling in Watson vs. Memphis which required parks and playgrounds to be desegregated, and the 1964 Civil Rights Amendment which ended segregation in all areas, that it was legally determined that Blacks and Whites were to utilize the same recreation services.

After the Civil Rights Movement, there was a need to create recreation for all rather than segregating individuals and limiting access to spaces (Murphy, 1972) as a result. Widespread city recreation systems and programs were created. This included parks, field houses, and social centers for the community (Murphy). However, Blacks still tended to be responsible for providing recreation for other Blacks, and African American communities were limited in what they could offer because Blacks were more likely to live in impoverished areas (Murphy). The separation of residential communities by race and ethnicity did not change drastically after overt segregation was made illegal. For example, inner city slums were only able to support playgrounds and few had the facilities offered in White neighborhoods because public recreation relies on public funding (Austin, 1998; Phillips, 1998; Trotter, 2007). In low income areas, government funding for resources remained scarce.

Following desegregation, discrimination kept African Americans from utilizing recreation facilities in White areas. Violent outbreaks would occur between Blacks and Whites

when African Americans attempted to use facilities in other neighborhoods (Austin, 1998; Murphy, 1972; Phillips, 1999; Trotter, 2007). Moreover, African Americans would avoid using parks because of the fear of violence and feelings of being unwanted (Austin; Murphy; Phillips; Trotter). While Civil Rights demanded that segregation be eliminated, it could not eliminate the social structures and ideology that were created throughout history. Despite the legal changes, racial and ethnic separation continues even today and continues to limit access to leisure spaces.

While the idea of recreation for all theoretically encompasses any racial, ethnic, or religious group, this was not the case for African Americans. Even during the Industrial Revolution which was marked by social changes that attempted to restore social stability, African Americans were left out, including recreation participation. They were forced to live in cities in order to find work; Blacks were isolated from the rest of society both before and after the Civil Rights Movement (Murphy, 1972; Phillips, 1999; Trotter, 2007). The recreation resources that were available to African Americans were often poorly equipped and understaffed. Recreation for all was problematic from the start because it placed limitations on the definition of “all.”

Racial Uplift and Rational Recreation

At the end of the nineteenth century and into the twentieth century, African Americans and their social and political leaders used leisure and recreation as an opportunity for social uplift and to promote ideas of respectability between the African American community and Whites (Baldwin, 2007; Shaw, 1996). Prominent African American leaders such as W.E.B. Du Bois encouraged African Americans, especially the working class, to refrain from “unacceptable” leisure participation and to work toward racial uplift and respectability (Austin, 1998; Baldwin, 2007; Shaw, 1996). These unacceptable behaviors included dancing, attending the theater, or

consuming alcohol. Moral decay among working class individuals was a significant concern among African American leaders. Recreation or re-creation during leisure time was thought to encourage behaviors that limited social decay. Recreation was the tool to sobriety and needed to be rational, building a sense of community between Whites and Blacks, and also within the Black community. This was known as rational recreation and provided opportunities such as structured playgrounds that separated moral and immoral activities (Baldwin; Vorspan, 2000).

Not unlike other ethnic groups at this time, leaders in the African American community felt that working class individuals were the barrier keeping African Americans from being accepted in mainstream society (Austin, 1998). Efforts were made to encourage working class African Americans to use recreation for physical development because sport enabled adults and young people to learn how to channel and manage physical growth as opposed to fighting or other aggressive acts (Baldwin, 2007). While this encouragement to participate in recreation was mostly to protect African American males, African American females were encouraged to participate in other forms of rational recreation. For example, women were encouraged to obtain an education away from the community, and then return to the blighted communities from which they came to provide education and access to scarce resources (Shaw, 1996). Other recommendations related to women's appearance. They were taught how to make their skin lighter and also how to straighten their hair. Madam C.J. Walker, among others, encouraged young African American women to attend reform schools where they were taught cooking and cleaning skills that would enable them to get domestic jobs working for White middle-class individuals. Both of these types of rational recreation were thought to encourage respectability, promote social uplift, and encourage leisure participation that was rational and morally acceptable (Baldwin; Shaw; Vorspan, 2000).

Current Leisure and Recreation Trends

Racial segregation between African Americans and mainstream society remains prevalent today. Some forms of regulation of African American recreation and leisure activities are less overt than those previously mentioned during the Industrial era; however, some have been carried over in the form of discrimination. African Americans were restricted from using public and private spaces prior to the Civil Rights Movement, and they are currently being left out of leisure spaces because of a lack of opportunity and perceived discrimination (Austin, 1998; Feagin, 1991; Scott, 2000; Shinew & Floyd, 2005; Stodolska & Walker, 2007).

Over the years, middle class individuals have engaged in out-migration from metropolitan areas to more suburban communities (Squires & Kurbin, 2005). This ultimately left the working class and other highly disadvantaged individuals concentrated in the inner cities. Additionally, the out-migration of individuals led to the closing of restaurants, community centers, parks, and grocery stores in the inner cities because when people leave an area business and resources will follow them (Wilson, 2009). When urban areas lose these attractions, they become highly segregated in terms of race and class (Squires & Kurbin). This is problematic on multiple levels; first, the individuals who continue to live in the inner city become ghettoized and separated (and segregated) from members of other classes and races. Additionally, they are limited in the available resources (Austin, 1998). Without access to resources, individuals are at a distinct disadvantage despite their social class because people with and without jobs have limited resources. This built separation ultimately led to social conflict between mainstream individuals and the individuals whose lives were shaped by isolation including minority and poverty-stricken enclaves (Squires & Kurbin). As a result of the isolation, recreation opportunities for African Americans continue to be limited and restricted by discrimination

because they are not only limited in their resources but also access to these resources through limited transportation or availability of parks near their communities.

African American Families and Culture

African American families, like other families, are shaped by their history and culture. Examination of the historical making of an African American family from slavery to today reveals the complexity of how these families are structured. Furthermore, this historical examination can be used to better understand culture that has become representative of these families. Therefore, this section will provide a review of literature on African American families, social structures that influences cultural perceptions, and the significance of identity and girl culture. African Americans family structures are shaped by the historical development of family types. Social structures have influenced the development of African American families and culture. Race is also a central component to understanding the development of social structures and an examination of the role that race plays in culture and social structures is necessary. Girl culture is shaped by the reciprocal relationship of culture and female identity. Lastly, social structures, race, and culture play a primary role in the development of youth and can have an impact of their health, especially their mental and physical health. The multiple connections between family, culture, race, gender identity, and social structures should be acknowledged when examining the perceptions of health and obesity among African American girls.

Family Structure

In African American culture, the family is the center of most life activities including leisure, economic, and political acts (Bass, Wyatt, & Powell, 1982). This history of a family-centered focus among African Americans dates back to slavery in the United States. When not in close proximity to their biological family members prior to emancipation, African Americans

developed closeness to their masters in hopes of fostering positive interaction. This closeness between some of the slaves and masters led to the perpetuation of mainstream values and morals to African Americans. However, relationships among families that were not separated by slave trade were much stronger than relationships that developed between masters and slaves (Bass et al.). Kinship continues to be an important element of the African American community and this stems from African roots. This is not an uncommon finding because kinship is often used as a survival mechanism among oppressed groups (Bass et al.).

The development of female headed households and single mother homes stems from treatment of families during slavery. Often masters did not respect or even uphold the marriages of slaves. Unfortunately, this set the precedent for single mother families because marriages were often split when one spouse was sold to another owner. Sadly, spouses were unlikely to see one another again once they were sold (Bass et al., 1982). Additionally, female slaves were frequently sexually exploited and when men attempted to protect their wives from exploitation, male slaves were often sold to prevent any interference in the future (Bass et al.).

Slave women were exploited because of their ability to give birth to children and, thus, more slaves. When sons were born to slave women, they were more likely to be sold away from families, further perpetuating family separation and female-headed households. If male children were not sold and fathers were sold out of families, then male children were urged to step in as father figures for the rest of the family (Bass et al., 1982). Women were required to become the family leader when fathers or male children were sold. They were also to take care of children, prepare meals, and maintain the household of their masters (Bass et al.). It goes without saying that these limitations placed on African Americans during slavery have led to incredibly long and unfinished battle of seeking equality with Whites in American culture.

Post-slavery families were shaped by the racial limitations as well as family separation because of the previous actions of former masters (Bass et al., 1982). If an African American family was intact and married parents were still together prior to emancipation, then that family tended to follow the family model of mainstream society with the father as the leader. Within families that had loose ties with one another either due to a lack of marriage or separation during slavery, especially between the mother and father, men typically left the family to find work in other areas of the South (Bass et al.). When this happened, the grandmother became the head of the household. The grandmother typically held on to this position whether husbands returned from seeking work or not. Men, who were the head of a household in a traditional family structure, were more focused on land ownership and the establishment of churches than finding employment until Jim Crow laws made this no longer feasible (Bass et al.). Jim Crow laws were established in the South to limit Blacks access for resources and employment significantly reduced the ability of Black men to provide for their families and created widespread unemployment. Additionally, these laws made social mobility incredibly challenging (Bass et al.). Because Jim Crow ruled the South, African Americans, especially men, moved to the North to seek out employment opportunities that were not available in the South (Bass et al.).

The inability of African American men to obtain jobs in cities forced women to become the head of the household (Bass et al., 1982). White society often places blame on African Americans for creating female-dominated households because it is not representative of White middle-class values. African American households are stigmatized by this type of structure despite whether it is present or not.

Social Structures

Society has a complex structure that is shaped by culture, the environments that we create, and the actions and behaviors that result from interactions with one another. The term society can take on various definitions; however, for this study society is defined as a structured system of people who are organized to form a large community that can provide various services to its members (Wilson, 2009). When studying a phenomenon among particular group of people such as obesity among African American girls, it is important to acknowledge the various components of their society. Therefore, this section will review the following concepts and their role in the examination of obesity among African American girls: (a) social structures, (b) social acts, (c) leisure environments, and (d) culture.

Social structures provide personal context for identity development and an understanding of place within a society or culture. Additionally, social structures are the guiding principles that provide clues for actions and behaviors (Wilson, 2009). These social structures reinforce our behaviors by providing a system of rewards or consequences for our actions. For example, if an overweight African American adolescent girl were to perform poorly in the classroom, lack desire to participate in physical activities, and appear to misbehave around school officials, she would reinforce the stigmas associated with being an overweight African American girl. She would also be upholding a negative social role and position that might be expected of a girl with this identity within a school setting. These negative concepts and expectations imposed upon this girl by society reinforce her behavior in a way that could affect her conduct as she ages, and these actions may cross over into other institutions as well, including work and leisure environments (Wilson, 2009).

Social acts also play an important role in the development of social structures and reinforce the ideologies that are present in various social systems. First, social acts are behaviors of individuals within society that work to directly control others (Wilson, 2009). This can take place in various forms; some specific forms include racial profiling, discriminating against a particular group of individuals, or treating people who are obese as though they are incapable of completing an intellectually challenging task. Even within these social structures and despite these social acts, there are also elements in a system that forces all groups of people to interact with one another (Wilson). For example, children are required to attend some type of formal schooling. Schools attempt to encourage integration and are to present students with opportunities to interact with those of a different culture (Wilson). However, even within a school setting, the remnants of social acts are still present, creating a system much like the structure that exists outside the school setting. For example, there can still be elements of discrimination, racial profiling, and other stigmas within the classroom by both teachers and students. Therefore, laws and policies, such as school attendance, can have a disproportionate impact on those in the system (see Wilson). In this example, students with power in a particular school do not have to worry as much about being poorly treated by teachers or being the recipients of discrimination from other students because their power outside the school is transferred into this institution (Wilson).

Social structures and social acts shape the stigmas about people we encounter in various parts of society, not just within schools. Social structures and acts guide us to an understanding of how positions, roles, and networks of social relationships are arranged in institutions (Wilson, 2009), and the institutions most pertinent to this study are leisure service agencies. Furthermore, social acts shape how Americans view health, including obesity, and provide a context for

understanding the society that is created as a result of social acts. While obesity is a health concern among many Americans and other Western societies, there are cultural as well as structural factors that have led to the current state of obesity in this country. Social acts that may have led to the current state of obesity are discrimination of leisure spaces (see Austin, 1998; Feagin, 1991; Scott, 2000; Shinew & Floyd, 2005; Stodolska & Walker, 2007), differences in body image acceptability (Friedlander et al., 2003; Littleton & Ollendick, 2003; Skemp-Arlt, 2006), and safety concerns (Babey, Hastert, & Brown, 2007). Some structural factors that have led to the current state of obesity are lack of parks and recreation resources (Taylor, Floyd, Whitt-Glover, & Brooks, 2007; Wilson, Kirtland, Ainsworth, & Addy, 2004) and elimination of physical education programs (Lee, Burgeson, Fulton, & Spain, 2006). It is also necessary to understand those who manage parks and the different roles they play in addressing childhood obesity to better understand the social structures and acts that have influenced current obesity rates (Wilson, 2009).

Leisure environments are described by their physical space as well as the interactions among people that occur in these spaces (McLean, 2008). Therefore, leisure environments that may impact the health and fitness of African Americans also include the everyday life of African Americans and these lifestyles are shaped by social structures. Lifestyles can be defined by how we eat, who we have contact with, and where we live. Thus, our way of life is affected by various social structures. Lack of time has placed constraints on the eating habits of families and youth of various cultures. Meals are chosen more often because of time constraints and less because of financial constraints (Caprio et al., 2008). Meals made at home may cost less monetarily to prepare, but inevitably take more time. Therefore, meals that can be made and consumed on the go are more desirable to many lifestyles. Biology also plays a role in our

lifestyles and ultimately in the development of obesity because some racial differences have been found within human biological design, and these differences such as metabolic rates, fat composition, and insulin sensitivity can have an impact on obesity rates (Caprio et al.). Those who are of low SES and experience high levels of discrimination often have more stress in their lives. Members of non-White racial and ethnic groups are often of low SES and face discrimination to a greater extent than the White population. It follows that members of various racial and ethnic minority groups would have high levels of stress and obesity as well. High levels of stress are associated with obesity because stress leads to a production of hormones that can lead to weight gain (Caprio et al.).

One of the most challenging social structures to define is culture, and culture impacts various environments including leisure. It is a concept that is often used interchangeably in discussions of race, ethnicity, and religion. However, culture reaches far beyond these concepts of what a person looks like or is interested in. Culture is the sharing of perceptions and ways of behaving with people who live in close proximity to one another or have the same social groups and outlets (Wilson, 2009). The term culture is also defined as a mental state that is housed in the minds of those in a community that contains the “knowledge, beliefs, and values” of the people (Chick, 1997; Li, Chick, Zinn, Absher, & Graefe, 2007, pp. 591). Furthermore, Chick (1997) sees culture as containing the behaviors and is also a place where historical information is stored or created to be used to understand their surroundings (Airhihenbuwa & Liburd, 2006; Li et al.; Chick, 1997). Thus, individuals will use culture to attempt to understand how others view themselves and the world around them. At times, culture is also used to explain close social networks and why people who identify with a particular culture are considered companions. Therefore, culture as a mental state includes a particular set of rules to follow in order to navigate

through a certain environment and make meaning of those within this environment (Chick, 1997; Li et al.). The ability of African American girls to create meaning of their leisure environments and to understand their place within their culture is significant in order to examine childhood obesity among these girls.

It is essential to provide context for the cultural navigation process to better understand the uniqueness of African American cultural behaviors, especially among those of the working class or poor individuals who are unemployed and in need of public assistance (Wilson, 2009). There are two sets of rules that poor African Americans must follow: those of society and those that make up their immediate surroundings (Wilson). African Americans are disproportionately employed in low-wage, service jobs. Because available jobs continue to require higher skill sets, fewer poor and low-skilled individuals have access to jobs as well. Minorities are affected much more than Whites in terms of job acquisition and having a limited education or job training (Wilson). Additionally, when these jobs are eliminated, minorities, especially African Americans, are the first to be let go. When the economy is doing well, jobs that require a lower skill set tend to increase as well; however, when the economy is in a recession, lower skill jobs are difficult to find. Those with higher education and skills get jobs during economically demanding times because employers can be more selective of applicants when jobs are scarce (Wilson). The inability to find jobs and dealing with a lack of job-related skills can impact cultural beliefs, values, and information which can be used to understand the economy.

While jobs in the formal economy are necessary to understand and discuss, another critical element to understanding the poor African American community are cultural norms or beliefs that provide unwritten rules for life in that community. Additionally, the cultural information that exists in poor African American communities is also pervasive and important to

follow. Underground economic practices are provided as an example of cultural beliefs and norms that must be followed to live within a society. While this idea of an underground economy does not address obesity specifically, it provides context for understanding and analyzing cultural rules. Obesity and ideas of weight gain have not been well-researched as it pertains to culture and cultural rules. Following these rules is crucial to survival as well. There are a different set of rules to follow and “jobs” to maintain on the street. These jobs have the ability to create a greater impact on the individual’s life because underground economies are an informal economy within culture that can control life. However, while not formally accepted, informal economies provide opportunities for survival (Wilson, 2009). These opportunities are not necessarily great. Because of these behind the scenes economic and political systems, people living in impoverished and isolated conditions become compelled to work these “jobs” such as selling drugs or prostitution. They may even spend more time working in these positions and keeping peace at home, that it begins to jeopardize their ability to obtain legitimate jobs. Work done in the informal economy does little to help people seek work outside in the formal economy; again, making those in poverty less attractive to employers. It is ultimately a battle against survival and balancing the two sets of rules, whether legal or not, creates a complex challenge for people to “pull up the bootstraps” and get out of poverty, discrimination, and illegal activity. Ignoring the dichotomy between formal and informal economic behaviors in research and policy-making because of a fear of criticism is naïve. Doing so continues to perpetuate shortcomings of the people as well as producing shortcomings in approaches to addressing social problems, including obesity (Wilson). This bias towards blaming poor Blacks for their misfortunes is known as the fundamental attribution error (FAE) which is described as “a pervasive tendency on the part of observers to overestimate personality or dispositional cases

of behavior and to underestimate the influence of situational constraints on behavior" (Tetlock, 1985, pp. 227).

It is important to note that poor individuals are often blamed for their shortcomings while the social environment is rarely acknowledged as contributing to any of the problems (see Tetlock, 1985). Cultural explanations for social phenomena, like underground economies, do not perpetuate the idea of blaming the victim. The goal of exploring social environments further is to better understand the situation that led to the problem and not blame the individual because of it. Acknowledging the cultural influences does not diminish the role that structural factors have in the development of many social problems from poverty to obesity (Wilson, 2009).

Social structures within the environment, such as leisure service agencies, appear to have an effect on obesity among African Americans. While studying social phenomenon, such as obesity, it is important to note that obesity research is not limited to physical measures of health but should include social structures like the built environment, the complexity of culture, and institutions such as parks and recreation agencies that provide public leisure spaces. While it may be an easy solution to tear down a physical structure such as a dilapidated park, it is not going to eliminate the social norms, practices, policies and beliefs about those who live within the social structure. Building a new park in the same area may not instantly create a desire to regularly participate in physical activity either. The rates of obesity in the African American community could be influenced by social structures. Thus, individual factors currently used to identify those who are more likely to become obese such as race, level of education, socioeconomic status, available resources, lifestyle, and especially the living environment need further examination.

As noted previously, African American neighborhoods in post-Industrial America were more isolated from white communities. African Americans were more isolated from whites than

immigrants from Asia or Europe who took up residence in American cities. These isolated residential areas were substandard and developed as a result of mainstream individuals segregating themselves from parts of the community where African Americans lived (Squires & Kurbin, 2005). The “ghetto” created because of this was closed off financially and socially from the surrounding areas because businesses, parks, and factories moved to areas with a greater population of White Americans and immigrants (Squires & Kurbin). The mainstream or White society, used discrimination to keep the Black community excluded from certain city areas and surrounding suburbs through the use of violence or by limiting residential choices (Austin, 1998; Phillips, 1999; Trotter, 2007).

In order to understand structural influences, such as the environment and parks and recreation agencies on obesity in the African American community, you must examine how African American cultural norms are influenced by the development of structural institutions. For example, in many intervention studies conducted in the school settings (Epstein et al., 1990), lack of parental participation was seen as a limiting factor for the effectiveness of the program among participants. However, when one considers the long history of African Americans’ mistrust with the public education system it is not surprising that parents are not apt to readily support school initiatives (see Wilson, 2009). This mistrust stems from before the Civil Rights era, and continues to more contemporary examples of schools in impoverished areas being denied resources. It is not surprising that parents are skeptical to immediately support the messages that come from school programs that are intended to impact their behaviors and beliefs about the education system (Wilson). Understanding the environment both as a physical structure and a social one is important for further discussions on the social factors that affect obesity among African American girls.

Race Identity

“‘Niggers are the ones who live in this building,’ he said at last. ‘African Americans live in suburbs. African Americans wear ties to work. Niggers can’t find no work’” (Venkatesh, 2008). This powerful scene comes from an ethnographic study where a graduate student went into the housing projects in Chicago to interview Black residents. The goal of the study he was conducting was to determine how these residents felt about being “Black and poor” (Venkatesh). After failing to fit their answers to the confining survey, he bravely decided to spend a few years learning what life was like in the underground economy of a gang in this community and attempted to understand the concept of race (Vankatesh).

Race, as the opening quote points out, has various meanings and allows people to categorize others as belonging to a particular group of people. It is often said that if you are white in America, you rarely question your race or even consider it in your daily actions. However, race is an extremely sensitive social construction that is a salient reminder of which cultural rules to follow. The gang leader, who described himself as neither Black nor African American, placed himself and his racial identity on a different level than others who may accept either of those labels. The label Black or African American meant something different; it meant a different job, a different place of living, and ultimately a different life. With that being said, people with various labels of race are still basically performing the same daily functions of getting up in the morning, feeding their family, and going to work. At the end of the day they come home in hopes of doing the same thing the next day. However, where these tasks are performed and who they are with varies significantly and alters their identity.

Race is not an identity that you can just give to someone; it is an identity that is formed by personal experience. This formation is explained by the Identity Structure Analysis (ISA) or

Racial Identity Development Theory which is the belief that identity is the results of others creating a category for your identity and also includes your interpretation of your racial identification (Thompson & Carter, 1997; Weinreich, 1988). Additionally, concepts about the meaning of race may be more different within a culture than between cultures (Thompson & Carter; Wilson, 2009). This is clearly seen from the example presented where an outsider discovered that all people who visually appear to belong to the same race, African Americans in this case, in fact identify with their race differently.

Structural factors can shape race identity in a variety of ways. When forced to interact with others because of laws, policies or social norms, we are reminded of our race. In the example of *Gang Leader for a Day* (Venkatesh, 2008), gang members continually interacted with others who were seen as outsiders to their community and peer group, whether it included dealing with the law or more innocently at a restaurant. The interactions with others can remind us of how we define ourselves because of our behaviors and the reactions of others. The social acts also play a role in our definition of ourselves and those within our peer groups. Interactions with outsiders are frequently documented throughout the ethnography (Venkatesh). There is one scene where a resident is in dire need of medical attention, but the residents did not call the law or emergency aid because it was well-known that response from these services would arrive much too late. These sorts of encounters may have led J.T. and others to consider themselves “Niggers” instead of “Black or African American.” The social acts of others limited and created parameters for how they defined themselves and how they defined others.

Considering all these processes together, race identity development, social structure, and the importance of peer group cohesion is necessary for a discussion on programs that address obesity. Obesity prevention and intervention cannot limit its focus to the institutional structures

that impact levels of obesity such as school lunch, physical education, and health care. Programs must reach beyond what has been identified as risk factors or causes, and address the cultural factors head on. While there may be hesitation because of the previously mentioned concern for blaming the victim, this should not limit studies interested in addressing social and cultural norms in a community. Examination of social structures can aid in the understanding of which factors overlap and prevent change in communities. There may be services in place to assist people in need, but they are not working because addressing institutional concerns limits the attention warranted to combat the obesity problem and the social beliefs linked to it.

Cultural beliefs, values and information are the tools for how we learn to behave and with whom we are taught to listen to for behavior cues (Li et al., 2007; Wilson, 2009). Creating programs for youth, specifically African American girls must not ignore their culture or their race. Additionally, assumptions of what each of these means to them must not be overlooked. Obesity, like race, has elements of its own social structures and social acts and these must be considered. Stigmatization of obese people is quite prominent in our society today and these social acts place limitations on people who identify with this sub-culture (Wilson). Often times questions arise regarding my research interests which are related to childhood obesity. There are many opinions in mainstream society related to the causes and solutions of obesity. These opinions generally involve discussions of whether parents are to blame or that children lack the desire to be active. However, a more well-suited discussion of childhood obesity would reveal that there are many “causes” and potential “solutions.” In light of this, programs that overlook the concepts and messages the obese individuals face, they are doing little to address the problem. Understanding obese, African American, or teenage social norms is not the solution to the problem, but working through and acknowledging that it is a complex system can lead to

better equipped programs that can separate the social problem of obesity from the children themselves.

Girl Culture

In addition to racial identity, girls are establishing their identity as females. This identity is developed in a variety of ways from how they are treated in society, and how the concept of what it means to be a girl is packaged and sold to them through mainstream messages. Girl culture is difficult to define for each individual girl; however, it is shaped by media, peers, and other outside influences such as the social parameters of a community (Greenfield, 2002). Therefore, it is important to address the various ideologies behind girls' culture and how this can influence their participation in parks and recreation. It is also important to understand how girl culture influences childhood obesity and popular beliefs about obesity that carry over into girls' culture.

Females, both young and old, have been portrayed as being subordinate while at the same time embracing a particular sexual attractiveness (McRobbie & Garber, 1991). Young girls have been especially vulnerable to these ideas of sexual attractiveness as well as being unable to protect themselves from the advances of males who look to exploit these ideas of subordination and vulnerability (McRobbie & Garber; Wald, 1998). Furthermore, girls have been able to develop leisure spaces that are unique to boys, and this has allowed girls to be exclusive as to who is allowed to enter these spaces. Because of this, girl culture has been subject to scrutiny due to exclusion and the uniqueness of their culture. Despite the apparent differences in culture between boys and girls, female youth are also thought to be followers of male culture and eager to accept mainstream marketing and influence (McRobbie & Graber; Wald).

Vulnerability and the potential danger associated with girls being alone in public created fears of safety; however, it also created concerns that girls while alone were being promiscuous. This was especially noted in African American girl culture which date back to segregation and beliefs of that time period (McRobbie & Garber, 1991; Shaw, 1996). By being in the streets, girls were thought to be offering themselves sexually to their male peers. The streets were not the only place where ideas of promiscuity could be generated. There are also messages of girls' culture perpetuating this promiscuous ideology that could be received at home. For example, there are magazines, television shows, and pop artists that could encourage a particular type of behavior and it could also promote a desire for various products that will support a particular type of behavior. Mainstream media has taken the need to have access to girl culture away from streets and into their homes and schools where they are allowed to passively take on a particular behavior or attitude (Garber; Wald, 1998).

African America girls are not excluded from the ideas presented about girls and race in terms of the societal rules that define who they are and how they are to act. Ideas of African American promiscuity are hyper-intensified in mainstream culture, especially when these girls are seen to be dressing in a sexual manner and spend time in groups on the streets (Brown, 2009). It can be challenging for Black girls to negotiate the world of being a girl and Black (Brown). Black girls are taught to not embrace the things that make them unique and may be criticized for behavior that does embrace Black girlhood. The concept of Black girlhood is often described by encouraging expression of feelings, solidarity and power through various mediums such as music, dancing, and writing (Brown). At times this expression of Black girlhood can create feelings of self-doubt and that their behavior does not fit into the rest of society. Some ideologies that are apparent in African American girl culture include having a larger body image,

self-confidence, and hostility that is associated with embracing an African American identity (Brown). Being female, in addition to the other layers of the identity of being an African American adolescent girl could have an impact on health and recreation involvement as it appears to affect other areas of life as well.

Health and Obesity

Health is defined as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (World Health Organization, 2006, pp. 1). The concept of health is broad and reaches into various aspects of an individual’s life. This study primarily focuses on weight and obesity; however, how health is defined could impact perceptions of weight and being obese. Definitions of health are central to this study because they enable health to be used as a comparison to being unhealthy and obese. Essentially, creating a stance on what is considered to be healthy generates discussion on what may be considered to be the opposite of this concept and the concerns associated with being overweight. Thus, a discussion about obesity and the health risks associated with obesity will be examined while keeping this definition in mind. Childhood obesity has been a social problem in this country for nearly 30 years. Children from various racial and ethnic backgrounds are facing rates of obesity that mirror rates of infectious diseases from post-industrial times. For example, in 1900, 25% of all deaths in the United States were the result of infectious disease such as diphtheria, measles, flu, and pneumonia (Guyer, Freedman, Strobino, & Sondik, 2000). A century later in 2000, nearly 17% of all deaths in the United States are linked to obesity including poor diet and lack of physical activity (Mokdad, Marks, Stroup, & Gerberding, 2004). Almost one-third of American children were overweight or obese, and this trend has tripled since the 1980’s (Caprio et al.,

2008). Considering this alarming trend of increasing obesity rates, there is a need to acknowledge the roles that public recreation can play in addressing childhood obesity.

In order to better understand the state of obesity research in America, this section of the chapter will examine research on the (a) rates of obesity, (b) the causes or risk factors, (c) proposed treatments and interventions, and (d) the social ramifications of the health problem. It is also important to consider future endeavors for combating the disease as well as detailing gaps in the current research that beg for future consideration and research.

Rates of Obesity

Over 28% of children and adolescents in America are overweight or obese (CDC, 2008). Additionally, 24.9% of children report that they do not participate in any physical activity (CDC). It is also important to note that 45.2% of all children indicate that they are currently trying to lose weight through low or limited caloric intake, intense physical exercise, or by ingesting diet pills. Although boys and girls of various racial and ethnic backgrounds are affected, female adolescents are more affected by lack of physical activity (31.8%), being overweight (21.4%), and attempting to lose weight (60.3%) when compared to male adolescents (18.0%, 16.0%, 30.4%, respectively).

African American girls are one of the groups most affected by obesity (CDC, 2008). Furthermore, those who live in areas that are plagued with poverty are also more likely to be obese or be at risk of developing obesity (Felton et al., 2002). Much like the health concerns at the turn of the twentieth century, poorer children of various racial and ethnic backgrounds are most affected by obesity. Furthermore, children today living in urban and rural areas have little access to parks and recreation resources as well as access to adequate healthcare (Felton et al; Wilson, 2009).

Many children, those who are both unsupervised and supervised, make poor choices in terms of food and physical activity. For example, more children are likely to report that they played video and computer games or watched television (60.3%) for more than 3 hours a day than they are to report that they attended physical education class once a week (53.6%) (CDC, 2008). While the resources available to children are not under their control, children must be made aware that choosing fast food over fresh fruits and vegetables and also choosing to play video games instead of kickball at the park can have a profound impact on their childhood as well as their adulthood.

Theoretical Frameworks for Studying Obesity

Personal identity is unique to every individual, and this identity shapes self-perceptions as well as the types of leisure experiences an individual has access to, and access and opportunities for leisure also shape a person's identity (Thompson & Carter, 1997; Weinreich, 1988). With that in mind, it is important to consider the multiple layers of identity present in this study and among the participants in the study. First, some of the participants were young girls. These girls were also African American which creates another layer of identity but also has a set of attached stigmas of behavior expectations. Following that, they lived in small towns where access to leisure opportunities tended to be more limited (McGranahan, 1999; Plantinga & Bernell, 2007).

Because these identities are unique and layered, it is important to examine their identity and access to leisure and recreation opportunities through multiple lenses, more specifically, through multiple frameworks. No single framework for examining the girls has the ability to encompass the complexities of their identity and leisure opportunities. Therefore, in order to better understand previous research that has led to the current study that examines the roles that

parks and recreation agencies can play in the childhood obesity epidemic, it is important to discuss the following theoretical frameworks: (a) obesity stigma (b) social cognitive theory, and (c) self-determination theory. When making connections from these concepts to the participants, it is important to keep in mind that these concepts have an impact on the health behaviors of African American girls and their parents.

Obesity Stigma

Stigmas are the social acceptability rules that each of us creates to evaluate and examine those that seem to deviate from societal expectations and norms (Goffman, 1963). Once we encounter an individual that appears to have characteristics that differ from our expectations in a given space, we automatically create beliefs about the individual's character and personality that best fits with our reasoning for the deviation. Utilizing obesity as an example, observing an obese person watching a movie is more likely to fit with our expectations than seeing him or her participating in an aerobics class. In addition, the concept of stigma would allow the observer to believe that obesity is an identity blemish of personal choice and this will reduce his or her social desirability.

People who are obese deal with this trauma daily, and some of these traumatic difficulties stem from societal stigma. As noted, a stigma is an undesirable characteristic that deviates from expectations and is thought to be not only a character flaw, but a permanent blemish on an individual's identity (Goffman, 1963). Stigmas can be generated by others and they can also result from self-perceptions. Removing a social or physical blemish does not ensure that the stigma will be removed because in addition to the social and physical scars that may remain, the stigma may scar an individual's identity (Goffman). Empirical research has found that people who are not obese rate individuals who are obese as the least desirable people to have as friends

(DeJong, 1980; Latner & Stunkard, 2003). In addition to the lack of desirability, obese individuals are seen as deviant and obesity is perceived as a result of personal choice. Individuals who are obese also face discrimination at work, school, from family members, and are often the victims of physical and verbal abuse (Lewis & Van Puymbroek, 2008; Tang-Peronard & Heitman, 2008). Obese individuals experience higher levels of discrimination which is noted in children as young as two years old (Tang-Peronard & Heitman).

The pressures of being thin and having the ideal body type are not uniform across cultures (Lewis & Van Puymbroek, 2008; Tang-Peronard & Heitman, 2008). Girls may be sensitive to this issue cross-culturally; therefore they must not only negotiate gender stereotypes they encounter daily, but also different views on weight among various groups of people. Lastly, because the participants in this study are from small communities, they must learn to negotiate yet another, ideal body image and societal message.

Obesity stigma theory focuses on the specific discrimination, lack of acceptability, and social undesirability that occurs among those who are obese (DeJong, 1980; Lewis & Van Puymbroeck, 2008). The stigma that is associated with obesity continues to be a concern as does the unease surrounding the current rates of obesity (Latner & Stunkard, 2003). While this is the opposite trend from other social and physical disabilities (DeJong, 1980), obesity stigma remains a concern that needs to be examined cross culturally.

Obesity and the anti-fat bias that is explained by the theory of stigmas has previously been examined quantitatively through surveys (i.e., Friedlander et al., 2003) and experimental studies (i.e., DeJong, 1980). These studies, conducted on racially homogeneous populations, found that cultural differences were not found and this may have been limited by their lack of diversity in sampling. Therefore, it is necessary to determine if obesity stigma is as pervasive

among other cultures, more specifically, African American girls. Additionally, current research explored trends quantitatively rather than obtaining the voices of the participants qualitatively.

Social Cognitive Theory

A brief summary of social cognitive theory (SCT) is needed to better understand how this theory has been applied to understanding health and health behaviors. Social cognitive theory is made up of six features, (1) symbolizing capacity, (2) forethought capability, (3) vicarious capability, (4) self-regulatory capability, (5) self-reflective capability, and (6) the nature of human nature (Bandura, 1986). Symbolizing capability involves the ability of people to give meaning to various objects they encounter through lived experiences. These meanings are made through trial and error that occurs from interaction with the objects. Forethought capability principle states that a person is not basing their behaviors off of immediate reactions to symbols or from the results of past experiences. People are able to provide forethought before taking action. Vicarious capability is the ability to learn from observing other individual's actions and the result of their behaviors, and it also states that learning does not have to take place from personal experience alone. According to the self-regulatory feature of SCT people are choosing their behaviors to suit the needs or desires of others but typically choose behaviors as a result of personal and internal standards. During the self-reflective feature of SCT, people are able to think about their actions in order to analyze their experiences. The final feature of SCT is that both natural and biological processes inform human behaviors as well as social and experiential processes.

Social cognitive theory which includes the features of human behavior are used in health intervention studies to teach participants about healthy behaviors and also encourage self-efficacy in sustaining long term health benefits achieved during weight interventions by utilizing

and directing attention toward the six features of social cognitive theory (Bandura, 2004). Additionally, social cognitive health interventions attempt to provide strategies to overcome difficult health situations such as lacking motivation to exercise regularly. Furthermore, the features social cognitive theory are used to help participants set long term goals, and these goals can be achieved through self-efficacy which is an individual's belief that he or she can complete a particular task (Bandura, 2004). Therefore, obesity intervention studies that employ social cognitive theory use it to improve the health of an individual and promote long term weight loss and behavior modification.

Intervention studies for childhood obesity use social cognitive theory to elicit behavior change among children and their parents (Daley et al., 2006; Epstein et al., 1990; Foster et al., 1985; Golan & Weizman, 2001). These studies use multiple interventions such as education classes for parents to teach participants to gain control over their physical activity and eating patterns (Epstein & Goldfield, 1999); problem solving skills (Graves et al., 1988); and teaching both parents and children how to make behavior modifications at home (Golan & Weizman). These studies followed the findings in previous social cognitive research that found that building self-efficacy among the participants would produce behavior changes. While these changes in health were found to be helpful short-term among White middle-class participants, healthy eating and adequate physical activity were not behaviors that lasted long-term (see Epstein et al., 1990; Foster et al., 1985; Daley et al., 2006; Golan & Weizman, 2001). Therefore, it was concluded that intervention studies are helpful in encouraging self-efficacy for short periods of time. Other intervention methods may be needed to build self-efficacy that lasts for longer periods of time.

Self-Determination Theory

Self-determination theory (SDT) is used to understand and categorize the behaviors of people in a variety of settings from free-time leisure activities (Baldwin & Caldwell, 2003) and physical activity (Edmunds, Ntoumanis, & Duda, 2006) to education settings (Ryan & Deci, 2000). This theory states that social conditions lead people to be actively “engaged or alternatively, passive and alienated” with activities that result from these conditions (Ryan & Deci, p. 68). Therefore, SDT is used to examine the level of motivation that an individual has to participate in an activity as well as the psychological conditions of competence, autonomy, and relatedness (or a sense of belonging) that are associated with his or her level of motivation (Ryan & Deci).

According to SDT, people have an innate yearning to take control of what happens in their lives; however, their desire to seek control can be extinguished by others who are encountered in social settings (Ryan & Deci, 2000). This can lead people in various cultures and social settings to reject personal growth and responsibility for their actions. Furthermore, motivation as well as autonomy, competence, and relatedness are situation specific depending on the individual. For example, a person may be outgoing and energetic in one setting and may become introverted when the setting or conditions change (Ryan & Deci). Thus, SDT is not just used to evaluate the motivation of the individual; it is also used to understand the social conditions that lead to psychological and motivation changes that can undercut personal growth (Ryan & Deci).

The social conditions mentioned in SDT that are most relevant to this study are those that involve youth, their use of free-time and physical activity engagement. Baldwin and Caldwell (2003) modified the SDT scale in order to better capture the motivation of youth during free-time

activities. While they were able to create a scale that could adequately measure the motivations of youth to participate in various activities and also assess the levels of external influence such as peers, personal fears, or parents, the scale had difficulty predicting the autonomy of youth in making choices during activities (Baldwin & Caldwell). This finding is not surprising because autonomy is developed during youth (Baldwin & Caldwell). An additional limitation to this study of the use of free time by youth was that it was done with a sample of children that was 95% White. As one considers the importance of social conditions that are central to this theory, it is important to note that this sample of youth is not representative to the youth interviewed in the current study.

Self-determination theory has also been used to examine motivation for physical activity among older adolescents and adults (Edmunds et al., 2006). Physical activity behavior was thought to be similar to free time activity in that participation in physical activity varied on the continuum from being intrinsically motivated or extrinsically motivated. Extrinsic motivation has four sub-categories within it, external, introjected, identified, and integrated. External extrinsic motivation is driven by external rewards such as money or a prize (Baldwin & Caldwell, 2003; Edmunds et al.; Ryan & Deci, 2000). Introjected motivation is characterized by attempting to create self-control over behavior. Identified motivation is guided by personal importance or the result of a value system. Integrated motivation is an attempt to find congruence with the activity and the individual's psychological needs and values (Baldwin & Caldwell; Ryan & Deci). Intrinsic motivation results when a individual is interested in activity for the enjoyment of participating (Ryan & Deci). Edmunds et al found that extrinsic motivation was negatively associated with strenuous physical activity, and that intrinsic motivation was not

predictive of exercise behavior. Therefore, exercise behavior is more likely to be extrinsically motivated even among those with frequent participation (Edmunds et al).

These findings from other studies that utilized SDT as a theoretical framework are important to note. Motivation appears to have an effect on participation in various activities including leisure and physical activity (Baldwin & Caldwell, 2003; Edmunds et al., 2006). However, as explained by Ryan and Deci (2000), social conditions have an effect on motivation levels, competence, autonomy, and relatedness. Furthermore, interactions with others can enhance motivation, particularly intrinsic motivation and it can also decrease motivation depending on the perceived support provided by others. The current study is interested in focusing on the later component to better understand the roles that parks and recreation agencies can play in addressing childhood obesity.

Risk Factors and Causes of Obesity

The underlying causes of obesity in children are spread throughout all domains of an individual's life, from his or her cognitive functioning, to genetics, lifestyle, and technology (Mullen & Shield, 2004; Troiano & Flegal, 1998). Beginning with cognitive functioning, it is important to have a basic understanding of how cognition plays a role in eating behaviors. The hypothalamus regulates energy balance and food intake. Any irregularities or neuro-damage can cause early-onset overweight in children. For example, a well-known psychological disorder called Prader-Willi syndrome is characterized by uncontrollable eating in children (First & Tasman, 2004). It is a neurological disorder because the neurotransmitters that send signals to the brain regarding whether or not the child is full from eating are either extremely slow at firing or do not fire at all. People who suffer from this disorder are also generally mentally retarded (First & Tasman). There are about a dozen psychological disorders associated with obesity in

children; however, the prevalence of these diseases is so low that it can only account for a very small percentage of obesity cases (First & Tasman). It is interesting to note, though, that the DSM-IV-TR does not include obesity or being overweight, but Prader-Willi syndrome and ten other disorders associated with weight are in the manual, such as anorexia nervosa and bulimia (First & Tasman). Therefore, it is assumed that obesity is not a psychological disorder and should be examined for potential causes in other areas such as genetics or health behavior.

The role of genetics as a cause of overweight and obesity is important to note. Even though the genetics arguments are highly inconclusive, studies have found anywhere from a 20% to 80% genetic linkage to the variance in body mass index (BMI) scores (Caprio et al., 2008; Ebbeling, Pawlak, & Ludwig, 2002; Huang & Horlick, 2007; Keller & Stevens, 1996; Kumanyika & Grier, 2006; Mullen & Shield, 2004; Story et al., 2006a, 2006b). Furthermore, 200 to 250 genes in the human genome have been identified which affect metabolism, food intake, energy use, and other weight-related functions (Mullen & Shield). A person affected by overweight or obesity could have the disease because they inherited anywhere from 40 to 200 of the obesity-linked genes (Mullen & Shield). Researchers are currently unaware which of these genes is needed or how many may be necessary for the genetic linkage to occur (Mullen & Shield). Moreover, a person with none of these obesity-causing genetic linkages could become obese, and a person with all of them may never develop it, causing uncertainty in genetic linkage (Mullen & Shield).

Prenatal factors also influence the rates of childhood obesity (Kumanyika & Grier, 2006; Mullen & Shield, 2004). If the mother is obese while pregnant, then more nutrients will be passed through the placenta to the fetus. This can lay the foundation for future appetite expectancies, and there is a link between mother and child obesity. It is also important to note

that malnutrition in key phases of prenatal development can lead to obesity later in life as well; however, more research is needed as to why this may be the case (Mullen & Shield, 2004)

There is also an association between lifestyle and obesity (Golan & Weizman, 2001; Kumanyika & Greer, 2006; Mullen & Shield, 2004). These causal linkages include a reduction in physical activity (CDC, 2008; Mullen & Shield), increased television viewing and high calorie diet (Kumanyika & Greer; Mullen & Shield; Smoyer-Tomic et al., 2008). A decrease in physical activity is the result of many factors including automobile-centered communities (Ewing, Brownson, & Berrigan, 2006); safety concerns (Gobster, 2002; Mullen & Shield; Shinew & Floyd, 2005); elimination of physical activity programs in schools (Ebbeling et al., 2002); lack of parks and recreation centers (Huston, Evenson, Bars, & Gizlice, 2003; Squires & Kurbin, 2005); belonging to a family of low socioeconomic status (Ebbeling et al.; Smoyer-Tomic et al.); and new technology such as access to video games that allows children to be less active (Dietz & Gortmaker, 1985; Gray et al., 2007).

The average child spends over three hours a day watching television; this does not include playing video, computer, or other media games. Alarmingly, for every hour of increased television watching per day, there is a two percent increase in the number of children who are obese (Gray et al., 2007; Mullen & Shield, 2004). Dietary factors also play a vital role in the prevalence of obesity. Skipping breakfast, high-fat food consumption, refined carbohydrate intake, and increased fast food and soft drink consumption can all lead to obesity in children and adolescents (Caprio et al., 2008; Ebbeling et al., 2002).

Furthermore, Zametkin et al. (2004) examined at follow-up studies targeting long-term obesity treatments and found that boys who are obese as children are twice as likely to die as a result of heart disease when compared to their non-overweight counterparts. Those who are not

overweight or obese, however, should still be concerned about the problems of obesity because of the alarming healthcare costs associated with the disease. In the past 20 years, the costs of treating health issues related to childhood obesity have tripled per year since 1980 (Zametkin et al.). Future projections of obesity must be considered as well because billions dollars were spent on adult obesity-related health issues (Lowry, Wechsler, Galuska, Fulton, & Kann, 2002; Zametkin et al., 2004).

Treatment and Intervention of Obesity

Obesity treatment has included various types of intervention methods. Most methods incorporate the use of both physical activity and dietary behavior changes. It is necessary to consider the approaches of each method to better understand the state of obesity treatment research. Additionally, it is necessary to examine other methodological approaches that could be used in obesity treatment research. Lastly, an examination of less researched forms of weight loss strategies among obese youth are essential to note in order to consider multiple areas of behavior modification that are being utilized when attempting to combat the disease.

Because of the inconsistencies in the research regarding potential causes and risk factors associated with obesity, it is obvious that there is a need for multiple interventions. An examination of treatment interventions will allow for further assessment of the state of obesity in America, and future research directions can be identified. Many treatment interventions include models for behavior modification to change physical activity, eating habits, and social support of children who are obese.

Interventions among children who are obese come in various forms but typically are centered on the idea that behavior modification will produce a change in the health of a child. Behavior modifications include but is not limited to, parental involvement (Epstein, McCurley,

Wing & Valoski, 1990; Foster, Wadden, & Brownell, 1985; Golan & Weizman, 2001), peer counseling and reinforcement (Daley, Copeland, Wright, Roalfe, & Wales, 2006; Foster et al.), problem-solving skills (Graves et al., 1988), increasing control over diet and exercise (Epstein & Goldfied, 1999), and modifications to the home environment (Golan & Weizman). Behavior modifications, in these various forms, have resulted in modest, short-term weight loss (i.e., Epstein & Goldfield; Golan & Weizman).

Parental involvement includes involving the parent or caregiver in the treatment process (Epstein et al., 1990; Foster et al., 1986; Golan & Weizman, 2001). Typically, the parent is also taught behavior modification in the form of increased physical activity and dietary changes. It is thought that a child is more likely to lose weight and practice healthy lifestyle behaviors if the parents are doing the same and if children and parents are receiving recognition for this behavioral change (Epstein et al.; Foster et al.; Golan & Weizman). Parents have a great influence on their children's eating habits, and children are also able to influence the eating behaviors of their parents. Pairing diet and exercise with parental involvement was most effective in these studies (Epstein et al.; Foster et al.; Golan & Weizman). Additionally, bonding and reinforcement that occurred during the intervention was encouraged to promote long-term weight loss. This type of intervention was moderately helpful at preventing weight-gain, but was not as effective at preventing weight-loss (Epstein & Goldfield; Golan & Weizman).

An additional method of intervention is peer counseling and behavior reinforcement. This mode of behavior modification involved the use of a peer or research assistant to provide reinforcement and promote healthy activities. These healthy activities included physical activity and healthy food choices (Daley et al., 2006; Foster et al., 1985). By pairing youth who are obese with a peer or research counselor, the child's feelings of autonomy over his or her exercise and

dietary choices improved. However, it is unknown whether this behavior can be sustained if such a relationship is no longer provided. Instructional and guided exercise has shown modest improvements in reducing adolescent obesity, but it is important to further address the importance of helping children to develop autonomy as it pertains to health and physical activity.

Problem-solving skills were taught in addition to promoting healthy eating and encouraging physical activity in some studies (i.e., Graves et al., 1988). Problem-solving was intended to provide children with the skills they would need to choose the most appropriate behavior in a given situation. These behaviors included choosing healthy foods and physical activity instead of high calorie foods and sedentary activities (Graves et al.). Researchers attempted to teach children how to think critically in difficult situations and to be able to differentiate between positive and negative choices. This endeavor can be quite complex when considering the social and cultural world the youth must navigate (Graves et al.).

The results of previous research indicate that the most common form of intervention was behavior modification which included food choices and physical activity (Daley et al., 2006; Epstein et al., 1990; Foster et al., 1985; Golan & Weizman, 2001; Graves et al., 1988). Many risk factors have been associated with the cause of adolescent obesity including the environment. Within an individual's environment there are many components to address such as the neighborhood where he or she lives, the closeness and availability of nutritious foods, the school he or she attends, access to open spaces, recreational facilities, parks, and the individual's family and peer group (Golan & Weizman, 2001). The role of the family in the environment is also of concern. Environmental changes such as creating a home where health is valued and also utilizing parental modeling for children could encourage healthy habits in environments outside the home (Golan & Weizman). However, more research is needed to support this idea.

As one reviews the treatment and intervention studies, one should be aware that there are also other avenues of treatment options that are not readily studied or discussed. For example, Kirk, Scott, and Daniels (2005) examined other options that children are utilizing to combat obesity on their own. Some alternative options to diet and exercise behavior modification include pharmacology approaches and surgical interventions. In these pharmacology approaches, obese children took prescription drugs and were recommended to also eat healthy and be physically active much like studies that used behavior modification as an intervention (Kirk et al.). However, few followed this recommendation. Additional adverse affects from the consumption of these diet pills included severe gastrointestinal discomfort. These side effects are thought to have led to the 35% attrition rate from the beginning of the intervention to the end (Kirk et al.). Children are opting for alternative methods to behavior modification but few used pharmacology in conjunction with encouraged diet and exercise or continued the use of chemical weight loss approaches. This could have an effect on long-term weight loss.

The intervention studies mentioned previously indicated that behavior modification is helpful for short-term weight loss and preventing weight gain (Foster et al., 1985). Furthermore, pharmacology is not an adequate approach to weight loss among children (Kirk et al., 2005). The interventions themselves promote short-term weight loss (Foster et al.), improve self-esteem and self-concept (Foster et al.), and generate autonomy among children (Epstein et al., 1990; Daley et al., 2006; Graves et al., 1988; Nuemark-Sztainer & Story, 1997) and adults (Golan & Weizman, 2001). Children, however, still desire programs that offer variety in terms of physical activity and health, social support, and education that will provide them with the skill sets needed to be successful in their weight loss goals (Nuemark-Sztainer & Story).

Social Determinants of Obesity

Children tend to have more leisure time than adults, and how they spend this time is connected to the obesity issue (Schmaltz & Kerstetter, 2006). Children are also adeptly aware of the stigma that follows being overweight and obese when they have interactions with peers and are made aware of how the media perceives obese people. With ideas that thin is “in” and everything else is “out,” children alter their moods and attitudes, which naturally affects what they choose to do or not to do during leisure time. Critical analysis of how obesity affects the lives of children is needed. Lived experiences that deviate from societal norms can be challenging to negotiate. Children may deal with and face different levels of stigmatization of obesity as they learn to understand themselves, the world around them, and how the two should be negotiated. Therefore, it is necessary to acknowledge social problems associated with obesity both intrapersonally and interpersonally to better understand how children cope with others and their own body image.

Following this, it is necessary to examine obese individuals and the perceptions that they have of themselves. Obese individuals often have low self-esteem, experience higher rates of depression, have poor body image, and have lower physical functionality (Friedlander et al., 2003; Littleton & Ollendick, 2003; Skemp-Arlt, 2006). Children that develop obesity are more likely to come from families that have low communication between parents and children, have parents with limited expectations for their children, be victims of physical and sexual abuse, and develop eating disorders as they approach their teenage years (Skemp-Arlt). Examination of the CDC statistics reveal that disordered eating is most prevalent among adolescent girls and nearly one-third (29.3%) describe themselves as overweight (CDC, 2008). Furthermore, children and adolescents who rate their quality of life to be very low are at greater risk of becoming obese.

Parental well-being and parental obesity are also predictors of obesity in children (Friedlander et al.).

Social problems also plague children who are obese or overweight because their non-overweight peers consider them unwanted playmates, and this can lead to low levels of self-esteem, and depression. In addition to the social factors (Lowry, Wechsler, Galuska, Fulton, & Kann, 2002; Mullen & Shield, 2004; Zametkin et al., 2004), neglect, abuse and an unstable home environment are listed as potential causes of obesity. The authors mentioned that neglected children are nine times more likely to develop obesity than children who are not neglected (Lowry et al., 2002; Zametkin et al., 2004).

Obese people are thought to be lazy, unintelligent, of lower socioeconomic status, appear unattractive, and at fault for their physicality (DeJong, 1980). “Fixing” these conditions of laziness, unintelligence, or obtaining a better occupation, in addition to proper diet and exercise, is naively thought to eliminate the problem of obesity. Self-perception plays a vital role in dealing with the trauma that permeates obesity and those who experience it. Obese individuals often compare themselves to what they believe is “normal” and can become obsessed about their body image (DeJong; Littleton & Ollendick, 2003). This can lead to body distortion and physical dissatisfaction (Littleton & Ollendick; Skemp-Arlt, 2006). These perceptions of individuals who are obese, both self-imposed and those imposed by others, are not uniform across gender, age, racial, and ethnic groups. There is also cultural variation in terms of body image in how individuals view themselves and others among various cultural groups (CDC, 2008; Latner & Stunkard, 2003).

Limited research exists on the relationship among cultural differences, body image, and recreation behaviors of African American teens (i.e., Welch et al., 2004). Despite this, it seems

that African American children epitomize larger body types as their ideal when compared to White children (Welch et al.). Also, urban children are more satisfied with a larger body type than are rural or suburban children, and children living in urban environments are more accepting of their peers being overweight than their suburban and rural peers (Welch et al.). Moreover, people of low socioeconomic status are more likely to accept being overweight (Ebbeling et al., 2002). Body image could be a constraint to physical activity among children. Children may feel that as an added part of their identity, weight places limitations on the types of physical activities they pursued because of self-perceptions and the perceptions others place on their abilities. Conversely, having a body that is larger than ideal may discourage participation in leisure activities that seem greatly affected by perceptions of body image such as swimming (see James, 2000).

The concern surrounding the current research on the obesity epidemic reaches across the academic lines into the media and homes of many Americans. It is important to address the research gaps that currently exist in obesity treatment and intervention studies, and the implications these research gaps may have on future academic endeavors. Additionally, it is important to acknowledge that the obesity epidemic is being discussed at the kitchen table and at the Oval Office of the White House. The concern for the health of children is in nearly every institution and has received global attention. Because all of the messages play a role in how this concern is presented to Americans, it is imperative to discuss research gaps in obesity research in light of local, regional and global political messages when studying the cultural and social implications of obesity.

Research gaps

The current state of childhood obesity research in the United States provides information that allows for better conceptualization of the problem. While reviewing empirical data allows researchers to adequately describe the problem, there are limitations to addressing and finding a solution for the problem. Essentially, there are gaps in the current research, and the practical knowledge that can be applied to individuals who are obese. There is also a gap between researchers and practitioners in terms of assessing relevant research to treat or prevent obesity. Many of the treatment studies examined proposed that future research address the complex social and cultural structures that affect the populations most deeply affected by obesity (i.e., Caprio et al., 2008; Ebbeling et al., 2002; Story et al., 2003). However, little of this has been done (see Story et al., 2003). Often research on the cultural determinants of negative behaviors is avoided because it may seem as though the researcher is blaming the victims (Wilson, 2009). Despite this concern, researchers, especially in the leisure and health disciplines, need to address the cultural implications of obesity to better understand the multiple components that can affect obesity (see Wilson).

An additional concern in research addressing obesity in the United States is that much of the research focuses on the individual's influence on his or her weight and weight perception (see Daley et al., 2006; Epstein et al., 1990; Foster et al., 1985). It is often forgotten that behavior modification is not the only tool that is needed for individuals to change their eating habits and physical activity patterns. Many times what is overlooked by those who have access to resources is money, and money enables people to have access to knowledge that can be learned through behavior modification. Research should not remove the person from his or her surroundings and hope for changes when placed back into his or her environment. Therefore, a more sociological

approach is needed when addressing obesity rather than a psychological approach within a controlled experimental environment.

Finally, many researchers have focused on causes and risk factors associated with obesity, in terms of health, lifestyle, and the economic impacts (Epstein et al., 1990; Golan & Weizman, 2001). Robinson and Sirard (2005) suggested this should no longer be the focus of future research endeavors on childhood obesity because it does little to limit or prevent the epidemic from growing at such an alarming rate. Research from this point forward should focus on treatment and prevention options that could alleviate further costs, whether it is physiological, environmental, or economic (Robinson & Sirard). Time and research spent on further investigation into the causes linked to obesity, limit the time and research that could be utilized to treat causes. Any research that focuses on identifying a problem is not useful, and efforts should instead focus on the solution (Robinson & Sirard, 2005). Prevention should take precedence in order to help children make gains to improve their health (Robinson & Sirard, 2005).

Research has also examined the health discrepancies among African Americans; however, this research does not reveal substantial support for the proposed genetic and environmental causes of obesity, (e.g. Gordon-Larsen, Nelson, Page & Popkin, 2006; Mullen & Shield, 2004) suggesting other social determinants may play a role. Additionally, limited numbers of African Americans are included in these studies which limit the findings and our understanding of weight and obesity in this culture. Feelings, attitudes, and beliefs about physical activity must be generated from some source and most likely the combination of multiple social structures.

Leisure studies research is behind other fields when considering the role that leisure plays in the obesity epidemic. Obesity research has examined children's food and physical activity choices while in structured school activities (i.e., Foster et al., 1985); however, the more recent focus has been placed on youth and free time activities (such as television viewing, food consumption, and access to parks) they engage in and the role this plays in the development of obesity (Kumanyika & Grier, 2006; Smoyer-Tomic et al., 2008). Leisure research has also examined discrimination, racial differences, and safety concerns in choosing leisure spaces (Hutchinson, 1987; Johnson, Bowker et al., 1998; Shinew & Floyd, 2005; Washburne, 1978), how body image affects physical activity choices (James, 2000; Leichty, Freeman, & Zabriskie, 2006), the stigma associated with being overweight (Lewis & Van Puymbroek, 2008), the role of gender in leisure choices (Schmaltz & Kerstetter, 2006; Shaw, 1994) and the importance of lifelong physical activity (Bocarro, Kanters, & Casper, 2006). However, research has not been conducted examining how these social and cultural structures have a combined effect on the development of childhood obesity. Essentially, the leisure field has been successful at examining the "parts" of the social structures that may have an effect on childhood obesity, but some work is needed in making these parts whole.

Bridging the Gap

The concern for the increasing rates of obesity is not limited to the United States. Rates of obesity are increasing all over the globe. For example, in Japan rates of obesity among children 10 years-old increased from less than 4% in 1970 to over 10% in 1996; 6 to 9 year-old children in Brazil faced obesity rates of 4.9% in 1974 and this rate increased to 17.4% by 1996 (Ebbeling et al., 2002). The causes mentioned previously pertaining to American children are

found in other areas of the world with great concern placed on the types of food consumed and the little amount of activity done to combat the consumption.

Furthermore, nationally and regionally schools accept millions of dollars from companies to sell high calorie foods with little if any nutritional value (Ebbeling et al., 2002). Typically the schools that accept funds from companies, like Nestle, are those that are underfunded and in some of the poorest areas of the country. Not surprisingly, these schools are more likely to contract out their school lunch programs in order to cut costs. Their school lunch programs typically offer low-cost high-calorie foods that again offer little nutritional value (Ebbeling et al.). Confounding the problem even further is that these schools are the ones that are most likely to eliminate physical education programs to save money.

While this national, regional, and international information is quite compelling, it is also important to address non-academic messages that are becoming increasingly aware of the childhood obesity epidemic. When you pick up *The New York Times* (Pear, 2010), *Newsweek* (Kalb, 2010), or watch the news (Doane, 2010), concerns about obesity are pervasive. Communities throughout the country can get access to the rates and health concerns surrounding childhood obesity. The concern and interest for the disease has crossed academic lines and is prevalent in American society. Many of these stories provide anecdotes and first-hand experience of children battling obesity along with the alarming statistics, co-morbid health conditions, and the role that institutions such as schools play in the development and elimination of obesity (see Doane; Kalb; Pear).

The national and regional media are not the only outlets attempting to make Americans aware of the obesity problem. National organizations such as *Let's Move!* and the National Recreation and Parks Association (NRPA) are attempting to let Americans know that they are

addressing obesity. The *Let's Move!* organization, led by First Lady Michelle Obama is working to not only provide helpful information to families (because the organization feels that health is a family decision), but also to address institutions that they feel have played a role in the development of obesity (i.e., restaurants, school lunch programs, elected city officials) (see letsmove.gov). The organization also seeks to reach across cultures by attracting organizations that promote physical activity cross-culturally such as the National Football League, to join the cause (letsmove.gov). In addition to the organization, the Obama Administration has created an obesity task force that includes a report detailing potential causes and solutions to childhood obesity. Additionally, it provides information to parents and caregivers on their role in helping their children (letsmove.gov).

NRPA is utilizing contemporary forms of information such as *Newsweek* and *The New York Times* to inform its members of the organization of the current concern. In doing so, there is hope that the information provided to parks and recreational professionals will be used to create programs and attract funding for local initiatives that will not only highlight the importance of parks in communities, but also help the professionals learn how to communicate to their stakeholders (see NRPA Express). Additionally, NRPA uses their membership newsletter to spot light local programs and encourage others to seek out funding that can aid other local communities (see Hayes, 2010). These messages are intended to bridge the gap between research and practice and also academia and the professional.

Messages addressed to the general public use contemporary media and also organizations that reach regional, national, and international to reach multiple audiences. Childhood obesity researchers, parks and recreational professionals, and national and regional leaders are attempting to provide additional attention to the epidemic. The spread of information regarding

childhood obesity is hoping to bring more attention in academia and also encourage other institutions, such as parks and recreation agencies to become aware of their role in the development and alteration of the problem.

Summary

The analysis of the material presented on the history of leisure agencies, African American families, and health and obesity attempt to set the stage for the cultural link between obesity and African American adolescent girls. Because the purpose of the study is to acknowledge the complexity of social and physical events that have laid the foundation for the current and growing rates of obesity among African American girls, an ecological framework was employed to set the stage for the current study. While leisure service agencies are not the only institutions where this epidemic can be addressed, they do provide an avenue and opportunity for better understanding the roles that they have in addressing childhood obesity.

CHAPTER III: METHODOLOGY

The values and meanings associated with a particular social phenomenon are important elements of qualitative inquiry. Qualitative research also examines the environment and the policies that can have an impact on a social phenomenon (Datta, 1984). In order to create a better understanding of the research as well as the researcher, it is necessary to examine the epistemology, theoretical perspective, methodology, and methods that guided the researcher and the presented data. Thus, this chapter will include descriptions of (a) constructionism, (b) interpretivism, (c) interpretive interaction, (d) grounded theory, and (e) interview research methods. Reviewing each of these concepts and their development is essential in detailing why these methods are appropriate for this study on childhood obesity. These concepts guided the purpose of this study which was twofold: to examine the conceptualizations of health and obesity among African American girls and to examine the roles of public and non-profit agencies in addressing childhood obesity among African American girls from the viewpoint of African American girls.

Constructionism

Constructionism purports the belief that we base our actions towards particular objects, whether animate, inanimate, or institutional, on the meanings that we ascribe to these objects (Crotty, 1998). Our meanings of these objects stem from our interactions with others. Then our meanings are considered and potentially modified through our interpretations of the objects, and this provides us with an understanding of what we encounter. Thus, we are not creating our reality, but rather we are interpreting our reality from things that we encounter (Crotty). For example, we may stumble upon an object that appears to hold things. Other may tell us this is a cup for drinking, but we do not understand this function until we experience this process

ourselves. Furthermore, we have discovered that this meaning of a cup involves a reference to actions such as drinking. By investigating this meaning, we have begun exploring culture by seeking understanding of how symbols are used by a particular group of people. As a researcher who follows the constructionism line of thinking, it is important to remember that we must see ourselves as social beings before we can understand the roles of others and the objects they interact with on a day-to-day basis (Crotty).

Social research is the result of a constructed reality and a construction of the relationship between the researcher and the subject. Therefore, a constructionist researcher must be acutely aware that he or she is unable to examine the subject of interest with an unclouded lens. There are multiple cultural characteristics that can have a profound effect on the construction of reality such as race, ethnicity, and gender (Lincoln & Guba, 1994). Furthermore, the tenets of constructionist paradigms suggest that there can be multiple realities, both the researcher and the subject create their understanding of the culture and environment around them, and lastly, the methods used to study the subject should happen in a natural setting (Lincoln & Guba).

In a more complex situation, such as the study of childhood obesity among adolescent African American girls, it is important to recognize that an understanding of obesity has been constructed by the girls' interactions with others. For example, physicians have created a clinical understanding of obesity and the effects it can have on health. However, culture has also created an understanding of obesity that is more visual and has provided cues as to what constitutes obesity and what is considered healthy based on observations and interactions with others. Furthermore, this understanding is constructed by past experiences. Thus, obesity among African American girls and the identification of this being an epidemic was constructed through interactions with others and how they define obesity and health. This definition is based on the

cultural interactions, and also by the various elements of history that impact obesity. Examining the complexity of obesity, culture, and history should occur in environments where elements of obesity are defined and shaped. In order to provide a more clear understanding of obesity as understood by the participants and myself, it is necessary to examine the theoretical perspective guiding this study.

Interpretivism

Theoretical perspectives provide an additional layer of understanding of the researcher's perspective and also help to further create a framework for understanding the research project. The theoretical perspective that guides this project and my approach to social research is interpretivism and is closely aligned with the thinking of constructivism in that we create meanings for the objects around us through our interactions with them. Constructivism states that we use our interactions with others in the form of language and history to understand these objects. Interpretivism takes this a step further and states that language and history are not the only ways of knowing and understanding social phenomenon (Lincoln & Denzin, 1994), and furthermore, they place limitations on our knowing.

Interpretivist researchers focus on the process of how meanings are made, the longevity of these meanings, and how these meanings are modified within human actions and interactions through data collection and analysis (Lincoln & Denzin, 1994). The researcher thus becomes an important component of understanding the meaning and understanding that can be made during social experiences. Therefore, focusing primarily on objectivity within a study limits a researchers' understanding of meaning that is subjectively created by the participants. Furthermore, a researcher is not entirely focused on a methodological process, and becomes

more concerned with ensuring they are protecting the ethics of the social phenomenon (Lincoln & Denzin).

Interpretivist researchers understand and embrace the idea that interpretation of a social situation is not verifiable or testable. The importance of interpretation research is that it be thorough, coherent, understandable, and useful to those attempting to decipher the language and history (Lincoln & Denzin, 1994). Interpretivists also believe that understanding of social phenomenon does not happen through observation alone, but through descriptions and deciphering meanings. Because of this, cultural studies push a researcher to critically analyze how people connect their personal experiences to those experiences of their culture (Lincoln & Denzin). Finally, interaction and interpretation must address the following procedures when analyzing social events: (a) an examination of cultural thoughts or actions should always be compared to dominant views as well as cultural views, (b) meanings of beliefs and politics must be exposed, especially as they relate to race, ethnicity, or gender, and (c) examination of other texts need to occur to determine how others have talked about the subjects and the intentions of those being studied (Lincoln & Denzin). Therefore, additional concepts imbedded within interpretivism, such as interpretive interactionism and naturalistic inquiry, will further explain my theoretical perspective and provide insight into the chosen methodology and methods guiding this study.

A research approach which is intended to examine the relationship between private individuals and public responses to the problems in people's lives is interpretive interactionism. According to Denzin, there are specific goals to this type of research, and these goals are as follows: (a) identify the multiple definitions or perspectives of the problem or program that is being evaluated, (b) identify the assumptions of those being affected by a social problem, (c)

identify points of intervention within the program services to be evaluated, and (d) acknowledgement that the various stakeholders and those being affected by the program can provide their points of view (Denzin). This is important for research on childhood obesity because it makes the researcher aware that the social problem reaches far beyond the individual.

These goals provide a working framework for understanding the development of qualitative methods ideology and technique. The moments, connections, and sequences that are made during interaction research, which is the study of people and their responses to issues in their lives, are multi-layered and these layers are faced with contradictions. These connections and sequences may lead to theory develop; however, this may not be the case for each grounded theory study. There may be times where the findings lead the researcher to develop new hypotheses or make predictions about the future. If theories are developed, some theories may be new or they may expand on existing theories. Each new context or situation does not require a new theory but can be used to examine existing theories and whether existing theories can explain the social phenomenon being studied. Thus, it is not a requirement for a theory or theories to be generalizable to future research because in grounded theory it is most important to understand the current phenomenon. There will be dissonance, and this is not to be ignored. Dissonance should be reexamined for better understanding because it will provide additional insight. Furthermore,

Another important component of interactionism is the concept of naturalistic inquiry, which can be examined as a component of interpretive interactionism (Denzin, 1989). According to more naturalistic paradigm, there can and are many realities, and the researchers cannot separate themselves from the participants or the data being collected. Theories and knowing are context and time specific, things occur in a simultaneous fashion so that cause and effect cannot

be determined from one another. For example, a theory may explain behavior at one time but may not continue to explain behavior patterns over time. Furthermore, inquiry is always bound to values (Lincoln & Guba, 1985). Qualitative methods are more sensitive and adaptable to mutually shaping influences and value patterns that may be encountered (Lincoln & Guba).

Naturalistic inquiry seeks understanding from those that are best able to interpret the reality and can reconstruct this reality with the help of the researcher (Lincoln & Guba, 1985). Researchers should seek understanding from those that are experiencing the phenomenon, such as children. Moreover, drawing conclusions is a lot different from attempting to draw law-like generalizations (Lincoln & Guba). Thus, boundaries are placed on the focus of the research by the questions, and the participants set the focus of the study which allows for multiple interpretations and ways of knowing. Because of this, arguments for reliability and validity will exist; however, generalizability is not the goal of the research. Generalizability is context specific and being able to replicate a study is not necessary to validate a theory when it emerges from the study at hand (Lincoln & Guba). Therefore, research that examines those who are engaged in activities with parks and recreation institutions may develop theories that do not fit with other institutions such as education.

Lincoln and Guba (1985) also argued that the real world is full of complex systems and organisms. Systems and organisms are multiple and simultaneous and there is not a perfect or natural order to the world thus it is challenging to make theories generalizable to multiple social settings. Moreover, the image of a system or person is dynamic and each person or system can have various meanings to a variety of people (Lincoln & Guba). Obesity and its effects on the girls could be defined quite differently depending on who is asked. The future is not predictable, according to Lincoln and Guba and theories must be continually examined to determine if they

explain other social phenomenon (1985). New systems and people are not unexpected and can change the current conditions. Thoughts, tools for measuring thought, and areas of study are not mutually exclusive and are not neutral (Lincoln & Guba).

Science and social inquiry has traditionally focused on the research in experimental form of inquiry (Greene, 2007). Data was typically collected quantitatively and thought to provide objective information (see CDC, 2008; Sharma, 2002). However, as it has been argued (Cook, 1985), social inquiry and science are not completely objective constructs. Additionally, forcing social inquiry into the objective and quantitative mold is quite limiting and can bias social programs and problems (Greene et al., 2001). Furthermore, a researcher is unable to remove themselves completely from the study and the way it is conducted (Greene et al.). According to more naturalistic paradigm, there can and are many realities. The researchers cannot completely separate themselves from the participants or the data being collected. These theoretical understanding have led to the development of methodology for social inquiry.

Grounded Theory

Constructionism and interpretivism are guided by the idea that in order to understand the world, you must interpret it (Denzin & Lincoln, 1994). Additionally, researchers who follow the presented epistemology and theoretical perspective are concerned with ways of knowing and not the methods utilized. This is because constructionists and interpretivists believe that methods can disguise the purpose of the study and the researcher. Therefore, researchers who follow an interpretivist perspective must conduct research in a way that makes qualitative research unique from other methodologies. Because of the uniqueness of qualitative research, it is best to present findings from a study in a grounded theory format. Grounded theory states that a theory surrounds a particular social experience or encounter and the interpretation of this happening

should be so unique to that situation that the theory does not make sense when examined outside a particular context (Denzin & Lincoln, 1994).

While there are many researchers (i.e., Charmaz, 2006; Glaser, 1967; Kvale, 1996) who have developed various strategies and guidelines for following grounded theory, the current study followed the grounded theory tenets and guidelines development by Strauss and Corbin (1990). Thus, it is important to understand the purpose of grounded theory and also the tenets that must be followed to ensure that a study is truly grounded theory. First, grounded theory is used to describe and explain social phenomenon while at the same time it is used to make predictions about a particular experience under certain conditions (Strauss & Corbin). The ability of make predictions is necessary because researchers that utilize grounded theory recognize that social situations and experiences change in response to changing conditions inside and outside a community (Strauss & Corbin). Therefore, grounded theorists allow for change and build it into the theory that emerges throughout the project.

Theories used in social research must deal with and reconcile how to address concepts of determinism. Are we, as social beings who are being studied, able to control our futures or are we at the mercy of some other power? Grounded theory would fall somewhere in between these opposing ideas. According to Strauss and Corbin (1990), people have the ability to control their futures but rarely use this ability. However, people do make choices about their experiences based on their perceptions about what is going on around them. Thus, grounded theory is used to discover the conditions and perceptions to examine and determine how people will respond to their experiences (Strauss & Corbin).

Grounded theory, as explained by Strauss and Corbin (1990), has several requirements to ensure that a study concentrates on the experiences and social conditions of the phenomenon

being studied. First, in grounded theory, data collection and data analysis are parallel and interrelated. Data analysis begins with the first interview or observation, and this analysis should be used to guide the next set of data collection (Strauss & Corbin). Research questions are developed prior to beginning the study and act as a guide; however, is it not required that research questions be developed prior to beginning a study. These research questions can be used throughout the study; however, grounded theory allows a researcher to reevaluate the research questions because there may be times when the questions become irrelevant to the phenomenon under examination (Strauss & Corbin). This reevaluation of research questions and data collection process is used to ensure that data is analyzed along the way to minimize missing important concepts or elements. The researcher is able to ensure that the data is collected in an organized and planned order when he or she collects and analyzes data in the same step (Strauss & Corbin). This process of data collection also helps the researcher to understand the social phenomenon. As a theory is developed through the analysis and collection process, new concepts are added to the theory through repetition of the findings. Essentially, when a concept is mentioned multiple times through various forms of data collection or by multiple people, then the concept becomes important to the theory (Strauss & Corbin). Not only does this ensure that the concept is relevant to the study and theory, repetition guards against bias and makes the multiple sets of data compatible.

The next guideline for grounded theory states that the concepts discovered in the data collection become the basic units of analysis. These concepts from the data are indicators that a phenomenon is occurring. Concepts also allow the researcher to compare incidents from various data sets which enable the researcher to connect similar phenomena (Strauss & Corbin). These concepts also provide a foundation for theory. These concepts that arise from the data sets are to

be categorized according to grounded theory. These categories are a hierarchical order of concepts that allow for organization of data and help formulate theories (Strauss & Corbin). Categories are generated to allow for comparison of categories and to examine similarities and differences. Thus, categories from the data are developed based on the properties of the concepts, the dimensions of the phenomenon, the interactions that lead to the expression of concepts, and the consequences that result from the phenomenon.

Grounded theory also spells out specific details for sampling procedures. First, sampling should not be the result of pinpointing a specific group of people, and then followed by an examination of phenomenon that happens among these people. Grounded theory should begin with a focus on a phenomenon and followed by the identification of a sample of interest which includes people, organizations, or communities where the phenomenon occurs (Strauss & Corbin). Once a phenomenon of interest has been selected, it is important for a researcher to interview or observe more than just the group that is affected. For example, the current study was generated out of interest to better understand the childhood obesity epidemic, and examine the children that are most affected. Therefore, African Americans are greatly affected by the obesity phenomenon; however, this study is not just focused on obese African American girls. Girls who are not obese were interviewed to better understand the entire phenomenon. This allowed me to observe important concepts within my analysis of the phenomenon. In this study, and other grounded theory research, the sampling of the participants was not the crucial component of the study, but the concepts that were generated from analysis of the issue were the essential piece (Strauss & Corbin). From these interviews, the goal of this project was to build a theoretical explanation based on the conditions mentioned by those involved in the social phenomenon of

obesity. Reoccurring themes or concepts were of greater importance because they assisted with elaboration and clarification of key theoretical points (Stauss & Corbin).

Other important elements of grounded theory include maintaining constant comparison of the data during the analysis process, and using notes to detail when patterns in the data occur. Additionally, with grounded theory, one can see that the process of data collection and analysis is imbedded in the theory building process (Strauss & Corbin, 1990). This helps to breakdown the phenomenon of study into stages by making sure to be aware of the interactions that may change as the participants responding to varying conditions of the phenomenon. Therefore, it is essential to take notes of these observations of change which assist with theory building. These carefully detailed notes are taken until the end of the project because without them, important details may be lost (Strauss & Corbin). As a researcher, I was gathering data, making note of concepts, and organizing concepts into categories in order to generate hypotheses that link the categories together. This helped with verification but also allowed me to deal with negative information that may have refuted any linkages.

The remaining tenets of grounded theory include obtaining feedback from other researchers, and analyzing broader structural conditions that may impact any phenomenon (Strauss & Corbin, 1990). It is advised that when conducting grounded theory research that it not be done alone or without seeking feedback from others that have a critical eye for the study and data that is gathered. This allows for an open discussion about the data and a better understanding of the research and the questions it intends to answer (Strauss & Corbin). Furthermore, grounded theory recognizes that social phenomenon does not occur in a vacuum, and there are other structural factors that play a role in the development of themes, concepts, or

categories that emerge from the data analysis (Strauss & Corbin). These tenets and methodology guided the qualitative interview methods that were used in this study.

Methods

A qualitative approach is most appropriate for a study examining the roles of parks and recreation in addressing the childhood obesity epidemic because qualitative methods will most appropriately address day-to-day interactions as well as the social problem and phenomenon of obesity. Qualitative methods (and quantitative as well) have flaws (Greene, 2007). However, it is the method that best captures the information of the lived experiences of the participants. That being said, much of the previous research on childhood obesity and obesity-related prevention programs has had a narrow focus (see Daley et al., 2006; Epstein et al., 1990; Foster et al., 1985; Golan & Wiezman, 2001; Lowry et al., 2002; Zametkin et al., 2004). Research methods are often seen as the means to an end when addressing social problems (Smith, 2006) and past research on obesity intervention studies would reveal that this was the guiding ideology behind those studies, determining whether intervention methods would eliminate the problem (see Daley et al., 2006; Epstein et al., 1990; Foster et al., 1985; Golan & Wiezman, 2001; Graves et al., 1988). While this is not necessarily a negative means of conducting research, it was the result of framing questions and addressing the social problem in a one-sided manner, primarily quantitatively. This led to gaps in the research and understanding of the complexity of the problem.

Furthermore, not only was much of the research focused on one particular aspect of obesity (i.e., parental involvement) (see Caprio et al., 2008; Kumanyika & Grier, 2006; Mullen & Shield, 2004), it ignored potentially significant cultural differences as well as interpretations of these cultural understandings (see Felton et al., 2002; Story et al., 2003; Wilson, 2008). For example, many studies only included white or middle class participants, (see Epstein et al., 1990;

Foster et al., 1985; Sharma, 2006), which limits the applicability of treatment programs for obesity among groups most affected by the social problem. Other studies failed to acknowledge the history of particular groups of people (i.e., African Americans) and how understanding the past can aid in creating the most appropriate treatment method (Story et al.; Wilson, 2009).

While both of these ideas are important to acknowledge, it is worth noting that despite multiple studies (i.e., CDC, 2008; Foster et al.; Graves et al., 1988; Mullen & Shield, 2004; Story et al.), the epidemic continues to be a concern. Essentially, the current knowledge has not been sufficient in helping childhood obesity programs to be moderately successful.

National organizations have set into motion initiatives for how to combat the obesity epidemic (see NRPA; Let'smove.org). Organizations such as these would benefit from research that examines the cultural implications of those most affected by obesity. Selecting individuals to study from the groups most affected by obesity allows researchers and policy makers alike to address obesity head on. Therefore, it is important to conduct interviews to better understand the complex social issue of obesity.

The data collection for this study included interviews of girls and then member checks with the girls. Interviews with the girls were conducted, and then after the transcriptions were completed, the girls were asked to look over the transcripts and provide any additional feedback. The data provided more in-depth information to better understand the research questions outside what can be obtained through survey data. The qualitative data sought deeper understanding of the issues and explored cultural components of obesity that have not been well researched.

Interviews

The interviews followed postmodern strategies because they were unstructured to allow for the story of the participants to be told through their voice and not my voice or the voice of

other researchers (Fontana & Prokos; Seidman). Additionally, the interviews were recorded to limit my influence on the interpretation. However, because it is me who conducted the research, it was important to note that I was not able to completely remove myself from the interviews. Furthermore, my desire to participate in research on adolescents who may be obese and my sensitivity to the impact of the obesity on the identity of the children ultimately influenced the interpretation of the transcripts from the interviews. I acknowledge that my characteristics and identity play a vital role in determining what information is presented (see Henderson, 1998; Henderson & Ainsworth, 2001). Because I am a White, female, graduate student in my late twenties, I know that my interpretations of the interviews with children were different than that of other researchers as well as the interpretations that the participants themselves. Examining the statistics of obesity rates, I am aware that the racial and ethnic make-up of youth most affected by obesity is different from my own (see CDC, 2008). It was important to ensure that the participants felt comfortable sharing their ideas and feelings about their childhood obesity. Acceptance of this type of knowing is critical to qualitative research. By being aware that the identities of the researched and the researcher were different, I attempted to present the voices of the children as they were originally spoken to understand their thought process that are unique to them (Fontana & Prokos; Henderson; Seidman).

In order to compare the perceptions and stories that were given by the girls, constant comparative method was used to analyze the interviews. This method is a component of grounded theory and allows for perceptions and concepts that emerge from the data to be compared (Boeije, 2002). This comparison of concepts and interview data allows for theory to be grounded in the concepts from the interviews. Therefore, comparison of the transcripts is necessary to develop theories or hypotheses that are truly based on the data, and this allows the

theory to be inductive rather than deductive (Boeije). As data are gathered, analyzed and compared, research questions can be answered and new ones can emerge. Furthermore, with each interview, the data were analyzed and compared. When new interviews did not bring new concepts or categories, the study was determined to be saturated with all the relevant data (Boeije). Prior to and after saturation was reached, comparisons were made within interviews, between interviews from different groups, and also between interviews from the same groups. For example, an interview with a girl was examined for commonalities within the interview. It was also compared to interviews with other girls. Themes then emerged from these multiple comparisons.

Participant Recruitment

Participants were recruited from the Douglass Center which is a Champaign Park District facility and also the Boys and Girls Club. These facilities are located in and primarily serve the African American community in this mid-size mid-western town. Additionally, both are located near government supported housing. This population was chosen specifically because African American females are one of the groups most affected by childhood obesity (CDC, 2008). Further examination of obesity rates reveals that those who live in poor communities are more likely to be obese, and those living in rural communities are more likely to be obese than those living in suburban areas (Singh, Siahpush, & Kogan, 2010). Lastly, females of various racial and ethnic backgrounds frequently mention concerns with weight and eating. For example, teenage girls mention dissatisfaction with body image and acknowledge that they have or are attempting to lose weight (CDC). Because the phenomenon of childhood obesity is shaped by cultural components of race, ethnicity, geographic location, and socio-economic status, an appropriate sample for this study was African American girls.

More specifically, African American girls between the ages of 7 and 13, who participated in programs or attended the Douglass Center and the Boys and Girls Club were asked if they would like to participate in the study. Because of my previous work and familiarity with the staff at the Douglass Center, I was able to build relationships with them that enabled me to reach another leisure agency. The staff at the Douglass Center acted as gate keepers to the Boys and Girls Club which gave me access to the staff and participants at this site.

This study was not limited to girls who were overweight and obese because I was interested in the view points from girls of all body types. They were given consent forms to take home for their caregivers to read and sign. The girls were asked to return the forms to either the Douglass Center or the Boys and Girls Club if they were interested in participating. Each girl who participated in the study was given a gift card to a local movie theater.

Research Questions

As stated in the tenets of grounded theory developed by Strauss and Corbin (1990), research questions can be generated prior to conducting interviews. In order to assist with the generation of the research questions, a summative content analysis was conducted (Hsieh & Shannon, 2005) on agency program guides and websites for the Chicago, Champaign, and Decatur Park Districts. Content analysis was used to compress text from the program guides and websites into categories (Hsieh & Shannon; Stemler, 2001). More specifically, I was looking for words in the descriptions of programs, special events, and facilities that were related to the categories of physical health and culture.

The goal of this analysis was to inform the research and interview questions as well as to create awareness of the types of programs that focus on health and obesity (Hsieh & Shannon, 2005). Additionally, the analysis also provided an understanding of the types of words used to

describe programs and events for youth and girls. I also wanted to understand how words such as physical health and culture (along with other related words) were used in these guides and websites to inform the girls about the recreation opportunities available to them from these various parks districts. Prior to searching this particular media, I made a list of physical health-related words such as health(y), obesity, weight, nutrition, endurance, body fat, metabolism, physical fitness, and physical activity. I also made a list of words for the culture category that related to African American girls such as culture, girls, teens, African American, Black, ethnic, and race. From this analysis I found that physical health-related words were rarely used in programs and events that targeted youth and girls, and only one park district had a program that specifically addressed the physical health and nutrition needs of girls (Chicago Park District, 2011; Decatur Park District, 2011). Furthermore, words that related to African American girls were more infrequent. Culture was typically used to identify creative arts programs rather than ethnic or racial diversity programs in these communities (Champaign Park District, 2011; Chicago Park District; Decatur Park District).

This analysis assisted in the creation of the research questions listed in Table 1 where the girls were asked to describe their perceptions of the roles of leisure service agencies in addressing their health and weight concerns. Furthermore, they are asked whether parks and recreation agencies serve as a resource for health and weight concerns and also whether the agencies are specifically acknowledging these concerns. The research questions were then used as a guide to develop interview questions and also generate other questions regarding the social phenomenon of childhood obesity. Table 1 provides a review of both the research and interview questions that guided this study, and also the introduction script that was used at the beginning of

the interviews. The interview questions were given to both agencies for review and feedback prior to data collection.

Table 1. Research and Interview Questions for Participants

Introduction Script

Hello, _____, my name is Brooke, and I am here to ask you a few questions about health and also what types of activities you are interested in. There are no right or wrong answers because I just want to get your opinion. If you decide you don't want to answer a question or you want to stop, just let me know and we can stop. How does that sound?

Research Questions	Interview Questions
How do African American girls conceptualize health and obesity?	What does it mean to be healthy to you? What do healthy people look like? How do they act? Is being healthy fun? Why or why not?
	What does being thick mean to you? What does being thick mean to other girls you know? Do boys think that it means the same thing? Does thick mean the same thing as being fat? Is it healthy to be thick?
	What does being fat mean to you? Do you know anyone that is fat? How do they act? Is it healthy to be fat?
Are public and non-profit agencies addressing the health needs of African American girls through their programming and access to parks and facilities?	Do you learn about health at the park district? If so, what do you learn? How do you stay healthy when you are at home or not at school? Who helps you? What do you want to learn about being healthy while at the Douglass Center? Who can help make being healthy fun? Is childhood obesity a problem in your school or neighborhood?
	Do you like participating in parks and recreation programs? Explain.

The interview questions were used as a guide during the interviews; however, as the interviews were conducted the questions evolved to allow for clarification of the responses provided by the girls. Because of this, not all the questions were asked in the same order or format for each girl who participated in the study.

The purpose of this study was twofold: to examine the conceptualizations of health and obesity among African American girls and to examine whether public and non-profit agencies are addressing the programming needs African American girls. In order to better understand these perceptions, 18 African American girls between the ages of 7 and 13 were interviewed while they attended afterschool programs at either the Boys and Girls Club or the Champaign Park District Douglass Center. During the interviews, I took notes regarding the setting, events that occurred at the agencies, the ages of the girls, and their apparent body types. Thus, this study included 4 girls who were 7 years-old, 1 girl who was 8, 6 girls who were age 10, 5 girls who were 12, and one 13 year-old girl. I concluded from my notes that 5 girls appeared to be overweight and 13 appeared to be skinny. While I did not specifically ask the girls to self-identify their personal body type, they all did. The girls that I identified as overweight, called themselves “thick” which will be defined later. The girls that I noted to be of normal weight identified themselves as skinny. None of the girls in the study identified themselves as being fat or overweight.

Table 2. An Introduction to the Girls

Name	Age	Self-Identified Body Type	My Assessment of their Body Type
Alaie	10	Thick	Skinny
Ashley	7	Thick	Overweight/Fat
Daizsha	10	Thick	Overweight/Fat
Emani	10	Skinny	Skinny
Gabby	10	Thick	Skinny
Imani	10	Skinny	Skinny
Jada	8	Thick	Skinny
Jaliah	12	Thick	Thick
Jamoea	12	Thick	Skinny
Jaylen	7	Thick	Skinny
Maya	13	Thick	Thick
Myleka	12	Thick	Skinny
Ta’Nisha	12	Thick	Overweight/Fat
Tamea	10	Thick	Skinny
Tasia	7	Thick	Skinny
Terika	12	Thick	Overweight/Fat
Vanessa	10	Thick	Overweight/Fat
Violet	7	Thick	Thick

One of the goals of this study was to understand how the girls conceptualize the word obesity; however, after talking with the girls prior to the interviews, I realized that this was not a term with which they were familiar. Most of the girls were more comfortable with the term fat; and therefore, I used that term as opposed to obese throughout the interviews. During the conversations prior to the interviews, I asked about the definition of the term obese, the girls would say things like, “oh, you mean fat.” Thus, the term fat replaced obese in the interview questions in order for them to understand the questions that were asked.

The recruitment process for this study was challenging at times. Many of the girls attended the afterschool programs sporadically, making it difficult to contact them regarding participation. Furthermore, reaching out to parents to have the consent forms signed and returned also presented a challenge. However, of utmost concern regarding this study was the ability to

build rapport with the girls so they would feel comfortable participating in the study. To build rapport, I attended the Douglass Center afterschool program for nearly two months and talked with the girls at that site. I did not distribute consent forms to the girls and their parents until I had been visiting for about a month. I arrived early each day interviews were conducted so I could play board games, watch movies, and help with crafts so that the girls were used to having a conversation with me and would feel comfortable talking to me one-on-one.

While the Douglass Center presented an ideal setting for the interviews, this was not the case for the interviews at the Boys and Girls Club. The director of the Boys and Girls Club kindly declined my interest to volunteer for their program. However, she assisted in the scheduling of the interviews because the interviews provided them with research that could inform future programming. Therefore, the interviews at the Boys and Girls Club occurred after their staff had collected 12 consent forms for the study. Unfortunately, I was not able to build the rapport with the girls at the Boys and Girls Club that I did with the girls at the Douglass Center. My rapport with this group of girls was limited to talking with them about their days and answering any questions they had for me both during and after the interviews. I let them steer the conversation in order for them to feel more comfortable. I was able to ask all the questions, but not necessarily in the same order for each girl. I wanted to let the conversation drive the timing of the questions.

Despite the unstructured flexibility, this age group of girls was difficult to interview. During the interviews and while I transcribed, I noticed that there were few long, in-depth responses to the questions I asked. Many of their responses tended to be disjointed, and at times, the girls went on tangents about various topics. They also often lost focus during the questions or when they provided a response to the questions. A few of the girls never sat down during the

interview but rather moved around the room. Even though there were challenges, their responses to questions were insightful and provided useful information that enabled me to create themes from the interviews.

In order to ensure that I had properly interpreted their stories, member checks were completed. This was done after all the interviews had been transcribed. I asked some of the girls to review their transcripts and provide any feedback or clarification about what they had previously told me. I assisted the girls who had trouble reading the transcripts by reading the main points and themes out loud to them. The member checks resulted in few minor changes to the transcripts. Most of the girls felt the transcripts needed no alterations and felt that further clarification was unnecessary. A few others changed the spelling of a person's name that they had referred to or added words that I was not able to understand while I transcribed.

CHAPTER IV: RESULTS

The following chapter will discuss the themes that emerged from the interviews by presenting them through the voices of the girls; however, their names were changed within the text to keep their stories anonymous. Each interview was read to identify themes that emerged throughout the conversations. Then the interviews were compared to each interview that was conducted to compare the themes that were identified. Thus, the interviews and member checks revealed three major themes: (a) conceptualizing health, (b) body types, and (c) lack of opportunities. Some of the themes were related which allowed for some comments to be related to multiple areas.

Conceptualizing Health

The girls in this study had complex definitions for what it means to be healthy and the ways they determined whether girls their age as well as others they encountered are healthy. According to the girls, “being healthy” meant eating fruits and vegetables, exercising, and taking the time each day to ensure that they had appropriate hygiene. They found these actions to be important in order to be considered healthy. These healthy behaviors were tools used by parents and other role models to encourage the girls to set and achieve their health goals.

Many of the girls gave similar definitions of what it meant to be healthy. Jada (8) had the following to say when asked to describe what health meant to her, “[being healthy means] eating a lot of vegetables and don’t lay around watching TV shows and exercise.” Jaylen (7) described health as, “Healthy is [eating] grapes and [drinking] water. Yeah, because that will make you safe. And [drinking] milk!” When I asked Ta’Nisha (12) what healthy meant, she referenced herself, and felt that she was healthy “because I eat fruits and vegetables, and I exercise sometimes.” Emani (10) also provided an example of what health meant to her by explaining an

experience when she visited a friend's house for dinner. "We are really healthy because every time we go over there, her mom make[s] dinner with vegetables."

Many of the girls also felt that exercising should be included in their definitions of health. To the participants, exercise was limited to a select number of activities such as running, jumping jacks, push-ups, and sit-ups as well as organized sports such as soccer and basketball. Exercise activities were also thought to assist with weight-loss and keep a person from being overweight. Tasia (7) said, "[Healthy people] go exercising." Violet (7) described the types of activities that she perceived to be exercise when she said, "Exercising is when you jog and stuff. That's what I'm going to be doing. I'm going to be in cheerleading." Vanessa (10) talked about how playing basketball was a good form of exercise because it was a catalyst for weight loss, "if you play [basketball] you can lose weight." She felt that weight-loss was an important part of exercise.

In addition to defining health, I also asked the girls to tell me whether being healthy was challenging or if they felt it was easy. There were mixed opinions about whether being healthy was easy. For example, Vanessa (10) concluded, "It is easy [to be healthy] as long as you pay attention and do what you are supposed to do." Ashley (7) also felt that being healthy was easy because of the rewards that it provided for those that were healthy. "It really is [easy to be healthy]. If you know that you are healthy, then you don't have to worry." According to Ashley, worrying about health was a concern because if a person is unhealthy, then she is limited in the activities she can participate. She may need to visit a physician more often to seek healthcare aid if she is unhealthy. Jaliah (12) also felt that being healthy was easy as long as a girl thinks about what she eats or what types of exercises she does. "When you are not thinking about it, you don't

know what you are doing.” She felt that girls her age found it challenging to be healthy if they did not make health a priority or focus.

Some girls felt that being healthy was challenging because there were always unhealthy choices at home or at school that interfered with their ability to make healthy choices even when they knew which choice was healthier. For example, Tamea (10) said,

Because let’s say you had a carrot in your refrigerator, or carrots or an apple in your refrigerator sitting right next to cake. Maybe you just look at the cake, and you want the cake so bad. You should get the carrots and the apple instead.

Imani (10) also felt that there were challenges to being healthy, especially if a person was attempting to diet or lose weight because she felt that a restricted diet made it harder to avoid unhealthy foods:

If you are not really big but you are big and you try to go on a diet, then you say you won’t eat something like cakes. You want to go on a diet, and you say you are not going to eat. It’s hard to try not to eat it if you like cake.

The girls also explained whether being healthy was something that was fun to them. Again some of the girls felt that it was fun to be healthy because there were many healthy foods and physical activities they enjoyed. According to Ashley (7), being healthy was fun, “because you can eat what you want to eat and you can do what you want to do if you like to run.” Conversely, some of the girls felt that being healthy was not fun because it placed limitations on the types of food they could eat. Alaie (10) said, “I say no because say you are at lunch with a whole bunch of kids who have nachos and you just have carrots, apples, baked chicken.” She felt that being around peers who did not eat healthy made being healthy herself, difficult. Imani (10) also felt that making healthy food choices was not easy because of the uncertainty associated with eating foods that could lead to weight gain. “Being healthy isn’t fun because there are really good foods that aren’t really good for you that a lot of girls eat. And sometimes nothing will

happen to you but sometimes it does.” She felt that girls make food choices that could lead to consequences such as poor health.

The participants also commented on who helped them to be healthy. There was a wide range of responses; however, the girls frequently mentioned a relative or a professional in the healthcare field as their role model. They mentioned teachers, dentists, psychiatrists, nurses, doctors, as well as their mothers, grandmothers, and grandfathers. They were also eager to share stories about how they had seen these individuals act healthy. For example, Emani (10) shared an experience she had with her physical education teacher. The teacher and students made a snack in class that was to provide them with energy. She said:

[The healthy snack] is actually kind of good. We ate that today, but it was for PE. They provided chocolate, Cheese-It’s, and mixed cheerios with it. They tell us that it is healthy to eat because they provide it for us after we play because when you play you use a lot of energy.

Because the teacher had told her this was a healthy snack, Emani felt that snacks like these were healthy.

Vanessa (10) talked about how the dentist was quite helpful in teaching people about health because as professionals, dentists were considered healthy. She said, “[Dentists] can tell you how to get healthy and you need to listen to these people because they can tell you how to get healthy.” This healthy role model choice fits with how the girls described and defined health. Vanessa also shared that hygiene was an important component to health because dentists helped to teach her about proper dental care, “Dentists tell you, brush your teeth and like eat healthy.” Additionally, Jaliah (12) shared the following about her sister who taught her about the importance of hygiene:

So how I feel about health for girls my age is like some people can be clarified as mature. For instance, my sister tells me that I should take a shower every day or every night, and that I should do good hygiene. If I am on my period or something, I should change my

underwear and everything like that. I think health is really important at this age especially when you are first experiencing your period, and so I think that is very important to have especially at our age.

Jaliah described hygiene as something that was important to her because a role model such as her sister encouraged this type of behavior.

Vanessa (10) also told me about her older brother who takes her to do various activities.

She mentioned how she enjoyed spending time with her brother because he “might push you to the edge or something. Not like push you to the edge to make you mad, but they might make you workout and all.” She described her brother as someone who encouraged her to be physically active because it was important for girls her age. Vanessa felt that her brother was a role model in her life regarding health. However, she also shared the following experience about an afternoon she spent with her brother, “I actually had fun with my brother because he took me to the mall for a while and he bought me some honey buns, and he gave me a pop.” Vanessa felt her brother was a role model who helped her to be healthy, and she also admired him because she had fun when they spent time together. Vanessa did not seem to be aware of the contradiction in her brother’s health-related behaviors.

Other girls mentioned how their role models for health also encouraged or engaged in unhealthy eating behaviors. Because the relationship with the role models was highly regarded, their behaviors were not questioned or thought to be unacceptable. Thus, the girls identified that the behaviors were unhealthy, but felt their role models were not behaving inappropriately. Vanessa was not the only girl who mentioned people who helped her be healthy but then later described unhealthy behaviors their role models engaged in. For example, Emani (8) talked about how her mom helped her to be healthy because she made “sure that we have everything that is healthy for us on our plates.” She also mentioned later in the interview that her mom diets

from time to time, and that her mother was currently on a diet which restricted the amount and types of food in the house. Then Emani said, “My mom said she was going to stop eating snacks in the middle of the night, but then I found wrappers and cups everywhere.”

The role models mentioned by the girls were important, and the girls appeared to be paying attention to multiple aspects of their health behaviors. Watching role models’ behave in both health and unhealthy ways helped shape how the girls understood and conceptualized health. It may also have an impact on how the girls view and manage their health behaviors when they are not around these professional and personal influences. However, Jamoea, did mention that girls her age could use, “better influences” to help them with their health choices.

Body Types

During the interviews, the girls described fat, thick and skinny body types. Additionally, when providing descriptions of these body types, the girls mentioned and explained the stigmas associated with them and also the bullying that resulted from the stigmas. They described each body type uniquely and also explained whether being fat, thick, or skinny could be considered healthy. Therefore, this section will present the results on the definitions of each body type as well as the stigmas and bullying related to them.

Fat

The girls had many definitions of what it means to be fat. Gabby (10), when asked to describe what it means to be fat, made a widening motion near her stomach. Additionally, when asked follow-up questions to clarify if being fat referred to people with large stomachs, she said, “big everywhere!” Daizsha (10) described a fat person as someone who wore “bigger sizes in clothes like 2X and 3X and 4X, 3XXL, and 4XX.” Jada (8) said that you can tell that someone is

fat because, “when they run, they jiggle.” Additionally, Jaliah (12) explained what being fat meant to her:

You are way overweight, and you need to take time for yourself. You need to try harder to take care of yourself. Because when people say she is fat, I am thinking she is huge! Oh, girl, she must be over 200 pounds!

Terika (12) described being fat this way:

Obese! Oh, you are obese! It’s like O is for obese or something. The B is for big. E is for...elevator. S is for super big! They eat too much, and they are a big fat loser.

Even though the girls described fat people as being unhealthy, they felt that some fat people could be considered healthy. Jamoea (12) said, “They could still be fat and workout. They just can’t get the weight off.” Jada (8) also described a boy at her school when asked whether fat people could be healthy. She said, “There is a boy at school. I don’t know his name, but he is a little bit chubby. He is healthy. He eats a lot of vegetables like soup. Every time he gets fruit, he eats it all.” Violet (8) had a similar perception and described it this way, “Yeah, [fat people] can still eat healthy, but the majority of their food is not healthy.” Jaylen (7) felt that fat people could be healthy because when they were healthy, they have the potential to lose weight, “they do healthy things, then they are healthy when they do it. They lose weight.” Essentially, the girls felt that fat people are considered healthy if they have eaten fruits and vegetables or exercised. However, if they have not engaged in these behaviors, then they are considered unhealthy. Furthermore, the girls felt that fat people are overweight or obese because they spent a limited amount of time engaged in healthy behaviors.

A few other girls shared personal stories of their perceptions about whether being fat can be considered healthy. Gabby (10) told a story about her mother who was overweight as a result of having children. Her mother exercised but was still considered fat according to Gabby. “Like my momma since she had 5 kids, she is fat. She had to go to the gym. My mom will walk on the

treadmill and walks around the block.” She felt her mom was still healthy because she exercised despite being overweight. Maya (13) also shared a story about her sister who was overweight and was still able to run and exercise. “My sister can run but she is big.”

In addition to describing what fat means and whether fat people are healthy, the girls were asked to explain the stigmas associated with being fat. They typically shared experiences where they saw others being teased or bullied for being overweight. For example, Terika (12), said,

It’s like this girl at our school and they call her Chewbacca [laughter]...because this girl can’t fit through the cafeteria door...she has to turn to the side to fit through the cafeteria door.

She later explained how one particular boy makes fun of this girl on a regular basis, and then she stated, “I don’t get why people hate other people just for weight.”

Many other girls shared stories about themselves or of people they knew who were teased or bullied because of their weight. Jaliah (12) said:

When I think of fat people, I am just going to be real. When I think of fat people, I think that they don’t take care of themselves because they are overweight. It is just what people think, like when people think of Black people. They think they are loud, ghetto, out of control and stuff like that. But when I think of fat people, I think that they are grouchy. I think they feel bad about [themselves] because they want to be a bully and stuff. I don’t like to tease people who are different. I have a friend named Tashiana, and she is the life of the party even though she is fat.

Jaliah felt that fat people were teased because there was a stigma that fat people were unfriendly, and it was assumed that they do not care about their health.

In addition to asking the girls about the stigmas related to being overweight or fat, I also asked them if fat people have as many friends as girls their age who are not fat. Many shared stories and experiences they had with others being bullied or harassed for having a larger body type, and also noted that most fat people have fewer friends than people who are not fat. I asked

Jamoea (12) if she thought fat people had as many friends as people who are not fat, and she shared the following with me,

“No [fat people don’t have as many friends] because people are like, are you going to eat all that? They have friends, but I think people talk about other people, and they try to hide it [being friends with fat people] and stuff.”

She mentions at the end of what she shared with me that people who are not fat attempt to hide being friends with or friendly towards people who are fat because it is socially stressful to girls their age. The girls also discussed whether they feel comfortable telling bullies to stop making fun of people who are fat, and Emani (10) shared this:

Well if I got in the way of it, I would get bullied and teased, and I could get hurt. That is why sometimes I don’t want to be in with them. I don’t want to be hit or be teased or called names.

The girls mentioned that while they were aware that bullying was a problem, they also said they had not spent much time worrying about other girls or boys their age that were being bullied for their weight. Jaylen (8) shared this:

That makes me feel kind of sad and sometimes I feel really bad because they are picking on my friends. And if it is someone I didn’t know, I would feel really bad and kind of nervous or something.

She then revealed that the nervous feelings were a result of her not wanting to be bullied for stepping in when a peer was being teased about her weight. Myleka (12) had similar feelings about sticking up for people who were being bullied for being fat. “I like feel bad for them, but then on the other hand, I wouldn’t say that I care because there isn’t a whole lot I can do.”

The girls were aware and concerned that people were being bullied and teased for being overweight, but at the same time, they felt that there was little they could do to prevent the bullying from happening. It appeared that some of the girls’ parents were also concerned that their children were being bullied. Ashley (7) shared the following, “[My mother] is really concerned about me. She heard from my teacher that other kids are sticking candy in my face

and teasing me.” Ashley appeared overweight to me and she mentioned that others teased her about this.

Violet (7) shared a story about a friend who struggled with being heavy, and she explained her concern for her friend:

I have this friend, I don’t know if she is 6 or 7, I think that she is 7. She wasn’t eating healthy, and I told her that you have to start eating healthier or else you will have to go to the doctor. She ended up going to the doctor, and I said to her, you have to start eating healthy. I told her if you don’t eat healthy and you eat all that junk, you are going to have to get surgery to get all of that out.

Violet seemed unsure of how to help her friend but felt that talking with her could help her to be healthy.

Daizsha (10) also shared a personal encounter she had with both her sister and grandmother. Daizsha was overweight and explained her struggle with being teased about her body type:

Well people like my sister call me fat. My grandma tells me that I am not fat, I am just well-built, and that it runs in the family. She tells me it is going to be hard to get friends which it is but to just live with it because it can be hard any time.

Her grandmother was also her role model for health, and she attempted to teach Daizsha that her body type was acceptable. Her grandmother mentioned that weight was not the only challenge to making friends; however, Daizsha did not mention them specifically. Jada (8) shared a similar experience she had with her cousin at school. She also describes how she responded to the remarks made by her cousin:

A lot of people at schools like to make fun of people. My cousin at school, she says, when you run, Jay, you jiggle. When you run, you jiggle. I say, Kayla that isn’t even nice. I bet when you grow you are going to be fat, and I bet you will be in the corner crying when somebody talks about you.

Gabby (10) briefly described her experiences with a friend who was overweight, “I have a friend and she is out of shape and people call her names and fat.”

“Being fat,” overweight or obese was linked to many definitions and understandings for how people with this body type would behave. Additionally, it seemed that the girls had experienced, while not all personally, that “being fat” meant that a person was likely to be bullied about their appearance. However, the girls also mentioned that despite the stigmas and definitions of fat, people who had this body type could still be healthy if they engaged in healthy behaviors and that some of the stigmas were untrue.

Thick

The body type “thick” was used to describe girls who were “not fat or skinny, but like both mixed together,” according Jayden (12). In essence, the girls interviewed described a “thick” body type as a stage between being fat and skinny. Some similar definitions of thick included that given by Maya (13), “Not fat, and not skinny. It is in the middle.” Jaliah (12) felt that a thick body type meant that a girl had distinguishable body features. “Thick can mean like butts, abs. I know I’m not thin. I got a tummy on me. Thick is like you’re not fat, but you’re not skinny.” Following that, Ashley (7) stated, “It’s like you are medium of fat and skinny.” Gabby (10) also described “thick” as being the body type between fat and skinny. She felt that thick people were that particular body type because they were able to balance healthy and unhealthy behaviors, she stated, “being thick means they might eat some good foods or they might not. They might exercise or they might not.”

Following that, individuals who are considered thick were also thought to be healthy because they had the ability to balance what they ate. “When you [are] thick, you eat enough sugar to keep you hyper, but you also eat enough meat and grains to get enough of everything,” according to Daizsha (10). Additionally, Jaliah (12) talked about her sister, who she felt was thick:

Yeah, it doesn't mean that you are fat...My sister [is] buff. She has a lot of muscle on her. She play[s] basketball. She does shot put. She does tennis. She do all these different sports so she is buff. She has muscle on her like when you are big and buff. You know when short people are buff and their arms be like that.

Ta'Nisha (12) also commented on the desirability of being thick over being skinny or fat because it was considered to be a difficult body type to achieve.

Thick is the combination of thin and fat, but it's actually a good combination. Most people want to be thick instead of fat. If you are thick, you can go either way, so it would actually be hard to be thick.

Thus, being thick was ideal because it presented the greatest challenge to achieve. As Ta'Nisha (12) stated, the most ideal body for these girls was to be thick. Most of the girls felt that being skinny or fat was less appealing to boys than being thick. When I asked the girls what body type boys their age preferred, they often replied with "thick" because they have heard boys say, "damn she is thick, girl," says, Terika. Many felt that among their friends and girls their age, being thick was the most acceptable body type. The girls did not mention any stigmas associated with being thick or that thick girls were subjected to bullying because of their weight. However, the girls did mention that weight was not the only reason that a girl may be bullied, and that girls who are thick may be bullied for other reasons.

Skinny

Much like the body types fat and thick, the girls had many definitions they used to understand skinny. They also mentioned the stigmas associated with being skinny. This section will detail the definitions and conceptualizations the girls provided for being skinny, and also explain the stigmas associated with this body type. Many of the definitions for skinny included being thin. For example, Violet (7), among others, provided the following definition for skinny, "Skinny means that you are really thin like a piece of paper."

The perceptions about the health of a skinny person were quite similar to the perceptions mentioned about fat and thick body types as well. Alaie (10) had this to say about herself:

I am skinny, and I am not healthy. Because I eat a lot of stuff, and it has to have chocolate in it or I won't eat it. Like one day my dad made cookies, and it didn't have chocolate in it. It was a cookie with peanuts in it, and I don't like peanuts.

Despite describing herself as being skinny, Alaie felt that she could not be considered healthy because she ate poorly. Tamea (10) had a similar understanding on whether skinny people are always considered healthy, "Skinny people are sometimes healthy. Sometimes they have a pop [so they are] not at that time." Tamea felt that the behavior rather than the body type determined health.

Other girls also mentioned how being skinny was associated with poor health such as a lack of eating. For example, Jaliah (12) said this when asked to describe what skinny meant to her and girls her age, "Skinny people are always on diets and stuff. Who wants to eat caviar? Nobody wants to eat that stuff. Caviar, they be like caviar, I'm on a diet, caviar." According to the girls, skinny people were perceived to be avoiding food and were most likely starving themselves. Maya (13) had the following to share:

Because they can be really, really skinny and not eat anything. They could be to the point where they don't eat at all. Like starving themselves. The other day I was watching America's Next Top Model and the girl she actually like starved herself because she wanted to be a model. She didn't eat for 2 or 3 weeks and she was bad. When you eat you are healthy but when you don't eat, you are not healthy.

Terika (12) talked about a similar experience she had at school:

Yeah. [There are] girls at my school who say they are on diets. We had soul food at our school and this girl was like, damn, I should have brought sack lunch because I am not eating any of this crap. And I said mmm there is meat over there. And she said can I try a piece. I was like, I thought you were a vegetarian. She was like, [in a whispery voice] I'm hungry. So I gave her a piece, and she was like oh this is good. I'm not a vegetarian no more.

In addition to the stigma of having an unacceptable eating behavior, many of the girls associated being skinny with taking drugs. Jamoea (12) explained this feeling when I asked her if she could tell whether a person was healthy by looking at them. She replied, “No! Because sometimes, and I am not even going to sugar coat it, there are very, very skinny people on drugs.” Furthermore, Daizsha (10) talked about her sister as someone who was negatively associated with being skinny. “My sister weighs like 95 pounds, and she says she wants to lose weight. But she is crazy because she is on drugs. She is crazy.”

Maya (13) was talking about a time where she was with friends and encountered a person who was skinny. They felt she was skinny because she was on drugs, but this was not the case:

My friends and I saw this girl at the gas station and she wasn’t even on drugs. She was a nice person. She said hi to us and even bought her [her friend] hot chips. We were like, thanks, and we just walked away. We expected her to come in the gas station on drugs like high or drunk or something like that, and she really didn’t. She was just really skinny.

Vanessa also talked about how her mother stressed the importance of not being skinny because it was associated with doing drugs. She referred to people who are on drugs as junkies, “They [junkies] don’t take care of themselves. I’m not trying to talk about nobody, but you know how a junkie looks. My momma says never be a junkie! Never!” Another participant, Ta’Nisha (12), commented that being skinny is not something that is popular for girls their age. Being skinny had a negative stigma associated with it. “People think the new thing in fashion is to be skinny, but then I think that they are just an outcast.” Violet (7) stated, “I don’t want to be skinny, running around like a toothpick.” Because of these stigmas, the girls felt that skinny girls did not have as many friends as other girls.

The girls mentioned that some of the body types discussed in these interviews had stigmas associated with them. They also reflected that stigmas led to beliefs about a person and

the types of activities that she was most likely were associated with. For example, the girls discussed how being skinny was associated with not eating and doing drugs. These negative stigmas led to limited social outlets such as fewer friends and to a general belief that being skinny was socially unacceptable. Imani (12) described the feelings of many girls when she said, “If you are too big or too skinny, you will feel down on yourself.” She was talking about how the body types of skinny and fat were least desirable. A thick person would then fall in between these two benchmarks as mentioned by the girls in their definitions of “thick.” Body type stigmas were quite prevalent among this group of girls. Many had strong negative opinions regarding both being fat and skinny. They felt that among their friends and girls their age, being thick was the most acceptable body type.

Lack of Opportunities

While interviewing the girls, I quickly learned they felt their recreation and leisure opportunities were quite limited. They mentioned several activities they were interested in having available to them. Additionally, they shared that they felt boys were given more recreation and leisure options. Lastly, the girls stressed a desire to learn about health in a way that allowed them to express their femininity and also share their talents with their peers. The following section will provide a detailed description of their perceptions regarding their opportunities for recreation and leisure and their desire to learn about health.

“I can see some of the boys out there, and none of them are fat because they play basketball. This is why I am glad you are here because there aren’t many things for girls to do around here. We think it is an issue, and it should be called the Don Moyer Boys Club.” This quote reveals the frustration the girls had regarding their opportunities at the afterschool programs and also within their community. Many felt that there were few opportunities for them

to participate in activities that were just for girls. When I asked the girls specifically about activities they would like to participate in at either the Boys and Girls Club or at the Douglass Center, they said they would really like to have dancing, cheerleading, soccer, volleyball, jump rope, and basketball. They were also interested in free play activities outside where they could socialize with friends. Vanessa (10) wanted “dancing, like you could make up a routine with your friends and all.”

Girls in this study perceived sport activities to only be offered for the boys at both locations, but not the girls. For example, Ta’Nisha (12), stated,

I think that the girls should be able to play [basketball]. There is this thing where they are trying to separate the boys and the girls, like a guys sport like basketball. The [girls] should be able to play with the boys, but they are doing this separating thing.

She mentioned that the leaders at the Boys and Girls Club had started a policy where boys and girls needed to be separated from one another during activities, and this limited their ability to participate in activities.

Jaliah (12) voiced a similar frustration because she felt that the activities that the girls were interested in were related to or served as a support for the boys’ activities rather than being something that was only for the girls. She had this to share, “Well we have cheerleading, but it is for them [the boys]. We are cheerleading for *them*.” While visiting the Douglass Center and the Boys and Girls Club, I overheard conversations similar to this one. Many of the girls expressed dissatisfaction with feeling forced to cheer for the boys when they wanted cheerleading activities for themselves. Additionally, they wanted the ability to make their own cheers and learn to perform cheerleading stunts. They felt cheerleading did not need to be associated with sports for boys.

The participants also talked about activities that were offered previously, but were taken away because these activities were thought to encourage poor behavior. They mentioned that some girls who were making poor choices during the activities were removed by the leaders. Maya (13) shared the following about an activity that was removed from the program because of behavior:

The Lady Elegance leader was coming here like every third Wednesday. We were going to have an Elegant Lady pageant. We were all going to be in there and there was going to be a competition where we were dressed in heels and got our hair and makeup done. Ms. Debarah messed up the whole thing. She like ruined everything. The Elegant Lady leader came here, and they [Boys and Girls Club staff] said that the Elegant Lady had come to the office. And they were like, there is no more Lady Elegance because you are not a good influence on these girls. They [leaders] were talking about how you can't be 3-0-4. It is a hoe if you type it on the calculator.

Maya was upset that the Lady Elegance program abruptly ended, and the girls were not told in advance that it had been terminated. As Maya described, on a day when the girls had prepared for the pageant, the Lady Elegance leader was asked to report to the director's office. The leader was then told by the new director that the program would no longer be offered. Shortly after the Lady Elegance leader was let go, the girls were notified about the program. The girls were frustrated when the program was eliminated because they felt it allowed them to express their femininity.

Additionally, they were interested in being able to participate in "boy" activities such as sports. They also wanted to express their femininity through activities like Lady Elegance, and also "have a spa day where you could teach us about health while we do our finger nails or something." They expressed frustration with limited choices and a lack of opportunities to be feminine, like Terika, said, we want "more girl activities because it seems like the boys do everything." Vanessa expressed a similar frustration with the physical activity component of the program at the Douglass Center:

We have Fitness that we do now every day. You come here, and I'm like, oh my God, I hate fitness, but they say that you need to do it. When we do recreation, I have to get up and play.

From my observations, Fitness was a required physical activity program that was a part of the afterschool activities at the Douglass Center. Each day, every child was required to participate in Fitness for one hour. However, I also noticed that it did not provide the children with many options in the types of games they could play. Fitness activities were heavily determined by the afterschool staff. Most of the games were a variation of tag or dodge ball. Many of the girls seemed disengaged. Often they would try to be the first out, so they no longer had to play until the next game began. I also watched the female staff who engaged in similar behaviors. The girls also mentioned they were interested in "ballet or gymnastics and cheerleading!" Jaylen was also interested in "a talent show." Tamea mentioned that she wanted the staff to "let us do your own thing like dance up in here!" Dancing was an activity that the girls were very interested in having offered. Jamoea (12) asked me if dancing would be offered. "Dance! Are you starting something? Because there are girls who really like dancing because it is fun."

I also asked the girls questions about whether they would like to learn about health and what they had learned about health in the past. Most of them were very interested in learning about health at the recreation agency they attended after school. They felt that the agencies provided them with opportunities to engage in some physical activities, but most could not recall a time where they learned about health at the agency. For example, Ashley (7) said, "We don't learn about being healthy here." Jada (8) also said, "Well, we do healthy activities," but she told me that she had not learned about being healthy specifically while there. Additionally, the girls mentioned how the agency had not provided them with foods that were healthy for snacks. Emani (10) stated this by saying, "Douglass doesn't really have any healthy food."

Moreover, I asked about their previous experiences with learning about health in other settings. The girls mentioned their experiences in school. When I asked Donisha (12) about her experiences with learning about health in school, she said, “I thought it was boring.” The girls that were not interested in learning about health at either the Boys and Girls Club or at the Douglass Center said that it was because learning about “health was boring when I was in school.” They assumed that learning about health could only be done in a traditional school-like setting where the teacher shared information, and the students sat in desks and received it.

The girls also mentioned that the health information they learned about in school was not the problem, but the way in which the material was presented. Ta’Nisha (12) says, “It’s not the material that is boring because I am actually interested. It is how she [the teacher] teaches it.” Many girls talked about how the message and the importance of health at school got lost in the delivery of the content. As Baylea said, “Like when we take health it is boring. They tell us what we need to eat, and I already know the bars, the stairs or whatever they call it. The little stairs that mean meat and dairy and all that.” She felt the content was redundant.

They also commented that they would be interested in having health taught at the recreation agency if it was delivered “by being silly,” according to Tamea (10). The girls wanted to learn about health in an environment that made it seem fun and not boring, as they described their school experiences to have been. I asked them what would, then, make learning about health fun at either Douglass or the Boys and Girls Club. Jamoea (12) said, “We could do activities and actually bring in different types of food to eat. That would be fun.” Jaylen (7) commented, “We can bring our own kitchen stuff and sit down and try food that is healthy for us. And sit down and show the class and try it.”

I asked the girls if they would be interested in participating in a cooking class. Most of the responses I received were similar to Jaylen, “Yeah! Do we get to? Are we going to get to do that?” There was a great deal of excitement surrounding the opportunity to engage in this type of hands-on learning, but they were also interested in learning about health while playing “games.” In summary, learning about health was of interest to these girls, especially in a non-school setting and in an environment that was intended to be fun.

Conclusion

The girls discussed the various ways that they conceptualized what it meant to be healthy which was based upon their experiences and interactions with their role models and peers. They also shared what fat or obese meant to them. Health was defined as more of a behavior which was based on a person’s actions, such as eating fruits and vegetables, and also whether or not she engaged in exercise or physical activity. Being healthy took a conscious effort and the girls differed on whether this effort was something that was easy or difficult to achieve. However, further examination of their responses revealed that they considered remembering to focus on their health to be the challenge rather than actually eating healthy or exercising.

Stigmas associated with body types were present for both fat and skinny body types. Some girls described how being skinny was associated with taking illegal drugs and having unacceptable eating habits. They also talked about how being obese or fat was undesirable because of a limited opportunity to have friends and increased vulnerability to being bullied. To them, it was socially unacceptable to have friends who were fat and some tried to hide having fat friends. A thick body type was most ideal because it meant that a person was not on drugs nor were they associated with irregular eating habits. Additionally, being thick was most acceptable because it was the body type most preferred by their male peers.

Learning about health was important to the girls as well, but they wanted the learning to occur in a fun environment such as an afterschool program. The girls were interested in making the learning interactive by participating in activities such as cooking classes or allowing them to have conversations about health and being healthy with their program leaders. They were looking for practical information that was delivered in a different way from what they received at school.

Role models were an important component to learning about health and how to be healthy. The girls listed primary caregivers such as mothers, grandparents, and siblings as people who helped them to be healthy. However, they also talked about how physicians, dentists, and psychiatrists helped them learn about health. It is important to note that they did not mention the leaders at the leisure service agencies as role models for health. They also mentioned that they did not learn about health specifically while at the agencies, but that is was something they were interested in having offered.

Lastly, the girls offered several suggestions for activities that they would like to participate in, and they also mentioned the frustration they felt in not being able to participate in activities that they really wanted. Many girls felt that boys were offered more opportunities than girls. Freedom to choose activities was also something that was important to them. They offered suggestions that could be given to the agencies in order to provide more activities that would interest girls their age.

CHAPTER V: DISCUSSION AND CONCLUSION

Rewards and Challenges

My interest in childhood obesity stems from my past working experiences. I was given the opportunity to teach children about being healthy while working part-time at the Northeast Iowa Food Bank from 2006 to 2008. Most of the children I worked with had a much different upbringing than I did. Many of them were African American and came from families who struggled to make ends meet each week. The food bank provided them with a nutritious meal nearly every night of the week, but I wondered if that was really enough. I questioned what my role was in all of this and what youth serving agencies (i.e., parks and recreation departments, cultural arts centers, YWCA's, Boys and Girls Clubs, and the Salvation Army) could do to help the children reach their health needs.

While the children's opinions were often overlooked because "adults know best," I was unsure what the children who attended afterschool programs sponsored by the food bank thought about health and recreation, or if anyone had taken the time to understand what they were looking for from these organizations. As I spent more time with the children who participated in food bank programs, I wanted to know their stories and hear specifically from them. Thus, I decided to make this the topic of my dissertation. Even though this study was conducted in a different location and I was unable to spend as much time or build as much rapport with the participants as I did with the children at the food bank programs, I felt that I was able to create a relationship and space where they could freely share their ideas about being healthy. The girls in this study also shared their perceptions of various female body types and the types of programs and activities they would like leisure service agencies to provide.

While I was excited about the opportunity to conduct a study that had long been an interest of mine, I was also aware that challenges may occur. I struggled to make initial contact with both the Champaign Park District and the Boys and Girls Club to find participants. I currently work part-time at the Champaign Park District, and mistakenly believed that I could walk into the Douglass Center facility and immediately be put in contact with the participants I needed. I felt that because I was familiar with the staff, I would have a great deal of assistance with the study. However, I soon realized that their work load was not unlike what I experienced at the food bank. The staff at the Douglass Center were busy with their own day-to-day responsibilities, and thus, they would often forget that I was coming or to tell me that the children were going on field trips or leaving early. I soon realized that I needed to be patient, persistent, and gracious that they were willing to help me. Furthermore, getting consent forms from parents and guardians was difficult. I knew the staff struggled to get children to take forms to their parents, and that some parents never come into the facility. Needless to say, this population of girls was challenging to reach. However, I was ultimately able to interview six girls at the Douglass Center.

My interactions with the staff at the Boys and Girls Club were even more challenging. It took phone calls and emails from park district colleagues who knew staff at the Boys and Girls Club in order to gain access to this agency. My colleagues helped me gain acceptance among the staff at the Boys and Girls Club. As I was told in an email from the director of the Boys and Girls Club, they were hesitant to participate because they were concerned their participants would be exploited. The staff may have felt this way because in this community underrepresented populations are often asked to participate in research studies. I assured them that my goals were practical and that I would provide them with feedback from the girls about programming

preferences. Additionally, I assured them that I would provide this feedback while preserving the girls' anonymity. After a few email exchanges and face-to-face meetings, I received an email asking if I could come on April 25th because they had 12 girls who were able to participate. I offered to volunteer with the Boys and Girls Club but they declined this invitation. Thus, between both the Douglass Center and the Boys and Girls Club, I was able to interview a total of 18 girls for this study.

My persistence and patience with the research process was a valuable learning experience and a reward in itself. I learned that research takes time and building relationships is extremely important to gaining access to certain groups of people. As an outsider to these organizations and facilities, I began to value and respect their desire to protect the girls who attended their programs. The leaders and administrators were passionate about their work and cared for the participants in their facility, and that was admirable. This passion was something I tried to convey as I explained the study and my goals. However, the most valuable reward from this project was having the opportunity to speak directly with the girls and hear interpretations of the words and phrases they used to describe health and obesity and what types of activities they desire. My role as the outsider was to keep their opinions confidential and work to tell their stories to the leaders in hopes that the information could enhance programming for African American girls at these facilities.

Summary of Findings

Because of the complexity of childhood obesity among African American girls, the factors that have an impact on obesity are best understood by employing an ecological framework (Sasao & Sue, 1993). This framework recognizes that there are multiple social factors that can be linked to a social phenomenon. While there are multiple factors that impact the levels

of childhood obesity among African American girls (see Chapter 1, pp. 11), this study focused on perceptions of health, access to facilities for physical activity and health promoting programs, and girl culture. Through these interviews I was able to understand how the girls conceptualized health and obesity. It is important to note that the messages about health and engaging in healthy activities that are provided at school and through the media are being heard by the girls. They mentioned learning about health and provided specific examples about the types of messages they are hearing. Thus, they are aware that health is important but are challenged by how to use these messages as a guide in their daily lives. I also learned that their ideas of health are unique to them and girls their age. Additionally, in mainstream society and popular culture we refer to the term obesity, but this is not a word that they were familiar with or readily understood because they had not experienced or constructed a meaning for this term (Crotty, 1998). They were more comfortable with the term fat. As the girls talked through their definitions of health and what it means to be a healthy person, they revealed how girls in their community talk about health and determine whether someone is healthy or which behaviors are considered healthy. According to their interpretations, in order to be a healthy person, someone must be observed engaging in healthy behaviors such as eating fruits and vegetables, exercising or playing sports, and regularly maintaining personal hygiene. “Being fat” was the result of not engaging in these healthy behaviors, which led a person to be extremely overweight. The girls shared stories of people they knew who were fat, and were teased because of their weight. The girls acknowledged that they did not stand up for their fat peers because they feared they would be bullied for showing concern for them. Because of this fear, the girls resisted the need to worry, or feel concern, for the other girls who were fat. This finding is important because there are a number of African American girls who are affected by high rates of childhood obesity, indicating that there may be

many girls who are being teased about their weight (CDC, 2008). Thus, there is a need to better understand the effects of weight on bullying, especially among populations with high obesity rates, because they will have a greater number of people at risk of being bullied.

The girls identified three body types which were fat, skinny, and thick. They also mentioned several stigmas that surrounded skinny and fat. Skinny people were associated with not eating regularly and being on drugs. The girls mentioned that being skinny was not ideal for girls their age and that boys were not typically attracted to skinny girls. Even the girls in the study that I considered skinny, identified themselves as being “thick” because socially, it was more acceptable to be defined in this way. Girls who were thick were the least likely to be associated with drug consumption or lack of eating. Being thick was thought to be the result of finding balance in eating and exercising behaviors, thus making it the ideal body type. When the girls did identify as being skinny, they provided a “but” explanation to clarify that for them this body type was different than the typical assumptions attached to being skinny. As with many young girls, they were working to find their identity and fit in with their peers. The idealizing of a “thick” body supports previous research that has examined the different body type preferences between African Americans and Whites (Brown, 2009; Welch et al., 2004). Brown (2009) conducted a longitudinal study in an afterschool program that examined the girls’ perceptions of themselves and girls their age. She found that Black girls preferred a larger body size based on conversations and observations of the girls. Similarly, Welch and colleagues (2004) surveyed girls from various racial groups about their body type preference and found that African American girls preferred a larger body type than did Whites. Thus, the findings of this study coincide with previous research conducted on body type preferences.

“Being fat” was associated with a lack of care regarding personal health, and as mentioned this included eating, exercising and hygiene. According to DeJong (1980), this supports previous research that examined the social perceptions about people who are obese. Obese people are considered to be at personal fault for their weight and poor health. In this study, many of the girls believed that fat people ate too much and did not engage in enough physical activity. While there were some exceptions after asking follow-up questions about the behaviors of fat people, this perception of fat people was mentioned by many of the girls. Furthermore, the “fat” stigma mentioned by the girls supports the findings of Lewis and Van Puymbroek (2008) who found that being obese was linked to perceptions of being lazy, unintelligent, and undesirable to friends. The girls shared with me that fat people have fewer friends and their peers were unlikely to admit to having a fat friend. Thus, this study supports previous research on stigmas as well (Lewis & Van Puymbroek). However, previous research on weight stigmas has been limited to being overweight (De Jong; Lewis & Van Puymbroek). The girls in this study also mentioned stigmas associated with being skinny. The girls shared that the stigmas led to bullying and teasing. The bullying was often ignored by the girls because they were afraid of being socially shunned for befriending someone who was fat.

The fundamental attribution error (FAE) (Tetlock, 1985) states that as outsiders, we will often believe that others are at fault for their problems and ignore the social conditions that may be associated with the problems such as obese people are to blame for being overweight rather than a limited access to fresh foods and places for physical activity. This concept, FAE, is similar to the stigmas associated with weight and health behaviors. However, FAE describes how people place blame on a person for their personality or life situation rather than examining potential outside phenomenon that may have caused their position or personality to be the way it is

(Tetlock). I noticed this error when the girls told me that fat people were grouchy and unfriendly. They attributed these personality traits to being fat rather than other societal influences that may be causing people who are overweight to have this unpleasant personality. The girls were not connecting how the stigmas and bullying linked to being fat may lead them to behave this way rather than the weight itself. This finding is important because a belief that fat people are mean could lead to further problems with bullying and friends.

Following that, cultural knowledge helps shape how people understand language, values, and beliefs within a culture. Thus, culture is the medium through which knowledge and history are stored and shared to understand our surroundings (Chick, 1997). The girls expressed their beliefs and values about how health is defined. They also talked about the types of activities they desired. The definitions and beliefs provided by the girls were a result of their culture (see Chick; Li et al., 2007). Culture was also shaped by their personal histories and understandings of what being skinny, fat or thick meant. The girls had been told by their role models what acceptable health behavior entailed. While the girls were not specifically asked if they felt that their beliefs were shaped by their culture, they were asked to share their beliefs and who they sought out for assistance in making judgments about behavior in certain situations.

The girls also revealed a desire for activities that were created specifically for them, along with an interest in learning about health. They described their frustrations with their programming and activity options at the afterschool sites. They also mentioned how certain activities, such as beauty pageants, were considered unacceptable based on the perceptions of the leaders at the recreation agencies. The leaders at the agencies felt that certain programs encouraged girls to be promiscuous. According to the girls, the leaders felt they should be spending time in more acceptable activities. If the perceptions of the girls reflected the true

feelings of the leaders, the actions of the leaders would be reminiscent of rational recreation (Voraspan, 2000) and the scrutiny of the leisure behaviors of African Americans prior to Civil Rights (Baldwin, 2008; Shaw, 2009). Rational recreation came from Colonial times and stated that leisure needed to serve a purpose (Voraspan). Furthermore, African American leaders prior to and during the Civil Rights movement encouraged Blacks to find purposeful leisure pursuits in order for them to uplift themselves and be socially equal to Whites (Baldwin; Shaw). The African American leaders during the Civil Rights era encouraged African Americans to find rational recreation pursuits because it was thought to be a tool for social mobility. The African American leaders at the leisure service agencies where this study took place encouraged similar behavior when they eliminated a program called Lady Elegance because they felt it was hurting the girls' social acceptance. As the girls told me, the director felt this program encouraged girls to be sexually active. Previous research has noted that there is a history of concern related to the promiscuity of African American girls (McRobbie & Graber, 1991). African American girls have been thought to be especially vulnerable to these perceptions since desegregation (Wald, 1998). Despite these perceptions, the girls in this study expressed a desire to participate in programs like Lady Elegance, and to dance to express their femininity. They wanted to dress up and do their hair for a beauty pageant, but there was resistance from the recreation agency staff. According to the girls, this resistance led to the elimination the programs rather than modifications. The need for girls to embrace being feminine has been documented (Brown, 2009), and is something that was described by the girls in this study. Black girlhood and girl culture, as explained by Brown (2009), encourages young African American girls to embrace their Black identity and build self-confidence through music and dancing. Thus, it is not surprising that the girls in this study mentioned a desire to participate in beauty pageants, cheerleading, and dancing.

Theoretical Implications

Because of the uniqueness of this study, it was appropriate for me to follow a grounded theory methodology. The goal of grounded theory is not always to generate a new theory, but rather to understand a social phenomenon and allow a researcher to make predictions about the themes that emerge from that data (Strauss & Corbin, 1990). Another goal of this study was also to avoid relying exclusively on existing theories to explain the research. Therefore, during the analysis of the interviews, the ideas and themes that emerged from each interview were constantly compared to previously transcribed interviews and existing theories (Strauss & Corbin). Throughout the analysis of the transcripts, I reviewed the literature for previous theories in hopes of better understanding the social phenomenon of childhood obesity among African American girls. This understanding of childhood obesity included their conceptualizations of health and obesity. The process of reviewing the literature and analyzing the transcripts revealed three theoretical concepts that can be used to situate the findings within previous research. The theoretical concepts are: (a) weight-related stigmas, (b) social-psychological determinants of health, and (c) third-wave feminism.

Weight-Related Stigmas

Previous research has revealed an important connection between our expectations of an individual's behavior as a result of their appearance and our overall perceptions of that individual (Goffman, 1963). People use their perceptions about how others should behave in order to understand what is going on around them. However, when these behavior expectations do not fit with a particular occurrence, people will justify a deviation in another person's behavior in order to avoid confusion (Goffman). In this study, the girls noted the negotiation of perceptions through the stories they shared. The girls had expectations or stigmas associated with the terms

fat, skinny, and thick. A fat person was often perceived as someone who did not readily take care of themselves or have many friends, which is consistent with previous findings (DeJong, 1980; Lewis & Van Puymbroek, 2008). Skinny people were thought to be on drugs or to have irregular eating habits. Both of these perceptions resulted in negative stigmas that led “fat” and “skinny” people to be the least desirable individuals to have as friends. The stigma or perception associated with being thick was positive because this was the most desirable body type. Girls with this body type were perceived as being able to balance their healthy and unhealthy activities, and it was perceived as the most attractive body type to boys their age.

The girls mentioned that a person could be healthy having any body type. In order to prevent dissonance regarding the definition of health, the girls justified the behaviors of others because appearance and weight were thought to be related to health. For example, the girls mentioned that when a fat person was exercising, she was considered to be healthy because the definition of being healthy included exercising. Additionally, if the girls saw a skinny person consuming candy or pop, something that was identified as unhealthy, then the skinny person was considered to be unhealthy. The girls’ stigmas of health were used by them to understand who was considered healthy. Because health was perceived to be an action or related to action, anyone participating in healthy actions was considered healthy regardless of body type because this is how the girls conceptualized health (Crotty, 1998; Lincoln & Guba, 1985).

The conceptualizations of the health and obesity among the girls in this study supported previous theoretical understandings that being overweight was associated with negative perceptions. The results provide some explanation to previous research that examined the body type preferences of African American girls who tend to idealize larger body types (Brown, 2009; Welch et al., 2004). The girls from this study associated larger body types (e.g., being thick) with

the ability to balance health behaviors such as eating and exercising. Larger body types are also not associated with disordered eating or using drugs. This finding enables researchers to make predictions about the health behaviors of African American girls in other communities, and it is possible that this finding is applicable to other settings such as other small communities or other leisure service agencies.

Social-Psychological Determinants of Health

Self-determination (Ryan & Deci, 2000) and social cognitive theory (Bandura, 1986) provide helpful frameworks for understanding the comments made by many of the girls. Self-determination theory describes the motivations that guide human behaviors. The girls in this study discussed whether they felt being healthy was something that was easy or difficult. Their responses can be explained, in part, by their motivations to be healthy. From the findings, it appeared that the girls who felt it was challenging to be healthy were externally motivated to be healthy. Eating fruits and vegetables and exercising were guided by the desire to lose weight or please role models. However, there were also some girls who felt that being healthy was easy and fun. The girls who felt this way enjoyed the intrinsic benefits of health. There were also a few girls who were not extrinsically or intrinsically motivated to participate in health promoting behaviors and were thus, amotivated to engage in healthy behaviors. This group of girls felt health was not that important to them and were more driven to eat particular types of food because of taste. Conversely, some of the girls mentioned a time when peers influenced their eating of unhealthy foods. If they were surrounded by others who were eating cake or chips, they would choose to mirror these eating behaviors as well because they were externally motivated to please their peers. Self-determination or motivation to eat healthy or unhealthy is influenced by external and internal forces and at times unhealthy behaviors were driven by a lack of motivation

(See Deci & Ryan). Previous research has examined how adults are motivated to exercise (Edmunds, Ntoumanis, & Duda, 2006) and it has been examined how youth are motivated to participate in leisure activities (Baldwin & Caldwell, 2003), but examining the health motivations of youth is an under-researched area.

In addition to self-determination theory (Bandura, 1986; 2004), social cognitive theory is useful in understanding how the girls talked about their role models and their desire to learn more about being healthy. Social cognitive theory explains how people learn and how this learning informs behaviors. The role models mentioned by the girls, such as a parent or sibling, provided them with an opportunity to learn about healthy behaviors. The girls were able to learn about health vicariously by watching their role models engage in various activities, whether they were healthy or not. This vicarious learning is one of the six principles of social cognitive theory (Bandura, 1986). The observations the girls made gave them clues about how to behave in a healthy way. Additionally, because the individuals observed were their role models and thus well-respected, the girls chose behaviors that would please them. Thus, the stories about older siblings playing sports or their parents' desires to always be clean were signs that the girls were vicariously learning the importance of these behaviors. While the girls may have shared stories about how their role models were behaving, they were also sharing what they had learned about how to act when they are presented with similar situations (Bandura).

Some girls indicated an interest in learning more about being healthy. They had given some thought to what it meant to be healthy and this meaning was of importance to them (Bandura, 1986). The girls who were older mentioned they spent time thinking about whether their actions were healthy. Thus, the older girls were able to recall and analyze their own actions regarding eating, exercising or maintaining proper hygiene. However, the younger girls were not

yet able to analyze their personal behavior and mostly relied on vicarious learning to understand health. Again, this ability to analyze personal behavior seemed to be related to age, and thus cognitive ability (Bandura). It is important to recognize the connection between health and social cognition because social influences, ability to analyze personal experiences, and the desire to choose behaviors that suit role model affects how health is understood and valued by the girls. The next step to better understanding health behaviors of African American girls may need to focus less on how to use social cognitive theory to elicit change, as has been done with previous studies (Epstein et al., 1990; Foster et al., 1985; Daley et al., 2006; Golan & Weizman, 2001), but rather focus more on how these social influences have already shaped knowledge about health and obesity. Thus, SCT can be modified and expanded to examine the learning of Africam American girls and how they conceptualize healthy. Then this information could be used to manipulate learning experiences to elicit health behavior changes that could lower rates of obesity among African American girls.

Third Wave Feminism

Feminist thought has encouraged women and girls to break male barriers, build self-esteem, and “embrace girlieness as well as power” (Baumgardner & Richards, 2004). First-wave feminism occurred at the beginning of the 20th century and was focused on women’s rights. Second-wave feminism challenged women to earn access to “boy things” such as sports and working outside the home while ignoring their femininity (Baumgardner & Richards). However, the third-wave of feminism has been brought about by younger women and girls who want to do things that boys are doing but also wish to express their femininity. This is applicable to the findings of this study because the girls frequently mentioned wanting to participate in sports the

boys had access to, but they also wanted opportunities to express their femininity while participating in beauty pageants, dancing, and cheerleading.

Many of the girls were frustrated by being separated from the boys because they wanted to do the same things that they were doing, and they also wanted “boy” activities for themselves. The girls mentioned wanting to play basketball and in the same breath a desire to get their hair done. Girls in this study felt constrained both by the types of activities they were offered as well as the activities they were excluded from. Prior to third-wave feminism, girls were taught to reject femininity in order to be allowed access to the things that males did. However, now girls want to bring their femininity with them to these activities (Baumgardner & Richards). The girls in this study wanted to be given permission to embrace activities that made them feminine such as having a spa day, doing their hair, and taking a cooking class but at the same time be allowed to participate in the same activities as the boys. They do not want to be told that they are oppressing themselves because they want to be “girly” (Baumgardner & Richards).

By employing grounded theory to situate the findings within previous research and the theoretical concepts that have been discussed, predictions regarding the themes from the findings can be made. It can be predicted that the perceptions of health and “being fat” affect how the girls view their levels of physical activity and health. For example, if a person is identified as obese based on medical assessments but identifies as being thick, then they will not feel that they are unhealthy. Because of this, the girls may be unable to accurately assess their health needs. Another prediction that can be made from the findings is that the programs that are currently offered for African American girls are not meeting their health needs and a greater understanding of the programs desired by these girls is needed. A final prediction that can be made about the findings is that girls are greatly influenced by the role models and thus, vicarious learning. They

appear to be watching and gaining knowledge from the behaviors of others which then informs their actions.

Grounded theory can lead a research to multiple theoretical levels such as predictions, hypotheses and theories through the analysis of the findings (Strauss & Corbin, 1990). The current study reached the level of hypothesis. The predictions that were made from the findings lead to the following hypotheses: (a) African American girls have limited opportunities to participate in health promoting recreation activities, (b) young African American girls learn vicariously about health from adults that they consider to be role models, and (c) leisure service need to provide programs for African American girls that allow them to express their femininity and also allow them opportunities to participate in activities that are offered for boys. These hypotheses need to be examined in future studies to better understand whether these hypotheses are applicable to other leisure settings or in other communities.

Practical Implications

Leisure service agencies offer a wide variety of afterschool activities to children. These programs provide children with opportunities to participate in activities that they may not have experienced before. Leisure programmers spend a great deal of time and money to create settings where children feel welcome and have fun. However, many times, programmers and caregivers overlook some essential components of afterschool programming, such as what the children want and how they want it delivered to them.

Evaluating Youth Programs

When asking agencies how they evaluate youth programs, it is not uncommon to hear responses such as, “there is no time,” “we offer an optional evaluation to parents,” or “we can tell the kids like it because they seem to be having fun.” Many agencies are limited in the

amount of time they allow for evaluations to be returned to their programs. However, little time is needed to gather a group of children together and ask them how they feel about various programs and activities that are offered. The current study was intended to help the agencies by asking the girls how they felt about the programming and facilities available to them and also to seek out what types of activities they are looking for in the future.

This type of evaluation provides children with the opportunity to have a voice and know that it was being heard. This can create buy-in from them to continue participating in programs and can also ensure that agencies are providing the activities that children desire. For example, the girls in this study talked about wanting more recreational sport activities that were less-structured and allowed them to have more autonomy in the programming. They wanted to be able to dance without having an instructor make up a routine for them. They also wanted to play volleyball and not concern themselves with whether or not they were following firmly established rules. In general they wanted fewer restrictions which they thought would be more fun and by creating activities that are fun for the girls, they will be learning vicariously and symbolically (Bandura, 1986) what types of activities are healthy and that being healthy can be fun. Conversely, they wanted more assistance in teaching them how to properly perform cheerleading stunts and to cook and make healthy snacks. They did not want to learn how to make a gourmet dinner or an awarding winning pie, but they wanted to know how they could make a simple snack. Thus, the girls were intrinsically motivated to participate in activities they desired (Ryan & Deci, 2000).

It is important for agencies to acknowledge their mission statements when considering a change to their programs for participants. By keeping the mission statement in mind, programmers are less likely to lose sight of the important link between evaluation and the agency

mission. For example, the mission of the Champaign Park District is “to provide quality parks and recreation for our community” (Champaign Park District, 2003). The mission for the Boys and Girls Club is “to ensure all young people, especially those who need us most, reach their full potential as productive, caring, responsive citizens (Boys and Girls Club, 2011). The mission statements of the agencies mention the importance of community and enabling people to be their best. Thus, it is important to better understand the youth by asking them what they desire.

Another important component of evaluations is to examine the program and facility descriptions that leisure service agencies use to market what is offered. A review of these descriptions can provide information regarding the types of programs that are offered and the language that is used to encourage participation. It can also provide information to parents and caregivers about the types of programs that are offered. Content analysis can also be used to compare to the perceptions of the girls and determine whether there are more activities offered for boys rather than girls. Understanding a potential difference in opportunities and perceptions could assist programmers by encouraging them to acknowledge the types and number of activities that are offered to both girls and boys. The findings from this study suggest that a cooking class for both girls and their role models could encourage healthy eating in an atmosphere that is most desirable to them. This would allow the girls and role models to modify their conceptualizations of healthy eating and allow them to vicariously model healthy behaviors (Bandura, 1986). A content analysis of this information will inform programmers about the types of programs that are currently offered and could suggest future programs to meet the needs of the participants. Programmers should be aware of what is offered and how programs are marketed in order to most effectively meet the needs of the community. Understanding how the program descriptions are interpreted and constructed is helpful to conceptualize what types of activities

are offered (Crotty, 1998). Prior to the study, a content analysis of park district programs available to girls was conducted, and there were few opportunities available to girls to learn about health. This analysis revealed that there is a need for programs that promote health and also programs that girls' desire.

Language Barriers

Often when we market or create activities for a group of people, we begin by using our own language in hopes that it will be readily received by those we seek. However, communities and groups of people have their own language and ways that they communicate with one another that allow them to conceptualize their language and environment (Crotty, 1998; Lincoln & Guba, 1985). Because of this, it is important to understand how they speak to one another and how they define words that we use. For example, in this study, the participants made me aware that girls their age are not familiar with the term obese and would use the word fat instead. They also use the term "thick" to describe people who are the ideal body weight. Furthermore, their conceptualizations of health are different than mine, and thus, if I had attempted to market a program to them about improving their health and decreasing rates of obesity among African American girls, I may have missed them as my target audience. They defined health by actions of eating, exercising and hygiene and also finding balance in these activities to achieve an ideal body type.

Language barriers exist not only in terms of misunderstandings, but also occur when messages are marketed incorrectly. Understanding the community is important to providing the types of programs community members, and African American girls in this case, desire. The girls mentioned they had not been asked what types of programs they would like to have

available to them. Additionally, they did not feel appreciated because few staff members had sought them out for their feedback or considered their needs before eliminating programs.

Staff Training

Staff also needs training on how to incorporate health into the activities that are provided for the girls. There may be times in between activities or during down times at the leisure service agencies where staff can provide opportunities for the girls to learn about health. Thus, staff needs training so that they can be considered healthy role models because it is important to note that the girls in this study did not identify the leaders at the agencies to be role models.

As noted in the discussions with the girls, the current opportunities to participate in physical activity such as Fitness are not considered to be fun. Staff needs to create programs for girls that are fun by seeking input from the girls about the types of programs that they want offered. Furthermore, the girls mentioned a desire to participate in activities that have less structured than the current programs. For example, the girls wanted to participate in volleyball in an environment that is not concerned about following firmly established rules. They also want to participate in activities that provide them with an opportunity to showcase their cooking talents with their peers by preparing a healthy snack and sharing it. Leisure agency youth leaders need training which will allow them to provide programs that can teach the girls and their role models about health.

Limitations

The findings of this study are the result of my interpretations of the experiences and perceptions of the girls I interviewed. I know that my interpretations of these interviews may differ from the girls themselves; however, I do hope that the rapport that I attempted to build with the girls enabled me to look past my own bias and allow their words to demonstrate their

beliefs, values and perceptions. I know that I bring my own bias to how culture and value systems are constructed and because of this, my reality may be different from the girls that were interviewed (Lincoln & Guba, 1994).

Additionally, there are many things that made me different from the girls in this study. I am not between the ages of 7 and 13, I am not African American, and I do not attend an afterschool program at either the Boys and Girls Club or the Champaign Park District. While this is most definitely not a complete list of differences between me and the girls, they are important to consider when examining the results. Furthermore, the interviews were only conducted at two locations in a small mid-western town, and thus the results may not be transferable to other girls within the community who are of a different race or to girls in other communities around the country. The setting, cultural beliefs and values may shape the findings making them unique to this group of girls.

Furthermore, this study only examined African Americans girls, which is a small segment of the population that is affected by childhood obesity. Most of the girls in this study were not overweight, and the opinions of overweight girls might be different than those who were in this study. However, it is not surprising that the girls did not identify as being overweight because of the stigmas associated with being obese or fat (DeJong, 1980; Lewis & Van Puyembroek, 2008). Lastly, this study focused on the perceptions of girls and thus, the findings are limited to females. In order to understand the perceptions of boys this age, it would be necessary to interview them as well. Also, the leaders were not interviewed, and their perceptions may be quite different from the girls in this study because the program descriptions were not compared to the perceptions of the administrators.

Future Research

Future research is needed to examine the roles of parents, grandparents, older siblings and other role models that the girls mentioned who had an impact of their health behaviors. Understanding how the role models conceptualize health and obesity may provide additional insight into how the girls conceptualized these concepts. These role models are often the decision-makers regarding enrollment in afterschool programs, and thus it is important to know what types of programs they desire and also their feedback and perspectives on the programs the girls want. Thus, research that focuses specifically on role models and their perceptions, challenges, and behaviors associated with health and obesity are needed.

The girls mentioned a few examples such as the Lady Elegance program at the Boys and Girls Club that warrant future research. It is important to understand the concern that the leaders had regarding the promiscuity of the girls. Furthermore, it is necessary to understand how both the girls and the leaders conceptualize promiscuity and whether there are differences in these definitions. A follow up study could be conducted on the Lady Elegance program that could detail this particular program as a “critical tale.” A narrative story about this program could be written after conducting staff interviews. Studies like that could better explain the race, culture, power and gender dynamics which may exist between the girls and staff that led to the elimination of a program like Lady Elegance.

Additional research is needed to understand how administrators market and plan programs for African American girls and whether they design health-promoting programs for African American girls. It is also important to analyze the types of programs that are available and if administrators feel that health programming is something they should be offering. If

administrators do not feel they are responsible for providing health-promoting programs or that they play a role in combating childhood obesity, then it is necessary to examine why they feel this way given the history of these agencies in combating socially relevant issues and enhancing the well-being of the community members. Thus, it is important to know whether promoting health and combating obesity should be included in their missions or goals. It also provides an opportunity for leisure researchers to provide targeted training to organizations.

Lastly, more research is needed regarding the points at which the girls separate who is skinny from who is thick or fat, and whether age plays a role in how the girls conceptualize these terms. This would help practitioners know how to better tailor health promoting programs to girls and work to reduce rates of obesity among African American girls. By knowing the benchmarks of where a body type begins and ends could help researchers be more aware of individual differences and gain insight into other potential differences among the body types. Health may be interpreted differently by girls who self-identify as being fat because the girls in this study did not consider themselves to be fat. Girls who are considered “fat” need to be researched more in order to understand their needs and conceptualizations of health before working to create programs that can assist them with reducing weight or increasing health. Research with girls who identify as being “fat” may be challenging because they may not want to identify with this body type due to the stigmas associated with obesity (DeJong, 1980; Lewis & Van Puymbroek, 2008).

Conclusion

Leisure service agencies offer a variety of programs, services, and facilities to many different groups of people. In order to provide the best services and meet the individual needs of different groups of people, it is important to understand what people are looking for and how

they conceptualize concepts that may be used to target their specific recreation needs. This study attempted to understand how African American girls between the ages of 7 and 13 feel about obesity and health. Additionally, I wanted to ask them specifically about how weight affects their ability to interact with peers and whether they were interested in learning more about health. This information can be used to create programs that can help reduce rates of obesity among African American girls. Furthermore, understanding the interests of girls this age may help leisure service agencies provide the types of physical activities that could reduce levels of obesity and increase physical activity by making the activities fun. In order to make the activities fun for the girls, it is important to allow them to have autonomy in choosing activities and limiting the amount of structure that is required for the programs to occur. Thus, I now have a better understanding of how African American girls in this study conceptualize health and “being fat.” This research also provided information that will be taken to the leisure service agencies that participated in this study to assist them with providing programs for African American girls.

Thus, the next step for the findings for this study will be to create a detailed report that can be given to the agencies that participated in this study. It will provide them with insight on the types of programs that they can offer for African American girls. It also can help them create program descriptions that will encourage girls to participate. It is also important to write a research brief that can be given to NRPA and the *Parks & Recreation* magazine that reaches to all members of the organization from citizens and students to practitioners and researchers. It could assist with programming and research opportunities in other communities as well. This report would also encourage staff trainings on health and how parks and recreation agency leaders can be role models for health and activity. Future articles regarding body types and conceptualizing health can be submitted to obesity and health journals. Additional articles that

encourage staff training and the need for more programs for African American girls can be submitted to the *Journal of Parks and Recreation Administration* and also *Leisure Sciences* or the *Journal of Leisure Research*. The hope is that this study can inform future research and most importantly, current practices in leisure services.

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APPENDIX A: RECRUITMENT PACKET

**Participate in a research study and get
2 FREE MOVIE TICKETS!!!**



Who: Girls between the ages 7 and 13

Where: Boys and Girls Club

When: Anytime you're at the Boys and Girls Club

Call Brooke at (515) 321-9369 if you have any questions. *Have your parent/guardian read, sign the form, and return it to the Boys and Girls Club so you can participate.*

Dear Parent/Guardian,

My name is Brooke Davitt, and I am a graduate student under the direction of Dr. Kim Shinew in the Recreation, Sport, and Tourism Department at the University of Illinois. I am conducting a research study to look at girls' interests and attitudes in various recreation activities and how this may have an effect on health.

I am recruiting children to participate in interviews to talk about how weight and cultural issues that can affect recreation participation.

Your daughter's participation in the study is voluntary. If you have any questions concerning the research study, please call me at 217-333-5339 or 515-321-9369 or email at davitt1@illinois.edu.

First, I need to obtain permission for you and your child to participate in the study. Therefore, I am providing each of you with a consent form for both you and your child. If you give permission for your child to be in the study, please read and sign the consent form and return the signed form to me. Thank you for your time and consideration.

Sincerely,

Brooke Burk
Graduate Student
University of Illinois
104 Huff Hall
1206 S. Fourth Street
Champaign, IL 68120
davitt1@illinois.edu
217-333-5339

Dear Parent(s)/Guardian(s):

My name is Brooke Burk, and I am a graduate student in the Department of Recreation, Sport and Tourism at the University of Illinois. I am investigating the recreation interests and constraints of children living in the Champaign-Urbana community and studying the relationship between recreation and childhood obesity. I am conducting the study under the direction of Dr. Shinew's supervision. Dr. Shinew is a Professor in the Department of Recreation, Sport and Tourism. We would like to invite you and your child to participate in this research project and according to University regulations we need to obtain your signed agreement to allow you to participate. The following information is provided to help you make an informed decision regarding whether or not to participate.

Those wishing to participate in the research project will participate in interviews to assess what types of programs and activities might encourage children to participate in parks and recreation programs and those activities that act as constraints for girls. The interviews will take approximately 30-45 minutes and will take place during your child's regular participation in activities at the Boys and Girls Club. A small number of participants are being asked to participate and we are only recruiting participants from this location.

Participation in this study is completely voluntary and you and/or your child can skip any questions in the interview you do not wish to answer without any negative consequences. There are no foreseeable risks for you that might result from participating in the project. You may stop participating at any time without penalty. While there are no direct benefits to your participation in the study, we hope that your child will gain a better awareness of her interests in recreation. The benefits to participation for the subjects are minimal. However, the benefits to society are quite significant. It is hoped that through this research we will gain a better understanding of the limitations to recreation participation among girls and the roles that parks and recreation agencies can play. This research could aid practitioners in tailoring recreation activities that could limit the specific constraints identified in this study, and thus increase participation in among this population.

We will carefully protect your privacy and will take steps to ensure that the information collected will be kept strictly confidential. The researchers will keep what is said during the interviews confidential. All interviews will be audio recorded; however this is not a requirement for participation in the study. If you do not want your daughter to be recorded, please indicate that at the bottom of this letter. Names will not be recorded on any data collection instrument; a unique identification number will be assigned to each record. This process assures that names are not associated with the data collected. Access to data files will be limited to members of the research team. Data will be stored in a locked cabinet and will be retained indefinitely to permit comparisons with future studies of parks and recreation agencies. Information obtained from the study may be published in an academic journal or presented at a scholarly conference, but names or identifying information will not be revealed. Any participant will not be included in the study if he or she declines participation.

If you have any questions about the study you may contact me at 217-333-5339 or my faculty advisor, Dr. Kimberly J. Shinew, at 217-333-5201 or shinew@illinois.edu. If you have any questions about your and your child's rights in this study, please contact the University of Illinois Institutional Review Board at 217-333-2670 (collect calls accepted if you identify yourself as the parent of a research participant) or via email at irb@illinois.edu.

If you decide participate in this study, please sign below, thus indicating that we have permission to include you in the research project. Additionally, those that decide to participate will be given a free

movie ticket to a local theater. Return the permission form to the Boys and Girls Club. Because the permission forms are to be returned to the Boys and Girls Club, the staff will most likely know who is participating in the study. The decision to participate, decline, or withdraw from participation will have no affect on your child's relations with the University of Illinois or the Park District. Please keep a copy of this letter for your records. We thank you very much in advance for your consideration.

Sincerely,

Brooke Burk
Graduate Student
University of Illinois
104 Huff Hall
1206 S. Fourth Street
Champaign, IL 61822
davitt1@illinois.edu
217-333-5339

Agreement: I am fully aware of the nature and extent of my child's participation in this project as stated above and the possible risks arising from it. I hereby agree to allow my daughter to participate in this project. I have received a copy of this letter.

(Signature of parent/legal guardian)

(Date)

(Printed name of parent/legal guardian)

(Printed name of child participant)

I agree to have my child recorded

I do not agree to have my child recorded

Agreement: I am fully aware of the nature and extent of my participation in this project as stated above and the possible risks arising from it. I hereby agree to participate in this project. I have received a copy of this letter.

(Printed name of parent)

(Signature of parent)

I agree to be recorded

I do not be recorded

APPENDIX B: VITA

Brooke (Davitt) Burk

1206 South Fourth Street, 104 Huff Hall, Champaign, IL 61820
Cell: (515) 321-9369, Email: davitt1@illinois.edu

Education

- Ph. D. in Leisure Behavior, University of Illinois at Champaign-Urbana, Champaign, IL, expected August 2011
 - Dissertation Advisor: Professor Kim Shinew
 - Dissertation Title: The Roles of Parks and Recreation Agencies in Addressing the Childhood Obesity Epidemic
- M.A. in Leisure, Youth and Human Services (with a Youth Development emphasis), University of Northern Iowa, Cedar Falls, IA, May 2008
 - Thesis Advisor: Professor Sam Lankford
 - Thesis title: A Study of the Level of Interest Among Adolescents in Physical Education
- B.A. in Psychology, University of Iowa, Iowa City, IA, May 2006

Research Experience

- **Research Assistant**, Diversity Research Laboratory, University of Illinois at Champaign-Urbana, Champaign, IL, August 2008 to Present
 - Conducted, transcribed, and coded interviews with Park District officials on park use among Latinos
 - Conducted, transcribed, and coded interviews and focus groups with African American adolescents about their use of leisure time and weight perceptions
 - Assisted with manuscript writing about park use among Latinos
 - Assisted with manuscript on use of leisure time in rural communities
 - Examined and evaluated statistical data from survey research
- **Research Assistant**, University of Northern Iowa, August 2007 - May 2008
 - Conducted coded, and examined survey data among middle- and high school students on their interests in physical education
 - Assisted with the creation of website templates for the World Leisure Organization
- **Research Assistant**, Language and Category Development Laboratory, University of Iowa, May 2004 – May 2006
 - Conduct language development experiments with infant and toddler youth

- Code video and audio recorded data from experiments
- Present findings from experiments and coding at meetings
- Recruit participants and evaluate language skills of toddler participants

Teaching Experience

- **Course Instructor**, Leisure Programming, University of Illinois at Champaign-Urbana, January 2011 to Present
 - Full responsibility for students and course implementation
 - Developed syllabus and course materials
 - Taught a discipline-focused in-depth course on the essential components of leisure programming
 - Wrote lectures and designed examinations
- **Course Instructor**, Leisure and Technology, University of Illinois at Champaign-Urbana, January 2010 to Present
 - Full responsibility for students and course implementation
 - Developed syllabus and course materials
 - Taught a discipline-focused course on the use of technology in various aspects of leisure
 - Wrote lectures and designed examinations
- **Course Instructor**, Leisure and Society, University of Illinois at Champaign-Urbana, June 2010 – August 2010
 - Full responsibility for students and course delivery
 - Developed syllabus and course design
 - Taught an introductory course on the role and use of leisure both historically and in modern society
 - Wrote lectures and examinations
- **Teaching Assistant**, Leadership in Leisure Services, University of Illinois at Champaign-Urbana, August 2008-December 2010
 - Objectively graded quizzes, exams, and papers
 - Assisted with the planning of group activities
 - Attended lectures and assisted with helping students
- **Teaching Assistant**, Leisure Programming, University of Illinois at Champaign-Urbana, August 2008-2010
 - Objectively graded quizzes, exams, and papers
 - Mentored students on final project preparations
 - Attended and assisted with final project implementation

Papers

Burk, B.N. (January, 2011). Future leaders: The Student/Young Professional Network. *Parks & Recreation*, 43-44.

Burk, B.N., Shinew, K.J., & Stodolska, M. (in press). Determinants of physical activity among Latinos visitors to outdoor recreation areas. *Leisure/Loisir*.

Son, J., Burk, B.N., Harvey, S., Shinew, K.J. (to be submitted). Life in a small town: Challenges and rewards. *Leisure Sciences*.

Van Puymbroeck, M., Burk, B.N., Shinew, K.J., & Kuhlenschmidt, M.C. (in review). Yoga as a Tool to Improve Health for Breast Cancer Survivors. *American Journal of Public Health*.

Presentations

Cook, L.H., & Davitt, B.N. (2010, November). INPathy: Using empathic modeling to Promote inclusion. Presented at the National Institute on Recreation Inclusion Conference, Schaumburg, IL.

Davitt, B., Shinew, K.J., & Stodolska, M. (2010, October). Perceptions of weight on adolescent girls' recreation participation. Presented at the NRPA Leisure Research Symposium, Minneapolis, MN.

Davitt, B.N. & Broughton, K.A. (2009, October). BTW, professionalism still matters, LOL. Presented at the National Recreation and Park Association Conference, Salt Lake City, UT.

Davitt, B.N., Stodolska, M., Shinew, K.J. (2009, October). Determinants of Physical Activity among Latinos. Presented at the National Recreation and Park Association Conference, Salt Lake City, UT.

Davitt, B.N., Stodolska, M., & Shinew, K.J. (2010, April). Determinants of Physical Activity among Latinos. Presented at the Public Engagement Symposium, Champaign, IL.

Hickerson, B.D., Thompson, T.D., Davitt, B.N., & Nunes, C. (2009, October). Developing successful student-faculty-professional interactions. Presented at the National Recreation and Park Association Conference, Salt Lake City, UT.

Paden, L.K. & Davitt, B.N. (2010, October). Cutting edge or cutting corners. Education session to be presented at the National Recreation and Park Association, Minneapolis, MN.

Shinew, K., Davitt, B., & Stodolska, M. (2010). The health of girls in our country: Issues, explanations and strategies. Girls in the Game Conference, Chicago, Illinois, October 7, 2010.

Thompson, T.D., Hickerson, B.D., Davitt, B.N., & Nunes, C. (2010, October). Developing successful student-faculty-professional interactions. Presented at the National Recreation and Park Association Conference, Salt Lake City, UT.

Professional Experience

- **Kids Cafe and Education Director**, Northeast Iowa Food Bank, September 2006-July 2008
 - Create community partnerships to improve program development
 - Assist with grant writing
 - Coordinate and plan health education curriculum for low income families
 - Recruit volunteers for after-school programs
 - Plan meals and snacks for 15 after-school programs in Northeast Iowa
 - Create and report bi-yearly program evaluation
- **Customer Relations Manager**, Champaign Park District, April 2009-September 2010
 - Manage and train aquatics staff for outdoor aquatic facility
 - Coordinate and plan special events
 - Manage customer relations
- **Receptionist and Office Coordinator**, Champaign Park District, April 2009-Present
 - Assist with the coordination of tennis and sport programs
 - Assist customers with recreation needs
 - Create newsletters and program guides

Academic Awards and Honors

- **Certificate in Foundations of Teaching**, University of Illinois at Champaign-Urbana, April 2010
 - Participated in 8 hours of teaching development workshops
 - Observed while teaching a class followed by feedback
 - Examined literature on teaching and learning
 - Wrote a teaching philosophy

- **Outstanding Graduate Student in Research**, University of Northern Iowa, April 2008
 - Each year the faculty in the Department of Leisure, Youth, and Human Services evaluates and awards one student with this award
- **Gordon Mack Award for Student Leadership**, American Humanics, University of Northern Iowa, April 2008
 - Each year American Humanics awards ones student, who has been nominated through their work academically and with a non-profit organization with this awards based on their leadership in the community

Professional Service

- **Young Professional Network Chair**, National Recreation and Park Association, October 2010 – Present (1 year term)
 - **Programs Committee**, Student and Young Professional representative
 - **National Forum Delegate**, Student and Young Professional representative
- **Student Branch President-Elect**, National Recreation and Park Association, October 2009 to October 2010
- **Student Branch Board of Directions**, Society of Parks and Recreation Educators Liaison, National Recreation and Parks Association, October 2008 to October 2009
- **University Senate Committee for the Library**, University of Illinois, August 2009 to Present
- **University Librarian's Student Advisory Committee**, University of Illinois, August 2009 to Present
- **Reviewer**, *Research Quarterly for Exercise Science*, December 2009 to Present

Academic References

Dr. Kimberly J. Shinem, PhD
Professor
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University of Illinois at Champaign-Urbana
1206 South Fourth Street
104 Huff Hall
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Associate Professor
Department of Recreation, Sport, and Tourism
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