

How African American prepare their food (culture) contributes to the obesity in their
communities

by

LITERATURE REVIEW

Cultural and Historical Roots of Obesity

Culture affects obesity in that stigma, attitudes, values, and beliefs about being overweight or obese are strongly influenced by cultural principles (Cummins & Macintyre, 2002). There are a variety of aspects to consider when discussing things that could affect obesity including unhealthy lifestyle patterns, racism, discrimination, and the avoidance of exercise or other weight loss techniques and covert communication within the African American community concerning exercise and eating patterns. Research indicates there is a definite link between culture and healthy or unhealthy lifestyle patterns (Wrigley, 2008). The choices that families make regarding food are closely related to cultural eating habits, food accessibility, and food preparation (Zenk et al., 2005). Among African Americans, cultural factors may influence both the acceptance of excessive weight and food preferences (Cummins & Macintyre, 2006). Some scholars have identified the obsession with weight as a primarily Western experience and as such obesity and healthy eating may not be seen as a priority for African Americans (Raja, Ma & Yadav, 2002).

In the African American community, being overweight is not necessarily synonymous with being unappealing, and this may influence the healthy eating and dieting practices of African American individuals and families (Cummins & Macintyre, 2002). Experiences with racism may produce stress leading to overeating and weight gain (Wrigley, 2008). Often, people of color are degraded in such a way that in order to cope they have to separate from the values of the governing culture; this is applicable in the African American community with weight standards (Raja, Ma & Yadav, 2002). Some researchers have reported a positive correlation

between obesity and racism or discrimination based on race or ethnicity (Raja, Ma & Yadav, 2002). Wrigley, (2008) conducted a study that examined whether racial discrimination was connected to obesity and an increased BMI percentage. This study found a correlation between racial discrimination and obesity and an increased BMI. This is essential to consider because it did highlight that racial discrimination could be one of the important factors that lead to increased weight among ethnic minorities. In addition to the impact that racism and discrimination have on obesity, in the United States there is a disproportionate number of minorities with diabetes and research indicates this may be a result of obesity in minority groups.

Additionally, factors such as eating and exercise patterns, place ethnic minority communities in jeopardy for cardiovascular diseases due to racial disparities Zenk et al., (2005). Other cultural factors that contribute to the prevalence of obesity among some African-Americans include a desire to avoid modifying their appearance for fear of being snubbed due to different cultural practices as well as being excluded as a result of weight loss (Raja, Ma & Yadav, 2002). Culturally it is acceptable to have heavier bodies within the African American community and studies have shown that many African Americans view being obese as part of their culture (Cummins & Macintyre, 2006). Participating in exercise and other activities that encourage weight loss could be seen as the rejection of culturally accepted standards. Zenk et al., (2005) reported that individuals were stigmatized more because of weight than general appearance. Cummins & Macintyre, (2006) reported that some African Americans are compelled to continue consuming unhealthy foods because they fear being excluded for adopting healthful behaviors. In the study that Cummins & Macintyre, (2006) conducted, he explored the meaning of collective identity and discussed the struggle that many African Americans have making accommodations without assimilation.

For African American women specifically, hair management is a growing concern contributing to lack of exercise. The desire to maintain hairstyles has long been discussed as a reason why African American women tend to avoid sweaty physical activity (Cummins & Macintyre, 2006). For many African American women, any activity that would stop their ability to maintain manageable hairstyles is avoided. For example, many African American women do not participate in exercises or activities within pools or other bodies of water because they do not want to damage their hairstyle. Other African American women do not participate in strenuous physical activities because they may have recently gotten their hair straightened and the moisture from sweat will reverse the effects of straightening their hair. This message is typically relayed in a covert manner.

Physiological and Biological Aspects of Obesity

Various studies and reports were reviewed with respect to the relationship between obesity and physiological and biological factors. In fact, there was no shortage of research data about the association between body mass index, chronic illnesses, and other physiological factors. Eleven studies and reports were reviewed in an attempt to better understand the association of obesity and physiological and biological factors. In showing the extent that physiological factors play, Zenk et al., (2005) reported that obesity is associated with a variety of diseases, such as coronary heart disease, hypertension, chronic pulmonary disease, osteoarthritis, high cholesterol, diabetes, certain types of cancers, and increased all-cause mortality. In addition to physiological factors, the authors confirmed that obesity is associated with other behavioral factors, such as social stigma, poor self-esteem, economic disadvantage, and physical inactivity (Zenk et al., 2005).

According to the authors, statistics revealed that approximately 71% of women and 62% of men are engaged in some form of weight-loss efforts at any given time in their lives. In a study conducted by Raja, Ma & Yadav, (2002), physiological and emotional factors, such as mental and chronic illnesses, were investigated to show the relationship between these factors and obesity, and how these factors affect health related quality of life. The study measured five categories of body mass index, including underweight, normal weight, overweight, moderate obesity, and morbid obesity. The findings suggested that overweight in general was significantly related to health status, depending on the degree of physiological or emotional factors. The findings further suggested that physiological and emotional health declined significantly with increased body weight. These results were especially true with those with chronic illnesses and increased body weight. These findings have been confirmed by other research studies in related areas (Wrigley, 2008).

The authors thoroughly investigated the topics related to physiological factors, chronic health problems, and weight related issues, in connection with the study's target population, including variables such as age, gender, social status, and marital status. Based on the target population, the minorities were underrepresented with a 4% participation in the study. Nevertheless, the findings appeared to be credible and reliable based on this specific population. One implication of this study was that decreased weight is beneficial to maintaining sound physiological health. These findings may be used as background information for investigating other obesity-related factors in future studies.

Cummins & Macintyre, (2006) investigated physiological factors associated with obesity in a study that examined the prevalence of obesity in inner city African Americans. The study

used a survey instrument similar to the Behavioral Risk Factor Surveillance System and a self-report to determine the prevalence of obesity among the African Americans in an inner city.

The study confirmed that both overweight and severe obesity were more prevalent among women than men. This study agreed with the findings of other studies, and personal beliefs that obesity is a serious problem, and presents risk factors for other chronic diseases, such as heart disease, diabetes, and strokes among African Americans, especially African American women and low-income individuals. Although this study identified various risk factors associated with being obese, the authors concluded that little is known about various perceptions of overweight, attempts to lose weight, being advised to lose weight, and strategies used to lose weight among African Americans in urban inner cities (Cummins & Macintyre, 2006). Although the participants of this study were lower-income African Americans, the study holds generalized implications for African Americans in general.

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