Published in final edited form as:

J Midwifery Womens Health. 2013 July ; 58(4): 440–450. doi:10.1111/j.1542-2011.2012.00259.x.

Racial/Ethnic Differences in Midlife Women's Attitudes toward Physical Activity

Eun-Ok Im, RN, CNS, PhD, MPH, Young Ko, RN, PhD, Hyenam Hwang, RN, MSN, Wonshik Chee, PhD, Alexa Stuijbergen, RN, PhD, Lorraine Walker, RN, EdD, MPH, and Adama Brown, PhD

Abstract

Introduction—Women's racial/ethnic-specific attitudes toward physical activity have been pointed out as a plausible reason for their low participation rates in physical activity. However, very little is actually known about racial/ethnic commonalities and differences in midlife women's attitudes toward physical activity. The purpose of this study was to explore commonalities and differences in midlife women's attitudes toward physical activity among four major racial/ethnic groups in the United States (whites, Hispanics, African Americans, and Asians).

Methods—This was a secondary analysis of the qualitative data from a larger study that explored midlife women's attitudes toward physical activity. Qualitative data from four racial/ethnic-specific online forums among 90 midlife women were used for this study. The data were analyzed using thematic analysis, and themes reflecting commonalities and differences in the women's attitudes toward physical activity across the racial/ethnic groups were extracted.

Results—The themes reflecting the commonalities were: (a) "physical activity is good for health"; (b) "not as active as I could be"; (c) "physical activity was not encouraged"; (d) "inherited diseases motivated participation in physical activity"; and (e) "lack of accessibility to physical activity." The themes reflecting the differences were: (a) "physical activity as necessity or luxury"; (b) "organized versus natural physical activity"; (c) "individual versus family-oriented physical activity"; and (d) "beauty ideal or culturally accepted physical appearance."

Discussion—Developing an intervention that could change the social influences and environmental factors and that could incorporate the women's racial/ethnic-specific attitudes would be a priority in increasing physical activity of racial/ethnic minority midlife women.

Keywords

physical activity; attitude; women; race/ethnicity

INTRODUCTION

Across age groups women tend to be less physically active than men,¹ and women over 50 years old are more likely to be inactive compared with men in the same age group.² Women's negative attitudes toward physical activity have been pointed out as a plausible reason for their low participation rates in physical activity.^{3–5} However, the current literature is meager regarding the influence of the midlife women's attitudes toward physical activity on their actual physical activity, and very little is actually known about midlife women's attitudes toward physical activity. This is especially true of racial/ethnic-specific attitudes

Address for Correspondence: Dr. Eun-Ok Im, School of Nursing, University of Pennsylvania, 418 Curie Blvd. Philadelphia, PA 19104, Telephone: (215) 898-9993/Fax: (215) 746-3374/ eunim@nursing.upenn.edu.

Conflicts of Interest: The authors have no conflicts of interest to disclose.

toward physical activity within the multi-racial/ethnic contexts of the United States.^{5–12} Studies have frequently excluded Asians, and the few studies among Asians were limited to a sub-ethnic group of Asians (eg, Asian Indian, Korean, Lebanese-American) in a specific geographical area.^{4, 9, 11, 13–15} Many of the studies on racial/ethnic-specific attitudes toward physical activity have focused on African Americans or Hispanics,^{16–19} and many have been conducted among those with specific diseases (eg, diabetes and cardiovascular disease).^{16, 17, 20, 21}

Despite these limitations in the studies on midlife women's attitudes toward physical activity, researchers agree that specific racial/ethnic groups have racial/ethnic-specific attitudes toward physical activity.^{19, 22, 23} For example, Mexican Americans were reported to view physical activity as prescriptive and significant in retaining health, and regarded family responsibilities and attitudes as factors that positively or negatively influenced their physical activity.^{3, 20} However, these findings tended to be preliminary and episodic, and derived from a specific racial/ethnic group rather than comparing different racial/ethnic groups as a whole in one study.

The purpose of this study was to explore racial/ethnic commonalities and differences in midlife women's attitudes toward physical activity among 4 major racial/ethnic groups in the United States (whites, Hispanics, African Americans, and Asians).

METHODS

This was a secondary analysis of a larger study that included both quantitative and qualitative approaches to explore midlife women's attitudes toward physical activity. Data were collected through an Internet survey and 4 separate racial/ethnic-specific online forums.^{24–27} Only qualitative data from the 4 racial/ethnic-specific online forums were used for this secondary analysis and the data were analyzed as a whole at the level of codes. While previous publications from each racial/ethnic-specific online forum presented cultural findings from one specific racial/ethnic group,^{24–27} none of the previous publications compared the four groups as a whole. This secondary analysis presents the findings reflecting the racial/ethnic commonalities and differences across the all four racial/ethnic groups. The study protocol was approved by the Institutional Review Board of the University of Texas at Austin and the University of Pennsylvania where the researchers were affiliated.

Setting and Participants

For the original study, the participants were recruited through 2,309 Internet communities for midlife women and 4,421 Internet communities for racial/ethnic minorities. These Internet communities were known to be acceptable settings through which participant recruitment and data collection could be effectively conducted for studies on midlife women.³⁰ When potential participants visited the project website, the inclusion criteria and screening questions for the study were checked against the potential participants. Only those who met the criteria and passed the screening questions were allowed access to the Internet survey of the larger study. More detailed information on the Internet survey can be found elsewhere.³¹

The inclusion criteria for the original study were: midlife women aged 40 to 60 years who were ambulatory and able to participate in all forms of physical activity; could read and write English; were online (had access to the Internet); and whose self-reported racial/ethnic identity was white, Hispanic, African American, or Asian. For the online forums, those who had high cardiovascular and musculoskeletal risk factors were excluded using the screening questions by Wilbur et al.³² Usually, 6 to 10 participants are considered an adequate number

for a traditional focus group and online forums;^{33, 34} for the four separate groups, 24 to 40 would be an adequate number of participants for this secondary analysis. Thus, the 90 participants in the online forums were more than enough for this secondary analysis.

Theoretical framework

A feminist perspective^{28, 29} was used to guide this analysis. We made the feminist assumption that women's physical activity needs to be understood within the dynamics among physical activity, the female body, and cultural ideals of beauty, as it can be influenced by women's attitudes toward physical activity embedded in their culture.²⁹ It was also assumed that women's physical activity experience comes from their interactions with their psycho-socio-cultural environment, which are influenced by biases reflecting the ways they view the world.²⁹ The online forum topics used in the original study included prompts that directly asked the women about their thoughts on gender and racial/ethnic differences in their physical activity and on the influences of their gender and race/ethnicity on their physical activity experience in order to respect women's own views and experiences. Women were directly asked about their daily life struggles as a woman and/or a racial/ethnic minority. Throughout the research process of the original study, as feminists suggest,^{28, 29} the women's own views and experiences were prioritized, and we tried to listen to the women's own descriptions of and opinions about their physical activity experience. For example, if the women were interested in yoga, we tried to discuss yoga instead of other types of exercises that we were interested. We tried to minimize the moderators' interruptions and interventions during the online forum discussion so that we could encourage the women to disclose their own ideas. Thus, we rarely posted our own messages or deleted participants' messages so that we would not interrupt the discussion among the participants in the online forums. Finally, race/ethnicity was assumed to be an important characteristic that influences women's physical activity. Therefore, we tried to see the impacts of racial/ethnic-specific contexts on women's physical activity experience.

Online Forum Topics

The online forum was chosen for the study because it provided a more comfortable environment for some to discuss sensitive personal health issues, and was suggested as a feasible alternative to traditional face-to-face focus groups.^{35–36} Two sets of online forum topics on attitudes toward physical activity and race/ethnic-specific contexts were used to administer all the online forums.²⁵ These topics included the introductions and prompts that were posted on the online forum in a serial fashion across the 6-month period as discussion threads. For example, the topics included "Recent changes in physical activity and their influences on women's daily life," "Factors motivating and inhibiting women's participation in physical activity," and "Preferences for specific types of physical activity." Then, the topic of "Recent change in physical activity and their influences on women's daily life" included the prompts such as "What changes did/do you experience in your physical activity recently?," "How do you think the changes in physical activity influence your body?," and "How do you think the changes in physical activity influence your mind?" These topics and introductions were reviewed and modified based on comments from 5 experts in the area of physical activity and 2 experts in qualitative research (the feasibility/usability mean score=4.34 [on a Likert scale of 1 to 5], SD=.32).³⁷ More detailed information on the online forum topics can be found elsewhere.³⁷

Data Collection Procedures

When the participants completed the Internet survey of the original study, they were asked about their intention to participate in an additional online forum. When they indicated their intention to participate, they were checked against the exclusion criteria for the online forum. Then, the participants were instructed to keep their usual daily level of physical

activity constant. The topics were posted with introductions as new discussion threads, and prompts were provided in a serial manner throughout the 6-month period. The women were asked to visit the online forum sites at least twice a month and required to post one message per topic in order to receive their participant reimbursement. The women could post their messages in any forms that they wanted (eg, stories, conversations, responses to others' messages, etc.). Whenever the researchers posted a new topic with its related prompts (biweekly), they sent reminder emails to the participants. More detailed information on the online forum procedures can be found elsewhere.^{24–27}

Data Analysis

Data from the four groups were analyzed as a whole by three analysts at the level of codes. Braun and Clarke's³⁸ guidelines for thematic analysis were used to analyze the data. These include: (a) familiarising with the data; (b) generating initial codes; (c) searching for themes; (d) reviewing themes; (e) defining and naming themes; and (f) producing the report. For this secondary analysis and using the coding books inducted from the original analyses of four different online forums, the data analysts analyzed contents and contexts, and extracted categories reflecting commonalities and differences in the women's attitudes toward physical activity across racial/ethnic groups. The research team formulated relationships among the categories by mapping associative links using an interactive process that involved reading and re-reading text. Through this process, the research team tried to produce more abstract and refined ideas about the domains of interest. Themes reflecting commonalities and differences among the racial/ethnic groups were extracted through a series of research meetings and discussions by the research team as a whole. Depending on the perspectives that the analysts used, the categories could be differently interpreted. For example, a nurse could view the same categories differently from a social worker. Thus, the categories were finalized upon agreement of 2 of the 3 analysts. During the research process (in the original and this secondary analysis), the research team used standards of feminist qualitative research, including dependability, reflexivity, credibility, relevance, and adequacy to assure scientific rigor.³⁹ Dependability was established by examining the methodological and analytic decision trails created by the research team during the course of the study itself. The team kept chronological research diaries and memos on the reasoning process involved in the data collection and analysis to support reflexivity. Credibility and relevance were ensured by posting the developing analytic categories and asking for participants' reactions. The team continuously questioned research methods, goals, research questions, design, scope, analysis, conclusions, and impact of the study within the social and political environment. Finally, the team held weekly meetings to continuously check the quality of the data.

RESULTS

Among the 545 Internet survey takers, 145 volunteered to participate in an additional online forum. After screening, 119 (82.1%) women were eligible, and 90 (75.6%) of these women participated in the online forums, including 29 whites, 23 Hispanics, 21 African Americans, and 17 Asians. The 4 racial/ethnic-specific qualitative online forums were conducted for a 6 month period. By the end of the six-month period, a total of 54 (60%) women were retained (19 whites, 12 Hispanics, 13 African Americans, and 10 Asians). The retention rate was 66% among whites, 52% among Hispanics, 62% among African Americans, and 59% among Asians. The main reason for the drop-outs was vacations and business trips. Characteristics of the participants are summarized in Tables 1 and 2.

A total of 1,316 messages were posted during the data collection period, and the average number of messages posted by a participant was 14.6 (SD=8.4). The average period of the women's participation was 103.5 days (SD=58.5); most of the 90 women who were included

in this analysis participated for at least 3 months. The following themes were derived from analysis of these postings.

Racial/ethnic Commonalities

The commonalities in attitudes toward physical activity across the ethnic groups can be represented with the following five themes: (a) “physical activity is good for health”; (b) “not as active as I could be”; (c) “physical activity was not encouraged”; (d) “inherited diseases motivated participation in physical activity”; and (e) “lack of accessibility to physical activity.” Each theme is described as below and the quotes supporting the themes are summarized in Table 3.

Physical activity is good for health—Women in all the racial/ethnic groups including whites knew the benefits of physical activity, such as being able to maintain a slim body, reducing the risk of some diseases, and improving mental health. Accordingly, 55 women perceived the importance of physical activity to maintain a healthy life. Further, 10 women felt that participating in physical activity had more advantages than disadvantages to the body and mind.

Not as active as I could be—Across the ethnic groups, the primary reason for lack of routine physical activity was lack of time, and attending to physical activity was not a priority in their daily life schedules (n=10). All the women including whites expressed that they did not have a strong commitment toward a physical activity routine because their physical activity schedules were affected by a sedentary life style and other external factors like family responsibilities or life events. Fourteen women could not help but have sedentary lifestyles because they became tired during or after work. Twenty-three women mentioned that they easily changed their schedules to accommodate special occasions more than their male counterparts did. Therefore, they said they could not be as active as they should even though they knew the benefits of physical activity for their bodies and minds.

Physical activity was not encouraged—Twenty-three participants from the 3 racial/ethnic minority groups said that they were not encouraged to participate in physical activity because of their gender and culture. Even white women reported that they were less likely to be encouraged to engage in physical activity, especially team sports, compared with their male siblings and/or friends. All the women said that in their cultures, girls were raised in a different way compared to boys. Eleven Hispanic and Asian participants mentioned that their cultures placed less value on women’s physical activity. As a result, their parents did not encourage them to do physical activity and instead they grew up helping with house chores or doing indoor activities. Because they grew up with these beliefs, the women felt that they could not help but consider physical activity as an unimportant factor in their lives and chose a less active life style in their adulthood.

Inherited diseases motivated participation in physical activity—Seven women across the racial/ethnic groups said that their family histories of inherited diseases motivated them to participate in physical activity. They worried about such diseases as high blood pressure, diabetes, obesity, stroke, etc., and strongly believed that physical activity would be beneficial in preventing or controlling these diseases. Thus, they tried to maintain their physical activity and have a healthy lifestyle.

Lack of accessibility to physical activity—Thirty-two women across the racial/ethnic groups including whites complained that it was not easy to participate in physical activity because of safety and financial issues. They mentioned that participating in physical activity was difficult because they could not afford physical activity classes and they did not have an

accessible or affordable facility nearby. Women also said that they were reluctant to engage in outdoor activities because they did not live in a safe place. Even though 32 women mentioned that walking was one of their favorite physical activities, they were too afraid to walk or jog alone. Subsequently, 20 participants asserted that they would need support for physical activity such as an affordable facility near to their home, a safer neighborhood environment, or someone who could accompany them during their physical activity. In particular, five racial/ethnic minority women said that resources in their own languages would be helpful in providing them with useful information on physical activity.

Racial/ethnic Differences

Four themes reflecting ethnic differences in the women's attitudes toward physical activity are: (a) "physical activity as necessity or luxury"; (b) "organized versus natural physical activity"; (c) "individual versus family-oriented physical activity"; and (d) "beauty ideal or culturally accepted physical appearance." The themes are described below, and the quotes supporting the themes are summarized in Table 4.

Physical activity as necessity or luxury—A prominent difference in the women's attitudes toward physical activity between whites and other racial/ethnic minority groups was that white women viewed physical activity as a daily requirement whereas racial/ethnic minority women did not perceive it as valuable enough to be done every day. While perceiving great benefits from physical activity, 15 white women aspired to embrace physical activity in their daily routines. On the other hand, 10 racial/ethnic minority women felt that they did not have enough resources (time, money etc.) to regularly participate in physical activity. Four racial/ethnic minority women even mentioned that spending their valuable time on physical activity was a selfish or self-indulgent act because they had more important family responsibilities and working obligations.

Organized versus natural physical activity—Seventeen white women said that they preferred to exercise in a formalized facility using an exercise machine or to attend planned activities, whereas 12 racial/ethnic minority women mentioned that they liked to participate in physical activity in a natural way (not necessary to go to a special facility or to use a special piece of equipment). Eleven racial/ethnic minority women viewed any activity that moved their body as physical activity. Subsequently, they did not feel a need to make special efforts to attend organized or planned physical activities.

Individual versus family-oriented physical activity—Six white women mentioned that they should be empowered to control their own life and thought that an individual should be independent. They made decisions related to physical activity while placing a priority on their own life and they thought that other family members should respect their decisions. Therefore, the major reason that they had difficulty maintaining physical activity was their weak self-motivation. On the contrary, 9 racial/ethnic minority women made their decisions related to physical activity based on their family's needs and sacrificed themselves to take care of their husband, children and their parents. The racial/ethnic minority women said that their cultures placed more value on family-oriented activities. Thus, they felt that they had difficulty making time for physical activity because they put their family's needs first.

Beauty ideal or culturally accepted physical appearance—The white participants said that in the US culture, ideal beauty is considered being as skinny and beautiful as a model, whereas the racial/ethnic minority women said that their cultures had unique views on beauty. Eight white women mentioned that they did physical activity to maintain their shape and health in order to fit the beauty ideal. Three white women also said that they felt

embarrassed about their appearance and they easily gave up their efforts to do physical activity because they felt like they were not good looking enough to be seen exercising by others. Even as they got older, 2 white women still worried about their looks because they had gained weight compared to when they were younger. Among the racial/ethnic minority groups, Asians were the only group who followed the same beauty ideal as the white women. Three Asian women mentioned that their culture had a beauty ideal of being slim, attractive, youthful and good-looking. Subsequently, the main reason that Asian women participated in physical activity was to lose weight to meet social expectations. On the contrary, 3 Hispanic women and 2 African American women mentioned that their cultures accepted a more curvaceous body and unique individual appearances. Therefore, these women felt more comfortable doing physical activity or did not make efforts to do physical activity because they did not worry as much about their appearances.

DISCUSSION

Studies on midlife women's attitudes toward physical activity have been sparse, but the episodic findings have suggested certain racial/ethnic differences in midlife women's attitudes toward physical activity that might be a reason for lack of physical activity among ethnic minority midlife women.^{19, 22, 23} The findings of this study strongly supported that there were racial/ethnic commonalities and differences in the midlife women's attitudes toward physical activity. The themes reflecting the racial/ethnic commonalities could be interpreted as more positive than reported in the literature, whereas the themes reflecting the racial/ethnic differences could be interpreted as more negative than reported in the literature. It is possible that, because the data were collected using non-face-to-face interactions via the Internet, women (especially racial/ethnic minority women) might have been more willing to disclose their own opinions and experiences compared with face-to-face interactions (eg, interviews).

Across the racial/ethnic groups, the overarching theme of the racial/ethnic commonalities was gender disparities in the women's physical activity experience. Because the participants were women, there were certain unique aspects of their physical activity experience. For example, the common theme of "not encouraged" across the four racial/ethnic groups likely reflects gender disparities in physical activity experience that have deep roots in patriarchal cultures where women's physical activity has traditionally been discouraged to preserve their energy for childbearing and childrearing.

All the themes reflecting the racial/ethnic commonalities have been reported in the literature,^{40–44} but not in a comparative study with 4 racial/ethnic groups analyzed together. Consistent with this study, others have reported that midlife women of varied backgrounds recognize the benefits of physical activity^{21, 45} but struggle to participate in physical activity, not participating as much as they could.⁴¹ They complain that they were not supported to participate in physical activity.⁴² In addition, midlife women participate in physical activity because of their family histories of specific diseases.^{42, 43} Finally, across racial/ethnic groups, environmental factors negatively influence physical activity.^{22, 42, 44}

Researchers have also asserted that midlife women would need to have higher self-efficacy to participate in physical activity.⁴⁶ However, the findings on the racial/ethnic commonalities reported in this secondary analysis indicate that the women actually knew the benefits of physical activity and they were willing to participate in physical activity. The common barrier reported across the racial/ethnic groups was lack of encouragement and support, and environmental factors. It is possible that women would be ready to be engaged if the environmental factors and social influences were taken care of.

All the themes reflecting the racial/ethnic differences have been episodically reported in the literature, but some results from this study add new information. For example, physical activity as a ‘luxury’ in the first theme has been reported,⁴⁷ but physical activity as a ‘necessity’ has rarely been reported. Researchers frequently reported that all the women across ethnic groups considered physical activity a luxury due to lack of time and overburdened family responsibilities,⁴⁸ (Welch, et al. 2009), but rarely reported that white women perceived physical activity as a necessity in their life.

The separation of “organized vs. natural” physical activity could be new.^{22, 49, 50} Researchers have reported that midlife women, especially racial/ethnic minority groups, tend to prefer walking or other natural physical activities to more organized or structured physical activities (eg, exercise).^{22, 51, 52} However, the finding that white women perceived physical activity as organized activities could be new in the literature. A reason for this could be that our participants tended to be computer-literate, employed women influenced by mass media, which in turn might influence them to perceive physical activity as more organized forms of exercise.

The theme of “individual versus family-oriented physical activity,” has also been reported in the literature.^{3, 9, 19, 53} Researchers have reported that racial/ethnic minority women were more family-oriented compared to white women, which was seen as a major reason for racial/ethnic minority women’s physical inactivity.^{3, 9, 19, 53} African American women did not participate in physical activity due to heavy family responsibilities.¹⁹ Hispanic women viewed family responsibilities and family attitudes as the reasons for their lack of exercise.³ When Asian immigrant women had spare time, they did household chores and childcare rather than participating in physical activity.⁵³

The theme of “beauty ideal or culturally accepted physical appearance” has been recently reported in the literature on African American women’s physical activity.^{54, 55} However, this has rarely been reported in Hispanic and Asian midlife women. The finding that Asian midlife women tended to share white women’s beauty ideal is not commonly reported in the current literature. On the contrary, researchers have reported that Asian women tend to focus on their family matters, and they were not interested in physical activity only for their health or beauty.⁴

This study had several limitations. The participants tended to be a selected group of midlife women who had access to the Internet and who were highly educated and high-income individuals. Also, the retention rate was modest. Thus, the findings reported in this paper need to be carefully interpreted; the reported differences among the racial/ethnic groups could be attributed to differences in other characteristics. In addition, the original data were collected only through qualitative online forums, so this method might have added methodologic limitations (eg, lack of theoretical saturation, lack of direct interactions with the participants). Finally, because this study is a secondary analysis, there was no control of the data that had already been collected in the original study.

CONCLUSIONS

The findings suggest several implications for future research and health care practices with diverse racial/ethnic groups of midlife women in the United States. First, researchers and health care providers need to be aware of the importance of social influences and environmental factors that could prohibit midlife women’s physical activity. Second, researchers and health care providers need to understand midlife women’s racial/ethnic-specific attitudes toward physical activity and incorporate these attitudes into physical activity promotion programs, which in turn should be racial/ethnic-specific. Finally, more

studies with diverse groups of midlife women in the United States are needed to confirm the findings reported in this paper.

Acknowledgments

This study was conducted as part of a larger study funded by the National Institutes of Health (NIH/NINR/NHLBI) (R01NR010568). The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.

References

1. Shiroma EJ, Lee IM. Physical activity and cardiovascular health: lessons learned from epidemiological studies across age, gender, and race/ethnicity. *Circulation*. 2010; 122(7):743–752. [PubMed: 20713909]
2. Brown DR, Yore MM, Ham SA, Macera CA. Physical activity among adults ≥ 50 yr with and without disabilities, BRFSS 2001. *Med Sci Sports Exer*. 2005; 37(4):620–629.
3. Berg JA, Cromwell SL, Arnett M. Physical activity: Perspectives of Mexican American and Anglo American midlife women. *Health Care Women Int*. 2002; 23(8):894–904. [PubMed: 12487704]
4. Im EO, Choe MA. Korean women's attitudes toward physical activity. *Res Nurs Health*. 2004; 27(1):4–18. [PubMed: 14745852]
5. Paivi M, Mirja H, Terttu P. Changes in Physical Activity Involvement and Attitude to Physical Activity in a 16-Year Follow-Up Study among the Elderly. *J Aging Res*. 2010; 2010:174290. [PubMed: 21152195]
6. Will JC, Farris RP, Sanders CG, Stockmyer CK, Finkelstein EA. Health promotion interventions for disadvantaged women: Overview of the WISEWOMAN projects. *J Women Health*. 2004; 13(5):484–502.
7. Young LE, Cunningham SL, Buist DSM. Lone mothers are at higher-risk for cardiovascular disease compared with partnered mothers. Data from the National Health and Nutrition Examination Survey III (NHANES III). *Health Care Women Int*. 2005; 26:604–621. [PubMed: 16126603]
8. Varo C, Cienfuegos JJ, Martinez GMA, Sanchez-Villegas A, Martinez HJA, de Irala EJ, Gibney MJ. Attitudes and practices regarding physical activity: Situation in Spain with respect to the rest of Europe. *Aten Primaria*. 2003; 31(2):77–84. [PubMed: 12609103]
9. Belza B, Walwick J, Thornton SS, Schwartz S, Taylor M, Logerfo J. Older adult perspectives on physical activity and exercise: Voices from multiple cultures. *Public Health Res Pract Policy*. 2004; 1(4):1–12.
10. Jurkowski JM, Mosquera M, Ramos B. Selected cultural factors associated with physical activity among Latino women. *Womens Health Issues*. 2010; 20(3):219–226. [PubMed: 20457410]
11. Garvin CC, Cheadle A, Chrisman N, Chen R, Brunson E. A community-based approach to diabetes control in multiple cultural groups. *Ethnic Dis*. 2004; 14(3 Suppl 1):S83–S92.
12. Vaughn S. Factors influencing the participation of middle-aged and older Latin-American women in physical activity: a stroke-prevention behavior. *Rehabil Nurs*. 2009; 34(1):17–23. [PubMed: 19160920]
13. Arevian M, Adra M, Kubeissi L. Risk factors for coronary artery disease (CAD) in Lebanese-American women. *Health Care Women Int*. 2004; 25(1):933–949. [PubMed: 15513800]
14. Cox RH, Carpenter JP, Bruce FA, Poole KP, Gaylord CK. Characteristics of low-income African-American and Caucasian adults that are important in self-management of type 2 diabetes. *J Community Health*. 2004; 29(2):155–170. [PubMed: 15065734]
15. Jonnalagadda SS, Diwan S. Health behaviors, chronic disease prevalence and self-rated health of older Asian Indian immigrants in the U.S. *J Immig Health*. 2005; 7(2):75–83.
16. Miller ST, Marolen K. Physical activity-related experiences, counseling expectations, personal responsibility, and altruism among urban African American women with type 2 diabetes. *Diabetes Educ*. 2012; 38(2):229–235. [PubMed: 22454407]
17. Sriskantharajah J, Kai J. Promoting physical activity among South Asian women with coronary heart disease and diabetes: what might help? *Fam Pract*. 2007; 24(1):71–76. [PubMed: 17179137]

18. Feathers J, Kieffer EC, Palmisano G, et al. Racial and ethnic approaches to community health (REACH) Detroit partnership: Improving diabetes-related outcomes among African American and Latino adults. *Am J Public Health*. 2005; 95(9):1552–1560. [PubMed: 16051927]
19. Williams BR, Bezner J, Chesbro SB, Leavitt R. The effect of a walking program on perceived benefits and barriers to exercise in postmenopausal African American women. *J Geriatr Phys Ther*. 2006; 29(2):43–49. [PubMed: 16914065]
20. Juarbe T, Turok XP, Perez-Stable EJ. Perceived benefits and barriers to physical activity among older Latina women. *West J Nurs Res*. 2002; 24(8):868–886. [PubMed: 12469724]
21. Miller ST, Marolen KN, Beech BM. Perceptions of physical activity and motivational interviewing among rural African-American women with type 2 diabetes. *Womens Health Issues*. 2010; 20(1): 43–49. [PubMed: 19944621]
22. Matthews AE, Laditka SB, Laditka JN, et al. Older adults' perceived physical activity enablers and barriers: A multicultural perspective. *J Aging Phys Activ*. 2010; 18(2):119–140.
23. Wilcox S, Oberrecht L, Bopp M, Kammermann SK, McElmurray CT. A qualitative study of exercise in older African American and white women in rural South Carolina: Perceptions, barriers, and motivations. *J Women Aging*. 2005; 17(1–2):37–53. [PubMed: 15914418]
24. “A waste of time”: Hispanic women's attitudes toward physical activity. *Women Health*. 2010; 50:563–579. Authors. [PubMed: 20981637]
25. “Physical activity as a luxury”: African American midlife women's attitudes toward physical activity. *West J Nurs Res*. 2012; 34(3):317–339. Authors. [PubMed: 21403059]
26. “Motivating myself”: White women's attitudes toward physical activity. *J Obstet Gynecol Neonatal Nurs*. Authors. In press-a.
27. “Not for Asian girls”: Asian American midlife women's attitudes toward physical activity. *J Obstet Gynecol Neonatal Nurs*. Authors. In press-b.
28. Balsamo, A. *Technologies of the gendered body*. Durham, NC: Duke University Press; 1996.
29. Im EO. Nursing research on physical activity: A feminist critique. *International Journal of Nursing Studies*. 2001; 38(2):185–194. [PubMed: 11223059]
30. Barrera M Jr, Glasgow RE, McKay HG, Boles SM, Feil EG. Do Internet-based support interventions change perceptions of social support?: An experimental trial of approaches for supporting diabetes self-management. *Am J Community Psychol*. 2002; 30(5):637–654. [PubMed: 12188054]
31. Im EO, Chang SJ, Ko Y, Chee W, Stuijbergen A, Walker L. A National Internet survey on ethnic differences in midlife women's attitudes toward physical activity. *Nursing Research*. in press.
32. Wilbur J, McDewitt J, Wang E, et al. Recruitment of African American women to a walking program: Eligibility, ineligibility, and attrition during screening. *Res Nurs Health*. 2006; 29(3): 176–189. [PubMed: 16676339]
33. Krueger, R. *Focus groups: A practical guide for applied research*. Thousand Oaks, CA: Sage; 1988.
34. Mann, C.; Stewart, F. *Internet communication and qualitative research: A handbook for researching online*. London: Sage; 2002.
35. An online forum as a qualitative research method: Practical issues. *Nurs Res*. 2006; 55(4):267–273. Authors. [PubMed: 16849979]
36. Kramish CM, Meier A, Carr C, Enga Z, James AS, Reedy J. Health behavior changes after colon cancer: A comparison of findings from face-to-face and online focus groups. *Fam Community Health*. 2001; 24(3):88–103. [PubMed: 11563947]
37. Midlife women's attitudes toward physical activity. *J Obstet Gynecol Neonatal Nurs*. 2008; 37(2): 203–213. Authors.
38. Braun V, Clarke V. Using thematic analysis in psychology. *Qualit Res Psychol*. 2006; 3(2):77–101.
39. Hall JM, Stevens PE. Rigor in feminist research. *Adv Nurs Sci*. 1991; 13(3):16–29.
40. Miller ST, Marolen KN, Beech BM. Perceptions of physical activity and motivational interviewing among rural African-American women with type 2 diabetes. *Women Health Issues*. 2010; 20(1): 43–49.

41. Ayotte BJ, Margrett JA, Hicks-Patrick J. Physical activity in middle-aged and young-old adults: The roles of self-efficacy, barriers, outcome expectancies, self-regulatory behaviors and social support. *J Health Psychol.* 2010; 15(2):173–185. [PubMed: 20207661]
42. Bopp M, Lattimore D, Wilcox S, et al. Understanding physical activity participation in members of an African American church: A qualitative study. *Health Educ Res.* 2007; 22(6):815–826. [PubMed: 17138614]
43. Claassen L, Henneman L, Kindt I, Marteau TM, Timmermans DR. Perceived risk and representations of cardiovascular disease and preventive behaviour in people diagnosed with familial hypercholesterolemia: A cross-sectional questionnaire study. *J Health Psychol.* 2010; 15(1):33–43. [PubMed: 20064882]
44. Gallagher NA, Gretebeck KA, Robinson JC, Torres ER, Murphy SL, Martyn KK. Neighborhood factors relevant for walking in older, urban, African American adults. *J Aging Phys Activ.* 2010; 18(1):99–115.
45. Dergance JM, Calmbach WL, Dhanda R, Miles TP, Hazuda HP, Mouton CP. Barriers to and benefits of leisure time physical activity in the elderly: Differences across cultures. *JAGS.* 2003; 51:863–868.
46. Paschal AM, Lewis-Moss RK, Sly J, White BJ. Addressing health disparities among African Americans: Using the stages of change model to document attitudes and decisions about nutrition and physical activity. *J Community Health.* 2010; 35(1):10–17. [PubMed: 19856086]
47. Albright CL, Steffen AD, Novotny R, et al. Baseline results from Hawaii's Na Mikimiki Project: a physical activity intervention tailored to multiethnic postpartum women. *Women Health.* 2012; 52(3):265–291. [PubMed: 22533900]
48. Welch N, McNaughton SA, Hunter W, Hume C, Crawford D. Is the perception of time pressure a barrier to healthy eating and physical activity among women? *Public Health Nutrition.* 2009; 12(7):888–895. [PubMed: 18647424]
49. Lee RE, Mama SK, Medina AV, Ho A, Adamus HJ. Neighborhood factors influence physical activity among African American and Hispanic or Latina women. *Health Place.* 2012; 18(1):63–70. [PubMed: 22243907]
50. Komar-Samardzija M, Braun LT, Keithley JK, Quinn LT. Factors associated with physical activity levels in African-American women with type 2 diabetes. *J Am Acad Nurse Pract.* 2012; 24(4): 209–217. [PubMed: 22486836]
51. Walsh JM, Pressman AR, Cauley JA, Browner WS. Predictors of physical activity in community-dwelling elderly white women. *Journal of General Internal Medicine.* 2001; 16(11):721–727. [PubMed: 11722684]
52. Henderson KA, Ainsworth BE. Enablers and constraints to walking for older African American and American Indian women: The cultural activity participation study. *Res Q Exerc Sport.* 2000; 71(4):313–321. [PubMed: 11125529]
53. Peterson JA. Evaluation of the Heart and Soul Physical Activity Program by African American women. *ABNF J.* 2011; 22(3):64–72. [PubMed: 21901995]
54. Sharpe PA, Granner ML, Hutto BE, Peck L, Addy CL. Correlates of physical activity among African American and white women. *Am J Health Behav.* 2008; 32(6):701–713. [PubMed: 18442349]
55. Slattery ML, Sweeney C, Edwards S, et al. Physical activity patterns and obesity in Hispanic and non-Hispanic white women. *Med Sci Sports Exerc.* 2006; 38(1):33–41. [PubMed: 16394951]

Biographies

Eun-Ok Im, RN, CNS, PhD, MPH, FAAN, is Professor and Marjorie O. Rendell Endowed Professor at the University of Pennsylvania.

Young Ko, RN, PhD, is a post-doctoral researcher at the University of Texas at Austin.

Hyenam Hwang, RN, MSN, is a doctoral student at the University of Texas at Austin.

Wonshik Chee, PhD, is Research Associate Professor at the University of Pennsylvania.

Alexa Stuifbergen, RN, PhD, FAAN, is Professor and Dean at the University of Texas at Austin.

Lorraine Walker, RN, EdD, MPH, FAAN, is Professor at the University of Texas at Austin.

Table 1

Background characteristics of the participants in the four ethnic-specific online forums

Characteristics	Total (N=90)	White (N=29)	Hispanic (N=23)	African American (N=21)	Asian (N=17)
<i>Age, mean(SD), y</i>	49.4±5.2	49.2±5.2	48.5±4.2	51.1±5.8	49.1±5.9
<i>Sub-ethnicity, n (%)</i>					
Mexican			12 (52.2)		
Cuban			1 (4.3)		
Puerto Rican			1 (4.3)		
Chicana			1 (4.3)		
Not identified			8 (34.8)		
Chinese					6 (35.3)
Korean					6 (35.3)
Asian Indian					3 (17.6)
Filipino					1 (5.9)
Sri Lankan					1 (5.9)
<i>Education, n(%)</i>					
High school	7 (7.9)	1 (3.5)	3 (13.0)	1 (4.8)	2 (11.8)
College	47 (52.1)	18 (62.0)	10 (43.5)	14 (66.6)	5 (29.4)
Graduate degree	36 (40.0)	10 (34.5)	10 (43.5)	6 (28.6)	10 (58.8)
<i>Religion, n(%)</i>					
Protestant	24 (26.7)	6 (20.7)	6 (26.1)	9 (42.9)	3 (17.7)
Catholic	22 (24.4)	4 (13.8)	14 (60.9)	3 (14.3)	1 (5.9)
Others	20 (22.2)	7 (24.1)	2 (8.7)	6 (28.6)	5 (29.4)
No religion	24 (26.7)	12 (41.4)	1 (4.4)	3 (14.3)	8 (47.1)
<i>Marital status, n (%)</i>					
Married/partnered	61 (67.8)	22 (75.9)	13 (56.5)	11 (52.4)	15 (88.2)
Non-married/partnered	29 (32.2)	7 (24.1)	10 (43.5)	10 (47.6)	2 (11.8)
<i>Employment, n(%)</i>					
Yes	72 (80.0)	21 (72.4)	21 (91.3)	18 (85.7)	12 (70.6)
No	18 (20.0)	8 (27.6)	2 (8.7)	3 (14.3)	5 (29.4)
<i>Income level (difficulty meeting financial needs)</i>					
Very hard	14 (15.6)	10 (34.5)	2 (8.7)	2 (9.5)	0 (0.0)

Characteristics	Total (N=90)	White (N=29)	Hispanic (N=23)	African American (N=21)	Asian (N=17)
Somewhat hard	34 (37.8)	8 (27.6)	7 (30.4)	10 (47.6)	9 (52.9)
Not hard	42 (46.7)	11 (37.9)	14 (60.9)	9 (42.9)	8 (47.1)
<i>Social support^a, mean (SD)</i>	2.6±1.1	2.6±1.2	2.7±1.12	2.5±1.1	2.5±1.2
<i>No. of children, n(%)</i>					
None	19 (21.1)	7 (24.1)	6 (26.1)	2 (9.5)	4 (23.5)
1-2	51 (56.7)	13 (44.8)	14 (60.9)	14 (66.7)	10 (58.8)
3-5	19 (21.1)	8 (27.6)	3 (13.0)	5 (23.8)	3 (17.7)
More than 5	1 (1.1)	1 (3.5)	0 (0.0)	0 (0.0)	0 (0.0)
<i>Walkability of community^b, mean (SD)</i>	4.2±1.4	4.1±1.5	4.4±1.3	4.1±1.3	4.3±1.5
<i>Country of birth, n(%)</i>					
United States	71 (78.9)	27 (93.1)	19 (82.6)	21 (100.0)	4 (23.5)
Outside United States	19 (21.1)	2 (6.9)	4 (17.4)	0 (0.0)	13 (76.5)
<i>Length of stay in United States, mean (SD), y</i>	23.9±13.6	44.0±5.7	27.8±15.5		19.5±11.1

^aScored as a 4 point Likert scale from 1 = none of the time ~ 4 = most of the time,

^bScored as a 6 point Likert scale from 1 = awful ~ 6 = excellent

Table 2

Perceived health and menstrual status of the participants in the four ethnic-specific online forums

Characteristics	Total (N=90)	White (N=29)	Hispanic (N=23)	African American (N=21)	Asian (N=17)
<i>BMI(kg/m²) (Mean±SD)</i>	28.4±7.2	29.3±8.2	29.2±7.3	30.4±6.5	23.5±3.9
<i>Category of BMI</i>					
Normal (<24.9)	37 (41.1)	13 (44.8)	7 (30.4)	4 (19.1)	13 (76.5)
Overweight (25–29.9)	22 (24.4)	6 (20.7)	7 (30.4)	6 (28.6)	3 (17.7)
Obese (over 30)	31 (34.4)	10 (34.5)	9 (39.1)	11 (52.4)	1 (5.9)
<i>General health^a (Mean±SD)</i>	3.8±0.9	3.8±1.2	3.7±1.2	4.0±0.5	3.9±0.6
<i>Diagnosed disease</i>					
Yes	39 (43.3)	7 (24.1)	14 (60.9)	11 (52.4)	7 (41.2)
No	51 (56.7)	22 (75.9)	9 (39.1)	10 (47.6)	10 (58.8)
<i>Taking medicine</i>					
Yes	50 (55.6)	12 (41.4)	17 (73.9)	15 (71.4)	6 (35.3)
No	40 (44.4)	17 (58.6)	6 (26.1)	6 (28.6)	11 (64.7)
<i>Menopausal status</i>					
Premenopause	11 (12.2)	3 (10.3)	3 (13.0)	2 (9.5)	3 (17.7)
Early perimenopause	34 (37.8)	13 (44.8)	10 (43.5)	5 (23.8)	6 (35.3)
Late perimenopause	4 (4.4)	1 (3.5)	0 (0.0)	2 (9.5)	1 (5.9)
Postmenopause	41 (45.6)	12 (41.4)	10 (43.5)	12 (57.1)	7 (41.2)

^aSelf-reported on a 5 point Likert scale from 1=very unhealthy ~ 5=very healthy

Table 3

Exemplar quotes supporting racial/ethnic commonalities in midlife women's attitudes toward physical activity

Race/Ethnicity	Supporting Quotes
<i>Theme 1: Physical activity is good for health</i>	
White	Physical activity is important for good health and physical appearance. With more physical activity a person can enjoy a longer, healthier life. Physical activity is good. ... Ethnicity has not been a factor in my enjoyment of physical activity.
Hispanic	Physical activity makes your body work, the benefits of physical activity give [a] slim body a[nd a] replenished feeling. ... [physical activity] cleans your mind out [and] replenishes your stress levels ... [there is] no harm to exercise [and] no disadvantages.
African American	Physical activity makes me stronger and more fit. One major benefit is maintaining ideal weight. A regular routine will help to keep the pounds off. I find this was true even when I committed to 30 minutes about three times a week. For me, losing the weight is a strong motivator. As I lose the weight I begin to feel better about the exercise.
Asian	Physical activity helps my body with getting strong and healthy and maintaining a healthy weight. It reduces my risk of cardiovascular disease, stroke, diabetes, etc. The only harm from physical activity would be if I injured myself... Physical activity helps keep depression and other mental illnesses from having as big [of] an effect on the mind. It helps with boosting mood and keeps the mind active and alert.
<i>Theme 2: Not as active as I could be</i>	
White	My family obligations often set my schedule and limit my ability to exercise. I like to go for a good long walk, but often I have a demanding schedule with taking kids places, babysitting grand kids. I try to incorporate parks and busy activities with grandkids to make this a positive time for all of us.
Hispanic	We need physical activity in our daily life but don't always do it. I do other things first before I exercise. I have so many things to do after I come back from work, and not always have time for exercise. I do know that I need it[,] but I put it at the end.
African American	All this sounds good and fine, but I still consider myself sedentary in regards to physical activity. Sometimes I remind myself of the binge eater or weekend athlete...the intensity of my physical activity is not consistent...I do not have a routine I follow that will help me to lose weight or slim down.
Asian	Typically, women are involved more [in] family events and social events, which can easily affect participation in physical activity. I will give up my regular physical activity when there are schedule conflicts... My exercise schedule is typically affected by some special occasions, i.e. vacation, overtime work, friends visiting, etc...
<i>Theme 3: Physical activity was not encouraged</i>	
White	Men do more rigorous sports, more team sports. Not that women don't do team sports, but I think there is less opportunity for women in team sports.
Hispanic	My mother discouraged physical activity but I have participated as an adult. ... I was not encouraged to be physically active as a child because I am a woman.
African American	Absolutely not! Most of my family members are terrified of water and can't swim. This motivated me to want to learn and now I love the water! However, being African American doesn't really influence my love of this activity at all. I enjoy it because it's fun, not because of my race.
Asian	I did participate during the physical education lesson I had at school but nothing more than that. And I didn't really push it because I wasn't overweight and to be honest... But I do regret not being more active as a young adult because now that I am in my mid 40s, I am finding it really difficult to engage in a regular form of physical activity.
<i>Theme 5: Inherited diseases motivated participation in physical activity</i>	
White	It makes me feel healthy and refreshed. It keeps my heart strong and my muscles toned. It also helps keep my pulse and blood pressure low. It makes me breathe better... It helps prevent heart diseases that I might have from my father...
Hispanic	We benefit greatly from PA when it comes to preventing diseases that affects some minority groups more than others (e.g., adult onset diabetes).
African American	[Knowing] that I have a family history of hypertension & heart disease motivates me the majority of the time. The factor that I have young women in my family (20's-30's) who are morbidly obese will get me up & out for a walk...
Asian	I think it's surprising for people to see me overweight. People think all Asians are very thin and healthy. I'm active, but I'm overweight. It makes it difficult for me to participate in some physical activities. Genes are a big part of the problem. Almost everyone on my mother's side of the family is also overweight, and I've inherited these genes. I just try to do the best I can with what I have. Walking is my main form of physical activity. I have to push myself harder as a result of these difficulties in order to lose/maintain weight loss.
<i>Theme 6: Lack of accessibility to physical activity</i>	

Race/Ethnicity	Supporting Quotes
White	I feel the culture I am in stresses the necessity of regular physical activity for health but doesn't provide easy access. I live in a major metropolitan area that has very limited amounts of side walks, rain gutters that force bicyclists to pull out into the street to go around, and minimal affordable after school programs.
Hispanic	I enjoy walking, but I know that if I do it outside and alone, I have to be constantly aware of my surroundings. Sometimes that prevents me from getting the stress relief from exercise that I often desire.
African	I do think that men have some of the barriers to safety or sexual harrassment, sexual assault at the gym or outdoors in the park etc. that women do. I believe this has effected the way I exercise and I believe other women may avoid activity or curtail activity for these reasons. At one time, I used to get in a morning run at about 6 am. out of my neighborhood and onto the Drive. I began to be afraid after learning of a horrific rape of a woman while she was jogging alone. Men, in general do not have to be concerned about sexual violence including rape.
Asian	Yes. Like walking in the street to get to the grocery or to the nearby store or to a neighbor. That was something everyone does in the Philippines. But here in the US, one needs to take the car. Walking in the street (at least where I live) is not very common. Either it's not safe or people look at you as odd. So to deal with it, I just had to adapt to the American culture -- take the car wherever I go, regardless of distance.

Note: All quotes are transcribed as the participants wrote them.

Table 4

Exemplar quotes supporting racial/ethnic differences in midlife women's attitudes toward physical activity

Race/Ethnicity	Supporting Quotes
<i>Theme 1: Physical activity as necessity or luxury</i>	
White	Not doing physical activity on a regular basis is the harm. Sore muscles, tired feet, the general lack of energy comes from the lack of physical activity. Then there is the feeling of sweat between the shoulder blades, hard time breathing, racing heart beat, and the sad realization of how out of shape I am.
Hispanic	When we discuss exercise at work, the "white" women are more likely to see this as a priority and make sure to work their schedules around physical activity whereas I, a hispanic woman, don't have the luxury to do this because of everything else that I do for my family. I don't make it a priority, they do.
African American	At times in some strange way I feel that if I look physically fit then perhaps I'm too self indulgent. I don't necessarily feel that way about other outward appearances regarding taking care of myself. For instance when it was popular to get acrylic nails, I would occasionally get them and feel that it was OK. But somehow I feel more socially acceptable if I actually look like a mom.
Asian	I think beings hands-on and selfless in taking care of the family are unique to Asians.... For me, that (to have time devoted only to [myself]) would make me feel guilty for being selfish and egocentric. That despite being in America, I still carry with me the family values that my parents instilled in me. [I] adapt to it and pass on the same family values to my children.
<i>Theme 2: Organized versus natural physical activity</i>	
White	I do two things (mainly) for "physical activity." One is go to the gym, where I utilize the elliptical (my favorite), the stationary bicycle, the treadmill, and/or the weight machines. I like something that won't make me puke, cry, or pass out (am thinking of how Jillian works her team on the Biggest Loser!)
Hispanic	Being Hispanic doesn't limit my choices, right now my financial situation does. If I had the financial resources, I would probably do a lot more but because I am limited, I get most of my exercise compliments of Mother Nature (walking, jogging, running outdoors)
African American	I think that physical activity generally has the same definition in all cultures. However, I do believe in the Anglo culture that they are more prone to participate in more formalized physical activities such as gym memberships and personal trainers. I do want to state that while other cultures are included in the same activities, that the participation percentage is much less.
Asian	The elders in my culture laugh at the idea of "exercise". It seems to be an artificial construct for them. They say that human beings were made to move naturally, as part of the activities of daily life, so we need not make a special effort to exercise beyond that. They see the fitness craze as a typical American fad, started by the elite who have too much leisure time. The working class does not need to exercise, as most do manual labor anyway.
<i>Theme 3: Individual versus family-oriented physical activity</i>	
White	I too spent my whole adult life feeling lucky if I could do the basics (shopping, cooking, and cleaning). But when I made the decision that I was going to exercise, exercise became the basic for me. I had a long conversation with my family, and they know that they must do whatever I can't, dishes, laundry, or running the sweeper, even grocery shopping!
Hispanic	The differences between my culture and other cultures in my opinion are that the Hispanic tends to care more about their elderly, we are more involved with the family and family issues, we are more emotionally geared, and we are hard workers.
African American	The main difficulty I have found with working out is that occasionally my need were expected to come last, since I wasn't the main bread winner. Hopefully the younger generations are even better with this. I do think that thing were better for me that for my mother and grandmother though. I remember letting my husband work out, and me having to stay behind and take care of picking up children or some other family need. ... Also I did feel some guilt (unnecessarily so) if I were to get in too good of shape. Because it almost said that you weren't self sacrificing enough. This perception is less true in my opinion.
Asian	The Indian side of my culture...We are also less individualistic, and more family- oriented. Every decision is made with consideration for the impact on every family member, even after we have married and formed our own family units. The American culture is more concerned with individual freedom, self-protection, [and] instant gratification...
<i>Theme 4: Beauty ideal or culturally accepted physical appearance</i>	
White	Well first of all, being a woman, you are really held up to societal scrutiny when it comes to looks. So I feel badly that I am not model-skinny nor model-beautiful. It makes me want to exercise more, but I also compare myself to others there and quickly give up.
Hispanic	I don't see the emphasis on exercise to look good (that appears among whites) obvious among Hispanics.

Race/Ethnicity	Supporting Quotes
African American	The differences between the African-American culture and the White culture that I live in are that many of the African-Americans are very self accepting of their appearance. Individual differences in appearances are often celebrated. [I've] found that the white culture is generally far more critical of their appearance...
Asian	As a woman, I'm supposed to look youthful, attractive, slim, good-looking while men don't have to worry about these things...Others are things society forces upon us. I try to put on make up, exercise, etc in order to be "accepted" in society. These difficulties also influence me to increase my physical activity in order to lose weight, etc.

NOTE: All quotes are transcribed as the participants wrote them.