

Creating Black Girl Magic: The Weight of Mothering for Middle Class Black Mothers and their Preschool-Aged Daughters

by

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Abstract

Guided by an intersectional perspective, the current study was a qualitative inquiry into how the body image of six Black mothers impacted their mothering in regard to physical activity for their preschool-aged daughters. The focus on Black preschool-aged girls was designed to explore the mechanisms at play prior to the emerging obesity disparities in middle childhood in hopes of better understanding what sets them on that specific trajectory. This study integrated Black feminist and child development literatures to add to the small body of literature examining health disparities regarding obesity in the Black community using a strengths-based approach. Findings suggest that there is not a link between Black mothers' body image and how they mother their daughters. Rather, their parenting is influenced by their shared history of racialized and gendered oppression and preparing their daughters to navigate those barriers. Practical implications and future directions are discussed.

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“At times, our own light goes out and is rekindled by a spark from another person. Each of us has cause to think with deep gratitude of those who have lighted the flame within us.”

- Albert Schweitzer

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Introduction

One in four young children (two to five years old) are already overweight or obese (Centers for Disease Control and Prevention, 2016a), but it is important to note that Black preschoolers aged two – five years old are less likely to be obese than their White peers (Hernandez et al., 1998; Wang & Beydoun, 2007), which raises important questions concerning preschool-aged children and how their weight is managed. An important factor in preventing the onset of obesity is physical activity (Ray, 2014; Trost et al., 2011), which may be especially true for Black preschoolers to offset disproportionate rates of obesity later in life starting at middle childhood (ages six to eleven) and continuing into adulthood (Alleyne & Lapoint, 2010; Kumanyika & Grier, 2006; Wang & Beydoun, 2007). Setting habits of healthy play and exercise in preschool may set a solid foundation for Black preschool aged girls (aged three to five) when they are less at risk for obesity. Promoting physical activity for this marginalized group of preschoolers is necessary because Black girls from age nine to 18 engage in less physical activity than their White peers (Alleyne & Lapoint, 2010) and the Black population is more obese than others (Alleyne & Lapoint, 2010; Kumanyika & Grier, 2006; Wang & Beydoun, 2007). Focusing on physical activity may be the answer to preventing the disparities in obesity rates from childhood into adulthood for Black Americans.

There are different lenses that alter the way that researchers or society view obesity and healthy weight. Understanding different perspectives is helpful because it can provide insight to different ways of tackling an unhealthy weight. There are clinical ways of viewing weight, such as The World Health Organization's perspective, which states that obesity is a disease defined as the condition of excess body fat to the extent that health is impaired (World Health Organization, 2000). The Center for Disease Control and Prevention (CDC) has a different clinical definition

(Center for Disease Control and Prevention, 2016c; Center for Disease Control and Prevention, 2016d). The CDC's definition of obesity differs for adults and children (Center for Disease Control and Prevention, 2016c; Center for Disease Control and Prevention, 2016d). In Adults, obesity is a body mass index of 30 or higher (Center for Disease Control and Prevention, 2016c). In children from two to twenty years old, obesity is defined as a body mass index at or about the 95th percentile for age and sex using a growth chart (Kuczmarski, Ogden, Guo, Grummer-Strawn, Flegal, Zuguo, Mei, Wei, Curtin, Roche, & Johnson, 2002). While using body mass index is simple to use, it fails to capture multiple factors regarding obesity such as muscle mass or differences among races (Williams, Mesidor, Winters, Dubbert, & Wyatt, 2015). A clinical perspective may view obesity as a biological problem and can place blame on the individuals for not exercising enough or for consuming too many calories.

While the clinical definitions are helpful, there are less clinical, more critical lenses of viewing weight. Shifting to this type of lens leads away from the focus of the CDC and the WHO with their emphasis on BMIs and Growth Charts to focus on body positivity (Health at Every Size philosophy) and understanding structural inequalities (intersectionality). This study will be taking a critical perspective on obesity and body weight, with an underlying assumption that this phenomenon of being overweight in the Black community is not an individual problem – it is a societal problem. That is, if the majority of an entire ethnic/racial community is experiencing disparities in weight, systemic conditions are driving those disparities, not just the individual choices of individuals to consume more calorie dense foods and exercise less. These conditions align with racialized discrimination and constitute societal oppression, connecting the experience of weight to the experience of social issues.

When looking at weight in the Black community, particularly Black preschool aged girls and their mothers, parenting becomes very important, as parents control decisions on their child's activity levels and eating habits. This study will focus on the relationship between Black mothers and daughters and will consider mothering choices in the context of the Black experience. An essential part of Black mothering is raising Black daughters to be strong to survive the multiple oppressions that come with living in a White patriarchal society (Collins, 2005), so Black mothers may be less concerned with raising their daughters to live up to Eurocentric beauty/weight standards, including body mass index norms. Intersectionality and the child development theory using the bioecological model will be used together to create an intersectional-child development theoretical framework similar to the combined theoretical framework that Edwards & Few-Demo created (2016). Using a critical feminist theoretical framework to look at child development is helpful because it allows for the examination of the nuances and complexities of Black mothering (Edwards & Few-Demo, 2016). Black feminist theory, or intersectionality, complements the bioecological model because it provides a womanist, "Afrocentric, culturally sensitive lens to analyze the ways in which privilege and oppression operate and interact with gender, race, [and] social class... within familial, institutional, and community contexts" (Few, 2007) to influence the process of the promotion of physical obesity within the mother-daughter dyad.

An intersectional approach carries the assumption that individuals do not experience weight gain as only their physical body; they experience weight gain through an identity that is composed of interconnected social categories (Alishire & House, 2011). Researchers and society lose the complexities of how gender and socioeconomic status interact to create more disadvantages towards risks of obesity, if the focus is only on race/ethnicity when studying

obesity. A Black girl does not experience weight gain or risks associated with it the same way a Black boy does – Black girls have the highest rates of obesity (Wang & Beydoun, 2007), and the rates of obesity for different Black women of different socioeconomic status look different than they do in Black men (Kumanyika & Grier, 2006). Understanding Black American's weight gain requires knowledge that they are experiencing race, gender, and socioeconomic status simultaneously; not by singling out one category. Grasping the interconnectedness of categories highlights the need for an intersectional approach.

Attempting to understand obesity in the Black community with a biological lens uses a risk model, and risks failing to understand their lived experiences, risks, disadvantages, and oppression and the impact it has on the life course of Black parents and children. This lack of perspective reinforces negative stereotypes, discrimination in the workforce, and discrimination from parents, teachers, and peers in the Black community (Jimenez-Cruz, Castellon-Zaragoze, Garcia-Gallardo, Bacardi-Gascon, & Hovell, 2008; DeJong, 1980; Puhl & Heuer, 2012; Strings, 2015). An intersectional approach can look at obesity while understanding that systems of power and oppression can create barriers to being physically active or maintaining a healthy weight and therefore strengthens the way that obesity can be approached using a holistic perspective. An intersectional approach may be the missing link to successful prevention and intervention programming targeted at Black children. Therefore, this study aims to understand how intersectional categories influences Black mother's body image which in turn impacts how they mother their children in regards to physical activity in hopes that it will shed light on strengths in the Black community regarding maintaining a healthy weight. In the next section, I will explore body image, obesity/physical activity in Black preschool girls, and Black mothering.

Literature Review

Defining Obesity

In order to fully understand why obesity in the black community matters, it is necessary to compare and contrast it with other racial/ethnic groups to point out the differences and how high prevalence rates are for the Black community (Alleyne & Lapoint, 2010; Kumanyika & Grier, 2006; Wang & Beydoun, 2007). It is essential to note age differences in obesity rates because, for childhood and adulthood, the rates are higher for Black Americans, but this is not the case in preschoolers (Hernandez et al., 1998; Wang & Beydoun, 2007). Understanding what is going right in preschool or preventing what is occurring in later childhood for Black Americans may result in more successful intervention and prevention programs. Definitions of obesity need to be in place to compare age differences, sex differences, and racial differences in prevalence rates, but a different view on obesity may be necessary to understand the causes and prevalence of obesity.

The World Health Organization states that obesity is a disease defined as the condition of excess body fat to the extent that health is impaired (World Health Organization, 2000). The Center for Disease Control and Prevention's definition of obesity differs for adults and children (Center for Disease Control and Prevention, 2016c; Center for Disease Control and Prevention, 2016d). In Adults, obesity is a body mass index of 30 or higher (Center for Disease Control and Prevention, 2016c). In children, obesity is defined as a body mass index at or about the 95th percentile for age and sex using a growth chart (Kuczmarski, Ogden, Guo, Grummer-Strawn, Flegal, Zuguo, Mei, Wei, Curtin, Roche, & Johnson, 2002). While using body mass index is simple to use, it fails to capture multiple factors regarding obesity such as muscle mass or differences among races (Williams, Mesidor, Winters, Dubbert, & Wyatt, 2015). Viewing weight in this clinical way is helpful to have as a reference when discussing weight, but there are more

critical feminist ways of viewing weight, which is discussed later. First, why the study of obesity is essential will be discussed.

Obesity in young children leads to obesity in adulthood (Alleyne & Lapoint, 2010; Kumanyika & Grier, 2006; & Wang & Beydoun, 2007), and rates are epidemic (Deckelbaum & Williams, 2001; Ray, 2014; Himmelstein, Puhl, & Quinn, 2017; Ebbing, Pawlak, & Ludwig, 2002; Williams et al., 2015). The prevalence rates of obesity in children under the age of 18 has increased rapidly in the past few decades (Austin, Nelson, Birkett, Calzo, & Everette, 2013; Golan & Crow, 2004). However, the prevalence rate of obesity in children ages 2-5 (preschool aged) living in the United States has decreased from 13.9% in 2003-2004 to 9.4% in 2013-2014 (Austin, Nelson, Birkett, Calzo, & Everette, 2013; Golan & Crow, 2004). However, the prevalence rates then rise throughout childhood and into adulthood (Centers for Disease Control and Prevention, 2017), and the rate of obesity in preschool-aged children is still alarming (Alleyne & Lapoint, 2010), with one in four preschool-aged children in the United States being overweight or obese (Centers for Disease Control and Prevention, 2016a). The reasons for the increased obesity rates are not well understood (Bleich, Cutler, Murray, & Adams, 2008).

Obesity rates among preschoolers aged 3-5 years old are not tracked by the Centers for Disease Control and Prevention; however, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) tracks rates in low-income 2-4-year-old children. In 2014, 14.5% of the young (2-4) WIC participants were obese (Centers for Disease Control and Prevention, 2017). The prevalence rates of obesity in young WIC participants were higher in some minority communities, with American Indian/Alaska Native participants at 18% and Hispanic participants at 17.3%, compared to non-Hispanic White participants 12.2% (Centers for Disease Control and Prevention, 2017). However, non-Hispanic Black participants were at the

lowest rate of 11.9% (Centers for Disease Control and Prevention, 2017). The 16.3% prevalence rate of child obesity in all 2 to 4-year-old WIC participants in Alabama is higher than the national average of 14.5% (Trust for America's Health & Robert Wood Johnson Foundation, 2017). However, the WIC data is not representative of all socioeconomic groups (Kumanyika & Grier, 2006). This lack of data indicates to an increased need for research.

Continuing from the previous paragraphs is the discussion of a key component of preventing obesity. Physical activity helps to prevent the onset of obesity and the numerous health concerns associated with it (Ray, 2014; Trost et al., 2001). Physical movement is essential for long and short-term health in children and adolescents (Trost, Pate, Saunders, Ward, Dowda, & Felton, 1997). It increases life expectancy, health, self-esteem, and quality of life, and decreases the cost of late-life care (Ray, 2014). Overweight and obese children are less likely to be physically active, leading to the likelihood of obesity-related complications (Williams et al., 2015). That is, obesity leads to increased inactivity and sedentary behaviors, which contributes to a cycle of obesity, which leads to health consequences, health-limiting behaviors, and then increasing or maintained obesity (Williams et al., 2015). Weight stigma and body size may perpetuate obesity in some people because of exercise avoidance (Williams et al., 2015). In preschool, physical activity is associated with more desirable body composition, decreased cardiovascular risk factors, and lower sub-maximal heart rate during exercise (Adamo, Barrowman, Naylor, Yaya, Harve, Grattan, & Goldfield, 2014). Opportunities for physical activity in preschool may influence the maintenance of healthy body weight over the lifespan (Adamo et al., 2014). Physical inactivity is associated with increased risk of obesity (Adamo et al., 2014). The problems of obesity and lack of physical activity are easy to see, but the correct approach is less clear. Missing data on preschoolers makes this even more difficult.

Health at Every Size

The importance of physical activity for intervening or preventing obesity is well understood from a clinical perspective as shared above in the previous section. While these clinical ways of defining obesity are common, there are more critical ways of viewing obesity, weight gain, and physical activity. Health at Every Size is an example of a critical stance on obesity. Health at Every Size is a holistic philosophy that proposes that a healthy weight cannot be determined by weight, a height/weight chart, or body fat percentages (Robinson, 2005). Rather, a healthy weight would be the weight that someone can have a fulfilling and meaningful lifestyle (Robinson, 2005). A healthy lifestyle includes participating in sustainable levels of physical activity, self-acceptance, and eating that is controlled by internally directed signals of satiety (or intuitive eating) (Robinson, 2005; Penney & Kirk, 2015). This paradigm does not posit that people are automatically healthy at every size but advocates that people at any size can be supported to adopt regular physical activity, self-acceptance, and intuitive eating so that they can enhance their health and wellbeing (O'Hara & Taylor, 2014). Research shows that focusing solely on weight loss is likely to lead to weight cycling, so the Health at Every Size movement seeks to focus on promoting these healthier lifestyles over time, which can then lead to a healthier weight (Robinson, 2005). However, the success of outcomes from Health at Every Size may purposely exclude clinical outcomes, such as body weight or body composition, as weight is not the purpose of the movement (Penney & Kirk, 2015). Supporters of the Health at Every Size movement believe that not promoting weight loss can help lead to healthier people who do not develop eating problems, are not dissatisfied with their bodies, or do not engage in risky weight-loss strategies (Robinson, 2005). These supporters seek to protect women from harm by

challenging cultural assumptions, valuing people's lived experiences, and acknowledging social injustice, oppression, and disadvantage (O'Hara & Taylor, 2014).

Studies have found that a Health at Every Size intervention allowed participants to maintain long-term behavior changes compared to other intervention groups (Penney & Kirk, 2015; Bacon, Stern, Van Loan, & Keim, 2005; Gagnon-Girouard, Begin, Provencher, Tremblay, Mongeau, Bolvin, & Lemieux, 2010). For example, in one study the Health at Every Size group maintained weight loss and the diet group did not (Penney & Kirk, 2015). However, it is important to note that the sample was White, obese, women, and did not include any minorities (Bacon et al., 2005). In a second study, the Health at Every Size group maintained positive results while the social support and wait list groups did not (Gagnon-Girouard et al., 2010). Again, it is important to note that all but one person was white (Gagnon-Girouard et al., 2010). Although this framework for understanding a healthy body weight has not yet been used in the minority or early child care populations, its success may indicate that taking a more critical perspective may be needed to create consistent change.

The Health at Every Size is a strengths-based approach to weight and views body image as a key tenet of being a healthy size (Robinson, 2005; Penney & Kirk, 2015). Black women generally have a better self-esteem and body image than white women (Befort, Thomas, Daley, Rhode, & Ahluwalia, 2008; Williams et al., 2015), and Health at Every Size allows for us to look at Black women's body positively. However, before addressing body image, it is important to note that there are gender and racial/ethnic differences in body acceptance (Schwartz & Brownell, 2004; Williams et al., 2015). Again, highlighting the intersections of socially constructed identities. There is not much research on body image/acceptance in regards to men (Schwartz & Brownell, 2004). Most studies on weight and body image/acceptance focus on

women (Schwartz & Brownell, 2004). The focus on women occurs for two main reasons (Schwartz & Brownell, 2004). The first is that a large number of women are seeking treatment for their weight and body image (Schwartz & Brownell, 2004). The second is because women are generally more significantly dissatisfied with their bodies than their male counterparts are (Schwartz & Brownell, 2004). That is, on average, being a woman puts people at a higher risk for body dissatisfaction. Smolak (2004) believes that there is a substantial possibility that body image/dissatisfaction is established in childhood. Once in adolescence, body dissatisfaction is related to the development of disordered eating and depression (Smolak, 2004).

There are ethnic differences in body image/acceptance for women (Befort, Thomas, Daley, Rhode, & Ahluwalia, 2008; Williams et al., 2015) Williams et al. (2015) shows that overweight/obese Black women have an overall higher self-esteem and a better quality of life compared to White women of any weight or size. Black women also have a larger ideal body size, are less likely to consider themselves overweight, and are more likely to report feeling attractive even if they are not satisfied with their current weight (Befort, Thomas, Daley, Rhode, & Ahluwalia, 2008). Race/ethnicity may be a protective factor for Black women's body image, but it is important to remember that there are within-group differences in the Black community – not just between-group differences. Although Black women are inundated with negative stereotypes (which I will discuss later in this thesis), there may be an advantage due to resistance intersecting at race and gender for body image.

Black women are more tolerant of carrying more body weight than White women (Young-Hyman et al., 2000). They also perceive their bodies as being smaller than they are (Ray, 2014). Accepting a larger size may be because the stereotypes, or controlling images (Collins, 2002), of the Mammy, sexualized Jezebel, or Hottentot Venus, which Black women are

subjected to, all carry more weight (Ray, 2014). Each of these carries a unique stereotype connected to body image. The Mammy, a stereotype that originated in the South after slavery, is a fat subordinate, nurturing, self-sacrificing figure (West, 2008; Ray, 2014). This loyal and happy stereotype was created to help support the notion that slavery was a human institution that Black women were content with (West, 2008). The Jezebel, a sexually promiscuous and immoral woman, is curvy (Ray, 2014; West, 2008). The Jezebel stereotype was created because if Black women were portrayed as always desiring sex, they could not be victims of sexual assaults and rape (West, 2008). These stereotypes still exist in the media (Ray, 2014; West, 2008) and may affect how women perceive their weight (Ray, 2014). The role of racism against Black bodies has been largely downplayed, as Black women are compared to mainstream standards in which whiteness embodies beauty (Hobson, 2003). Racism and negative stereotypes against black bodies can be traced back to the Hottentot Venus, an African woman who was representative of her kinship network who was brought to London in 1810 to be viewed as an ugly circus freak (Hobson, 2003). These stereotypes may be especially pervasive in the South, as racial prejudice is significantly higher in the South than the rest of the country (Kuklinski, Cobb, & Gilens, 1997).

Despite the individualistic mainstream American culture, social networks are recognized as powerful influences on obesity (Williams et al., 2015). Having a friend or family member who is obese increases the chance of becoming obese (Williams et al., 2015). As a result of this, if a parent is more likely to be obese because of their social network, the child having an obese family member may then increase their likelihood of becoming obese as well. If Black mothers are around more overweight or obese peers (as overweight and obesity is more prevalent in the Black community than the White community) (Alleyne & Lapoint, 2010; Ray 2014), and the

media portrays stereotypical Black women as fat or curvy (Ray, 2014), and Black men prefer women with curvier bodies (Ray, 2014), then the perception of being overweight in the Black community may be more socially acceptable. Chang & Christakis (2003) supported this concept in their work that shows that White women and girls are more likely to experience body dissatisfaction related to their weight than their Black counterparts. The acceptance of larger body sizes may affect preschoolers as well, with mothers being either less aware of overweight or obesity in children, especially girls, or not connecting being overweight or obese to adverse health risks. Some support for this concept was provided in a study of Black American mothers where only 44% of caregivers perceived their child (of about eight years old) to be at risk for adverse health outcomes even though 70% of the sample was obese (Young-Hyman et al., 2000). Which is to say, parents from different backgrounds may have very different perspectives about what it means to be overweight or obese (Williams et al., 2015).

Body size acceptance and body type preference are associated with gender and ethnicity (Williams et al., 2015). White overweight and obese women of moderate to high socioeconomic status groups are more likely to report a low quality of life and more depressive symptoms than Black women (Williams et al., 2015), and Black mothers are less concerned about their daughters' body size or weight than White mothers (Williams et al., 2015). Instead, Black mothers are more concerned that their daughters are healthy and resilient in adverse environments (Williams et al., 2015). Because of an environment with higher prevalence rates of obesity in the Black community (especially for Black women and girls), Black mothers feel good about themselves and their daughters even if they are large, and value self-love at any size (Williams et al., 2015). It is essential to explore if these parenting differences are present in early childhood.

Black Mothering

Various scholars have used a feminist lens to understand Black mothering (Collins, 2005; Collins, 2016; Edwards & Few-Demo, 2016; Glenn, 2016; Hill, 2001; Thomas & King, 2007; Townsend, 2008). The racialized climate in the United States greatly affects Black mothering (Cooper, 2010). Black mothers must navigate the experiences of living in a society built on systemic racism (Cooper, 2010). The racialized and gendered oppression that Black women face does not facilitate the ability to mother with the same standards as White women (Collins, 2005). Black mothers lack financial resources to build self-contained, nuclear families; they are more likely to depend on kinship networks (Collins, 2005; Hofferth, 1984). Eurocentric gender norms, such as depending on the father for financial support so that Black women can stay at home, generally do not represent Black families either (Collins, 2005). A contributing factor to the lack of a financially supportive father may be the mass incarceration of Black men (Alexander, 2010; Gilmore, 2000). Beyond economic pressure associated with lone parenting (stemming from mass incarceration), and the stresses of living in a sexist, racialized society, Black women are also plagued by controlling images (Collins, 2005).

There are two main stereotypes that Black mothers must face: the Mammy as discussed above, and the Matriarch (Collins, 2005). The Mammy is the preferred stereotype because she “knows her place” and happily accepts that she is inferior to her White counterparts (Collins, 2005). This controlling image is placed upon Black mothers by society and the media when they are outside of home, usually when they are caretakers for other people (Collins, 2005). Once they enter their home, Black women transfer into the Matriarch, the aggressive and non-feminine too-strong woman who subsequently raises superior daughters and weak sons (Collins, 2005). These

images put Black mothers in an unwinnable situation, and so Collins (2005) states that this is why Afrocentric views of motherhood is an essential counternarrative.

Collins (2005) traces Afrocentric views of motherhood back to pre-slavery, and suggests that the culture of Black motherhood was retained by Black slaves and continues into Black families today. The differences between Eurocentric and Afrocentric views of motherhood are important to understand because of their implications for the relationship between Black mothers and daughters (Collins, 2005). Black mothers must teach their daughters how to live in multiple systems of oppression (racial domination, gender inequality, and economic exploitation) in order for them to survive (Collins, 2005; Collins, 2016; Thomas & King; 2007). However, if Black daughters are too accepting of their place in a White patriarchal society, they may be a contributing factor to their own subordination (Collins, 2005). Black mothers must balance between these competing mothering tasks of teaching daughters to submit to societal norms while also raising them to be strong, so that their daughters can survive within an unjust society, but not at the cost of losing their emotional wellbeing (Collins, 2005). For example, Black mothers must balance between valuing and teaching their daughters emotional strength and independence (Hill & Sprague, 1999) and raising them to accept Western Eurocentric views of beauty or weight (Hebl & Heatherton, 1998).

Addressing Obesity in Black Preschoolers

Obese children and adolescents are at an elevated risk for several immediate and long-term adverse health outcomes such as high cholesterol, hypertension, diabetes, sleep apnea, and premature death (Austin et al., 2013; Morris, Skouteris, Edwards, & Rutherford, 2014; Martin & Ferris, 2007). There are also psychosocial impacts of childhood obesity, such as altered behavior, poor self-concept, and depression (Hernandez, Uphold, Graham, & Singer, 1998). Studies show

that obese children are also more disorganized, withdrawn, intense, less adaptable, and more likely to be in a remedial educational setting than non-obese children (Hernandez et al., 1998). There are conflicting opinions about when the psychological effects of obesity on children occur. Hernandez et al. (1998) suggested that these adverse effects do not occur until adolescence. Although the age at which psychological effects occur is unknown, children who are overweight when they enter kindergarten are four times more likely to have obesity in the 8th grade, and childhood weight status often tracks into adulthood (Centers for Disease Control and Prevention, 2016a). Because children who are obese are 20 times more likely to be obese adults, leading to increased risk for heart disease, cancer, and stroke (Austin et al., 2013), it is crucial to target intervention and prevention programs in preschoolers before they reach kindergarten (Centers for Disease Control and Prevention, 2016a).

Targeted intervention and prevention programs for Black preschool-aged girls may be especially important. . The rationale for research on Black preschool-aged girls starts with the need to focus on Black children. Childhood obesity leads to obesity in adulthood, and Black children (age six to seventeen) are at a higher risk for obesity (Alleyne & Lapoint, 2010; Kumanyika & Grier, 2006; Wang & Beydoun, 2007) pointing to higher risk for Black adults. This research also shows that the trajectory of obesity from childhood to adulthood is steeper for Black Americans than White Americans (Wang & Beydoun, 2007). That is, Black obese children (aged six to seventeen) are more likely to become obese adults than White obese children are. These factors show a need to intervene for Black children before these disparities emerge, which is one of the reasons that this study focuses on Black preschoolers.

There are higher levels of obesity among most minority groups, including Black Americans, Mexican Americans, Samoans, and Native Americans (Kumanyika & Grier, 2006).

Asian American children are the exception to higher obesity prevalence rates among minority children, with obesity rates below their White and other minority counterparts (Kumanyika & Grier, 2006). Obesity is disproportionately affecting Black children (aged six to seventeen) of both sexes (Alleyne & Lapoint, 2010; Kumanyika & Grier, 2006; Wang & Beydoun, 2007), but particularly non-Hispanic Black adolescent girls (Wang & Beydoun, 2007). The reasons for these racial disparities are complex and interconnected, likely involving genetics, physiology, culture, socioeconomic status, and environment (Caprio et al., 2008).

Focusing on the prevention of obesity through physical activity of Black preschool-aged girls (3-5) may seem counterintuitive given that they have lower levels of obesity. Hernandez et al. (1998) suggest that Black preschoolers do not have excess prevalence rates of obesity. Wang & Beydoun (2007) found that Black preschoolers (aged two to four) have lower prevalence rates than every racial/ethnic group except for Asian children (Wang & Beydoun, 2007). The Centers for Disease Control and Prevention (2017) found that this is also true for low-income preschool-aged children in the Special Supplemental Nutrition Program for Women, Infants, and Children (also known as SNAP or WIC). Hernandez et al., (1998) show that Black females do not begin to show more obesity around age 9.

The adverse health outcomes stemming directly from obesity in preschoolers are not well documented (Morris, Skouteris, Edwards, & Rutherford, 2014). However, adverse health outcomes associated with obesity in kindergarten continues into middle childhood then into adulthood (Centers for Disease Control and Prevention, 2016a; Austin et al., 2013). Health benefits associated with altering a determinant of obesity (physical activity) in preschool before its onset may be associated with better health outcomes in middle childhood and adulthood as well.

Tucker (2018) showed that nearly half of preschoolers in the United States do not meet their recommended guidelines for physical activity. These low prevalence rates of physical activity in the United States suggests that there is a need for interventions and preventions targeting physical movement (Trost et al., 1997). Furthermore, concerning obesity, research has shown that caloric intake has not changed concurrently in either children or adults, leading to the belief that reduced levels of exercise and physical movement are the major contributing factor to the elevated prevalence rates of obesity (Abbott & Davies, 2004). Research shows that the more active the preschooler is, the smaller in weight for height they are and the lower their body fat percentage is (Abbott & Davies, 2004). Understanding how we can better promote increased levels of physical activity for at-risk preschool-aged girls may help to create successful intervention and prevention programs.

Socio-Historical Context

Researchers in other child areas of study, such as disability studies, race studies, human rights studies, and identity studies (Ecklund, 2012; Alanen, 2016), have shown that intersecting identities are likely to influence the lives of children. However, Alanen (2016) states that the intersectional lens is not widely used in the childhood field and has not been used to look at obesity, body image, or physical activity in preschoolers. However, this framework has been beneficial in understanding the adult obesity literature (Ailshire & House, 2011; Ray, 2014). While Black families seem to be particularly disadvantaged in obesity concerns, and the health problems associated with obesity disproportionately affect them, the literature tends to focus on non-representative White samples (Assari & Caldwell, 2017; Austin et al., 2013). One way to look at health disparities regarding obesity in the Black community is to use a socio-historical context.

Fields (1982) stated that to assume that race occurs outside of history is to position oneself within a racist ideology and become its victim. Research including race should be positioned within a historical context. In order to fully understand health disparities between White and Black Americans, it is essential to consider the history of racial oppression and legalized discrimination that Black families have endured. Racial oppression continues to affect the family structure, expectations, culture, and economic resources, and can be presumed to affect young children's holistic experiences within and outside their family context (Alexander, 2012; Gilmore, 2000; Cross, 2003). The bioecological model emphasizes that the child's exosystem (outside system that indirectly impacts the child) and chronosystem (time) affect his or her development (Tudge, Mokrova, Hatfield, & Karnik, 2009), and developmental processes are likely to vary according to historical events (Tudge, Mokrova, Hatfield, & Karnik, 2009), for example, slavery or Jim Crow. Because of this, the historical context that Black Americans are situated within is vital to understand.

A historical point of view emphasizes the intergenerational effects of racism in Black families. Black families are important to study because they are an oppressed group that is unequal in their ability to apply their different perspectives outside of their community (Collins, 1989). In our society, there "must always be some group of people who, through systematized oppression, can be made to feel surplus, to occupy the place of the dehumanized inferior" (Lorde, 1984). Black families are one of these groups. This study seeks to empower these marginalized families and give them a voice that extends beyond their community.

The history of oppression that Black people in America have faced sets the foundation for understanding the lived reality of Black mothers and daughters today. This history of racism, oppression, and domination is at the epicenter of the obesity disparities in the Black community

(Wright Austin, 2006). That is, systemic racism (which has transformed from slavery into present day structural discrimination) affects Black mothers' location, education, career, and family life; all of which impacts obesity or weight gain for both them and their daughters. Understanding the history of oppression and trauma implies that what seems like a seemingly straight forward problem for Black girls and women – eating too much or exercising too little – is likely much more complex.

The history of Black families in America begins with chattel slavery, a brutal and cruel exploitative system that lasted roughly 200 years (Lyons, 2011; Gump, 2010). A chattel slave is defined as “someone under the complete domination of an owner who has powers of life and death over him or her, can sell and transfer him at will and has full control over [her] daily and domestic life including [her] progeny. Moreover, [her] status is hereditary” (Miers, 2008, p. 2-3). Chattel slavery caused intergenerational trauma that is still impacting the Black community today (Gump, 2010) Chattel slavery legally ended in the United States in 1865, but many slaves were not free long after slavery had ended because the plantation owners both concealed from the former slaves that they were free and terrorized them into submission (Daniel, 1979; Wright Austin, 2006).

Racial subordination did not end with the emancipation of slaves (Lyons, 2011), and post-slavery traumas continued with reconstruction, and Jim Crow (Gump, 2010). During Reconstruction (the period post-Civil War), freed slaves went from slave quarters in plantation areas to ghettos in towns and cities (Feagin, 1999; Lyons, 2011). White elites in the South then adopted a legal system of segregation called Jim Crow (Feagin, 1999; Lyons, 2011; Wright Austin, 2006). This system depended on violence and terror and was tolerated by public officials when they were not engaging in the violence themselves (Lyons, 2011). It is important to note

that Jim Crow left systems of disadvantage and indignity that are still present today (Lyons, 2011).

These traumas have led to the transmission of behaviors and attitudes through modeling and socialization that have been passed on to Black families today (Gump, 2010). An example may be the socializing Black girls to be mentally strong so that they can survive a racist society while simultaneously protecting their self-esteem (Williams et al., 2015). Black anger at racist socialization and feelings of shame have also been passed down through generations (Gump, 2010). This may indicate why it is so important for Black mothers to raise strong and resilient Black daughters, rather than raising a thin one (Williams et al., 2015).

With the understanding of historical traumas that Black families have faced, there are a number of ways to contextualize obesity within a racialized society. There appears to be a complex relationship between socioeconomic status and obesity in the United States, especially when race and gender are included (Wang & Beydoun, 2007; Wang & Zhang, 2006). There are racial differences in income levels of different levels of education and differences in neighborhood poverty at different levels of income (Caprio et al., 2008). Socioeconomic status and social class permeate every aspect of life and the effects of socioeconomic status on health status are cumulative and sometimes generational (Caprio et al., 2007). This may be especially important for Black families who have experienced generations of economic oppression throughout their entire history within this country.

Socioeconomic status and race converge in a longitudinal study conducted in 2006 found that Black adolescent girls had higher prevalence rates for obesity in middle or high socioeconomic status compared to their lower socioeconomic counterparts (Wang & Zhang, 2006). These outcomes differed from White adolescent girls in the same study, who had

consistently higher prevalence rates in the lower socioeconomic group compared to their higher socioeconomic counterparts (Wang & Zhang, 2006). Another study found that economic hardship was weakly correlated with obesity in Black women (Williams et al., 2015). It may be that historical and long-standing factors associated with decreased socioeconomic status experienced by Black Americans have led to a weathering effect so that socioeconomic status indicators have become less robust (Williams et al., 2015). However, Wang & Zhang (2006) speculate that the differences in socioeconomic factors such as education and income are the primary causes of disparities in the prevalence of obesity for ethnic minorities. Alternatively, they believe that factors such as cultural differences or body image could also contribute to the disparities (Wang & Zhang, 2006).

Another racialized aspect of obesity lies in family ties. Having an obese parent is one of the most influential risk factors for a child being overweight or obese (Martin & Ferris, 2007; Svensson et al., 2011). Risks associated with having an obese parent emerges immediately, with newborns of overweight or obese mothers being at an increased risk for overweight and obesity (Williams et al., 2015). The trend of obese mothers leading to obese children may be especially problematic for the Black community, which have prevalence rates of obesity and morbid obesity that are higher than any other racial/ethnic group (Williams et al., 2015). If the child has obese parents who are modeling unhealthy eating and exercise habits, this may alter the trajectory of the child's development.

There are also sex differences in obesity prevalence rates (Himmelstein, Puhl, & Quinn, 2017; Lovejoy & Sainsbury, 2009). The prevalence rates in obesity disproportionately affect women and girls (Himmelstein, Puhl, & Quinn, 2017; Hernandez et al., 1998). Among minorities, in boys the obesity prevalence rates for Mexican Americans were higher than those

among Black youth (Wang & Beydoun, 2007; Kumanyika & Grier, 2006), but prevalence rates were highest for Black girls (Wang & Beydoun, 2007; Kumanyika & Grier, 2006). There are also differences in gender concerning socioeconomic status. For White girls, obesity prevalence rates decrease as family income increases (Kumanyika & Grier, 2006). For Black girls, the research concerning the relationship between obesity prevalence rates is mixed (Wang & Zhang, 2006; Kumanyika & Grier, 2006). Some research finds that obesity rates are highest among low and high socioeconomic status groups (Kumanyika & Grier, 2006). Other research shows that obesity rates are highest among middle and higher socioeconomic status groups (Wang & Zhang, 2006). There were no consistent patterns for obesity rates connected to income in boys (Kumanyika & Grier, 2006).

The evidence of different obesity trends for different races, genders, and socioeconomic groups lends supports to an intersectional approach is needed to understand obesity rates and causes. There is an interplay between race, gender, and socioeconomic status that puts Black girls at risk. The increased risk is critical to understand so that researchers can make an impact on obesity rates for this marginalized group. If a critical perspective can lead to a stronger understanding, then future research could target intervention and prevention programming for Black girls.

The Bioecological Model

Now that the different parts of this study have been described, the discussion will move to the model that is being used to link Black mothers to their preschool-aged daughters. The bioecological model is a theoretical system for studying human development over time (Bronfenbrenner & Morris, 2006). Without this model, there would not be a clear link between the Black mothers' attitudes and physical activity in their preschool-aged daughters. By connecting the two, we can better understand a strong force acting upon the child's development – their environment. Using this perspective allows for the exploration of intersectional influences that are affecting the mothers, as preschool aged children might not be cognizant and able to discuss those influences adequately.

Development is continuous and extends over the life course, across generations, and through time (Bronfenbrenner & Morris, 2006). The primary context in which human development takes place is in the family (Bronfenbrenner, 1986). Personal and historical life events impact the family process and developmental outcomes in children (Bronfenbrenner, 1986). That is to say, what happens to the parents also affects the preschooler. Oppressions based on race, gender, neighborhood, region, and socioeconomic status that occur in the parents' environments affect their children's development. It is also important to consider the amount of time that the family has been exposed to environmental contexts (such as poverty or racism) (Bronfenbrenner, 1986). Williams et al. (2015) show that it is important to take contextual factors into account such as historical, political, and structural issues relevant to communities regarding obesity rates and prevention and intervention programs.

Genetic factors are known to contribute to obesity, but social, environmental, and economic factors (such as diet and exercise) are more salient causes of obesity in children under

the age of 18 (Alleyne & Lapoint, 2010; Etelson, Brand, Patrick, & Shirali, 2003). The bioecological model shows us that children and adolescents are not independently responsible for their activity levels (Young-Hyman, Herman, Scott, & Schlundt, 2000). Family influence on the risk of obesity among children is well established (Assari and Caldwell, 2017; Martin & Ferris, 2007; Svensson, Lundborg, Cao, Nowicka, Marcus, & Sobko, 2011). Assari and Caldwell (2017) showed that family environment affects feeding, exercise, nutrition and sedentary lifestyles in children. The family's influence may be even stronger in preschool-aged children when they are less able to make their own decisions or care for themselves. Caregivers influence activity levels, so their attitudes and behaviors on physical movement are important to understand (Young-Hyman et al., 2000), which is a strong rationale for studying the Black mothers' attitudes.

Intersectional Approach

Intersectionality will inform the sample I choose, the data I collect, the plan of analysis that I choose, and the way that I interpret the findings. Intersectionality, coined by Kimberle Crenshaw (1989), is defined as “the interconnected nature of social categorizations such as race, class, and gender as they apply to a given individual or group, regarded as creating overlapping and interdependent systems of discrimination or disadvantage” (Oxford Dictionary). Intersectionality allows for the exploration of complexities between social groups which may lead to the rejection of generalizations and stereotypes regarding the Black experience in order to recognize diversity within the Black culture (Ailshire & House, 2011; Edwards & Few-Demo, 2016). That is, Black families or communities are not one monolithic group. There are differences not only between the Black and White communities and families but also within the Black community and families. For example, families can differ in socioeconomic status, neighborhood, immigration status, sexual orientation of family members, or family structure.

Intersectionality posits that even families who share race, socioeconomic status, neighborhoods, immigration status, and family structure may have differences in how they perceive or experience the world around them (Ailshire & House, 2011; Few-Demo, 2014). An essential factor in understanding intersectionality is the knowledge that these identities and social groups operate within systems of power (Few-Demo, 2014). These systems of power structure lived experiences of individuals and groups by affecting resources, opportunities, and life chances (Richardson & Brown, 2016).

Intersectionality is important because the complexity in understanding factors associated with obesity may be a result of the relationship between the separate factors (Wang & Beydoun, 2007). The current literature on weight disparities use primarily additive approaches, but race, gender, and socioeconomic status all interact together, so models that separate them out may not be fully able to explain obesity or physical activity in Black preschool-aged girls (Ailshire & House, 2011). The idea that socially constructed categories are interconnected and collectively shape disparities or weight gain in the Black community is best understood using this Black feminist theoretical framework (Ailshire & House, 2011; Crenshaw, 1991; Collins, 1990). The socially constructed categorizations or identities in intersectionality are symbolic, historically and contextually situated, and are neither separate nor distinct. This complexity may lead to conflict among these socially constructed identities (Few-Demo, 2014). As discussed above, the historical background is necessary to understand the experiences of Black Southern Americans today. The history of slavery, Jim Crow, and mass incarceration have impacted Black Americans for centuries – this includes the history of stereotypes (such as the Matriarch, Jezebel, and Mammy), which still impact the lived realities of the participants.

Conclusion

Understanding obesity, physical activity, and body image in the Black community is complex and requires the examination of multiple interconnected factors. The bioecological model posits that development occurs within multiple contexts (Bronfenbrenner & Morris, 2006), and leads us to look at that the familial environment (particularly within a mother-daughter dyad) and how this affects the daughters' development – especially concerning the development of healthy play and exercise for the preschoolers. A Black feminist approach to studying physical activity, body image, and obesity helps orient us to the oppressions that these families are facing, Black women's strengths, and how those oppressions can impact their lives. Black feminist theory also allows for a more nuanced way of viewing Black families and allows us to understand complexities and differences within this marginalized, often stereotyped group. An intersectional lens allows an interdisciplinary approach to this topic, which considers history and ongoing issues. Understanding the historical experiences of Black Americans and the images and stereotypes used to control them can help to understand how body image is constructed in Black women. Black women appear to be extraordinarily resilient regarding body image, so understanding experiences let us understand the development of body image. Using these three approaches allows us to see how physical activity in Black preschoolers may be constructed and therefore how it can be promoted.

The Proposed Study

The current study aims to take a comprehensive and complex perspective on Black women's identities (Davis, 2014) drawing from and creating a link between five limitations in the current literature. First, there is a gap in the literature regarding a focus on the perspectives and experiences of Black women and the utilization of an intersectional approach to address the absence of Black women in current and historical research (Davis, 2014). Second, there is a lack of evidence of success in childhood obesity intervention and prevention efforts in Black populations and a lack of the use of intersectionality to understand the strengths associated with preschool aged girls and their physical activity. Third, the influences of power and oppression have not been connected to disparities of obesity rates and have not been addressed through perceptions of and experiences with Black women's body image in Southern communities. Fourth, there is a lack of literature on the link between Black mothers and their lived experiences to their daughters to better understand how to promote physical activity for Black preschool aged girls. Finally, the biases that I believe are in the obesity literature, which places the blame of early childhood obesity on the parents and the child, rather than societal structures that may create barriers to maintaining a healthy weight should be explored for the way they impact our understanding of the problem. The five gaps are being used to inform the research questions stated below. Specifically, I hope to empower Black women to give voice to their experiences and lived realities.

In conclusion, the current study contributes to the child development and Black feminist literatures through the use of a critical, feminist, qualitative methodology by examining the complexities of Black women's experiences of creating body image in a sexist and racist society

to understand how it impacts their mothering on physical activity. The question that this study is seeking to explore is:

1. How does Black mothers' body image impact how they promote physical activity in their preschool aged daughters?

- a. How do intersectional influences impact Black mothers' body image?

I identify as a Black woman, so I may share some connections with the participants based on my racial/ethnic background. However, I am not a mother. Instead, I was the child of two military parents and traveled around the world. While I was in undergraduate school I worked in childcare for three years. After I graduated, and before I entered graduate school, I worked as a dependency case manager for less than one year. Currently, I am a master's level graduate student at Auburn University in the Human Development and Family Studies field. I am also a Women's Studies minor, and consider myself to be a Black feminist researcher. I frequently use intersectionality in my coursework and believe that intersectionality is necessary to understand any group of people. I have navigated racialized experiences for much of my life. I lived in predominately White neighborhoods and went to predominantly White schools. I went to a Primarily White Institution (PWI) for both my undergraduate and graduate educations. I have experienced microaggressions and explicit hostility and discrimination based on my race. My experiences have also been colored with discrimination based on my health, my gender, and other interconnected categories. My experiences with oppression and domination led me to a strong belief that Black women are marginalized and situated within numerous axes of oppression and power – creating advantages and disadvantages. My life's work will be empowering Black women to share their lived experiences, bring awareness to the disadvantages and oppressions that they face, and conduct my studies with the knowledge that the participants

are the experts on their lives – not me. Although my educational background will give me the tools to interpret what they say. As a result of my positionality as a researcher, this study will be conducted already assuming that intersectionality is real and that oppressions and power are impacting Black women’s lives. This assumption will influence my research and mark it as a Black feminist project. This positionality as a Black woman and my own experiences with sexism and racism lead me to narrowing the sample down to Black women and girls. The results of this study will also be nuanced, strengths-based approach to providing a bigger picture of physical activity in Black girls. As a researcher, I hope it will help prevent negative research and implicit bias as it pertains to Black families.

To my knowledge, there is no research studying how intersectional influences impact body image of Black mothers, or how that body image affects how they promote physical activity for their daughters. In addition, to my knowledge there are no studies applying an intersectional-child development framework to obesity in preschoolers or the prevention of it in preschool aged children in the United States. Although intersectionality and the bioecological models can be assessed quantitatively, it is generally thought that qualitative methods lend themselves more to an intersectional approach (Nygren & Olofsson, 2014; Ray, 20114); therefore, this study will utilize qualitative methods.

Method

Critical Feminist Methodology

This study utilized a critical feminist approach and some key concepts used in ethnography. A critical feminist approach has been dominated by White feminism, which stems from a place of structural dominance and privilege (Swan, 2017). This study utilized a Black feminist intersectional perspective to address this limitation and to guide the research methodology. Specifying the Black intersectional perspective addresses the A methodology incorporates all aspects of the examination of a topic and includes the agenda, epistemology, ethics, and methods (Thompson, 1992). There is no distinct feminist methodology and there is much debate over what a feminist methodology encompasses (Gorelick, 1991; Thompson, 1992), but many researchers advocate for feminist methodologies (Hammersley, 1992). Feminist works often have (1) similar agendas, (2) epistemologies, and (3) ethics, but (4) methods can differ significantly (Thompson, 1992). Thompson (1992) stated that most feminist academics would say that what makes a project feminist is the topic. This study aimed to give voice to the perspectives and experiences of Black women, whose stories are often shaped by those external to their communities. This is especially true for the unique sample of middle- to upper-class Black women in this study, because research that is typically done on Black women often focuses on women from poor or working-class backgrounds. Focusing on a group of Black women and their daughters who are simultaneously marginalized and privileged, with a focus on gender, race, and socioeconomic status as it regards to them makes this a feminist project.

The overarching feminist agenda of this study includes four sub-agendas that empower women of color, specifically Black women and their preschool aged daughters. By using a feminist agenda, I sought (a) not to exploit my participants, but to empower them and raise

consciousness on how society can impact their parenting in regard to physical activity. To promote empowering the participants, I, a Black woman, conducted the interviews. I aimed to encourage the women to share their individual perspectives and thoughts and used quotes coming directly from the women in my thesis results. This study also sought to (b) apply an intersectional lens to the child obesity literature in hopes that future researchers will utilize a similar approach to create stronger intervention and prevention programming that is able to address the disparities affecting Black, American women and girls in regard to obesity and physical activity. Finally, (c) because this study aimed to understand the strengths in Black mothers and their daughters and not their weaknesses, this study took a strengths-based approach rather than using a deficit model.

Epistemology, the second aspect of a feminist methodology, is the framework for identifying the generation of knowledge and focuses on questions like: (a) what is knowledge, (b) who is the knower, or who can know, and (c) how do they know or interpret reality (Fonow & Cook, 2005). This project will be a thematic analysis which lends itself well to a constructivist perspective (Braun & Clarke, 2006), or the belief that experiences and knowledge are socially produced, not merely existing within a person (Braun & Clarke, 2006). This study used a constructivist perspective, as I believe that the data and knowledge gained from this project was co-created between the participants and myself.

Elite White men, including scientists, have traditionally controlled structures of knowledge, which represents the power that they have (Collins, 1990). The power over traditional academic discourse resulted in Black women's experiences and perspectives being distorted in or excluded from the academic literature (Collins, 1990). Impacts of systems of racial domination (colonialism, slavery, mass incarceration of Black men) created a shared

experience of oppression for people of color (Collins, 1990). Women also have shared historical experiences of oppression (Collins, 1990). The overlap of racial and gendered domination creates a complex experience of marginalization for Black women. The securely middle- to upper-class status of this study's sample adds to the complexities of oppression. Traditional research has suppressed the voice of Black women, which left them struggling against White male interpretations of their lived realities (Collins, 1990). One way to combat the historical exploitation and exclusion of Black women in research is to use standpoint theory. Rolin (2009) states that standpoint theory is a feminist theory that states that oppressed or marginalized groups of people are likely to have a fuller, more complex understanding of reality. Oppressed groups are more knowledgeable about lived realities because in order to survive they must understand the dominant culture, but also live in their own oppressed realities, thus creating a more holistic view of the world they live in (Fonow & Cook, 2005). The voices of people who are oppressed (in this case people who identify as a woman and as a Black American) were paramount in this study. They are the experts of their own lived realities and can speak on both dominant discourse and their positionality as a marginalized group. As a Black scholar, my knowledge also mattered.

A third aspect of my feminist methodology concerns ethics. The main moral or ethical concern that I had was to ensure that I did not objectify or exploit my participants. Black women are an often marginalized and oppressed group, and my aim was to conduct research that would benefit both the women and their families and communities. This study focused on women, but was also for women. I sought to do no harm by avoiding traditional patriarchal ways of doing research. Rather than being aloof, or being just nice enough that a participant would open up to me – as is the traditional, masculine form of interviewing (Oakley, 1981), I co-created knowledge with my participants. Oakley (1981) stated that to find out about people's

experiences, the interviewer and interviewee must have equal standing, not a hierarchical one which I attempted to embody during data collection for this study. This feminist project sought to highlight the subjective experiences of Black women to give them greater visibility in society (Oakley, 1981). I believe that as a Black woman, my research was qualitatively different than if a White man had conducted the interviews. I am not just a ‘researcher’, I am a woman, and am therefore more likely to relate to my participants – because I can see myself in them (Gorelick, 1991).

Aspects of Critical Ethnography

This study utilized some aspects of critical ethnography, such as finding a gatekeeper, looking at data (interviews) through the participants’ experiences, and focusing on Black cultural experiences. An ethnography is a qualitative methodology that elicits the participants’ perspectives and seeks to understand their lived experiences (Cook, 2005). Ethnographic enquiry is most appropriate when “it places events and people in the social, cultural, and political history and contexts in which they are constituted” (Barton, 2001, p. 899), which ties in with a feminist perspective that states that research is political (McRobbie, 1982). A critical ethnography, specifically, is political, and sheds light on the structures of power, oppression, and control (Creswell, 2014; Bransford, 2006; Cook, 2005), which in this study helped to shed light on racialized experiences of Black women. It is a methodology for conducting research that is focused on “participatory critique, transformation, empowerment, and social justice” (Barton, 2011, p. 905). It also allows for empathic relationships with the participants to better understand their culture and experiences using a holistic perspective (Creswell, 2014). A critical feminist approach ties in well with a critical ethnography. Adding aspects of critical ethnography strengthened my work with increased rigor and helped to guide my methodology.

Sampling Strategy

A convenience sample of six Black women from one state in the Southeastern United States was recruited through snowball sampling. The project began with one gatekeeper identified: Dr. Adrienne Duke, a Black woman who is an assistant professor at Auburn University. However, during the recruitment process a participant emerged as a second gatekeeper, helping me to gain access to half of the women in the sample. In ethnography, a gatekeeper has a position of power within the research/participant dynamics by facilitating access for the researcher to socially excluded people in research – in this case Black mothers in her social group (Emmel, Hughes, Greenhalgh, & Sales, 2007). Because the participants trusted my two gatekeepers, they were then more trusting of me and my project. Dr. Adrienne Duke helped me to find my first participant by finding a person in her social group who had a daughter aged 3 – 5. Following this first interview, I had the participant give me recommendations based off of other girls in her daughter’s school or play groups or other moms in her social network. This is an example of snowball sampling. Snowball or chain referral sampling is a random sample of people (in this case, Black mothers) who are recruited from a finite population (Biernacki & Waldorf, 1981; Goodman, 1961). This sampling method is applicable when the focus is on a sensitive issues, such as race (Biernacki & Waldorf, 1981). Especially in the Black community, which has been traditionally exploited in research, making the group less trusting of researchers. As the researcher, I developed and controlled who participated in my study, when I stopped accepting new participants, and initiated the beginning of the chain referrals (Biernacki & Waldor, 1981) based on saturation of the data.

From June 2019 through December 2019, potential participants were recruited through gatekeepers, the dissemination of flyers and information letters, as well as personal recruitment through mentors, friends, and family. Once key participants were identified, they were asked to identify new potential participants. The author explained to the women that they were not required in any way to identify new participants. To be eligible to participate the women needed to (1) identify as Black or African-American, (2) be over the age of 19, (3) be a mother, (4) have a preschool-aged daughter, (5) be the custodial parent living with the daughter, and (6) be living in Alabama.

Sample

Nine potential participants contacted the research team via email or telephone. The six eligibility criteria were then discussed with the potential participants. Of the nine potential participants who initially contacted the project, six met the inclusion criteria. After confirming that the inclusion criteria were met, the research team emailed the participant a demographic chart, a copy of the interview protocol, and a copy of the informed consent. All six remaining potential participants completed the demographic chart, signed the informed consent, and were subsequently interviewed, with interviews ranging from 34 to 81 minutes ($M = 61.5$ minutes; $SD = 17.65$ minutes). I stopped recruitment at six participants due to saturation being reached.

The homogenous analytic sample for the current study consisted of 6 cis-gendered women. The participants were between 26 and 36 years old ($M = 32.5$ years; $SD = 3.68$ years). The majority of the participants identified as Black ($n = 4$), with the remaining participants identifying as African-American ($n = 2$). The participants were all classified as middle ($n = 3$) to upper class ($n = 2$) based on the Pew Research Center's income calculator (<https://www.pewresearch.org/fact-tank/2018/09/06/are-you-in-the-american-middle-class/>)

accounting for the state, metropolitan area, household income, and number of people in the household. The remaining participant declined to share her household income. All of the women held a bachelor's degree or higher and had a career outside of the home. The women self-reported their communities as suburban ($n = 4$) or rural ($n = 2$). The majority of the women had one child ($n = 4$), with the remaining women having 2 ($n = 2$). The age of the target daughters ranged from 3 to 4 years old ($M = 3.33$ years; $SD = 0.47$ years).

Interviews

The interviews followed a semi-structured protocol, which is a flexible tool that allows the researcher to capture the voices of participants and make meaning of their lived experiences within a guided discussion (Rabionet, 2011). These interviews were conducted to allow for the participants' unrestricted perspectives on the questions, while ensuring that the correct data is being narrowed in on to adequately answer the research question (Creswell, 2014; Rabionet, 2011). The fluidity of semi-structured interviews allowed for themes to emerge and elicit rich information about perspectives and lived experiences (Creswell, 2014; Carter et al., 2014). My interviews were also conversational-like interviews, which was appropriate because I present as a Black woman living in Alabama. Conversational interviews are "a powerful way of gaining access to an individual's interpretations of their personal experiences" (Burgess-Limerick & Burgess-Limerick, 1998 pg. 64). Interviews conducted in a conversational style views both the research and the participant as non-hierarchical partners who work together to co-construct knowledge (Burgess-Limerick & Burgess-Limerick, 1998; Oakley, 1981). This study viewed participants as co-creators of knowledge. In this way, aspects of the interviews had conversational undertones. The semi-structured interviews with mothers were conducted in person ($n = 2$) or via telephone ($n = 4$) and were then transcribed verbatim. In a review of the

literature, Rahman (2015) found that in person and telephone interviews are equally effective in qualitative research. My participants were then assigned pseudonyms in the transcripts to ensure that their data was deidentified. Any identifiers linking an interview to a participant was kept separate.

Procedure

Data collected for this thesis project (the Mama Bird Study) consisted of in-depth qualitative interviews with six Black mothers with preschool aged daughters. University Institutional Review Board approval was obtained in order to protect the rights of participants in this study. The convenience sample of mothers was first recruited through flyers and word-of-mouth advertising from mentors, family, and friends. Snowball sampling was then used as participants directed the author to other potential participants. Eligibility requirements for participation in the study were that the mothers had to be a current Alabama resident, living with a daughter aged 3 – 5 years old, be 19 or older, and identify as Black or African-American.

The author obtained written informed consent prior to beginning any interviews. During the interviews all participants answered the questions identified in the semi-structured interview protocol [see Appendix C]. The interview protocol was drafted based on a review of the literature and addressed physical activity, body size and image, stereotypes, and mass media. Prompts were used to elicit deeper responses and to address issues of gender, race/ethnicity, and financial resources. The interview protocol was then pilot-tested with an undergraduate research assistant. Her feedback on interview organization, length of the interview, and clarification on questions was incorporated into the final protocol.

One interview was conducted in a participant's home, another in a private research lab, and the remaining four were conducted via telephone. All six interviews were audio recorded

and later transcribed verbatim using GMR Transcription services. Pseudonyms were used to identify the participants for the data transcription, which will be used in the findings. The data were then cleaned prior to data analysis. Interviews ranged from 34 to 81 minutes ($M = 61.5$ minutes; $SD = 17.65$ minutes). Any quotes with identifying information was altered to protect the participants' confidentiality without impacting the meaning. All identifying information was kept separate from the data and was only accessible to the research team. Following completion of the interview, participants were placed in a raffle for a \$50 lush cosmetics gift basket as remuneration for their participation in the study. All participants received a thank you card. The participant who received the gift basket was chosen through a random online choice generator [www.wheeldecide.com].

Summary of Process

Once the data was transcribed, the transcriptions were read extensively and I generated initial codes (Braun & Clarke, 2012) with the help of an undergraduate research assistant. These codes helped to organize the data into meaningful, broader themes (Braun & Clarke, 2006) using the data analysis method of thematic analysis. Thematic analysis is a method for analyzing and reporting patterns or themes within data (Braun & Clarke, 2006). In a thematic analysis, the researcher actively identifies themes of interest and reports those themes to the readers (Braun & Clarke, 2006). A theme is a patterned meaning within a data set that relates to the research question, but researcher judgement is necessary to determine what the theme is (Braun & Clarke, 2006).

Theoretical Lens. It is essential that the theoretical position is clear in a thematic analysis (Braun & Clarke, 2006). This study used a Black feminist theoretical perspective to understand the intersectional influences of racism, sexism, and socioeconomic status on Black

mothers' body image and link that to how they promote physical activity in their preschooler daughters. The analysis focused on data at a latent or interpretive level, which means that rather than looking at data on a descriptive surface level, I sought to identify underlying ideas that were shaping or informing the data (Braun & Clarke, 2006).

Development of Themes Transcripts were uploaded into Atlas.ti and coded using that software while also using journaling, tabling, and data mapping, which provided a visual representation of patterns within the data. Codes were then sorted into potential themes. The themes were further expanded on to include each theme as well as the overarching theme, while discarding ones that did not seem relevant (Braun & Clarke, 2006). During this process I ensured that I did not discard a code or theme because it contradicted other data, as that adds to the complexity of the interpretation of data.

Data Analysis

Data collection and analysis were initially concurrent until saturation was reached and data collection ceased while thematic analysis continued. Data analysis occurred with the assistance of an undergraduate research assistant who also identifies as a Black woman. This study used thematic analysis in order to focus on themes that were meaningful to and understood by the participants to address the current gaps in the literature regarding intersectionality, physical activity in preschoolers, body image of Black mothers, and mothering. This analysis was conducted knowing that experiences are inherently subjective and interpretive – but are real or true for the participant having the experience (Fielden et al., 2011). This study sought to give voice to the participants' experiences, while also interpreting the data from an intersectional perspective. Examples of thematic analysis and the steps of analysis can be found from Braun & Clarke (2012); Fielden, Sillence, & Little (2011); and Fereday & Muir-Cochrane (2006).

There have been critiques against thematic analysis stemming from a lack of clear guidelines (Fielden et al., 2011). Braun & Clarke (2012) agreed that there are numerous ways of conducting a thematic analysis because of its flexibility but have created a structured path of six steps to conducting one. Immersing oneself in the data is the first step for a rigorous thematic analysis (Braun & Clarke, 2012; Fielden et al., 2011). This step involves reading and re-reading the interview transcripts while listening to the interviews numerous times (Braun & Clarke, 2012; Fielden et al., 2011; Fereday & Muir-Cochrane, 2006). During this step my undergraduate research assistant and I began separately note taking on patterns that we saw, quotes that we thought may be important, and what we were thinking while reading the transcripts, all of which helped when we reached the second phase of generating initial codes (Braun & Clarke, 2012).

Codes are “the building blocks of analysis: If your analysis is a brick-built house with a tile roof, your themes are the walls and roof and your codes are the individual bricks and tiles” (Braun & Clarke, 2012). That is, the codes that you generate will be combined to create the larger themes later in the process. My research assistant and I conducted our coding separately. To ensure that the coding remained aligned with what the data and meanings assigned to it by the participants showed (Braun & Clarke, 2012), we would have meetings to discuss codes and reach a consensus of what the data were saying. We then began making interpretations across codes and themes in the third and fourth phases of data analysis.

The third stage is searching for themes (Braun & Clarke, 2012; Fielden et al., 2011). Searching for themes was counterintuitive, because rather than finding themes hidden in the data, we made choices about how to mold the raw data into a meaningful story (Braun & Clarke, 2012). Creating the story involved revisiting the codes that we generated independently in the second phase and identifying codes that were similar, redundant, or overlapping that could then

be collapsed or clustered together (Braun & Clarke, 2012). There was also the collection of miscellaneous codes that did not seem to fit a theme. These were reviewed and collapsed into previous themes or discarded later in the analysis process.

The fourth phase was where I independently focused on reviewing the themes that we had created thus far (Braun & Clarke, 2012). I searched for themes that clearly represented the data, were based in truth, and were directly tied to the research question (Braun & Clarke, 2012; Fereday & Muir-Cochrane, 2006). This step in the analytic process was essentially a quality control exercise (Braun & Clarke, 2012). Once I had reviewed all themes and codes, I began to discard codes, place them in new themes, or reframe the theme so that the miscellaneous codes fit where they belonged (Braun & Clarke, 2012).

Once that was complete, I moved to phase five where I defined and named themes (Braun & Clarke, 2012). That is, I needed to be able to adequately explain or define the theme and the boundaries of the theme in a few sentences. This is where I ensured that my themes had a short, descriptive name that drew in the readers (Braun & Clarke, 2012). This phase was important, as it was refining the data analysis and ensuring that all the moving parts told a complete story (Braun & Clarke, 2012). The final, sixth phase was reporting the themes, which I did both in this thesis and anticipate doing for a future publication.

Ethics

Auburn University Institutional Review Board approval was obtained to ensure that the rights of the participants in this study were protected. My participants' rights were respected at all times. Their identifying data was deidentified. I used a locked file cabinet to store my informed consents, and I carried an encrypted flash drive with the data on it. I also hope to send the participants a published article stemming from their insights on this project.

Findings

The aim of this study was to examine the link between Black mothers' body image and how they mothered their preschool aged daughters regarding physical activity in hopes of finding a new way to address the growing epidemic of childhood obesity for Black girls. I hypothesized that mothering regarding physical activity would be linked to body image, but based on their narratives, this was not true for the Black mothers that I interviewed. Physical activity was important for the mothers, but not as important as raising confident, resilient, and competent daughters who could navigate living in a patriarchal society built on white supremacist ideals. This study was created to better understand the growing obesity epidemic for Black girls, but during the analytic process the project evolved into an exploration of how middle- to upper-middle-class Black women mother their young daughters. Participant responses were coded into three broad sub-themes. Race (in a gendered context) seemed to be especially prominent for the mothers, which is where the findings will begin. During the intersectional thematic analysis, I found that resources and Black bodies were also salient to the women, and will discuss those as well.

While these sub-themes will be discussed separately for the sake of clarity, it is important to be cognizant that each facet of these women's lives is not isolated. The women's ethnic-racial identities impact their experiences as women, the resources available to them, their bodies, and the norms ascribed to them. Each theme is interconnected and cannot be fully understood without the context of the other themes being applied. The participants are positioned within a unique intersection of privilege and disadvantage, and their sometimes-conflicting words reflect that complexity. Due to the interconnected nature of the sub-themes, I combined them into one overarching theme of gendered ethnic-racial socialization - Creating Black Girl Magic.

Race Colors Everything: “I’m just a realist...the color of our skin has a lot to do with everything.” – Candace

This theme encapsulates perhaps the most important aspect of Creating Black Girl Magic: identifying as Black. The participants’ ethnic-racial background impacted numerous facets of their lived realities. Their status as middle- to upper-middle-class women did not prevent them from needing to navigating racial oppression. They showed an insightful amount of awareness of the history of racism in America and how it still impacts Black Americans in present time while sometimes also rejecting the notion of racial discrimination impacting them personally – highlighting the complexities of racial relations in the United States. Nandi (age 34, upper 15% income tier), acknowledged the difficult history that Black ancestors faced, but wanted to focus on moving forward, stating,

I feel like we live so much in the past instead of what you’re supposed to do with damaging past experiences... you’re supposed to learn and grow from them and move forward. And they’re to excel us into our purpose and into our destiny. We gained freedoms because of [the racist history that Black Americans endured]. We gained the opportunity to be educated because of it. Take advantage of those opportunities. Focus on that.

Similarly, Amina (age 35, upper 15% income tier) reflected on rejecting the domestic workforce that Black women were previously confined to and the shame that accompanied it:

My grandmother’s grandmother was a slave and so those were mammies, like... It influenced me in that I’m kind of like, um, this might be some classicism coming out, but I’m kind of like, “Oh, that’s not my story.” Um, and there’s some shame associated with that... shame not in the work that was being done, but in the way that [they were]

probably treated and what we know about that as a role that black women were forced into playing for so long or forced into working.

However, the women also reflected on ways that racial oppression still impacts Black women.

Nandi reported that “[Black women] are so far behind in so many areas, we got a lot of catching up to do.” Tiye (age 26, income unknown) shared the same sentiment:

when you take into consideration just, like, American history, and how far black women have come, it's almost like we're still having to fight to be equal... Sometimes I feel like I have to be better than [White women] because there's this unfair advantage that they have just by being White women. It's almost like, you know, they're favored more just because of how they look, whereas for a Black woman, you're almost having to go above and beyond, and be that much better just to get even a portion of the same opportunities that they're offered.

Ultimately, the participants' experiences as mothers, or women generally, were shaped by race.

Candace's statement on racial oppression highlights this point: “So, it still exists, just because of the color of your skin, and that plays a role in every single thing, every single thing.”

Race in a Gendered Context: “She has – I think, in a way, more to think about than a black boy.” – Nandi

The salience of race and gender in the participants' lived realities was reflected throughout the entire interview process. Gender added to the experience of oppression that the mothers faced.

Nandi recognized that race impacted all Black children's lives, but indicated that there was more pressure for Black girls, stating:

I don't think Black boys have the – the standard of excellence that a black girl has to achieve. It's just not equal. Black boys aren't expected to be, um, I don't know. They're

more expected to just stay out of jail and stay out of gang violence and that kind of thing and if they're – if they make it past that, then everybody is happy. But for a black woman, a black girl, if she has a baby early, she's still expected to raise those children, get a job, get a education, excel, look beautiful, and raise those children better than she was too.

She further expressed the reduction of accomplished Black women to objects for male pleasure stating: “men constantly look at [Black] women as objects instead of as, you know, powerful women who are adored and respected and honored.” Nefertari reports that in regards to weight, “women are held to a different standard. Like, women have to look the way that society wants them to look.” Tiye agreed, stating “you win if you're more beautiful... if you weigh less, like, it somehow makes you more of a person, and have more self-value than, than another person.”

More Money, Same Disadvantages: “the resources – if they're not there for her to take advantage of, then she can fall behind and fall victim, and she may not get the job, or she may not get the opportunity, or she may not get the role on the stage in the play because she's black.” - Nandi

This sample of participants was unique in that they were economically secure as middle- and upper-middle class women. This advantage added a layer of complexity to the women's experience of being both oppressed and privileged. The women were afforded numerous community resources that allowed them to live active lives with their daughters but were still disadvantaged due to their racial/ethnic identities. Nandi realized how important community resources are for her daughter, stating “all of these community resources make a huge difference. The more we can access those things, the better it is... having those community resources is super important and the more parents take advantage of that, the more active they'll be.” She was

cognizant that her income level opened up opportunities for health and wellness that they may not have otherwise had: “because of the economic status, we get more opportunities... because we have just a little bit more, we’re able to expose her to a little bit more.” Perhaps indicative of the conflicting privileged and oppressed identities was the Whiteness of the spaces the women inhabited. Nandi reported: “she’s going to grow up around a lot of white children... like I work mostly with white people...[We] go to a predominately white church. And that’s because this community is predominately white.” Nandi has to navigate providing opportunities for her daughter to excel when those opportunities lead to her daughter being the only Black child involved. She grapples with the complexity of her daughter having access to broad community resources, while simultaneously understanding the social cost of not completely being integrated into this resource-rich context:

I lean a lot on putting her in great environments, giving her exposure to a lot of great opportunities and I think that she can be a part of anything, even as a black kid, she’s going to a preschool this fall and she’s going to be the only [Black] kid there but I don’t let her focus on that... She has advantages that most Black girls do not have, but she still has to overcome a lot more to have the same advantages and be equal to White children... she’s going to face a lot of unfairness that most white kids will not face, or they will never be exposed to that, and that’s why I make sure she takes advantage of all the resources we can possibly give her.

Amina was cognizant that her financial resources afforded her the ability to provide opportunities for her daughter that other Black families could not. She was grateful that she could give her daughter an advantage to thrive given the disadvantage that her daughter would experience due to her racial/ethnic identity, stating:

Like, obviously, we're blessed that we have the resources or lucky enough to have the resources to be able to expose her to different things... I think it's giving her such an advantage not just as it relates to physical activity, but just life skills, leadership opportunities, potential scholarship opportunities going forward. She's going to be involved in things."

Makeda also recognized that not all Black families have access to the same resources as her family, and reflected on how numerous oppressions intersected to create disadvantage for Black families:

I think that depending on a person's demographic location the things that they have access to, you know, if it is a safe environment. Because a lot of communities may not have a park, or if they do, it could possibly not be a safe area for kids to play in. I think a lot of times, minorities are often in areas that are underdeveloped, or underfunded - sometimes not the safest areas. So, they might not have access to - or sometimes they do have like a community center or something like that, but depending on the age of the child, sometimes it's not an appropriate place for them to be. Um. So, I think that can tie in together, and a lot of times, like I said, minority children probably don't have access to some of the same resources as other kids, or other families.

Within the context of more economic stability, Tiye was aware of the racialized and gendered disadvantages that she had, contrasting her resources to that of a White man, stating

If you are a White, rich man in the United States, you can literally accomplish anything. And I'm not just speaking from my own perspective. I think if you went and asked a rich, White man in the United States is there anything he can't do, he probably would tell you, "No." Just because of how he was raised, what resources might have accrued because of

his legacy. Whether it be his kids. It's just unbelievable, in my opinion, how unequal just – I guess it is the resources that they are – that they have access to that we don't.

The mothers were appreciative of the opportunities that they could provide for their daughters, but still experienced disadvantage. All of the women in the study had a career outside of the home. The women contributed heavily to their family's income which allowed them access to more community resources. The women's careers were a necessity to providing their daughters with the opportunities and resources afforded to White families. The women contrasted their experiences with White mothers who had the luxury of being stay at home mothers without the additional emotional labor of navigating race. Time poverty was a concept that was reflected in the women's statements, with Amina reporting that she

meet[s] a lot of White stay-at-home moms, a lot of them. I don't know hardly any black stay-at-home moms... But I was just thinking about that and how, like, how much that is a commodity, how much it's a luxury to be able to depend on someone else, depend on a partner. But in comparing like my family to like my white coworkers, what I do also spend extra time doing throughout my day every single day is thinking about how – just think about being black.

Candace reflected on the idea of time poverty that Black moms experience:

A larger percentage of white people – white moms or stay-at-home moms, and they have time to prepare meals and – and, you know, focus more on healthier meals, and then you have um, more Black mothers that are in the working field. Um, a single mom like me, you know, and you have to come home, and you're preparing stuff quick or you go run and grab something or whatever, because you can't not work, you know.

Amina added to the sentiment with her statement

it seems like White women have a lot more time. Even White women that I work with, like, they have a lot more time than we do. I don't know where they get it all from. I don't. I don't know why they're not as tired as we are... just that added tax of being black adds to, I think, that notion of time poverty. While I – we're very rich in having each other – part of our time is being expended on how much we think about and process and have to deal with the emotional labor of being black.

Ultimately, the women were aware of and thankful for the privileges that their financial status offered them. However, their status does not eliminate the disadvantages of identifying as Black women. They were cognizant of the generational wealth that afforded White mothers the ability to stay at home with their children and how that benefited their White families. While not explicitly stated, the women's status was dependent on their additional incomes. The necessity of working outside of the home along with the burden of additional emotional labor due to their race led to stresses associated with time poverty that White stay-at-home mothers do not experience. This complex relationship between privilege and disadvantage shapes their experiences as mothers and ultimately, how they mother their daughters.

Intergenerational Trauma Shapes Black Bodies: “When I want her to get – be physical, like, get outside and play or be active, it’s more so for health purposes, not tied to I want her to look a certain way.” - Nefertari

The women discussed how the history of racial oppression spanning back to slavery impacted Black American's health today. One of the health-related areas that Candace (age 36, middle 54% income tier) believes race plays a role in is nutrition:

It goes all the way back to ancestors, you know? It starts off with how my grandparents or great-grandparents, what they need to survive and how they cooked it and what they

learned to cook, and it just gets passed down generation to generation... I mean if you want to take it there, you can go all the way back to even like when, you know, our great-great-great-great-great-great-grandparents were in slavery and the foods that they ate, and the foods that they knew were, you know – it was like let's eat to survive, but no one was thinking about health, you know?

Candace's interview implied that the generational patterns of eating more calorie-dense food may create major health disparities for Black Americans. Candace was especially concerned with hypertension, stating:

...Blood pressure is so common in our Black communities, because the foods we eat, but you know, if that's all you know and it's passed down, you just have to be like hey, we have to stop the cycle... For instance, like my parents. My mom has high blood pressure, her mom had high blood pressure. And I'm like no. I'm not gonna have high blood pressure. I'm not gonna be on medication... and my daughter, no. She's not gonna have this. No, she's not gonna eat this – things that can be stopped – and not to say it was wrong, because that's all that they knew, so it's just – like I said, it's just things that are passed down because of certain situations and where are ancestors started from and it was passed down just generation, generation, generation, generation.

The health disparities for Black Americans due to racism is so entrenched that Amina attributed health to Whiteness:

So, health, teaching your children about health is something that we can say probably there's some generalized thought around that being something that's aligned with whiteness... access to healthy lifestyles, has been so aligned with whiteness that I think in my mind, I kind of like aligned that with whiteness.

Despite this, the women were very concerned with raising healthy daughters, both mentally and physically. Physical activity was not a tool that they utilized to control their daughter's size, but an avenue to secure longevity in their daughters' lives. Makeda reflected on her daughter's size not being a priority to her, stating: "as long as she is not having like, any health issues related to her weight, or things of that nature, then, I mean, I think that that's – that's perfectly fine."

Similarly, Candace rejected the idea that her daughter needed to be slim or slender:

If my daughter has issues – if she's considered overweight or she's curvy, I don't care about that, but as long as she's not walking around with high blood pressure or having to take medicine for whatever, you know? As long as she's healthy, I don't care about her – her body size... if I took her to the doctor and the doctor says oh she's not healthy or she needs to lose weight or whatever, then yeah. But currently no, because I know she's healthy. I know she's eating healthy. I know she's active or whatever, so um – but as far as her body size or shape or whatever, no, that doesn't concern me at all.

Amina was not considering physical activity or exercise to be a primary focus for her young daughter at her current 3 years of age: "I don't know if we've gotten there for physical activity yet. I think – I think we're still very much generalized talking about health." Tiye was more concerned with her daughter's happiness than her size, stating: "as long as she's healthy, and she's happy, then I'm okay with that." Rejecting the thin Eurocentric beauty standards for their daughters appeared to stem from a belief that Black and White bodies are built differently.

Candace's views on BMI charts aligns with the Health at Every Size philosophy that you do not have to be a certain weight to be healthy, and that traditional medical definitions of a healthy weight may not apply to the Black community:

... [I'm] qualified in the little thing they give at the doctor's office as overweight...I say overweight just because of the charts that your – they're based off of, which those charts are just not really for us [Black people], but um – but you can be healthy and have a certain body type that doesn't look like models or what you see in social media or whatever. Um, you can still be healthy.

Amina shared the viewpoint that you could be healthy at any size:

There are big people who are also very healthy, like there – I know plus size women who do marathons, right? So, I've learned, um, I've been socialized better to know that size doesn't equate health.

She also rejected the medically defined weight categories, reporting: "I am absolutely – I hate using the word obese, um, but that's what the doctor's charts say." She acknowledges that there are different beauty standards depending on racialized experiences:

Across the board, I think it's the very opposite for white, Eurocentric cultures, whether American or European, like, very like, "Oh, we've got to be skinny in order to be seen as beautiful."

Makeda acknowledged a historical trend of the Eurocentric thin ideal, stating:

I think that historically maybe White women in particular are usually like, striving to be thin, and like, not have a butt – a big butt or like, wide hips, and things like that, um, whereas that seems to be like, um – What do I want to say? Like, in the Black community usually having like, hips and a butt is like, the [ideal].

Amina rejected the Eurocentric thin ideal completely when discussing the unhealthy pressures that she witnessed some White mothers place on their daughters to be skinny:

White women, in my – growing up, my experience, have always been so judgmental and critical of their daughters and – and not – well, I guess not because they were trying to be healthy but trying to be skinny and that’s not healthy.

Candace indicated that one reason Black mothers are less concerned with their daughter’s size may stem from the added unpaid racial labor they have to shoulder:

That’s just not a focus like with Black [women] really. Like that’s just – we have so much already against us like we just – we can't focus on making our daughters focus on you got to be skinny or you got to look like the next person.

She also did not appear to be concerned with the medical definition of a healthy weight and reported that her physician acknowledges differences between Black and White bodies:

Even like going to the doctor, which I love my doctor, because you know, they put you on the scale, and they say oh, your BMI is supposed to be this, but who is it based off of? But my doctor’s like, you know, we’re built different anyways

Tiye, who did not categorize herself as overweight or obese, still seemed to create a separation between the medical or scientific definition of weight and how she viewed weight, stating: “I’m definitely not obese, especially according to, like, scientific standards.” However, she was more aligned with the thin ideal:

if there was a woman that would be considered scientifically obese, who had those physical qualities, um, versus a woman that was not considered physically obese according to science, and had those same standards, she would be preferred because she weighed less.

The other women indicated that curves or larger bodies were more valued in their communities. Candace reports that “what I might call overweight, you know, our community calls it thick,

curvy... I'm considered overweight, but because I'm a Black woman, it's quote unquote thick or curvy." Nefertari's statement on size reflected a shift in weight values, saying

Before, you had to be skinny. Now you can be thick... I was really focusing on being skinny. So, now, they say, okay, well, you can have, like, the right weight in the right areas. So, like, now I have my big butt and my big thighs are, like, just fine.

Curves are so embedded in Black culture that Tiye, a slender woman, felt like she could not fit in with other Black women because of her shape, stating:

I also just kind of felt like that was the only way that I could, like, fit in with other African American women that I kind of grew up with because that's how they all looked, and I didn't look like that. So, it kind of created an outcast mentality in my mind.

Tiye's upbringing seems to reflect that there has been a difference in acceptability standards between thick and fat, stating "growing up, my mom and my grandparents always made sure that they told us that being fat was, like, not okay."

The distinction between thick and fat is reflected in a term that some of the women used to describe the ideal body – Slim/Thick. Makeda reported: "a lot of people are trying to go with like the whole slim/thick like, they want to be slim in certain areas, but then curvier in the other areas." Similarly, Nefertari notes that there is a balance between slim/thick and fat:

Definitely curvier. Like, slim in the right places, like slim in your stomach, or, you know, your waistline, but if you have, like, big butts – big butt, you know, large hips, like, stuff like that.

Black women's curves are now becoming more mainstream or socially acceptable, with Amina reflecting:

But then when you're breaking that down based on culture, um, who says what's pretty and who says what's beautiful, um... I think in many different collectivistic or minoritized communities, thicker women are more valued or more, um, seen as more beautiful. And so, I don't know why that is, but I'm glad about it.

However, Tiye acknowledges that this shift in accepting Black women's bodies does not indicate strides in equality between Black and White women:

For years Black women have obtained this naturally, and now it's almost being, like, the media – or, I don't know who it is specifically, is now making money off of us almost like cultured appropriation... everybody wants to have black features, but not have our skin tone”

Creating Black Girl Magic: “We are very pro-Black...” – Amina

CaShawn Thompson created the Twitter hashtag #BlackGirlMagic in 2013 as a celebration of the perseverance and strength of Black women (Walton & Oyewuwo-Gassikia, 2017). This idea embodies the final theme of this study. Given the lack of acceptance that Black women experience, and the racial, gendered, and economic disadvantages that their daughters will face, the women focused their attention on raising resilient and capable girls who would have the mental fortitude to navigate the oppressive society that they live in. As Nandi stated, “We [Black women] are so far behind in so many areas, we got a lot of catching up to do.” Amina discussed how she and her husband address concerns of racial oppression in their parenting, stating:

We are very pro-Black, not in the sense that we're anti-White, but like things that I feel are – are aligned too much with whiteness, I'm very particular about like examining that

and making sure that it's not because it's – we're not doing this because it's aligned with whiteness but because we see this as a benefit, right?

Nandi indicated the pressures associated with raising a Black girl and the extreme consequences of mediocrity for Black girls:

I feel like sometimes if she is not performing at an optimum level, like if she is not eating better than other people, if she is not getting smarter than other kids, um, if she is not getting faster, um, then she could fall behind and look – and – and – and be perceived as inferior. I feel like she has to do more in order to overcome all that... Before you walked in here, I thought I could raise her not worrying about external opinions affecting her, but now I'm realizing I'm going to have to prepare her for those external opinions because they're going to come regardless... If a black girls lands there into that stereotype, then she will be forgotten and die there. That's what happens with society. She's in the place where she belongs. She's in the stereotype that we – we believed she belonged in and if she falls there, that's the end. That's the end. She's forgotten. She has to overcome all that.

Nandi believed that beyond all of the oppressions that Black mothers face, they needed to focus on their relationship with their daughters:

I think mothers need to know that, like it's so important not only for you to concentrate on resources, gender, um, race, and all that kind of thing, but you – if you concentrate on the bond, they will trust that more than anything.

Once that bond is established, the mothers pour positive messages into their Black daughters.

Tiye stated “I think that there is something special about, um, being an African American girl, or a woman, or a mom, um, because we have, like, just a little something extra... I want her to

know that it's okay to not look like what society tells her to look like.” Candace was sure that her daughter would be

confident with whatever body she has, because of the fact that we’re focused on confidence and being strong and loving who you are no matter what... It’s all about loving herself. So – and that comes with being strong and confident... Those are other things that are added to my daughter even being a Black child or whatever, so um, because so many things will be coming at her. That’s why it’s like love the skin you’re in. Be confident in whatever you do, and not just because of your body size, but because you had the same education. It’s not even better. You are as smart if not smarter as this White woman, this White man, whoever that person is. So, that comes with being confident in everything and not just your body but every single thing... I always tell my baby just like we always look in the mirror... She says I am loved. It’s so cute to hear her say it too. She’s like I am loved, I am strong, I am brave, I am fearless, I am [Name]. Black women we know – we know the struggle, and we know that stuff that our kids will have to deal with, so that’s why we have to teach them you’re gonna have to be strong.

Nandi focused on nurturing her 3-year-old daughter’s education and spiritual health, stating:

With my daughter, I am more so, um, pressured into making sure her education, like she’s excelling, um, in her schooling already. And that’s kind of crazy because I think about the stats that black women have the lowest pay scale than any other race, you know, male or female. They – they are the lowest paid on the block. And I think about empowering her to, um, not be a victim to that. I think about her not falling into the education bubble where they say Black kids can’t learn... I don’t think about her having to be pencil-thin or anything like that. I think about her mind being strong, like you said, I

think about her spiritual health more than anything and that she is influenced and being influenced by other kids who are being parented well. Even at this young of age. When they tell me that she's smart and that she's really confident already, I mean that makes me proud. I want her to listen to my stereotypes for her. What I think about her, what God thinks about her. And not what the world thinks about her. And society thinks about her. So, lots of negative stereotypes to overcome.

As previously discussed, I did not find evidence of a link between Black women's body image and how they mother their daughters regarding physical activity. The women were not concerned with Eurocentric ideals of thinness and did not promote exercise to their daughters to maintain a certain size. Rather, physical activity was a tool to ensure that their daughters were healthy. While fostering healthy bodies were important to the mothers, they prioritized their daughter's future mental health. Although the mothers concentrated on their daughters' future, their mothering was centered in the historical context of racial oppression and domination. Their mothering was heavily shaped by their awareness of the barriers associated with race and gender that their daughters will have to overcome. A primary goal for the mothers was to prepare their daughters to navigate these disadvantages while creating opportunities for their daughters to excel to secure a good future.

Discussion

The current study began as an inquiry into body image, mothering, and physical activity for Black mothers and their preschool aged daughters in hopes of better understanding the health disparities between Black girls and their peers as they pertain to obesity. An intersectional qualitative analysis found that these themes did not resonate with the participants. Rather, the themes that were found to be most salient were that race colors everything - especially in a gendered context, that having more money does not prevent the mothers from experiencing the same disadvantages of other Black women, and that intergenerational trauma shapes Black bodies. These three sub-themes impact the mother's parenting which leads to their primary concern being creating Black Girl Magic, or raising confident, strong, resilient daughters.

The first sub-theme, Race Colors Everything, was the foundation of data analysis. The sample was comprised entirely of Black women due to the expectation that race and gender would intersect to be a prominent factor in their lived realities, which proved to be true. The women's interviews suggest that their ethnic-racial identities impact all aspects of their lived realities. Although they wanted to focus on making positive strides and moving forward, the women acknowledged that the history of systemic racism in America dating back to slavery continues to shape their lives. As the literature suggests (Collins, 1990), the additional layer of sexism compounds the disadvantages that they and their daughters face. Providing opportunities to their daughters for advancement was important to them, as they felt that Black women have to work twice as hard to be successful.

In the More Money Same Disadvantages sub-theme, I explored how the women's middle-class status allowed them to provide those opportunities to their daughters. However, their financial status did not alleviate the racial and gendered oppression that Black women face.

The women were thankful that they had access to resources that are not afforded to many Black families but were also aware that they were still disadvantaged in comparison to White families. Although not explicitly stated, the women's careers outside of the home were essential in maintaining their families' middle-class status. The women reflected on how White women had more opportunities to be stay-at-home mothers and how that benefited White families. The women's outside careers created experiences of time poverty that the White women they spoke of were not subjected to. The addition of racialized emotional labor that the women were burdened with compounded the feelings of not having enough time to complete what their necessary tasks, which supports the current literature on time poverty impacting women's lives (Kalenkoski & Hamrick, 2012; Warren, 2003).

The Intergenerational Trauma Shapes Black Bodies sub-theme delved further into the history of systemic racism and how it impacts Black women's bodies and physical health. This them supports the current literature which posits that the intergenerational transmission of trauma in the Black community impacts families today (Gump, 2010). The women discussed how slavery shapes the calorie-dense food that Black families eat. A history of racist housing policies place minorities in less safe neighborhoods with fewer resources, leading to less opportunities for activity (Caprio et al., 2008). These factors combined lead to health disparities in the Black community that the women try to avoid their daughters experiencing. The disparities are so entrenched in the Black community that one participant attributed health as a White characteristic. To offset these historic disadvantages, the women used physical activity as a tool to create good health and longevity rather than to achieve thinness. Raising daughters that were capable of overcoming the barriers created by their race and gender were more important to the participants than having daughters who were thin. The women acknowledged that having larger

bodies were more accepted in the Black community but did not equate larger or curvier bodies to being unhealthy. Rather than viewing Black women and their daughters as being unhealthy, one participant believed that White women's emphasis on thinness in their daughters was unhealthy.

Gendered Ethnic-Racial Socialization

The primary overarching theme, *Creating Black Girl Magic*, overlaps with the concept of gendered ethnic-racial socialization. Thomas, Hacker, & Hoxha (2011) critiqued the dominant discourse on socialization that focuses on either gender or race as separate single identity factors. The lack of an intersectional perspective on identity formation limits the understanding of the complex lived reality of developing children positioned among numerous axes of oppression. The socially constructed categories of gender and race cannot be separated as they simultaneously construct the lived realities of the participants and their daughters. An intersectional framework is necessary to form a more complete holistic concept of the socialization process (Thomas, Hacker, & Hoxha, 2011). The present study's findings support the literature suggesting that key aspects of Black girls' identity formation include the influence of oppression and the necessity of mental strength (Thomas, Hacker, & Hoxha, 2011) rather than a necessity to be thin (Williams et al., 2015). This is reflected in the current study's participants' focus on rejecting Eurocentric norms and instilling confidence and self-love in their daughters.

Limitations

There are many strengths inherent in the current study. Primarily, the middle- to upper-class sample of Black women is a demographic that is not often included in research studies. Understanding their unique perspectives addresses a significant gap in the literature. Other strengths of the study were the use of an intersectional perspective throughout the research process and the use of two coders. The primary researcher's insider status as a Black woman was

another strength of the study. However, the study's findings should be considered in the context of several limitations. Due to the nature of qualitative inquiry, the themes that were meaningful to the participants were not the original topics of interest. Subsequently, there were not any probing questions or detailed follow-up focused on the gendered racial/ethnic socialization of the participants' daughters. Nevertheless, the participants provided ample detail on how race and gender impacts both their and their daughters' lived experiences as well as how it impacts their mothering. The homogenous sample can be considered a limitation of the study as it cannot be generalizable to the general public. However, the study does provide an in-depth analysis of mothering for middle- to upper-class Black women in Alabama. Although the sample is comprised entirely of Black women and focuses only on their perspectives, standpoint theory posits that their marginalized status leads to the women having a more complete holistic understanding of reality due to their experiences of oppression and the necessity of understanding how to navigate the dominant culture's society (Rolin, 2009; Fonow & Cook, 2005).

Implications for Future Research and Practice

Rates of obesity are lower for Black preschool-aged girls than their White peers (Hernandez et al., 1998; Wang & Beydoun, 2007). In middle childhood the disparity in rates of obesity for Black girls emerge which continues into adulthood (Alleyne & Lapoint, 2010; Kumanyika & Grier, 2006; Wang & Beydoun, 2007). This study was created with a goal of exploring what is occurring in early childhood that sets Black girls on this trajectory in hopes of identifying a method of preventing this emergence of health disparities. However, there are many factors that differentiate early childhood and middle childhood into two unique developmental stages. My interviews with the mothers indicated that their focus was centered on their

daughters' mental strength and resilience rather than their body size. This may shift as their daughters grow into middle childhood or as disparities in weight emerge. Subsequently, further research should be done with Black girls who are closer to middle childhood to see how these priorities evolve.

Additionally, due to the original emphasis on disparities in obesity rates, the interview protocol was not designed to explore gendered ethnic-racial socialization or the factors that impact it. Future research should investigate the class that middle-class Black mothers are born into to assess how social mobility or maintaining status impacts the socialization of their Black daughters. While the obesity literature is widely situated within a public health context, an intersectional sociological or womanist inquiry into these disparities would be beneficial in understanding the way societal structures impact Black girls' weight.

While this study did not support a link between Black mothers' body image and their mothering regarding physical activity, there are still practical implications from the findings. The information gained from this study may indicate that interventions on weight in the Black community are largely unsuccessful not because of a lack of caring about health, but because they have to focus their efforts and resources on overcoming oppression. Creating interventions at the individual level may not be adequate in creating change because the issues are structural. The middle-class sample of women were primarily concerned with raising daughters that could navigate structural racism and sexism. More disadvantaged working-class Black families likely experience more time poverty and have less resources to counterbalance anticipated barriers associated with race and gender. Addressing institutional racism and sexism may have additional benefits of improving the health of Black families through freeing resources that they currently have allotted to overcoming racialized and gendered domination.

The components of the feminist Health at Every Size approach may be an effective starting point for future interventions with Black girls and women. The mothers indicated that they wanted their daughters to be healthy which appeared to be their motivation for keeping them active. This aligns with the first component of Health at Every Size, which is maintaining regular physical activity (O'Hara & Taylor, 2014). The mother's primary concern of Creating Black Girl Magic or building up their daughters to be mentally strong aligns strongly with the second component of self-acceptance (O'Hara & Taylor, 2014). Finally, although the interview protocol was centered on physical activity, the mothers discussed nutrition often, which indicates that the third nutrition-based component of intuitive eating (O'Hara & Taylor, 2014) may be salient for Black girls and women as well. Future intervention and/or prevention efforts should incorporate these components while also considering the compounded marginalization that Black girls and women face.

A key component of my research was centered on racialized gendered stereotypes. I expected that my participants would identify with the mammy or jezebel stereotype, or that they would indicate that those stereotypes have impacted their lives in some way. However, this was not the case for my participants. The women found these stereotypes to be outdated and had no impact on their lives. However, the stereotypes that impacted the women were the ones placed on them by modern medical norms such as body mass index charts and "thinness" standards. The women rejected traditional clinical perspectives on their bodies, that they equated as inherently "White" which in turn created a flawed perspective. This indicates the need for updated clinical perspectives on what a healthy size entails, and an exploration of who the perspective of health is modeled after.

Conclusions

Historically, research has been dominated by middle-class White men. Critical feminism has likewise been dominated by White women. Standpoint theory posits that marginalized groups of people are more likely to have a more complex understanding of reality due to their understanding of their oppressed realities while also needing to understand the dominant culture to survive (Rolin, 2009; Fonow & Cook, 2005). Given this approach, it is possible that the reliance on the perspectives of White researchers in studying Black experiences, both generally and specifically as it pertains to weight, can lead to a biased, incomplete, and restricted understanding of their lived realities.

As a novice researcher who identifies as a Black woman, I embarked on this Black feminist study seeking to address this significant gap in the literature regarding Black middle-class women's perspectives on mothering, size, and physical activity. The lack of research on the topic area added an additional layer of difficulty to the project, but also led to an interdisciplinary approach, which provided an innovative way of studying obesity in the Black community. The lack of literature also assisted in remaining close to the data and what was meaningful to the participants, as there were no previous findings to shape my work. However, the success of this project can be largely attributed to a supportive committee, which included my first gatekeeper who herself identified as a Black woman, in addition to a research assistant who also identified as a Black woman. My status as a Black woman aided in gaining the trust of my participants, who were willing to share my study with their peers. This project would not have been possible if I lacked any one of these supports, which indicates how difficult it is to conduct research on Black experiences, even as a researcher who identifies as Black.

The data from this study indicates that how Black mothers' racial/ethnic identities coupled with their gender influenced both their and their daughters' lived realities. This study added to the literature on middle- to upper-middle-class Black mothers and found that they are cognizant of the privileges that they have but that the intersection of race and gender creates a lived experience of disadvantage that colors their experiences as mothers and impacts their priorities regarding how they raise their daughters. Their economic resources did not eliminate the disadvantages associated with their race and gender, and to offset those disadvantages their mothering was centered on fostering confidence, mental strength, and resilience in their young daughters. The focus on providing resources to create opportunities for advancement for their daughters indicates that their daughters' race and gender is already converging to shape the women's parenting practices. As early as preschool, the women are seeking out ways to compensate for and offset the disadvantage that their daughters will face. Because of this, the women were more concerned with raising daughters who were strong enough to navigate the racist and sexist society that they are positioned within.

References

- Abbott, R. A., & Davies, P. S. W. (2004). Habitual physical activity and physical activity intensity: their relation to body composition in 5.0-10.5-y-old children. *European journal of clinical nutrition*, 58(2), 285.
- Adamo, K. B., Barrowman, N., Naylor, P. J., Yaya, S., Harvey, A., Grattan, K. P., & Goldfield, G. S. (2014). Activity Begins in Childhood (ABC)—inspiring healthy active behaviour in preschoolers: study protocol for a cluster randomized controlled trial. *Trials*, 15(1), 305.
- Ailshire, J. A., & House, J. S. (2011). The unequal burden of weight gain: an intersectional approach to understanding social disparities in BMI trajectories from 1986 to 2001/2002. *Social forces*, 90(2), 397-423.
- Alanen, L. (2016). 'Intersectionality' and other challenges to theorizing childhood.
- Alexander, M. (2012). *The new Jim Crow: Mass incarceration in the age of colorblindness*. The New Press.
- Alleyne, S. I., & LaPoint, V. (2004). Obesity among black adolescent girls: genetic, psychosocial, and cultural influences. *Journal of Black Psychology*, 30(3), 344-365.
- Anderson, S. E., & Whitaker, R. C. (2009). Prevalence of obesity among US preschool children in different racial and ethnic groups. *Archives of pediatrics & adolescent medicine*, 163(4), 344-348.
- Assari, S., & Caldwell, C. H. (2017). Low Family Support and Risk of Obesity among Black Youth: Role of Gender and Ethnicity. *Children*, 4(5), 36.
- Austin, S. B., Nelson, L. A., Birkett, M. A., Calzo, J. P., & Everett, B. (2013). Eating disorder symptoms and obesity at the intersections of gender, ethnicity, and sexual orientation in US high school students. *American journal of public health*, 103(2), e16-e22.

- Bacon, L., Stern, J. S., Van Loan, M. D., & Keim, N. L. (2005). Size acceptance and intuitive eating improve health for obese, female chronic dieters. *Journal of the American Dietetic Association*, 105(6), 929-936.
- Baldwin, P. J., Dodd, M., & Wrate, R. W. (1997). Young doctors' health—I. How do working conditions affect attitudes, health and performance?. *Social science & medicine*, 45(1), 35-40.
- Barton, A. C. (2001). Science education in urban settings: Seeking new ways of praxis through critical ethnography. *Journal of Research in Science Teaching*, 38(8), 899-917.
- Baum, F., MacDougall, C., & Smith, D. (2006). Participatory action research. *Journal of Epidemiology & Community Health*, 60(10), 854-857.
- Baumrind, D. (1971). Harmonious parents and their preschool children. *Developmental psychology*, 4(1p1), 99.
- Befort, C. A., Thomas, J. L., Daley, C. M., Rhode, P. C., & Ahluwalia, J. S. (2008). Perceptions and beliefs about body size, weight, and weight loss among obese African American women: a qualitative inquiry. *Health Education & Behavior*, 35(3), 410-426.
- Biernacki, P., & Waldorf, D. (1981). Snowball sampling: Problems and techniques of chain referral sampling. *Sociological methods & research*, 10(2), 141-163.
- Blaiklock, K. (2010). Te Whāriki, the New Zealand early childhood curriculum: Is it effective? *International Journal of Early Years Education*, 18(3), 201-212.
- Bleich, S. N., Cutler, D., Murray, C., & Adams, A. (2008). Why is the developed world obese?. *Annu. Rev. Public Health*, 29, 273-295.
- Blixen, C. E., Singh, A., Xu, M., Thacker, H., & Mascha, E. (2006). What women want: understanding obesity and preferences for primary care weight reduction interventions

- among African-American and Caucasian women. *Journal of the National Medical Association*, 98(7), 1160.
- Bobo, L. D. (2011). Somewhere between Jim Crow & post-racialism: Reflections on the racial divide in America today. *Daedalus*, 140(2), 11-36.
- Bradbury-Huang, H. (2010). What is good action research? Why the resurgent interest?, *Action Research*, 8(1), 93-109.
- Bransford, C. L. (2006). The use of critical ethnography in managed mental health care settings. *J. Soc. & Soc. Welfare*, 33, 173.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, 3(2), 77-101.
- Braun, V. & Clarke, V. (2012) Thematic analysis. In H. Cooper, P. M. Camic, D. L. Long, A. T. Panter, D. Rindskopf, & K. J. Sher (Eds), *APA handbook of research methods in psychology, Vol. 2: Research designs: Quantitative, qualitative, neuropsychological, and biological* (pp. 57-71). Washington, DC: American Psychological Association.
- Breitmayer, B. J., Ayres, L., & Knafl, K. A. (1993). Triangulation in qualitative research: Evaluation of completeness and confirmation purposes. *Journal of Nursing Scholarship*, 25(3), 237-243.
- Bronfenbrenner, U. (1986). Ecology of the family as a context for human development: Research perspectives. *Developmental psychology*, 22(6), 723.
- Bronfenbrenner, U., & Morris, P. A. (2006). The bioecological model of human development. *Handbook of child psychology*, 793-828.
- Burgess-Limerick, T., & Burgess-Limerick, R. (1998). Conversational interviews and multiple-case research in psychology. *Australian Journal of Psychology*, 50(2), 63-70.

- Burns, K. E., Duffett, M., Kho, M. E., Meade, M. O., Adhikari, N. K., Sinuff, T., & Cook, D. J. (2008). A guide for the design and conduct of self-administered surveys of clinicians. *Canadian Medical Association Journal*.
- Brydon-Miller, M., Greenwood, D., & Maguire, P. (2003). Why action research?, *Action Research*, 1(1), 9-28.
- Caprio, S., Daniels, S. R., Drewnowski, A., Kaufman, F. R., Palinkas, L. A., Rosenbloom, A. L., & Schwimmer, J. B. (2008). Influence of race, ethnicity, and culture on childhood obesity: implications for prevention and treatment. *Obesity*, 16(12), 2566-2577.
- Carter, N., Bryant-Lukosius, D., DiCenso, A., Blythe, J., & Neville, A. J. (2014, September). The use of triangulation in qualitative research. In *Oncology nursing forum* (Vol. 41, No. 5).
- Ceglowski, D., & Bacigalupa, C. (2002). Four perspectives on child care quality. *Early Childhood Education Journal*, 30(2), 87-92.
- Centers for Disease Control and Prevention. (2016a). Early Care and Education State Indicator Report.
- Centers for Disease Control and Prevention. (2016b). Childhood Obesity Causes and Consequences.
- Centers for Disease Control and Prevention. (2016c). Defining adult overweight and obesity. Atlanta, GA: Centers for Disease Control and Prevention.
- Centers for Disease Control and Prevention. (2016d). Defining Childhood Obesity.
- Centers for Disease Control and Prevention. (2017). Childhood obesity facts.
- City of Valley, Alabama. (2012). Visitors. Retrieved from <http://www.cityofvalley.com/visitors>

- Chang, V. W., & Christakis, N. A. (2003). Self-perception of weight appropriateness in the United States. *American Journal of Preventative Medicine*, 24(4), 332-339.
- Ciliska, D. (1998). Evaluation of two nondieting interventions for obese women. *Western Journal of Nursing Research*, 20(1), 119-135.
- Collins, P. H. (1990). Toward an Afrocentric feminist epistemology. *Turning Points in Qualitative Research*, 47.
- Collins, P. H. (2002). *Black feminist thought: Knowledge, consciousness, and the politics of empowerment*. Routledge.
- Collins, P. H. (2005). The meaning of motherhood in black culture and black mother–daughter relationships. *Gender through the prism of difference*, 285-295.
- Collins, P. H. (2016). Shifting the center: Race, class, and feminist theorizing about motherhood. In *Mothering* (pp. 45-65). Routledge.
- Coogan, P. F., White, L. F., Evans, S. R., Adler, T. J., Hathaway, K. M., Palmer, J. R., & Rosenberg, L. (2011). Longitudinal Assessment of Urban Form and Weight Gain in African-American Women. *American Journal of Preventive Medicine*, 40(4), 411–418. <https://doi.org/10.1007/s10552-008-9164-3>.Association
- Cook, K. E. (2005). Using critical ethnography to explore issues in health promotion. *Qualitative Health Research*, 15(1), 129-138.
- Cossrow, N., & Falkner, B. (2004). Race/ethnic issues in obesity and obesity-related comorbidities. *The Journal of Clinical Endocrinology & Metabolism*, 89(6), 2590-2594.
- Cramer, P., & Steinwert, T. (1998). Thin is good, fat is bad: How early does it begin?. *Journal of applied developmental psychology*, 19(3), 429-451.

- Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. *U. Chi. Legal F.*, 139 - 167.
- Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford law review*, 1241-1299.
- Creswell, L. M. (2014). A critical black feminist ethnography of treatment for women with co-occurring disorders in the psychiatric hospital. *The journal of behavioral health services & research*, 41(2), 167-184.
- Cross, W. E. (2003). Tracing the historical origins of youth delinquency & violence: Myths & realities about black culture. *Journal of Social Issues*, 59(1), 67-82.
- Daniel, P. (1979). The Metamorphosis of Slavery, 1865-1900. *The Journal of American History*, 66(1), 88-99.
- Davis, K. (2014). Intersectionality as critical methodology. In *Writing Academic Texts Differently* (pp. 17-29). Routledge.
- De Koning, K., & Martin, M. (Eds.). (1996). *Participatory research in health: Issues and experiences*. Zed Books.
- Deckelbaum, R. J., & Williams, C. L. (2001). Childhood obesity: the health issue. *Obesity*, 9(S11).
- DeJong, W. (1980). The stigma of obesity: The consequences of naive assumptions concerning the causes of physical deviance. *Journal of health and social behavior*, 75-87.
- Dietz, W. H., & Gortmaker, S. L. (2001). Preventing obesity in children and adolescents. *Annual review of public health*, 22(1), 337-353.

- Diez Roux, A. V. (2001). Investigating neighborhood and area effects on health. *American journal of public health*, 91(11), 1783-1789.
- Ebbeling, C. B., Pawlak, D. B., & Ludwig, D. S. (2002). Childhood obesity: public-health crisis, common sense cure. *The lancet*, 360(9331), 473-482.
- Ecklund, K. (2012). Intersectionality of identity in children: A case study. *Professional Psychology: Research and Practice*, 43(3), 256.
- Edwards, A. L., & Few-Demo, A. L. (2016). African American maternal power and the racial socialization of preschool children. *Sex Roles*, 75(1-2), 56-70.
- Emmel, N., Hughes, K., Greenhalgh, J., & Sales, A. (2007). Accessing socially excluded people—Trust and the gatekeeper in the researcher-participant relationship. *Sociological Research Online*, 12(2), 1-13.
- Fazio, R. H. (1990). Multiple processes by which attitudes guide behavior: The MODE model as an integrative framework. In *Advances in experimental social psychology*(Vol. 23, pp. 75-109). Academic Press.
- Feagin, J. R. (1991). The continuing significance of race: Antiblack discrimination in public places. *American Sociological Review*, 101-116.
- Feagin, J. R. (1999). Excluding blacks and others from housing: The foundation of white racism. *Cityscape*, 79-91.
- Fereday, J., & Muir-Cochrane, E. (2006). Demonstrating rigor using thematic analysis: A hybrid approach of inductive and deductive coding and theme development. *International journal of qualitative methods*, 5(1), 80-92.

- Few-Demo, A. L. (2014). Intersectionality as the “new” critical approach in feminist family studies: Evolving racial/ethnic feminisms and critical race theories. *Journal of Family Theory & Review*, 6(2), 169-183.
- Fielden, A., Sillence, E., & Little, L. (2011). Children's understandings' of obesity, a thematic analysis. *International journal of qualitative studies on health and well-being*, 6(3), 7170.
- Fields, B. J. (1982). Ideology and race in American history. Region, race, and reconstruction: Essays in honor of C. Vann Woodward, 143-77.
- Fitzgibbon, M. L., Stolley, M. R., Dyer, A. R., VanHorn, L., & KauferChristoffel, K. (2002). A community-based obesity prevention program for minority children: rationale and study design for Hip-Hop to Health Jr. *Preventive medicine*, 34(2), 289-297.
- Fitzgibbon, M. L., Stolley, M. R., Schiffer, L. A., Braunschweig, C. L., Gomez, S. L., Horn, L., & Dyer, A. R. (2011). Hip-Hop to Health Jr. Obesity Prevention Effectiveness Trial: Postintervention Results. *Obesity*, 19(5), 994-1003.
- Margaret Fonow, M., & Cook, J. A. (2005). Feminist methodology: New applications in the academy and public policy. *Signs: Journal of Women in Culture and Society*, 30(4), 2211-2236.
- Gagnon-Girouard, M. P., Bégin, C., Provencher, V., Tremblay, A., Mongeau, L., Boivin, S., & Lemieux, S. (2010). Psychological impact of a “Health-at-Every-Size” intervention on weight-preoccupied overweight/obese women. *Journal of obesity*, 2010.
- Gilmore, K. (2000). Slavery and prison—understanding the connections. *Social Justice*, 27(3 (81), 195-205.
- Glenn, E. N. (2016). Social constructions of mothering: A thematic overview. In *Mothering* (pp. 1-29). Routledge.

- Goelman, H., Pivik, J., & Guhn, M. (Eds.). (2011). *New approaches to early child development: Rules, rituals, and realities*. Springer.
- Golan, M., & Crow, S. (2004). Targeting parents exclusively in the treatment of childhood obesity: Long-Term results. *Obesity, 12*(2), 357-361.
- Goodrick, G. K., Poston II, W. S. C., Kimball, K. T., Reeves, R. S., & Foreyt, J. P. (1998). Nondietering versus dietering treatment for overweight binge-eating women. *Journal of Consulting and Clinical Psychology, 66*(2), 363.
- Gorelick, S. (1991). Contradictions of feminist methodology. *Gender & Society, 5*(4), 459-477.
- Goodman, L. A. (1961). Snowball sampling. *The annals of mathematical statistics, 148*-170.
- Goulding, A., Grant, A. M., Taylor, R. W., Williams, S. M., Parnell, W. R., Wilson, N., & Mann, J. (2007). Ethnic differences in extreme obesity. *The Journal of pediatrics, 151*(5), 542-544.
- Gump, J. P. (2010). Reality matters: The shadow of trauma on African American subjectivity. *Psychoanalytic Psychology, 27*(1), 42.
- Hadden, B. R., Tolliver, W., Snowden, F., & Brown-Manning, R. (2016). An authentic discourse: Recentring race and racism as factors that contribute to police violence against unarmed Black or African American men. *Journal of Human Behavior in the Social Environment, 26*(3-4), 336-349.
- Hammersley, M. (1992). On feminist methodology. *Sociology, 26*(2), 187-206.
- Hebl, M. R., & Heatherton, T. F. (1998). The stigma of obesity in women: The difference is black and white. *Personality and Social Psychology Bulletin, 24*(4), 417-426.
- Hernandez, B., Uphold, C. R., Graham, M. V., & Singer, L. (1998). Prevalence and correlates of obesity in preschool children. *Journal of pediatric nursing, 13*(2), 68-76.

- Hill, S. A. (2001). Class, race, and gender dimensions of child rearing in African American families. *Journal of Black Studies*, 31(4), 494-508.
- Hobson, J. (2003). The “batty” politic: Toward an aesthetic of the black female body. *Hypatia*, 18(4), 87-105.
- Hofferth, S. L. (1984). Kin networks, race, and family structure. *Journal of Marriage and the Family*, 791-806.
- Hu, F. B. (2008). Measurements of adiposity and body composition. *Obesity epidemiology*, 416, 53-83.
- Intersectionality. (n.d.). In Oxford Dictionary. Retrieved from <https://en.oxforddictionaries.com/definition/intersectionality>
- Janssen, I., & LeBlanc, A. G. (2010). Systematic review of the health benefits of physical activity and fitness in school-aged children and youth. *International journal of behavioral nutrition and physical activity*, 7(1), 40.
- Jiménez-Cruz, A., Castellón-Zaragoza, A. M., García-Gallardo, J. L., Bacardí-Gascón, M., & Hovell, M. F. (2008). Strong beliefs on personal responsibilities and negative attitudes towards the child with obesity among teachers and parents. *Revista Biomedica*, 19(2), 84-91.
- Joens-Matre, R. R., Welk, G. J., Calabro, M. A., Russell, D. W., Nicklay, E., & Hensley, L. D. (2008). Rural–urban differences in physical activity, physical fitness, and overweight prevalence of children. *The Journal of rural health*, 24(1), 49-54.
- Kalenkoski, C. M., & Hamrick, K. S. (2012). How does time poverty affect behavior? A look at eating and physical activity. *Applied Economic Perspectives and Policy*, 35(1), 89-105.

- Kalenkoski, C. M., Hamrick, K. S., & Andrews, M. (2011). Time poverty thresholds and rates for the US population. *Social Indicators Research*, 104(1), 129-155.
- Koleilat, M., Harrison, G. G., Whaley, S., McGregor, S., Jenks, E., & Afifi, A. (2012). Preschool enrollment is associated with lower odds of childhood obesity among WIC participants in LA County. *Maternal and child health journal*, 16(3), 706-712.
- Kropiski, J. A., Keckley, P. H., & Jensen, G. L. (2008). School-based obesity prevention programs: an evidence-based review. *Obesity*, 16(5), 1009-1018.
- Kuczumarski, R. J., Ogden, C. L., Guo, S. S., Grummer-Strawn, L. M., Flegal, K. M., Mei, Z., Wei, R., Curtin, L. R., Roche, A. F., & Johnson, C. L. (2002). 2000 CDC Growth Charts for the United States: methods and development. *Vital and health statistics. Series 11, Data from the national health survey*, (246), 1-190.
- Kuklinski, J. H., Cobb, M. D., & Gilens, M. (1997). Racial attitudes and the "New South". *The Journal of Politics*, 59(2), 323-349.
- Kumanyika, S., & Grier, S. (2006). Targeting interventions for ethnic minority and low-income populations. *The Future of Children*, 187-207.
- Larson, N. I., Story, M. T., & Nelson, M. C. (2009). Neighborhood environments: disparities in access to healthy foods in the US. *American journal of preventive medicine*, 36(1), 74-81.
- Leventhal, T., & Brooks-Gunn, J. (2000). The neighborhoods they live in: the effects of neighborhood residence on child and adolescent outcomes. *Psychological bulletin*, 126(2), 309.
- Levine, J. A. (2011). Poverty and obesity in the US. *Diabetes*, 60(11), 2667-2668.

- Lindsay, A. C., Sussner, K. M., Kim, J., & Gortmaker, S. (2006). The role of parents in preventing childhood obesity. *The Future of children*, 169-186.
- Lorde, A. (1984). *Sister outsider*. Freedom.
- Lovejoy, J. C., & Sainsbury, A. (2009). Sex differences in obesity and the regulation of energy homeostasis. *Obesity Reviews*, 10(2), 154-167.
- Lyons, D. (2004). Corrective Justice, Equal Opportunity, and the Legacy of Slavery and Jim Crow. *BUL Rev.*, 84, 1375-1425.
- Lutfiyya, M. N., Lipsky, M. S., Wisdom-Behounek, J., & Inpanbutr-Martinkus, M. (2007). Is rural residency a risk factor for overweight and obesity for US children?. *Obesity*, 15(9), 2348-2356.
- Maiter, S., Simich, L., Jacobson, N., & Wise, J. (2008). Reciprocity: An ethic for community-based participatory action research. *Action research*, 6(3), 305-325.
- Martin, K. S., & Ferris, A. M. (2007). Food insecurity and gender are risk factors for obesity. *Journal of Nutrition Education and Behavior*, 39(1), 31-36.
- McAlexander, K. M., Banda, J. A., McAlexander, J. W., & Lee, R. E. (2009). Physical activity resource attributes and obesity in low-income African Americans. *Journal of Urban Health*, 86(5), 696-707.
- McGuire, S. (2012). Institute of Medicine (IOM) Early Childhood Obesity Prevention Policies. Washington, DC: The National Academies Press; 2011. *Advances in Nutrition: An International Review Journal*, 3(1), 56-57.
- McRobbie, A. (1982). The politics of feminist research: Between talk, text and action. *Feminist Review*, 12(1), 46-57.

- Metcalf, P. A., Scragg, R. K. R., Willoughby, P., Finau, S., & Tipene-Leach, D. (2000). Ethnic differences in perceptions of body size in middle-aged European, Maori and Pacific people living in New Zealand. *International journal of obesity*, 24(5), 593.
- Miers, S. (2003). Slavery: A question of definition. *Slavery and abolition*, 24(2), 1-16.
- Montgomery, P., & Bailey, P. H. (2007). Field notes and theoretical memos in grounded theory. *Western Journal of Nursing Research*, 29(1), 65-79.
- Morris, H., Skouteris, H., Edwards, S., & Rutherford, L. (2015). Obesity prevention interventions in early childhood education and care settings with parental involvement: a systematic review. *Early Child Development and Care*, 185(8), 1283-1313.
- Nwobu, C. O., & Johnson, C. C. (2007). Targeting obesity to reduce the risk for type 2 diabetes and other co-morbidities in African American youth: a review of the literature and recommendations for prevention. *Diabetes and Vascular Disease Research*, 4(4), 311-319.
- Oakley, A. (1981). "Interviewing Women: A Contradiction in Terms". *Doing Feminist Research*, 8-18.
- O'dea, J. A. (2008). Gender, ethnicity, culture and social class influences on childhood obesity among Australian schoolchildren: implications for treatment, prevention and community education. *Health & social care in the community*, 16(3), 282-290.
- Ogden, C. L., Carroll, M. D., Fryar, C. D., & Flegal, K. M. (2015). Prevalence of obesity among adults and youth: United States, 2011-2014 (pp. 1-8). US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics.

- Power, M. L., & Schulkin, J. (2008). Sex differences in fat storage, fat metabolism, and the health risks from obesity: possible evolutionary origins. *British Journal of Nutrition*, 99(5), 931-940.
- Provencher, V., Bégin, C., Tremblay, A., Mongeau, L., Boivin, S., & Lemieux, S. (2007). Short-term effects of a “Health-At-Every-Size” approach on eating behaviors and appetite ratings. *Obesity*, 15(4), 957-966.
- Puhl, R. M., & Heuer, C. A. (2009). The stigma of obesity: a review and update. *Obesity*, 17(5), 941-964.
- Quillian, L. (2012). Segregation and poverty concentration: The role of three segregations. *American Sociological Review*, 77(3), 354-379.
- Rabiee, F. (2004). Focus-group interview and data analysis. *Proceedings of the nutrition society*, 63(4), 655-660.
- Rabionet, S. E. (2011). How I learned to design and conduct semi-structured interviews: An ongoing and continuous journey. *The Qualitative Report*, 16(2), 563.
- Rahman, R. (2015). Comparison of telephone and in-person interviews for data collection in qualitative human research. *Interdisciplinary Undergraduate Research Journal*, 1(1), 10-13.
- Raley, R. K., Sweeney, M. M., & Wondra, D. (2015). The growing racial and ethnic divide in US marriage patterns. *The Future of children/Center for the Future of Children, the David and Lucile Packard Foundation*, 25(2), 89.
- Rapoport, L., Clark, M., & Wardle, J. (2000). Evaluation of a modified cognitive-behavioural programme for weight management. *International journal of obesity*, 24(12), 1726.

- Ray, R. (2014). An intersectional analysis to explaining a lack of physical activity among middle class black women. *Sociology Compass*, 8(6), 780-791.
- Reilly, J. J., Kelly, L., Montgomery, C., Williamson, A., Fisher, A., McColl, J. H., Lo Conte, R., Paton, J.Y., & Grant, S. (2006). Physical activity to prevent obesity in young children: cluster randomised controlled trial. *Bmj*, 333(7577), 1041.
- Robison, J. (2005). Health at every size: toward a new paradigm of weight and health. *Medscape General Medicine*, 7(3), 13.
- Robinson, O. C. (2014). Sampling in interview-based qualitative research: A theoretical and practical guide. *Qualitative Research in Psychology*, 11(1), 25-41.
- Rolin, K. (2009). Standpoint theory as a methodology for the study of power relations. *Hypatia*, 24(4), 218-226.
- Saelens, B. E., Sallis, J. F., Black, J. B., & Chen, D. (2003). Neighborhood-based differences in physical activity: an environment scale evaluation. *American journal of public health*, 93(9), 1552-1558.
- Schwandt, T. A. (1994). Constructivist, interpretivist approaches to human inquiry. *Handbook of qualitative research*, 1, 118-137.
- Schwartz, M. B., & Brownell, K. D. (2004). Obesity and body image. *Body image*, 1(1), 43-56.
- Singer, E. (1996). Children, Parents and Caregivers: Three Views of Care and Education.
- Skouteris, H., McCabe, M., Swinburn, B., & Hill, B. (2010). Healthy eating and obesity prevention for preschoolers: a randomised controlled trial. *BMC Public Health*, 10(1), 220.
- Smolak, L. (2004). Body image in children and adolescents: where do we go from here?. *Body image*, 1(1), 15-28.

- Spinney, J., & Millward, H. (2010). Time and money: a new look at poverty and the barriers to physical activity in Canada. *Social Indicators Research*, 99(2), 341-356.
- Story, M., Hannan, P. J., Fulkerson, J. A., Rock, B. H., Smyth, M., Arcan, C., & Himes, J. H. (2012). Bright Start: description and main outcomes from a group-randomized obesity prevention trial in American Indian children. *Obesity*, 20(11), 2241-2249.
- Strings, S. (2015). Obese black women as “social dead weight”: reinventing the “diseased black woman”. *Signs: Journal of Women in Culture and Society*, 41(1), 107-130.
- Suri, H. (2011). Purposeful sampling in qualitative research synthesis. *Qualitative Research Journal*, 11(2), 63-75.
- Svensson, V., Lundborg, L., Cao, Y., Nowicka, P., Marcus, C., & Sobko, T. (2011). Obesity related eating behaviour patterns in Swedish preschool children and association with age, gender, relative weight and parental weight-factorial validation of the Children's Eating Behaviour Questionnaire. *International Journal of Behavioral Nutrition and Physical Activity*, 8(1), 134.
- Swan, E. (2017). What are white people to do? Listening, challenging ignorance, generous encounters and the ‘not yet’ as diversity research praxis. *Gender, work & organization*, 24(5), 547-563.
- Tanco, S., Linden, W., & Earle, T. (1998). Well-being and morbid obesity in women: A controlled therapy evaluation. *International Journal of Eating Disorders*, 23(3), 325-339.
- Taveras, E. M., Gillman, M. W., Kleinman, K., Rich-Edwards, J. W., & Rifas-Shiman, S. L. (2010). Racial/ethnic differences in early-life risk factors for childhood obesity. *Pediatrics*, 125(4), 686-695.

- Thomas, A. J., Hacker, J. D., & Hoxha, D. (2011). Gendered racial identity of Black young women. *Sex Roles*, 64(7-8), 530-542.
- Thomas, A. J., & King, C. T. (2007). Gendered racial socialization of African American mothers and daughters. *The Family Journal*, 15(2), 137-142.
- Thompson, L. (1992). Feminist methodology for family studies. *Journal of Marriage and the Family*, 3-18.
- Townsend, T. G. (2008). Protecting our daughters: Intersection of race, class and gender in African American mothers' socialization of their daughters' heterosexuality. *Sex Roles*, 59(5-6), 429.
- Trost, S. G., Kerr, L. M., Ward, D. S., & Pate, R. R. (2001). Physical activity and determinants of physical activity in obese and non-obese children. *International journal of obesity*, 25(6), 822.
- Trost, S. G., Pate, R. R., Saunders, R., Ward, D. S., Dowda, M., & Felton, G. (1997). A prospective study of the determinants of physical activity in rural fifth-grade children. *Preventive medicine*, 26(2), 257-263.
- Trust for America's Health & Robert Wood Johnson Foundation (2017). The state of obesity in Alabama
- Tucker, P. (2008). The physical activity levels of preschool-aged children: A systematic review. *Early Childhood Research Quarterly*, 23(4), 547-558.
- Tudge, J. R., Mokrova, I., Hatfield, B. E., & Karnik, R. B. (2009). Uses and misuses of Bronfenbrenner's bioecological theory of human development. *Journal of Family Theory & Review*, 1(4), 198-210.

- Tyrrell, V. J., Richards, G. E., Hofman, P., Gillies, G. F., Robinson, E., & Cutfield, W. S. (2001). Obesity in Auckland school children: a comparison of the body mass index and percentage body fat as the diagnostic criterion. *International journal of obesity*, 25(2), 164.
- UNICEF. (1989). Convention on the Rights of the Child. Child Labor, 8.
- United States Census Bureau. QuickFacts Valley city, Alabama; United States. Retrieved from <https://www.census.gov/quickfacts/fact/table/valleycityalabama,US/PST045216#qf-flag-X>
- United States Census Bureau. Profile of general population and housing characteristics: 2010 census summary file 1. Retrieved from <https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk>
- United States Census Bureau. Selected economic characteristics 2011-2015 American community survey 5-year estimates. Retrieved from <https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk>
- Venn, D., & Strazdins, L. (2017). Your money or your time? How both types of scarcity matter to physical activity and healthy eating. *Social Science & Medicine*, 172, 98-106.
- Walton, Q. L., & Oyewuwo-Gassikia, O. B. (2017). The case for# BlackGirlMagic: Application of a strengths-based, intersectional practice framework for working with black women with depression. *Affilia*, 32(4), 461-475.
- Wang, Y., & Beydoun, M. A. (2007). The obesity epidemic in the United States—gender, age, socioeconomic, racial/ethnic, and geographic characteristics: a systematic review and meta-regression analysis. *Epidemiologic reviews*, 29(1), 6-28.

- Wang, Y., & Zhang, Q. (2006). Are American children and adolescents of low socioeconomic status at increased risk of obesity? Changes in the association between overweight and family income between 1971 and 2002. *The American journal of clinical nutrition*, 84(4), 707-716.
- Warren, T. (2003). Class and gender-based working time? Time poverty and the division of domestic labour. *Sociology*, 37(4), 733-752.
- West, C. M. (2012). Mammy, Jezebel, Sapphire, and their homegirls: Developing an “oppositional gaze” toward the images of black women.
- Williams, E. P., Mesidor, M., Winters, K., Dubbert, P. M., & Wyatt, S. B. (2015). Overweight and obesity: prevalence, consequences, and causes of a growing public health problem. *Current obesity reports*, 4(3), 363-370.
- World Health Organization. (2000). Obesity: preventing and managing the global epidemic (No. 894). World Health Organization.
- Wright Austin, S. D. (2006). *The Transformation of Plantation Politics in the Mississippi Delta: Black Politics, Concentrated Poverty, and Social Capital in the Mississippi Delta*. Albany, NY: State University of New York
- Yin, Z., Parra-Medina, D., Cordova, A., He, M., Trummer, V., Sosa, E., Kipling, J. G., Sintes-Yallen, A., Huang, Y., We, X., Acosta, D., Kibbe, D., & Ramirez, A. (2012). Miranos! Look at us, we are healthy! An environmental approach to early childhood obesity prevention. *Childhood Obesity (Formerly Obesity and Weight Management)*, 8(5), 429-439.

Young-Hyman, D., Herman, L. J., Scott, D. L., & Schlundt, D. G. (2000). Care giver perception of children's obesity-related health risk: a study of African American families. *Obesity*, 8(3), 241-248

Appendix A – Recruitment Flyer

**MAMABIRD STUDY: MOTHERS'
BODY IMAGE AND PLAY FOR
THEIR PRESCHOOL AGED
DAUGHTERS**

WE ARE LOOKING FOR YOU!

Are you a Black mother with a preschool aged daughter?

Participate in this exciting research study on how the portrayal of Black women impacts their body image. I'm also interested in how their body image impacts how they mother their daughters regarding physical activity for their 3-5 year old children

1 hour confidential interview

You will be entered in a raffle to win a bath themed gift basket

**RECRUITMENT ENDS TWO
MONTHS AFTER IRB APPROVAL**

Please Post until July 1, 2019

**CONTACT ANIA EVANS TO REGISTER OR FOR MORE
INFORMATION AT 631.553.4475 OR AZE0012@AUBURN.EDU**

SUPERVISED BY DR. SILVIA VILCHES - SVILCHES@AUBURN.EDU

THIS PROJECT HAS BEEN APPROVED BY AUBURN UNIVERSITY'S
INSTITUTIONAL REVIEW BOARD.

FOR QUESTIONS ABOUT YOUR RIGHTS AS A RESEARCH PARTICIPANT, CONTACT THEM
AT IRBCHAIR@AUBURN.EDU

Appendix B – Information Letter



INFORMATION LETTER FOR MOTHERS

Be part of a body image and physical activity study to help empower Black families!

Purpose of the study: to understand how the body image of Black mothers impacts how they promote physical activity for their daughters

I am contacting you today to request your involvement in my research study. I am a graduate student in the Human Development and Family Studies department at Auburn University, and am very interested in how the stereotypes of Black women impacts their body image. I'm also interested in how their body image impacts how they parent their daughters regarding physical activity.

Childhood obesity is a growing problem and obesity is more common in Black girls. However, this is not the case for Black preschoolers. This study seeks to understand how Black mothers feel about promoting play and exercise for their preschool aged daughters in order to combat obesity.

This is all voluntary for each person and no mother has to complete the study. The interviews will be recorded, but you will be given a pseudonym and your information will be anonymous.

Once you contact me to register for the study, I will schedule you for a 30 minute to one hour interview. If needed, child care will be provided. You will be entered into a raffle for a bath themed gift basket to thank you for your participation.

Is this something you're interested in?

Please contact Ania Evans for more information or to register!

*** Please note that email is not considered a confidential way to communicate, as it can be hacked or subpoenaed**

RECRUITMENT ENDS TWO MONTHS AFTER IRB APPROVAL

Please Post until July 1, 2019

A N I A E V A N S - A Z E 0 0 1 2 @ A U B U R N . E D U

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Supervised by Dr. Silvia Vilches - svilches@auburn.edu

This project has been approved by Auburn University's Institutional Review Board. For questions on your rights as a participant, please contact them at IRBchair@auburn.edu

Appendix C – Interview Protocol



Department of Human Development and Family Studies

INTERVIEW PROTOCOL for a Research study entitled “Mothers’ Body Image and Play for Their Daughters (Mama Bird)”

Very little research has been done on Black mothering, young children, race, and physical activity. This study aims to address this gap by empowering women to share their perspectives.

1. Can you describe what physical activity is to you?
 - a. What activities come to mind when I say physical activity?
 - b. What word do you use when you refer to physical activity?
 - c. Do you consider playing to be physical activity?
 - d. How often are you and your daughter physically active?
 - e. Can you describe the physical activity that you and your daughter regularly do in a typical week?
 - i. Dance, play, commuting/walking, riding bikes, etc.
2. There is some research that shows that larger or curvier body sizes are valued in minority communities. Do you think that might be the case for your friends and family?
3. What does Body Image mean to you?
 - a. How would you describe your body Image?
 - b. How does being a woman impact your body image?
 - i. Can you explain how body image may differ between men and women?
 - c. Can you discuss how being a Black woman impacts your body image?
 - i. How might this differ from White women?
4. How do negative stereotypes impact your body image?
5. Can you explain how income may impact body image?
 - a. Does income impact your body image?
 - b. Do you think there are any resources that could help promote physical activity for economically challenged children?
6. Has there ever been a time when you felt self-conscious due to portrayals of body image in the media (TV, Movies, Radio, Advertisements, Books, Magazines, etc.)?

- a. Can you explain how the media may create a specific definition of ‘perfection’ that most Black women want to achieve?
 - b. Did it make you feel inclined to change yourself?
 - c. In what way?
7. Are you aware of any racial stereotypes that portray Black women in a positive or negative way?
 - a. Have you heard of the Mammy, Jezebel, or Matriarch?
 - b. How have negative stereotypes about Black women impacted your parenting regarding your young daughter’s physical activity?
8. Do you think that race, gender, and income work together to impact body image?
9. Do you think that body image is tied to physical activity?
 - a. How does body image impact your mothering?
 - b. How does body image impact your mothering on physical activity?
 - c. How does body image impact how you encourage your daughter to be physically active?
 - d. In what ways, if any, do your values on body size and physical activity affect how you promote or support your daughter being physically active?

Conclusion

Now that we have had this conversation, is there anything that you think researchers should know about black women’s body image and physical activity in young girls? Thank you so much for your time and insights!