A REVIEW: MAXIMIZING SOCIAL SUPPORT—A NEGLECTED STRATEGY FOR IMPROVING WEIGHT MANAGEMENT WITH AFRICAN-AMERICAN WOMEN

Although research has identified various factors that can affect African-American women’s weight management efforts, limited attention has been paid to the role of social support. Culling evidence from heretofore disparate studies, this article provides an overview of why adequacy of social support may be among the most critical factors affecting African-American women’s weight management behaviors. The empirical evidence suggests that social support can enhance perceived control and/or self-efficacy, and this finding serves as a focal point for looking at aspects of weight loss programs, as well as providing a post-program strategy, in order to maximize this support among African-American women. (Ethn Dis. 2004;14:212–218.)

Key Words: African-American Women, Obesity, Social Support, Weight Management

INTRODUCTION

It is well known that African-American women are at greater risk of becoming obese than are White women. Statistics reveal that 66.4% of African-American women are overweight to obese, compared to 45.9% of White women. Consequently, African-American women have a greater likelihood of developing such obesity-related problems as diabetes and coronary heart disease, and of suffering a corresponding higher death rate from these conditions. This higher incidence of obesity has also been identified as an explanatory factor in African-American women’s tendency to be diagnosed at a later stage of breast cancer, and their subsequent higher mortality from this disease.

A variety of factors have been cited as contributing to African-American women’s greater risk of obesity. Among these, a strong genetic component is thought to exist. Another factor, which has been increasingly mentioned in recent years, is a lower resting metabolic rate, compared to White women. Three additional factors which have been noted in African-American women, compared to White women, are: 1) an earlier age of sexual maturation; 2) an earlier age of child-bearing; and 3) the fact that African-American women tend to retain more post-partum weight.

Although African-American women have a higher incidence of obesity, there is ample evidence that the majority did not just passively accept the incremental weight gains that led to their condition. Basic evidence of this is revealed in survey research, which has demonstrated that a similar proportion of African-American and White women are actively dieting to lose weight. In addition, a study of inner-city African-American women revealed that 68% were trying to lose weight through a combination of dieting and exercise. Finally, and contradictory to the notion that African-American women’s self-image is not dependent on body size, found that the higher their body mass index, the greater the number of their attempts at weight loss.

This evidence of weight control efforts by African-American women is not cited in an effort to imply that most are striving for extreme leanness; research reveals this is clearly not the case. Rather, the purpose is to highlight the commonly overlooked, but critical, distinction between the fact that while extreme leanness may not be the goal of most African-American women, neither is it to become obese. Instead, the weight goal of most appears to be what have termed a “healthy size,” which is only 10 to 15 pounds over normal weight.

Research has pinpointed a diverse array of factors that affect the extent of African-American women’s weight management efforts. Kumanyika earlier suggested that an obesity-tolerant attitude may limit African-American women’s motivation for weight loss. Other investigators have attributed African-American women’s reportedly lower level of physical activity to “culturally determined attitudes that inhibit exercise program adoption.” Another factor found to affect the amount of physical activity among low-income African-American women is their fear of crime in their neighborhoods. This fear of crime may be a significant factor because, as Hill et al have noted, some inner-city African-American women use “self-imposed isolation as a means of protection.” Additional factors that have
African-American women have a greater likelihood of developing such obesity-related problems as diabetes and coronary heart disease, and of suffering a corresponding higher death rate from these conditions.6–8

been documented to affect African-American women’s physical activity are the inaccessibility of structured exercise programs,44 and their low-income, which limits access to diet centers and health clubs.45 An often overlooked factor which influences African-American women’s physical activity is their hair,46,47 and the feeling of many that it is not “exercise friendly.”48 Three final factors which have been found to affect African-American women’s weight management efforts are their “hectic schedules,”49 “feelings of guilt”50 for taking time out for themselves, and their multiple caretaker responsibilities.51,52

While research has identified a diverse array of factors that can limit the extent of African-American women’s weight management efforts, insufficient attention has focused on social support, and its indispensable role. The purpose of this article is to provide an overview of social support’s importance among African-American women, and why maximizing it could make a critical difference in the success of their weight management. The sequence that follows initially focuses on the reasons why social support is such a crucial issue with this population. Next discussed are aspects of community-based weight loss programs which can provide an extra degree of support for African-American women. This is followed by an examination of a strategy to maximize support for African-American women, beyond the budgeted period of programs.

THE IMPORTANCE OF SOCIAL SUPPORT IN WEIGHT MANAGEMENT AMONG AFRICAN-AMERICAN WOMEN

Maximizing social support among African-American women is especially critical for 2 major reasons. The first is because research53–58 in recent years has demonstrated an erosion of the extended family/kinship network in the African-American community. This is a relevant development for weight management, because the extended family/kinship network has been traditionally cited59–62 as a major source of social support, especially for African-American women who are single heads of household. This erosion has been attributed to the effects of poverty, violence, drug use, and a lack of affordable housing, factors which have combined to upset relationships, and dislocate long-time residents in the African-American community.55,63,64

Evidence that inadequate social support is a factor in African-American women’s weight management efforts was documented by Tyler et al,65 who discovered that a “lack of support from family” was a factor in halting their weight loss activities. A focus group study by Wilbur and associates66 also identified lack of social support as a major barrier to greater levels of physical activity among African-American women. Alternatively, Walcott-McQuigg and Prohaska67 recently found that the availability of adequate support from a network of peers, family and friends is positively related to African-American women’s ability to initiate and maintain an exercise program. Additional affirmative evidence comes from Bronner and Boyington’s68 comprehensive review of effective intervention elements, tested in weight loss programs with African-American women, which identified the provision of social support as one of the important “lessons learned.”

The second major reason for maximizing social support among this population has been demonstrated in studies69–72 which report the existence of a mediational pathway through which social support exerts its benefits. This pathway is attributed to enhancing the individual’s perceived control and/or self efficacy and this empirical finding is important for several reasons. First, although social support has a well-documented73–80 positive role in weight management, the exact mechanisms involved in its effects have not been completely understood.81 Second, prior research has linked both perceived control82–84 and self-efficacy85–89 with changing behaviors, which are vital for effective weight management. Illustrating the benefits of social support for perceived control in this area, research80 has demonstrated that social support directly influences perceived control, which, in turn, affects exercise adherence. Similarly, research91 has found that social support predicts self-efficacy, which, in turn, predicts exercise behavior. The applicability of this self-efficacy-enhancing benefit of social support for African-American women becomes evident in the fact that studies have linked a variability in self-efficacy to their exercise behavior,92–94 and also their ability to make dietary changes.95,96

The final reason for the importance of this finding is that mobilizing social support might prove to be the most therapeutic and cost-effective public health strategy, not only for improving weight management among African-American women, but among other ethnic female population groups, as well, where obesity is also a serious problem.

ASPECTS OF COMMUNITY PROGRAMS WHICH CAN MAXIMIZE SOCIAL SUPPORT

There are several aspects to community-based weight loss programs that
not only have the potential for providing an extra degree of social support for African-American women, but also, concomitantly, to enhance their perceived control/self-efficacy. The first and most obvious source of support are weekly group meetings, which focus on learning more effective weight self-management skills. Consistent with the indispensable need to maximize support, there should be an explicit emphasis on the importance of participants being mutually supportive of one another. Being mutually supportive is beneficial because research has shown that individuals benefit not only from receiving support, but also from giving it. An additional level of support might be derived from the likely racially homogeneous make up of the typical program's participants, because research has suggested that individuals with similar characteristics are more likely to be supportive of one another, than they are of those with disparate backgrounds.

Another aspect of community-based programs which can augment support for African-American women are separate weekly meetings, which focus on problem-solving and stress-coping strategies. Such separate meetings may be particularly important for this population for several reasons. First, investigations have shown that low-income African-American women confront a daily array of stressors which can engender feelings of anxiety, hopelessness, and depression. Secondly, research has found that a sub-population of African-American women are binge eaters; further, studies have demonstrated that stress can be a precipitating and/or exacerbating factor in episodes of binge eating. Additional research has documented that many African-American women frequently use eating as a coping mechanism, to deal with the stress associated with the circumstances of poverty.

Given the preceding points of concern, weekly group meetings which focus on problem-solving and stress-coping strategies might be an indispensable program component for low-income African-American women, in general, and particularly for those who are binge eaters. This is because research has shown that group-mediated processes can enhance self-efficacy, by helping individuals to discover new ways of coping and handling problems. Such improvements in coping and stress management have been found to have the potential to reduce the severity of binge eating. Finally, although not specifically addressing the problem of binge eating with African-American women, Bowen et al have reported that when African-American women come together in “consciousness raising groups,” they are able to generate strategies for taking control of their lives in many different realms.

A final aspect of community-based programs, which can provide an extra degree of social support for African-American women, is their exercise component. In this case, Gillette has observed that exercise habit formation and maintenance are reinforced by the development of social support among program participants, and that group exercise can provide a powerful support system for the individual.

**A POST-PROGRAM STRATEGY FOR MAXIMIZING SOCIAL SUPPORT WITH AFRICAN-AMERICAN WOMEN**

Reports have revealed that African-American women can successfully engage in weight loss programs, and lose significant amounts of weight. No strategy has been devised to help African-American women maintain their weight loss beyond the budgeted periods of such programs, despite the fact that relapse is recognized to be the “rule rather than the exception,” and individuals need, as Jeffery et al noted, “continuous behavior support for maintenance of weight loss.”

A cost-effective strategy that could be incorporated into programs to help African-American women maintain their weight loss is a buddy system. Documenting its utility in a weight loss program, Dahlkoetter and associates found that a buddy system can be an effective and therapeutic tool, evidenced by the fact that the buddy system was cited as a contributing factor to a 0% dropout rate. Although not labeling it a buddy system, Hall et al nonetheless documented the importance of having continuing support following a weight loss program, when they found that subjects who had more frequent post-program contact with other participants were more successful at maintaining their weight loss than were those having only minimal contact.

Further attesting to their utility, the Task Force on Community Prevention Services recently recommended a buddy system to increase physical activity in the community. If carried over from the budgeted period of programs with African-American women, a buddy system could serve as an ongoing mechanism for mutual emotional support, and the reinforcement of weight self-management skills. African-American women who are successful at maintaining their weight loss from this could then serve as role models, which would benefit women in this population. A process known as “social diffusion” would be dynamically involved in this process, whereby health-conscious African-American women will represent the most credible advocates for encouraging similar behaviors in other African-American women.

**DISCUSSION**

Research has identified various factors that can affect the extent of African-American women’s weight management efforts. This article has endeavored
to further broaden the perspective on these factors, by highlighting the crucial, yet often neglected, role of social support.

Social support has, of course, come to increasingly occupy a central role in health research. A major part of the reason for this has been the growing awareness of individuals’ limitations in controlling and changing their behavior by themselves. This is particularly true in the case of weight loss and its maintenance, because of the genetic, biological, and environmental factors working against the individual’s efforts.

Although some investigators have recommended that individuals seek out their own support network, or be taught to form their own peer support group for weight management, it naturally occur, they have to be actively constructed. In this case, a strategy utilized successfully by Wing and Jeffery could conceivably be used with African-American women. This strategy involves asking individuals interested in losing weight to invite 3 friends, with a similar interest, to a group meeting. Wing and Jeffery found that this strategy not only attract women who had not previously considered participating in a program, they could also serve as key mechanisms for creating a post-program network of like-minded individuals (eg, a buddy system), who can be mutually supportive over the long term.

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