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Exploring Health and Health Education Participation of African American Fathers

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Key Words: African American fathers, Health Education, Motivation, Participation

Abstract

In recent years, there has been increased attention to the importance of a healthy lifestyle. However, health indicators continue to support a decline in the overall health status of African American men. Studies have adequately explained adults' education participation motivations; few have explored African American men's motivations to participate in health educational programs. The purpose of this study was to explore African American men's motivations for participating in health education. Using focus group interviews, we identified themes which explain their motivations for participation. We discuss three primary health education motivations of African American men. The findings can assist program planners and health educators in developing recruiting strategies and attracting African American men to participate in health education programs thereby enhancing their overall health.

Introduction

Undoubtedly, health and health-related topics have become the focus of many television programs and magazines. Some television channels dedicate their entire lineup to health programs. Even major conferences have seen an upswing in the number of papers related to health. For instance, a review of the proceedings of the Adult Education Research Conference between the years 2000 and 2010 reveals over 20 papers related to health. It is no surprise that more attention is given to this important topic. With ongoing medical and technological advances, adults appear to be more health conscious. On the other hand, despite collaborative efforts to address health disparities, they still exist among certain groups in the U.S. Such is the case of African American men. With the plethora of adult education participation studies, it is common knowledge that adults participate in adult education for job related reasons. However, we know very little about African American men's motivations for participating in health educational activities.

Health and African Americans

Some ethnic groups suffer disproportionately from negative health outcomes such as illness and death. This may be related to the fact that in the U. S., it "has been well documented in the health care literature that there are significant health disparities among minority communities" (Rowland & Chappel-Aiken, 2012, p. 26). "A health disparity can be viewed as "a chain of events signified by a difference in: (1) environment, (2) access to, utilization of, and quality of care, (3) health status, or (4) a particular health outcome that deserves scrutiny" (Carter-Pokras & Baquet, 2002, p. 427). Succinctly stated, it is a "particular type of health

difference that is closely linked with social or economic disadvantage” (Office of Minority Health [OMH], 2011, para. 2). Couched within these definitions, health disparities are “higher in communities where there is greater poverty, more stress, less access to fresh foods, and less recreational space” (Kirch, 2011, para. 1). Kirch further indicates that disparities may be connected to lengthy hospital stays, over-utilization of hospital procedures, and of course, common medical errors.

African Americans suffer disproportionately from health outcomes. They have the highest mortality rate of any racial and ethnic group for all cancers combined and for most major cancers” (OMH, 2011, para. 1). Among African Americans, men experience even greater disparities than African American women. Incidence rates for all cancers are highest for African American men, compared to Caucasian men; 572.8 and 535 per 100,000, respectively (OMH, 2011). The disparities are evident when examining specific types of cancers. The incidence of stomach cancer for African American men is almost double, compared to Caucasian men (15.3 vs. 8.5 per 100,000, respectively) (OMH, 2011). Results are even more dramatic for prostate cancer, with an incidence rate of 234.6 per 100,000 for African American men and 154.4 per 100,000 for Caucasian men (OMH, 2011). The Centers for Disease Control (CDC) (n.d.) reported that in “2007, 226.0 out of 100,000 African-American men were diagnosed with prostate cancer, compared to 145.1 white men, 121.6 Hispanic men” (para. 2). The deaths related to the aforementioned conditions are largely preventable, and as such are amenable to interventions. For example, it has been reported that men with prostate cancer are “reluctant to talk to others about their disease” (Baumgartner, 2011, p. 8). This reluctance to remain silent as opposed to seeking help from others may be the cause for some deaths.

Health Education

Health literacy and health education are crucial elements in addressing health issues in the U.S. Health literacy, “the ability to read, understand, and act on health care information” (Hill, 2004, p. 4), “requires a complex group of reading, listening, analytical, and decision-making skills, and the ability to apply these skills to health situations” (National Network of Libraries of Medicine, 2011, para 2). Regardless of adults’ literacy level, text-based health information should not only be at a reading level that adults understand, it should reflect the targeted cultural audience. This calls for using culturally-relevant materials.

Social service and health care agencies and educational and religious institutions have long realized the advantage of partnering with one another to educate the masses on health topics (Rowland & Chappel-Aiken, 2012). Despite their intentions to raise the health consciousness of Americans, Thompson, Talley, Caito, and Kreuter (2009) indicate African American men are not participating in such activities, which may result in their disproportionately higher incidence and prevalence of chronic diseases. The nation’s initiatives to eliminate health disparities remain a work in progress. Assertive and intentional efforts must be used encourage adults to engage in health promotion activities and to achieve a higher level of health (Pender, 2006). Certainly, one avenue is to understand what motivates adults to participate in health education.

Adult Education Motivation

Adult educators (Johnstone & Rivera, 1965; Boshier, 1991; Kjell & Desjadins, 2009) have examined participation among adult learners for several decades. Generally, studies focus on barriers or deterrents and motivations of adults. A review of the literature (Boeren, Nicaise,

Baert, 2010) suggests participation is not confined to one factor. It “is the result of several factors often in combination with one another” (Boeren, Nicaise, Baert, p. 53).

Motivation

Motivation has been one of the most examined areas with the adult participation literature. Houle (1961) was the first to examine adults’ orientations toward learning. He described three groups of learners. Those who were goal, activity, or learning oriented. Goal-oriented learners sought education as an avenue to accomplish a specific goal or objective. On the other hand, activity-oriented adult learners engaged in learning “because they find in the circumstances of the learning a meaning which has no necessary connection . . . with the content or the announced purposes of the activity” (Houle, 1988, p. 15). Finally, those who were learning-oriented sought knowledge for its own sake. Individuals in this group enjoyed learning and took advantage of such opportunities.

Since Houle’s initial study, adults’ educational motivations have often been examined through some version of the Education Participation Scale (Garst & Reid, 1999; Hawkins, 2007), which Boshier initially created in 1971 and modified in modified in 1991. Today it commonly contains five or six factors—communication improvement, social contact, education preparation, professional advancement, family togetherness, social stimulation, and cognitive.

A major motivation for participation often reported in the literature is job enhancement/professional development (Merriam, Caffarella, & Baumgartner, 2007). However, major motivations can vary based on the learning context and the learners. For example, childcare workers present another view of motivations. In Hawkins’ (2007) examination of 225 childcare providers who participated in informal educational activities and 358 childcare providers who engaged in formal educational activities, professional advancement was a greater motivator for formal education participants while social contact and job maintenance were more of a motivating factor for the informal educational childcare participants.

In some respects, older adults’ motivations add a unique dimension to adult education participation. Among older adults enrolled in the National Open University of Taiwan, a unique factor identified by Mulenga and Liang (2008) was keeping up and fulfillment, which consisted of gaining human relations insights and feeling a sense of achievement. Other findings included intellectual stimulation, escape and social contact, and adjustment. Similar to other studies (Boshier, 1991; Hawkins, 2007; Kjell & Desjadins, 2009), intellectual stimulation described a love of learning and an interest in satisfying an inquisitive mind. This particular motivation appeared to be the “strongest attractor” (p. 289) for the older adults. Escape and social contact are often cited as a motivation among older adults as some may live alone or experience a lifestyle change, such as the death of a spouse. However, it appeared to be the least important of the four. Akin to Isaac, Guy, and Valentine’s (2001) support in facing personal challenges motivational factor, adjustment included gaining “assistance during a crisis in their personal life” (Mulenga & Liang, 2008, p. 289). Other motivations for older adults include pursuing an interest or hobby and filling time productively (Sloane-Seale & Kops, 2007, p. 25).

Other similarities and differences can be found among adult learners’ participation motivations. Like civilians, soldiers participate in education for job-employment reasons. Specifically, “Participation is motivated both by in-service promotion opportunities that depend on education and by post-service earnings” (Orvis, McDonald, Raymond, & Wu, 2005, p. 26). Using the prison system as a context, present benefits, family, self-perception, educational endeavors, and future opportunities explain motivations among jail and prison inmates (Nylan, 2008). Nylan

further indicates that educational endeavors and future opportunities were strong motivational indicators for both groups of inmates; but, prison inmates were more motivated by family and present benefits.

African American Motivations

Although some studies (Kim & Merriam, 2004; Perry, 2005) have done an adequate job in explaining adults' motivations in general, most have failed to include an analysis of race (Chappel-Aiken, Cervero, & Johnson-Bailey, 2001). Analyses including race is significant as Isaac, Guy, and Valentine (2001) and Wyatt (2007) have found that even though African Americans' motivations overlap those of the general population, there are differences. Hence more studies are needed to understand these differences. Few authors (Clay, 2011; Humphreys, 2010) have explored participation motivation among African American males; those that do primarily focus on men in formal settings.

Based on a few studies, researchers have provided a glimpse into motivations of African Americans. Unlike most motivational studies, Isaac, Guy, and Valentine (2001) used the church as a context for their study. As such, they reported African American adults were motivated to participate in adult education because they could grow and develop from a religious and spiritual standpoint, their familiarity with the cultural setting (i.e., being around other African Americans), and the support they received when faced with personal challenges. The latter motivation is significant, because it is usually described as a barrier to participation (Bates & Norton, 2002; Cross, 1981). For African American women returning to college, serving as a role model for their children was a motivation for participation (Miles, 2009). Intrapersonal factors, such as a belief in God and cultural factors, which include social mobility and previous nursing experience as an RN served as motivators for African American women enrolled in a nursing program (Chappel-Aiken, Cervero, & Johnson-Bailey, 2001).

African American Men's Motivations.

African American's men's motivations for participation can range from intrinsic to extrinsic reasons. Using a qualitative approach, Wyatt (2007) identified the categories of (a) spiritual acknowledgement, (b) security, (c) desire for change, (d) abilities and skills, defiance, and (e) the potential for obtaining a GED as motivations for marginalized African American men's participation and non-participation in a GED program. In an examination of incarcerated African American males, Schlensinger (2005) found that their motivations were consistent with Houle's typology. They participated in correctional education more so for "non-educational reasons" (p. 236). Reasons included the opportunity to interact with other incarcerated men. In fact, for many of the incarcerated men, the opportunity "to congregate with friends and associates" (p. 236) was the major reason for participation. Some motives were manipulative in nature and had nothing to do with learning at all. For example, participating allowed them to get out of their cell for a while, avoid working in the kitchen, get some fresh air, and engage in hustling. For others, participation had monetary benefits. Some men received money for attending and used the money for such purposes as purchasing contraband. Undoubtedly, these few studies do provide helpful insights relative to African American men and participation.

Adults have a number of reasons for participating in adult education. In some instances, African American's men's motivations are similar to other adults, yet some provide new details about adult education participation. Thus, some motivations are unique based on the learner, subject matter, and the context. To better attract African American male learners to educational

activities, an understanding of their motivations for participating is crucial. The purpose of this study was to explore African American men's motivation for participation in health education.

Methodology and Findings

Purposive sampling was used to identify graduates of a center that caters to fathers, primarily African American fathers. Furthermore, the graduates were selected, because they completed the program, which consisted of a health component. Using phenomenology as our methodological approach, two focus group interviews of 10 men each were conducted. Most studies on participation motivation are quantitative in nature. Also, most health studies use quantitative data collection. In order to capture a more in-depth analysis of the men's motivations, a qualitative methodology was employed. Nonetheless, "focus-group interviews . . . have gained popularity amongst professionals within the health and social care arena" (Rabiee, 2004, p. 655). In addition, there has been an increase in the number of qualitative studies conducted in adult education on a variety of topics. A focus group allows self-disclosure among the participants (Krueger & Casey, 2000). By interacting with others in a focus group, participants might share more and thus provide richer insights. It was believed the participants would feel comfortable with each other (Green & Thorogood, 2004), since they were graduates of the same program. Both focus groups consisted of 10 men and lasted approximately 90 minutes each. Data were analyzed separately by the authors using open coding to identify common words and phrases. We eventually organized the data into themes. The themes were not separated by groups, but were a consensus of both. Three major themes emerged, which described the men's motivations for participation, (a) scared/fearful, (b) modeling, and (c) personal desire and awareness.

Scared/Fearful

For some of the participants, getting a bad doctor's report or seeing someone they personally knew in poor health was a motivator. For example, one participant stated, "I'm going to tell you the honest to God's truth, [that] is a bad doctor's report." He goes on to say, "I mean now that would motivate me. If a doctor tells me, 'Hey, you're not physically right.' Because it's a choice. I know better. I know better. I know what I'm supposed to be eating." For some of the men, recognition of poor health in others served as a motivation for health education participation. One of the non-married participants stated, "Unfortunately, we wait until something bad happens to somebody else before we get motivated to do what's right." "Because I know if I go see someone or if I see some information on where I haven't been taking care of my body or seeing someone destroying their life or what position that it put them in just because they wouldn't . . . No. I wouldn't want to let that, you know, happen to me. So, you know, that would be motivation for me.

At least half of the participants discussed how seeing others ill served as a motivator. For one of the participants, it was clear that seeing someone destroy his life was a motivating factor. Others discussed how graphic pictures motivated them. For example, seeing how smoking damages your lungs, not only motivated some of the participants to quit smoking, but it encouraged them to want to learn more about the dangers of smoking.

Modeling

Modeling not only described how the men wanted to be role models for others, but it also described how other people served as role models for them. Almost all of the men indicated that their children motivated them to learn about health. They wanted their children to be healthy and it was important for them to set a good example for the children. For some of the other men,

other people in their lives served as role models, which in turn motivated them to want to learn more about health. For example, one participant stated, “My mom is 72 and she gets around. My wife’s grandfather is 72 and he walks even though he is bent over.” This same participant went on to describe how his mother walks, swims, and does aerobics. Both of these elders’ health activities motivated this participant. Another participant said, “When you see . . . a person . . . and he’s 64 and he runs three miles every day,” it motivated him to want to learn more about health. Seeing older people in good health motivated another. He stated, “Seeing older people, it makes you want to get there. I wanna make sure that I make it to 50.” For yet another, his motivation was someone he respected encouraging him to learn about health.

Personal Desire and Awareness

Personal desire and awareness describes participants who, similar to those who have a love of learning as a motivation, are motivated to learn for their own personal reasons. In this case, reasons included either maintaining a certain lifestyle or becoming healthy. Some participants had always engaged in a healthy lifestyle. Others knew the importance and were motivated to learn more about health. One participant with a significant other in his life, felt that it was important “to have myself together” in order to keep up or be established with her.” In one instance, a healthy lifestyle was ingrained from childhood experiences. One man indicated his mother made dinner every day and a vegetable was always included. He went on to say,

She always had, we always had, you know, fruit and veggies in the refrigerator. You know? So, like today when we got up I always know to grab some fruit, you know? I grabbed an apple and an orange. You know what I’m saying? So, I’m very conscious of that. When I go to the refrigerator and I see some grape juice versus the little berry bomb juice, I’ll grab the grape juice. You know? So, that stayed with me as a kid. You know?

One participant was active in sports, so training to be in sports was motivating. Relatedly, another participant indicated he was “Trying to do what I have to do to get my body back in, you know. You know to keep and get healthy.”

The findings provide yet another perspective regarding adults’ motivations. In addition, they help us to better understand African American men’s motivations for participating in adult education, particularly health education. Two of the themes provide new insights into motivations. The other appears to support earlier studies. The findings from this research can broaden adult educators’ understanding of African American males’ motivations for adult education participation in health educational activities. Yet more studies are needed to explore their participation not only in health adult education, but education in general. Understanding motivations to participate in health education may aid adult education program planners, particularly health educators in providing significant educational activities and learning opportunities unique to African American men and, at the same time, enhance the likelihood of their participation in future health promotion activities. Another reason this study is important is it may encourage African American men to participate in clinical trials. By doing so, it will aid health professionals and researchers to better understand health issues and remedies among African American men. To address health disparities among African American men, it is important to understand what motivates them to learn more about health and thus participate in health educational activities and healthy behaviors.

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