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An Ethnography of African American and Sierra Leonean Hair Salon Patrons and Their Perceived Health Concerns

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An Ethnography of African American and Sierra Leonean Hair Salon Patrons and Their Perceived Health Concerns

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The current state of health research in the United States has largely categorized U.S. born and foreign-born individuals of "Black or of African descent" into very broad ethnic groups such as Black American or African American. However, these broad groupings have discounted and overlooked the variation of cultures found among Black populations. An aspect of relevance is that cultural beliefs and patterns may influence the perceptions and health concerns of Black populations. Understanding the perceived health concerns and the influence of culture on those health concerns can assist in the development of gender-specific and culturally appropriate nursing care for Black women.

The aim of this six-month exploratory, qualitative study was to identify and explore the perceived health concerns of African American and Sierra Leonean women using focused ethnography as the methodology and the techniques of participant observation. Furthermore, this study sought to identify cultural components among the chosen groups that may affect their perceived health concerns. This study also explored the cultures of the Black hair salons, a context where health information is exchanged among Black women. Seventeen key informants, ten African American women and seven Sierra Leonean women were interviewed using a semi-structured format.

The following five domains were developed for each group: a) culture (African American or Sierra Leonean), b) spirituality, c) roles/responsibilities, d) health, and e) health concerns.

Based on the findings, the following conclusions were drawn: The salon culture facilitates an environment of closeness and trust among the patrons, stylists, and salon owners. Women of both groups feel comfortable when discussing general and personal information in the salons. Therefore, information related to health and health concerns are easily discussed in the salons. Data related to the cultures of the two groups revealed the importance of family, traditions, celebrations, and foods. The key informants revealed health concerns related to conditions affecting themselves, family members, and close friends. The following health conditions were major concerns for both groups of women: 1) obesity/weight gain, 2) weight-related health conditions (diabetes and hypertension), 3) stress, and 4) cancer.

This dissertation by Diona Martyn fulfills the dissertation requirement for the doctoral degree in nursing approved by Janice Agazio, Ph.D., as Director, and by Kenneth Miller, Ph.D., Janalyn Cantey Edmonds, Ph.D., and Lucy Cohen, Ph.D., as Readers.

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Dedication

I dedicate this book to my family and to the loving memory of Jerrick Micale Horne.

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Chapter I

The Problem

Introduction

Currently, health research in the United States has largely categorized U.S. born and foreign-born individuals of "Black or African descent" into very broad ethnic groups such as Black American and/or African American. However, these broad categorizations have overlooked the variation in ethnicities found among Black populations (Agyemang, Bhopal, & Bruijnzeels, 2005). The influx of immigrants to the United States has created many variations within the Black population. The 2006 American Community Survey reported that over 12% of the total Black population is foreign-born (U.S. Census Bureau, 2006a). Immigrants from West Africa represent the largest group of African-born immigrants in the United States (U.S. Census Bureau, 2000b). Furthermore, the 2006-2008 American Community Survey 3-year estimates report that Sierra Leoneans are one of the largest immigrant groups of West Africa residing in the Washington, DC Metropolitan area (U.S. Census Bureau, 2006b). According to the 2005-2007 American Community Survey, there are more Sub-Saharan African immigrants in comparison to West Indian (Caribbean) immigrants residing in the Washington DC Metropolitan area (U.S. Census Bureau, 2007).

African Americans largely consist of U.S. born individuals who are descendants of African slaves brought to the United States during the transatlantic slave period. Since African slaves were torn from their kinship groups, cultures, and traditions, many aspects of African cultures were lost. Moreover, other aspects of African heritage

were not welcomed in the New World (Johnson & Campbell, 1981). Therefore, current African American culture reflects many aspects of American culture, which may differ from those who are African-born. Moreover, African immigrants may have diverse cultural beliefs and practices based on their country of origin, tribal background, and ethnicity. It is important to understand the different ethnicities and cultural patterns within the Black populations in the United States. An aspect of relevance is that cultural beliefs and patterns may influence the perceptions and health concerns of Black populations. As Williams (2002) has pointed out, the diversity within the Black populations in the United States may also translate into differences related to health. Health researchers have emphasized the importance of examining the relationship between ethnicity and health among the Black populations. Arthur and Katkin (2006) stated, "Ethnicity and ethnicity-related culture are key constructs for understanding health and disease processes, and for understanding the context in which individuals live and make decisions about health" (p. 28).

Gender-specific health disparities also exist among Black populations. Black women are disproportionately affected by diseases and health-related conditions such as HIV/AIDS, breast cancer, diabetes, and cardiovascular diseases (American Heart Association, 2008; Centers for Disease Control, 2004a; Centers for Disease Control 2004b; Centers of Disease Control, 2008). To aid in eliminating health disparities among Black women, researchers should first examine the health concerns of Black women. Second, research must identify and understand the different ethnic and cultural backgrounds of Black women. Understanding women's perceived health concerns and

the influence of culture on those health concerns can assist in the development of gender-specific and culturally appropriate nursing care for Black women.

Therefore, the purpose of this study was to explore the perceived health concerns of African American and Sierra Leonean women and to explore how ethnicity and culture affect their perceived health concerns. The cultures of the hair salons catering to primarily Black women was explored to understand how the exchange of health information and conversations impact the perceived health concerns of African American and Sierra Leonean women.

The research was conducted as a descriptive qualitative study using a focused ethnography design. The setting for the study was Black hair salons. The hair salon setting assisted in understanding aspects of the key informants' cultural backgrounds. Research studies have acknowledged the importance of utilizing various community venues in promoting healthy behaviors with Black women. According to recent research, hair salons can be used as a venue for health promoting activities in African American communities (Linnan & Ferguson, 2007). Linnan and Ferguson (2007) described hair salons as a "promising health promotion setting" because of their importance in the African American community, the personal relationship between the cosmetologists and the customers, and the trusting environment which lends itself as a place to discuss personal, social, and health issues related to African American women (p. 517).

Current research studies have used hair salons as a venue to promote health education related to diabetes, breast cancer, and sexually transmitted infections among different Black female populations. Wilson et al. (2008) used hair stylists as lay health

advisors for African American and Afro-Caribbean women to promote information related to breast cancer prevention. Black hair salons were recently used to provide education related to Sexually Transmitted Infections via an internet station within the salon (Samuel, 2008). Kreuter et al. (2006) used hair salons as one of the community settings to place kiosks for breast cancer education. Samuel (2008) described Black hair salons as "a Black woman's golf course" which relates to the relationships and networking capabilities of Black hair salons (p. 38). Sadler et al. (2004) were able to use hair salons as a venue to recruit participants into a study to assess knowledge, attitudes, beliefs, and behaviors related to diabetes among Black women. Linnan (2005) successfully trained hair stylists on how to provide health promotion messages to their clients. Linnan, Emmons, and Abrams (2002) used hair salons to promote a public health initiative related to smoke-free policies. Forte (1995) used Black hair salons as a venue for a community- based breast cancer intervention program that included breast cancer information and on-site mammography services. These studies reflect the relevance of hair salons as a setting for conducting health-related research with Black women.

The two hair salons chosen for this study consistently attract Black women from different ethnic backgrounds; one salon is a traditional African American hair salon, which services mostly African American women and the second salon, which services Black women of several ethnic backgrounds, but many women from Sierra Leone work and frequent the salon. Both salons are located in Northern Virginia. Due to ethnic backgrounds of the Black women frequenting the chosen salons and the large population

of immigrants from Sierra Leone residing in the United States, African American women and Sierra Leonean women made up the sample for the study.

Background

Diseases and Conditions

Many Black women suffer from diseases and conditions such as, cancer, heart disease, and diabetes (Centers for Disease Control, 2004b). HIV/AIDS is also affecting Black women at alarming rates in comparison to other groups (Centers for Disease Control, 2008).

Breast Cancer

According to recent statistical reports, Black women had the second highest incidence of breast cancer during the years of 1975-2005 (Ries et al., 2008). Furthermore, Black women were more likely to die from breast cancer than any other ethnic group (Ries et al., 2008). Based on the Surveillance Epidemiology and End Results (SEER) 2003-2007 data, the incident rate for breast cancer among Black women was 118.3 per 100,000 (Altekruse et al., 2010).

Diabetes

Diabetes is a major health problem within the Black community. Black women demonstrate high rates of diabetes and such diabetic risk factors as obesity and heart disease. Consequently, the factors affecting diabetes education, health practices, and health behaviors are of great concern in the targeted population. The 2003-2006 National Health and Nutrition Examination Survey reported, 14.7% of non-Hispanic Blacks ages 20 years and older have diabetes (Centers for Disease Control, 2007). According to the

Centers for Disease Control (CDC) Diabetes Public Health Resource (2001), Black women aged 45-64 years have a prevalence rate of 23% and 33% of Black women aged 60-74 years have type 2 diabetes (Centers for Disease Control, 2001).

Due to the effect of diabetes on Black communities, several studies related to promoting healthy habits such as adherence to a diabetic regimen and a balanced diet are found in the literature. Some of this research has examined unique concepts and strategies related to the prevention and management of diabetes in the Black community. A recent 14-month pilot study conducted in three cities of southern Florida examined the effectiveness of a culturally sensitive educational program for 150 predominately adult African Americans recruited from faith-based organizations/churches and wellness sites. Six-percent of the participants identified themselves as Caribbean American and 94% self-identified as African American. Eight-percent of the participants were male and 92% were females (Reaves et al., 2009). Participants demonstrated better understanding of diabetes prevention and diabetes education as evidenced by decreased HbA1c tests, lowered cholesterol and triglyceride tests, and decreased body mass indexes (Reaves et al., 2009).

Heart Disease

Heart disease is the leading overall cause of death among women residing in the United States. African American women are at higher risk for developing heart disease because of the lower levels of exercise, increased rates of high blood pressure, and hereditary risk factors. According to the 2008 American Heart Association statistical analysis, African American women have a 49% prevalence of cardiovascular disease,

46.6% prevalence of high blood pressure, and 79.6% prevalence of obesity (American Heart Association, 2008).

Mental Health/Illness

Mental health and mental illness are "taboo" topics within the African American community. Due to the stigma surrounding mental health issues, many African American women fail to report feelings of depression or signs and symptoms related to mental health problems (Zauszniewski, Picot, Debanne, Roberts, & Wykle, 2002). According to the National Health and Nutrition Examination Survey 2005-2006, non-Hispanic Blacks had higher rates of depression in comparison to non-Hispanic Whites and Mexican Americans (National Center for Health Statistics, 2008).

Waite and Killian (2008) used the Health Belief Model to explore the health beliefs about depression among 14 African American women recruited from an urban health care center located in a Northeastern city. Through the use of focus group interviews and the Patient Health Questionnaire-9, the research revealed that 78% percent of the women suffered from depression. However, lack of belief of the diagnosis was noted among the women. The following were barriers to the treatment of depression: "a) distrust of their healthcare provider, b) denial that they had depression, c) limited knowledge about the etiology of depression, d) stigma associated with depression, and e) lack of finances to continue professional therapy sessions" (p.191). The increased rates of depression among African American women require more research and understanding. Collins-McNeil et al. (2007) explored the impact of mental health on chronic conditions such as diabetes and cardiovascular disease. This research study examined the

relationship between depressive symptoms, diabetes self-care strategies, and cardiovascular disease (CVD) risk among forty-five African American women ages 35-75 years (Collins-McNeil et al., 2007). The study reported a significant relationship between specific depressive symptoms and cardiovascular disease risks (Collins-McNeil et al., 2007).

HIV/AIDS

African American women have become the new face of HIV/AIDS. According to the 2006 HIV Incidence Surveillance System, "The HIV rate among Black women is nearly 15 times that of White women and four times that of Hispanic women" (Centers for Disease Control, 2008). It is the leading cause of death for Black women ages 25-44, the third leading cause of death for Black women ages 35-44 and the fourth leading cause of death among the age group of 45-54 years (Centers for Disease Control, 2004a). Risky heterosexual behaviors followed by injection drug use are the primary routes of HIV/AIDS transmission (Centers for Disease Control, 2005). Existing research studies suggest the need for more studies related to the risk behaviors among older African American women. Due to the increase of HIV/AIDS in older African American women, the prevention needs of such women warrant further exploration. According to Jackson, Early, Schim, and Penprase (2005), more risk reduction and health education programs tailored to older African Americans are needed.

Due to the prevalence of HIV/AIDS among Black women in the United States and the inclusion of Sierra Leone women in this dissertation study, it is important to ascertain the statistical data related to HIV/AIDS in Sierra Leone. The 2008 Sierra Leone

Demographic Health Survey, a survey which provides the population characteristics and health statistics of Sierra Leone including interviews among men and women ages 15 to 49, reported a low prevalence rate of 1.5% for HIV/AIDS among survey respondents between the ages of 15 to 49 years. However, Sierra Leonean women in comparison to men were less knowledgeable about HIV/AIDS prevention (Sierra Leone Government, 2008).

Cultural Beliefs in Health Research

Currently, little research exists that explores how cultural beliefs affect the health concerns expressed by Black women. Several studies have examined the factors influencing health behaviors, lifestyles, and practices, and have provided valuable information related to the topic. Johnson (2005) examined the gender differences in health-promoting lifestyles among 223 African Americans residing in the Southeastern region of the United States with the use of the Health Promoting Lifestyle Profile II. The Health Promoting Lifestyle Profile II is a revised version of a tool used to measure the following six areas: health responsibility, physical activity, nutrition, interpersonal relations, spiritual growth, and stress management (Pender, Mardaugh, & Parsons, 2006). The participants were obtained from churches, barber and beauty shops, sorority meetings, an academic medical center, and universities in Alabama, Georgia, Mississippi, and Tennessee. The study reported no significant health promoting lifestyle differences between men and women. However, the study noted a positive correlation between higher incomes of African American women and higher frequencies of nutritional behaviors and exercise.

Recruitment and retention of participants from minority ethnic groups has been a challenge for researchers. Some authors suggest that factors influencing the lack of Black or African American representation in research may relate to the history of slavery and discrimination, mistrust of the healthcare community, and the absence of African American health providers conducting research (Dancy et al., 2004; Knobf et al., 2007; Washington, 2006). However, Black women have reported being interested in research if they were invited to participate in research (Freedman, 1998). Smith et al. (2007) conducted five focus groups to explore the opinions and beliefs related to clinical research and participation in the University of Michigan Women's Health Registry research database among 31 African American women recruited from various community settings. Several reasons for lack of research participation among African American women were revealed such as, lack of information pertaining to the registry within the community, trust issues, and beliefs that the research mainly benefits White people. Community involvement by the researchers, research targeted to diseases affecting the families within the community, education on the importance of research, and having Black women as researchers were some of the suggestions expressed by the participants (Smith et al., 2007).

Research has revealed the importance of having African American or Black healthcare providers as researchers. Banks-Wallace, Enyart, and Johnson (2004) examined the recruitment and entrance of participants into a pilot physical activity intervention study for 30 "sedentary hypertensive" African American women with the use of pre/post questionnaires, weight, blood pressure measurements, pedometers, and

focus groups. Pre-intervention meetings and storytelling by the African American members of the research team facilitated trusting relationships between the research team and the participants. During this study, participants expressed their feelings of honor and respect for having been part of research conducted by African American females.

Purpose

The purpose of this ethnographic qualitative study was to identify the perceived health concerns of African American and Sierra Leonean women. Furthermore, the study identified cultural components that appeared to influence the perceived health concerns of African American and Sierra Leonean women. Due to the exchange of information related to several issues including health within Black hair salons, this study also explored the cultures of the hair salons.

Research Questions

The major research questions in the study were: 1) What are the perceived health concerns among African American and Sierra Leonean women? and 2) How are health concerns expressed in the context of hair salon visits among African American and Sierra Leonean women. The following were the subquestions of the study: 1) How are health concerns expressed within each salon? 2) How does the culture of the salon influence discussions related to health concerns among women within the salons? 3) What are the differences related to perceived health concerns among African American and Sierra Leonean women? 4) How does culture impact the perceived health concerns among African American and Sierra Leonean women? and 5) What are the similarities related to perceived health concerns between the African American and Sierra Leonean women?

Definition of Terms

For the current research, the following theoretical and operational definitions of terms were formulated:

African Americans

For the purpose of this study, the theoretical definition of African American is "A person having origins in any of the Black racial groups of Africa. It includes people who indicate their race as Black, African American, or Negro, or provide written entries such as African American, Afro American, Kenyan, Nigerian, or Haitian"(U.S. Census Bureau, 2000a). Although the U.S. Census Bureau includes those from Kenya, Nigeria, and Haitian as African American, generally, African Americans are United States born individuals who are direct descendants of African slaves from the transatlantic slave trade brought to the United States. Operationally, for the purpose of this study, African American women were key informants who self-identified as African American. The term "Black" is the overall category for the groups.

Sierra Leoneans

For the purpose of this study, the theoretical definition of Sierra Leonean immigrants, are individuals born in Sierra Leone who reside in the United States (U.S. Census Bureau, 2000b). Operationally, for the purpose of this study, Sierra Leonean women self-identified as Sierra Leonean.

Ethnicity

For the purpose of this study, the theoretical definition of ethnicity is "A group's commonality of ancestry and history, through which people have evolved shared values

and customs over the centuries" (McGoldrick, Giordano, & Garcio-Preto, 2005, p. 2). For the purpose of this study, the operational definition of ethnicity was the ethnic group identified by the key informant.

Health/Health Concerns

For the purpose of this study, the theoretical definition of health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (World Health Organization, 2003). For the purpose of this study, the operational definition of health and health concerns were described in the responses to the health-related questions during the individual interviews.

Socio-cultural Factors

For the purpose of this study, the theoretical definition of socio-cultural factors refers to social support, family roles and responsibilities, family influences, cultural characteristics, and cultural influences (Eyler, 2002). For the purpose of this study, the operational definition of socio-cultural factors was the responses to specific questions related to family, culture, and social support during the individual interviews.

Culture

For the purpose of this study, the theoretical definition of culture is patterns of learned behaviors and values which are shared among members of a designated group and are usually transmitted to others of their group through time (Leininger, 1978). According to Leininger (1978), "Culture is the blue print for thought and action and is a dominant force in determining health-illness caring patterns and behaviors" (p. 61). For the purpose of this study, the operational definition of culture was defined as the culture

of the beauty salons, cultural factors noted through observations at the salons, and the African American and Sierra Leonean cultural elements expressed during the individual interviews.

Limitations of the Study

1. Inability to generalize the findings from the purposive sample and salon observations to all African American women and Sierra Leonean women.
2. The possibility of Sierra Leonean cultural influences found among African American informants because of their origin and ties to Sierra Leone secondary to the transatlantic slave trade.
3. Some informants may be uncomfortable discussing personal health information during individual interviews, which may affect the answers to individual interview questions.

Significance

As diversity increases in the United States, nurses will have more encounters with individuals from varied ethnic backgrounds. To provide effective nursing care, nurses must understand cultural concepts and aspects of individuals served in hospital, community, and public health settings. Understanding individuals holistically will promote cultural competency among nurses and aid in providing culturally appropriate nursing care. Holistic nursing approaches increase preventive measures for diseases/conditions, health-seeking behaviors, and healthy lifestyles. This study was important in providing insight into the health concerns of African American and Sierra Leonean women, which will assist in developing holistic healthcare initiatives for the

various diseases and conditions important to these groups of women. Data from this study will support the creation of community-based nursing services, education, and programs for African American and Sierra Leonean women.

Nursing research is an essential component of nursing. Furthermore, nursing is a science. Nursing as a science requires nursing research to continue evidence-based practice, the legacy and essence of caring, and to elevate the profession of nursing. This study embodies the key characteristics of nursing and provides valuable information for the nursing profession. This research supports the ongoing initiatives of including transcultural nursing into nursing curriculums, research, and practice. Awareness and insight gained from this study may generate hypotheses and implications for future studies related to the health concerns of African American and Sierra Leonean women.

Assumptions

Assumptions of this study included the following:

1. Family and social support affect health concerns of African American and Sierra Leonean women.
2. The culture of the salon will influence how the women express their health concerns within the salon setting.
3. Culture, cultural beliefs, and practices will impact the perceived health concerns of African American and Sierra Leonean women.
4. Some cultural beliefs and cultural practices will differ between African American and Sierra Leonean women
5. Personal existing health conditions will influence health concerns.

6. Family history of certain health conditions will influence health concerns.
7. The perceived health concerns will vary among African American and Sierra Leonean women.

Summary

In summary, it is vital to understand the perceived health concerns of African American and Sierra Leonean women. Utilizing research grounded in the relationship between culture, ethnicity, and health is imperative to promote healthy living. To continue the evolution of nursing as a science, it is imperative to increase research conducted with various qualitative methods. Through exploration of the perceived health concerns and cultures of African American and Sierra Leonean women, this research embodies the characteristics pertinent to the provision of culturally appropriate nursing care, diagnoses, and health programs. Chapter II will describe and analyze the available literature that is pertinent to the focus of this study.

Chapter II

Review of the Literature

Introduction

There is a paucity of research literature focused on the perceived health concerns of African American and Sierra Leonean women residing in the United States. To provide culturally competent care, it is essential for healthcare providers to acknowledge the various cultural backgrounds of Black female populations and to understand the impact of culture on their health concerns. Due to the documented challenges of recruitment of ethnic group members, recruitment and retention strategies will be discussed. Also, a section related to the challenges of hair salons as research sites will be discussed.

The purpose of this literature review is to provide pertinent background information about African Americans and Sierra Leoneans. This literature review is divided into five sections: 1) African American migration patterns, 2) African American cultural aspects, 3) Sierra Leonean cultural aspects, 4) Sierra Leonean migration patterns, and 5) Health research related to the health concerns and culture among African American and Sierra Leonean women.

Culture is learned and transmitted among individuals. Moreover, culture is a complex and influential facet of life, which requires an in depth analysis by researchers. The culture of an individual or group plays a major role in several aspects of their lives, especially health. Classic anthropological research has shown that perceptions of health, responses to illnesses, and coping experiences related to illnesses are influenced by

culture (Kleinman, Eisenburg, & Good, 1978). Although several health disciplines including nursing have widely accepted culture as an influential factor on health, a limited amount of research has been dedicated to understanding the linkage between culture and perceived health concerns within the United States Black female population. Therefore, the purpose of this study is to explore the perceived health concerns of African American and Sierra Leonean women residing in the United States.

Information about these groups will be discussed within this chapter. In attempt to describe the cultures of the diverse groups, every cultural aspect will not be captured within this chapter. However, this chapter will provide background information related to African American and Sierra Leonean culture along with summaries of health research that has been conducted among the two groups.

Recruitment and Retention Strategies

Conducting research with Black female populations requires an understanding of recruitment and retention issues along with strategies to obtain research participants. Smith et al. (2007) conducted a qualitative study to examine the thoughts and perceptions of African American women related to research and participation in the University of Michigan Women's Health Registry research database. The following ideas emerged:

1) Information about the Women's Health Registry is not reaching the community.

2) Research is perceived as biased to benefit Caucasians.

3) Community involvement by the research team is critical for trust to develop.

4) Research directly relevant to African Americans or their community will encourage participation.

5) Researchers should use existing networks and advertise in appropriate locations.

6) The community needs more information concerning research.

7) Compensation is important.

8) Research that addresses a personal or family medical problem encourages involvement.

9) Minority representation on the research team is a motivator to participation.

10) There is limited time for healthcare-related activities (pp. 425-427).

Culturally sensitive and community-based recruitment approaches have been suggested and used by several investigators (Brown, 2004; Halbert et al., 2005; Taylor, 2009; Wilbur et al., 2006). King et al. (2010) evaluated the methods used to recruit healthy premenopausal African American women into the African American Nutrition for life study. The researchers assessed the two types of methods: 1) recruitment through community outreach and 2) recruitment through social networking. Community outreach included community presentations and health fairs. Social networking included building interpersonal relationships, worksite advertisements, community events, website, and using an outreach coordinator to distribute fliers and brochures to churches, physician offices, hair salons, restaurants, shopping centers, educational institutions, community centers, events, and grocery stores. The interpersonal relationship strategy was the most effective in recruitment and retention of the participants.

Sadler et al. (2006) recruited women of various ethnic backgrounds to participate in a breast cancer control study. To recruit potential African Americans, the researchers incorporated aspects of African American culture into a “home health party”. The small

home health parties included an African American outreach worker to solicit African American hostesses to invite friends and family members to participate. Party members participated in health-related games and received health-related party favors and door prizes. During the parties, the participants received information about breast cancer prevention, screening, and the importance of participation in health research. According to the researchers, “Women could openly discuss their specific concerns and fears in a culturally safe environment and gain countering views, support, and empowerment from their own trusted peers, plus valuable information from a reliable source” (p. 4).

Research Site

As noted by King et al. (2010), hair salons catering to Black women are successful participant recruitment and research sites. Current research has revealed that hair salons are comfortable environments which are places of acceptance for many Black women. Therefore, the environment serves as an optimal research site for health promotion, education, and interventions (Kliendorfer et al., 2008; Linnan, 2005; Linnan & Ferguson, 2007; Madigan, Smith-Wheelock, & Krein, 2007). Although hair salons are useful community sites for health research, the venue may also pose a few challenges for researchers.

Solomon et al. (2004) conducted an observational study in five salons catering to Caucasians and five salons catering to African Americans to assess the feasibility of salons as environments for health promotion. The salons were considered favorable settings for health promotion, but the researchers encountered a few issues in conducting observational research within the salon. The researchers faced some difficulty in

capturing all conversations in written field notes. Therefore, every conversation could not be recorded and analyzed. Occasionally, the presence of the investigator altered the natural flow of some of the salon environments. To reduce these incidents, the researchers' ethnic background was the same as the general ethnicity of individuals in the salon. However, the researchers documented hearing comments about their presence in the salon. The presence of a researcher in one of the Caucasian salons resulted in clear conversation changes which resulted in replacement of that particular salon site. The literature related to the hair salon setting provides insight into the strengths and challenges of community-based research.

African American Migration Patterns

Slavery and Migration

Due to forced migration secondary to the transatlantic slave trade, the migration patterns of African Americans differ from the other ethnic group within this study. The ancestors of African Americans were forced to settle in the United States as slaves in the early 1500s from the continent of Africa, especially from West Africa. Moreover, many African slaves were brought from Bunce Island of Sierra Leone. Bunce Island was also the largest British slave-trading post in West Africa (LeVert, 2007). The journey from West Africa to the United States was referred to as the "Middle Passage." According to the literature, the middle passage refers to the triangular voyage of the transatlantic slave trade between Europe, Africa, and America (Johnson & Campbell, 1981). Thomas (1997) wrote a detailed account of the slave trade, in which the following description of the

middle passage by William Wilberforce, a British politician, during a debate about the abolition of slavery was noted:

> So much misery condensed in so little room was more than human imagination had ever before conceived. Think only of six hundred persons linked together, trying to get rid of each other, crammed in a close vessel with every object that was nauseous and disgusting, and struggling with all the varieties of wretchedness…yet…this transportation had been described by several witnesses from Liverpool to be a comfortable conveyance (p. 513).

After the captured Africans were taken aboard slave ships, the men were usually shackled by attaching the right wrist and ankle of one to the left wrist and ankle of another. The women and children were often allowed to wander around the vessel during the day while the nights were spent between decks. They slept without covering on bare wooden floors, which caused the skin over the elbows to wear away to the bone. Slave ships were so densely packed that many were unable to sit upright during the entire voyage. The inhumane living conditions upon the slave boats resulted in overwhelming sickness among the captured Africans. Furthermore, many slaves committed suicide (Johnson & Campbell, 1981).

Migration Patterns in the United States

The backdrop of slavery and the concept of "White superiority" led to a long history of extraordinary mistreatment of African Americans within the United States. Unfortunately, the effects of slavery remain evident in current race relations within the United States. The years following the abolition of slavery in 1865, resulted in some

African Americans relocating throughout the United States. Moreover, the mass migration known as the African American Great Migration began from Southern states to the Northern states in 1910 (Tolnay, 2003). The population shift affected socioeconomic status for Blacks and Whites residing in northern cities. As the Black population grew larger, Whites began to move out of the inner cities of the north into suburban areas and the jobs followed. Tolnay (2003) contended that "This restructuring led to increased unemployment and underemployment…and to aggravated conditions of urban distress, including poverty, violence, and family decline" (p. 220).

The migration also changed some cultural patterns of African Americans because of the transition from rural south to urban northern areas (Roberts, 2009). For instance, traditional spiritual practices relating to conjuration, a belief that certain individuals had powers to protect and/or punish others through rituals and practices, were apparent among Blacks, especially southern Blacks (Roberts, 2009). However, as Blacks migrated to northern cities and gained more educational, economical, and healthcare opportunities, many began to shy away from the use of conjuration (Roberts, 2009).

African American Cultural Aspects

Religion

The African American culture has been influenced by several factors mainly stemming from slavery. Historical literature has acknowledged that as slaves, African Americans were forced to shed much of their African practices, which were representative of different African cultures (Johnson & Campbell, 1981). Due to this separation from the various traditional African cultures during the slave trade, a

combination of forced American values and preserved pieces of African cultures make up the African American culture.

Some of the remnants of African cultures are represented in African American churches such as the singing, dancing, and music expressed during worship services. The African American church is an important structure within the community. The church is considered a place of freedom and liberation for many African Americans. According to Lincoln and Mamiya (1990), teachings of liberation are found more often in Black churches in comparison to White churches. Moreover, teachings of liberation were rooted in communal beliefs found in Africa (Lincoln & Mamiya, 1990). Giger, Appel, Davidhizar, and Davis (2008) describe the African American Church as "a place where African Americans, even during the hardest times, can feel safe" (p. 380).

The African American Church is also a setting in which pertinent information such as civil rights, education, health issues, and health services are disseminated to African Americans (Giger, et al., 2008). Due to the relevance of the African American Church, many health programs, services, and education trainings are offered in the church. Health promotion programs incorporating spirituality as well as being based in African American Churches have proven to be effective. Moreover, the African American Church has played a pivotal role in current health research of African Americans. Current research has found positive correlations between church attendance, church participation, and health practices (e.g., Aaron, Levine, & Burstin, 2003; Gillum & Ingram, 2006; Levin, Chatters, & Taylor, 2005; Olphen, et al., 2003;).

Although Christianity is the most common religion among African Americans, many African Americans are of the Islamic faith. According to the Pew Forum's U.S. Religious Landscape Survey (2007), 24% of African Americans are Muslim. The Nation of Islam and the Muslim Society of America are two of the largest African American Muslim groups (Wyche, 2004). Similar to the African American Church, African American mosques are also places of peace and contentment. Moreover, as reported by Wyche's literature review of African American Islamic women, "The expression of spirituality (the rituals in the Muslim faith of praying 5 times per day, dietary laws, wearing certain dress, or other behavioral manifestations) can provide comfort and reduce stress" (p. 326).

Family

The importance of kinship, including extended family, is reflected in African American family values. Caring for family members is very important among African American women (Jarama, Belgrave, Bradford, Young, & Honnold, 2007). Moreover, the family structure of African Americans has evolved over time. In the 1960s, nearly70 percent of African American households were made up of two-parent families (Ruggles, 1994). Currently, there is a decline in two parent households. The 2009 Current Population Survey reported that 51 percent of African American households are headed by women (U. S. Census Bureau, 2009). Moreover, twenty-five percent of African American women are living in poverty (U. S. Census Bureau, 2008). Although the African American family structure has changed, research has shown positive outcomes from family support and care (Bell-Tolliver, Burgess, & Brock, 2009; Waites, 2009).

In African American households, care-giving is extended to elders as well as children. In a recent ethnographic study, Stewart (2008) interviewed 48 family members. The study focused on their attitudes, values, and strategies in caring for the elderly members of the family. The family members cared for the elderly in the home environment. Furthermore, nursing home placement was considered only if the family member needed 24-hour care. The family members discussed the importance of sacrifices for the sake of caring for the elderly. Stewart (2008) illustrated the love and reverence of the elderly within Black households.

Food

In reviewing literature related to African American foods, anthropological books were the main data source. Within the literature about African American foods, much of the data points to the role of "Soul food" among African Americans. Therefore, soul food is the main focus of this section.

The family relationships, bonding, and kinship of African Americans are heavily connected to food. Many African Americans prepare and partake in soul food. Soul food is served during family gatherings, celebrations, holidays, and parties. Due to the origins of soul food and the relationship between soul food and slavery, soul food is a large part of the southern African American diet which includes dishes such as collard greens, turnip greens, fried chicken, fried fish, black-eyed peas, sweet potatoes, yams, corn pudding, and fried cornbread (Whitehead, 1992). Moreover, during the slavery period, African American foods were also influenced by the cultures of Europeans and Native Americans (Yentsch, 2008). Soul food speaks not only to the dishes, but also to the way

it is prepared (Whitehead, 1992). Preparations include using salt, sugar, and meats such as pork to season dishes like collard greens and turnip greens. The following is a very descriptive meaning of soul food (Hughes, 1997):

> One of the most symbolic tools that may be used by Black Americans in our search for roots in food-soul food. The essence of Black culture has been handed down through oral history, generation after generation in the African tradition, through the selection and preparation of soul food. The dominant figure in the cultural translation through food is Black women. Her expressions of love, nurturance, creativity, sharing, patience, economic frustration, survival, and the very core of her African heritage are embodied in her meal preparation (p. 272).

Home Remedies

Home remedy usage has been found among African Americans (Arcury et al., 2006; Boyd, Taylor, Shimp, & Semler, 2000; Grzywacz et al., 2006;). In a recent phenomenological study of 15 African American participants aged 60 and older, some, but not all, of the participants discussed the comfort found in using home remedies versus prescription medicines because of generational connections and religious reasons (Martin et al., 2010). The following response from one of the participants' displays the relationship between spirituality and home remedy usage: 'My brother had asthma, and the Lord told my mother, and this was when we were very young too, to get some willow bark and make tea, and give it to him. And that cured him of that' (p. 319).

Ryder, Wolpert, Orwig, Carter-Pokras, and Black (2008) conducted a cross-sectional study of 95 African Americans 60 years and older in Baltimore, Maryland to

explore the relationships between complementary and alternative medicine (CAM) and sociodemographic, health status, healthcare utilization, and neighborhood factors. The majority of the telephone survey participants were recruited from randomly generated numbers, but 23 participants were recruited by community outreach.

The research found more CAM usage than expected. Notably, individual prayer was the most common type of CAM followed by herbs/home remedies and group spiritual practices. Examples of herbal/home remedies were the following: apple cider vinegar for arthritis, oatmeal for cholesterol, and mustard for nausea. Age, education, and comorbidities were factors associated with CAM usage (Ryder et al., 2008). Moreover, "as residential racial segregation increased, CAM usage decreased" (p. 1190).

Tilburt, Dy, Weeks, Klag, and Young (2008) examined the associations between home remedy use and self-reported adherence of 183 African Americans between the ages of 50 to 52 years with poorly controlled hypertension residing in Baltimore, Maryland. Participants were recruited from the Inner City Hypertension and Body Organ Damage study. In using a structured interview instrument, home remedies were found to be used solely for hypertension among 21% of the participants. Eighteen participants reported using home remedies for general health. Vinegar and garlic were the most commonly used home remedies for hypertension. Home remedy users were more adherent to medications, exercise, and dietary modifications. Side effects, economics, and diagnoses with extended time-frames were cited as reasons for non-adherence. Healthcare providers must assess patients' use of CAM to provide a holistic care

approach. The next section will provide background information on some cultural aspects of Sierra Leoneans.

Sierra Leonean Cultural Aspects

Sierra Leone

This section will discuss the relevant and available literature about Sierra Leone. Sierra Leone is a small West African country bordering Guinea and Liberia. Sierra Leone has several native ethnic groups along with the Krio (Creole), descendants of liberated slaves from the United States, Jamaica, Nova Scotia, and Great Britain resettled in Sierra Leone in the 18th century (Central Intelligence Agency, 2009).

The Krio make up ten percent of the ethnic population. The area settled by the Krio, who originated from various African countries, evolved into Freetown, the first British Colony in West Africa and the nation's capital (U.S. Department of State, 2008). Mende and Temmne are the two largest indigenous groups, each consisting of thirty percent of the population. The following groups make up the latter thirty percent of the population of Sierra Leone: Bullom, Fulani, Gola, Kissi, Kono, Krim, Kru, Limba, Loko, Malinke, Sherbro, Susu, Vai, and Yalunka (Central Intelligence Agency, 2009). According to LeVert (2007), many Sierra Leoneans are descendants of the Temmne and Limba ethnic groups, who migrated from Futa Jallon. Presently, Futa Jallon is an area north of the Guinea and Sierra Leone border (LeVert, 2007). In April 1961, Sierra Leone gained independence from British rule. The Islamic faith dominates religious practices among Sierra Leoneans. Sixty-percent of the population is Muslim, 30% are Christian, and 10% practice indigenous beliefs (Central Intelligence Agency, 2009).

Culture and Practices

Currently, a limited amount of research exists relating to Sierra Leonean culture. Due to the scant of amount of cultural research, the cultural description of Sierra Leoneans within this section is limited. However, this section will discuss cultural aspects of Sierra Leone relevant to the current study such as language, family structure, gender roles, values, and the impact of the civil war.

The tribal/ethnic groups of Sierra Leone have traditional languages. The traditional languages of Mende and Temmne are the prominent indigenous languages of Sierra Leone (LeVert, 2007). *Gi ya nig wa,* a common Mende phrase, translates as "I go, I come back", loosely translated means "I'll be back shortly" (Migeod, 1908). As described by LeVert (2007), regardless of ethnic or cultural background most Sierra Leoneans speak Krio (p. 95). The following is an example of a Krio greeting: *Kushe, Ow di bodi?* The English translation of this greeting means Hello, how are you? (p. 95). Although influenced by the indigenous groups, the Krio or "Creoles" brought British culture to Sierra Leone including Christianity and the English language (LeVert, 2007).

Important cultural practices related to health, family, and marriages include similarities and differences among the indigenous ethnic groups. Within the Temne group, the godparents have an instrumental role in the wedding and marital teachings. According to Dixon and Scheurell (1995), "The functions of the godparents are to orientate, supervise, monitor, coordinate, evaluate, and correct dysfunctions or deviant behaviors occurring in the marriage, and to promote peace among couples" (p. 321).

Among some Mende women, the Sande, a secret society for women, play a pivotal role in marriage. Through an initiation process, the Sande are responsible for transforming girls into “marriageable” women (Leach, 1994). The existence of secret societies such as the Poro, for men and Bundo (Sande) for women were spread by the Temne group (Fyle & Foray, 2006). LeVert (2007) described responsibilities of the secret societies such as “regulating sexual conduct, guiding political and economic affairs, and operating social medical services” (p. 79). Individuals are initiated into the secret societies during their childhood years (LeVert, 2007). For instance, the Gbangbai, the secret society of the Limba group, are “responsible for regulating rights of puberty and politics” among the Limbas (Fyle & Foray, 2006).

Polygamy practices are found in some Mende families (Leach, 1994). Traditional medical practices and healers are found among the indigenous ethnic groups in Sierra Leone (Dixon & Scheurell, 1995). Caring for family members is a universal practice of the ethnic groups.

Recently, Kallon and Dundes (2010) conducted a qualitative study to explore cultural components of Mende women residing in the United States to provide cultural knowledge and understanding to healthcare providers. Four female and three male Mende Sierra Leoneans from eastern United States were interviewed for the study. The authors found information pertaining to Sierra Leonean family structure, female beauty ideals, secret societies, female circumcision, Sierra Leonean diet, gender, and health. Family structure was found to be extremely important in medical decision-making and elder care responsibilities. According to the authors, Sierra Leonean diet may be influenced by the

humoral theory. Therefore, foods have the ability to affect and/or maintain the body's humoral balance. Similarly to some Sierra Leonean humoral theoretical practices, elements of the humoral theory are also practiced by different ethnic/racial groups (Bastien, 1989; Foster, 1988; Maloof, 1979). Maloof (1979) conducted a dissertation study to examine the pattern of medical beliefs and practices of Arab Palestinian-Americans. Aspects of the humoral theory were discussed. Certain foods were categorized as "hot" or "cold". Hot foods such as chick peas, spinach, and okra were believed to provide the body with more energy in comparison to "cold" or "light" foods such as fruits and vegetables. However, cold foods were believed to be easier to digest than hot foods (Maloof, 1979).

Due to the importance of secrecy, intimate details related to female circumcision and the Sande Society were not discussed. The Sande Society teaches the young girls secret dances, songs, domestic skills, female values, and religious facts. The Sande Society also performs the female circumcisions. One of the Mende Male informants reported that Mende men find female circumcised vaginas more attractive than those without the circumcision (Kallon & Dundes, 2010).

Kallon and Dundes (2010) also highlighted aspects of Sierra Leonean medical perceptions. Injections are perceived to be better medical treatment than pills. Furthermore, clinicians who provided medical treatments in pill forms were considered less knowledgeable than those who provided treatments via injections. Furthermore, a health insurance system is not found in Sierra Leone. Cash payments are given for medical care in Sierra Leone. Also, medical providers should be the same gender as the

patient. Based on the cultural components found, the authors suggested the following implications for clinical practice and research:

1. Be aware of medical complications of female genital mutilation (female circumcision)
2. Be conscious of reactions to cultural differences
3. Ask questions
4. Be prepared for unfamiliar beliefs and customs
5. Include male family members
6. Address perceptions of medicine and nutritional beliefs
7. Take into account interdependence of mind and body (p. 233)

Cultural Changes

Cultural change continues to take place in Sierra Leone. A number of these changes are attributed to the civil war, which began in1991 and lasted over ten years. The civil war began because of the rebel group, Revolutionary United Front (R.U.F.) attempts to overthrow the government. During the war, children were abducted and used as child soldiers (Lee et al., 2007). The war also led to many killings, physical disfigurement, and inhumane acts of violence against women. Furthermore, much of the infrastructure of Sierra Leone was destroyed.

A past cross-sectional quantitative study assessed the prevalence of sexual violence against women during the civil war (Amowitz et al., 2002). The sample consisted of 991 women mainly of the Mende and Temne groups. Most of the participants were poorly educated, married women of the Islamic faith. The women

reported experiences such as gang rapes and forced nudity during the civil war. The rapes resulted in the women suffering from physical disabilities, miscarriages, and sexually transmitted infections (Amowitz et al., 2002). According to the participants, treatment was provided by traditional healers, hospitals, and health centers (Amowitz et al., 2002).

Fox and Tang (2000) explored the impact of the traumatic experiences of the civil war on the mental health status of 55 Sierra Leonean refugees living in a refugee camp located in Gambia. The participants reported witnessing and/or hearing about the murder of friends and family, lack of attention to basic human needs, lack of access to healthcare, separation from family, brainwashing, and near death experiences. The Harvard Trauma Questionnaire and Hopkins Symptom Checklist were used to measure symptoms of anxiety, depression, and post traumatic stress disorder (PTSD). Both instruments were noted as highly reliable and valid. Based on the findings, most of the sample displayed symptoms of anxiety, depression, PTSD, along with diagnosable psychiatric disorders (Fox & Tang, 2000). Although, the study was conducted in Gambia, the experiences and symptoms likely represent Sierra Leonean refugees residing in the United States.

Prior to the civil war, many Sierra Leoneans resided in small villages outside of Freetown. According to Levert (2007), the male role was dominant in most households and women were dependent upon their husbands. Women were responsible for household duties while the men engaged in farming. At that time most, marriages were arranged, however, this practice is largely nonexistent in modern day Sierra Leone (LeVert, 2007).

Sierra Leonean Migration Patterns

Migration Patterns

Sierra Leoneans migrated to United States in the 1960s (Jalloh and Falola, 2008). According to Jalloh and Falola (2008), “For Sierra Leoneans who migrated to America in the 1960s and 1970s, the ‘American dream’ was to acquire higher education and return to their homeland to pursue diverse careers in such areas as politics, education, and business, as well as eventually retire in comfort” (p. 215). However, prior to the later voluntary migration of Sierra Leoneans to the United States, remnants of Sierra Leonean culture were already apparent in some areas of the United States. The Gullah people of St. Helena, an island located off of South Carolina, have maintained some of the traditions and language of slaves brought to the United States from Sierra Leone. Preservation of African culture was a consequence of the physical and ecological landscape of St. Helena, which for many years experienced limited access and travel because of the lack of bridges to the island (Phillips, 2005).

During the early years of migration post-slavery, most Sierra Leoneans came to the United States on student visas. In the 1990s, a new wave of immigrants from Sierra Leone arrived in the United States secondary to the civil war (D’Alisera, 2004). According to the U.S. Census Bureau (2000b), Virginia, Maryland, and New York have the largest Sierra Leonean population.

As documented in the literature about other immigrants, the principal reasons for Sierra Leonean migration to the United States were described as a search for better education and opportunities for advancement (D’Alisera, 2004). Due to the impact of the

civil war in their country, many immigrants have remained in the United States and have begun to expand their families within the United States. For those with children born in the United States, some attempt a difficult balance between American culture and maintaining Sierra Leonean culture. In attempts to preserve their cultural identity and traditions, some instill Sierra Leonean culture and values in their children (D'Alisera, 2004). For instance, in a recent ethnography about Sierra Leonean Muslims living in the United States, D'Alisera (2004) described attending a wedding in Maryland with traditional aspects in which the bride and groom were arranged by elders of each family living in Sierra Leone. However, arranged marriages are not traditional practices of all the ethnic groups within Sierra Leone. D'Alisera also found that some of the children born and raised in the United States do not have a significant bond to Sierra Leone and traditional practices (2004).

According to recent dissertation studies of Sierra Leonean immigrants, the following issues are very important to Sierra Leonean immigrants: 1) Maintenance of their Sierra Leonean culture, 2) Providing assistance to recent Sierra Leonean immigrants including creating Sierra Leonean groups/associations in the United States, 3) Sending aid to their families living in Sierra Leone, and 4) Returning back to Sierra Leone (During, 2006; Kamanda, 2004).

Health Research

The literature review produced a small number of studies related to culture and the health of Black women from the previously described groups. Furthermore, there is a lack of research related to Sierra Leonean and/or other African female immigrant group's

health issues. However, the available research literature will be discussed throughout this section.

Culture and Health

The cultures and roles of Black women influence their health status, practices, and beliefs. African American women are known for balancing multiple roles especially with the increase of African American households headed by women. Moreover, African American women are usually the main caregivers within family units.

The importance of the care-giver role among older African American women leads to family needs being placed over their health needs (Samuel-Hodge et al., 2005). Due to the impact of multiple roles on the health and well-being of African American women, a recent dissertation examined the relationship between health symptoms of women managing multiple roles, other lifestyle stressors, and the Hurried Woman Syndrome (Parnell, 2007). Parnell (2007) describes the Hurried Woman Syndrome as a construct referring to the "health status of modern multi-role assuming females" (p. 6). As a part of the dissertation, Parnell's pilot study included seven married African American women with an average age of 38.7 who were from middle-class family units with one to four children. The women expressed the continuous busy state of their lifestyles because of their duties and family roles. Family and household duties were reportedly not evenly shared between the husband and wife. The following statement best describes the hurried lifestyles of the participants (Parnell, 2007): 'I'm walking through the door pulling off my coat, cutting on the stove so it can be heating up, hang your coat up, 'who got homework, yal got homework to do?' This that and the other it'-s like a

continuous thing' (p. 44). The women revealed having health issues related to weight gain, migraines, hypertension, heavy uterine bleeding, and episodes of low moods. Ironically, none of the women attributed these issues of health to their overwhelming responsibilities (Parnell, 2007).

The health of some Black women is also influenced by spirituality. Spirituality has been found to be instrumental in coping with several diseases and conditions. Braxton et al. (2007) conducted a quantitative study with 308 HIV positive Black women recruited from seven clinics in Georgia and Alabama. The study found that spirituality reduced depressive symptoms in Black women who were HIV positive. Spirituality has also been linked to management of chronic illnesses among older African American women as noted in a qualitative study conducted among 10 older African American women (Harvey, 2006). Spirituality has been found to influence the healthcare seeking behaviors of Black women (Dessio et al., 2004).

Due to the importance of spirituality, health promotion programs and research have been conducted within Black churches. The African American church has been successful in promoting programs related to diet and exercise (Faridi et al., 2009; Wilcox et al., 2007; Young & Stewart, 2006). Yanek et al. (2001) used churches as a venue to promote cardiovascular health among 529 African American women 40 years and older recruited from 16 churches located in Baltimore Maryland. The study compared different intervention strategies aimed at reducing cardiovascular risks. The following three intervention strategies were used: standard group methods with weekly sessions; group methods including a spiritual and church component; and self-help interventions without

a spiritual component. Overall, the participants were more interested in strategies including spirituality and/or church components rather than the self-help strategy.

Erwin et al. (1999) sampled from African American churches and community groups in Arkansas to test the effectiveness of the Witness Project, a breast and cervical cancer education program taught by cancer survivors tailored specifically for African American women. The study included 206 African American women, mostly recruited from churches, in the intervention group and 204 African American women, largely from a community group, in the control group. Self-breast exams were significantly greater in the intervention group in comparison to the control group.

Health conditions found among some Black women have also been linked to experiences of discrimination and racial injustices. Issues related to race, gender, and identity has been found to influence stress experienced by African American women (Woods-Giscombe & Lobel, 2008). Taylor et al. (2007) found that perceived experiences of racism were correlated with a higher incidence of breast cancer among young Black women. Experiences of racism and discrimination have also been linked to coronary artery calcification in African American women (Lewis et al., 2006). These experiences also influence the health of Black women including health-seeking behaviors and access to healthcare. In a recent study related to health, health disparities, and the United States' healthcare systems, 50 older African American women expressed the relationship between race and their experiences within the healthcare system (Sims, 2006). Several experiences related to racial discrimination while attempting to access healthcare such as issues related to communication with doctors, discriminatory treatment by administrative

staff in medical offices, neglect by healthcare providers, lack of information about new treatments for various conditions, lack of invitations to participate in research studies, and lack of screenings for conditions after requests were made to the clinicians (Sims, 2006).

Culture and health among Black women may also be influenced by traditional health practices passed down through generations which in some instances are influenced by the cultural relationships developed during slavery. Phillips (2005) examined the traditional pregnancy health-related practices of Gullah women in St. Helena Island, Sierra Leonean women residing in Atlanta, Georgia, and African American women of Chattanooga, Tennessee. Semi-structured interviews were conducted among 36 women ages 20 to 45 years who had at least one child under the age of five years.

The Sierra Leonean women were of the following ethnic groups: Mende, Krio, Fulah, Loko, and Sherbo. Traditional beliefs and practices related to pregnancy were known and sometimes practiced by 92% of the participants. The beliefs and practices were passed down throughout the generations of the three groups. The women of Chattanooga engaged in traditional practices the least of all groups. Sierra Leonean women engaged in traditional practices the most of all groups. However, beliefs related to the interactions between the mother and environment on the health of the mother and fetus was demonstrated within each group.

Spiritual beliefs related to witchcraft and the “Tripartite” belief, describing one’s human composition of body, soul, and spirit was reported by the Sierra Leonean and Chattanooga women. Pregnant women of these groups are dissuaded from attending funerals and walking alone at night because of evil spirits (Phillips, 2005). As reported by

one of the Sierra Leonean participants, “You don’t go to a funeral if you’re pregnant because the dead may want to harm your baby” (p. 243). Interestingly, all three groups described a traditional philosophical belief termed by the author as the “Hot and Cold Theory”. The theory describes the “cold” state of a woman after pregnancy which requires the woman to drink and eat hot or warm foods, remained wrapped in several layers after delivery, or delay hair washing and bathing for a certain time period during the postpartum phase. A belief about open pores after pregnancy stemmed from the hot and cold theory which is best described in the following statement from one of Chattanooga participants: “Don’t wash your hair for six weeks. Because supposedly the pores are so open that you could get sick. And you are more susceptible to catching any type of illnesses” (p. 246).

Although, all three groups reported the beliefs of the impact of certain foods during pregnancy, Sierra Leonean participants explicated the importance of eating certain prepared dishes for the benefit of the fetus such as eating cassava leaves to promote breast milk production.

During the postpartum period, all three groups emphasized the importance of extended family in taking care of the newborn baby. Extended families assisted with bathing the mother and baby and helping the new mother with breastfeeding (Phillips, 2005). This study demonstrated the similarities and differences of Black women based on ethnicity and culture.

Bigby, Ko, Johnson, David, and Ferrer (2003) examined the development and implementation of the REACH Boston 2010 Breast and Cervical Cancer Coalition. Due

to health disparities among women of African descent in relation to breast and cervical cancer, members of an existing coalition aimed at decreasing infant mortality rates in the Black community, formed the initial REACH Coalition. The committee included public health officials, community health workers, women's advocates, cancer advocates, and social service providers. To assist with the development of the coalition, women of African descent from Haiti, Caribbean Islands, Africa, and America from the community were included in the coalition. Those women were trained in leadership skills and received breast/cervical cancer education to aid in providing accurate information during outreach activities. Prior to implementing community activities, the coalition conducted community assessments, gathered quantitative and qualitative data of previous studies, and reviewed data of the Massachusetts Behavioral Risk Factor Surveillance Survey of 1992-1998 (Bigby et al., 2003).

Focus groups were also conducted to aid with the community assessment. Forty-eight Black women from the Caribbean Islands, Haiti, Somalia, and America residing in Boston between the ages of 19-73 years were enrolled in the focus groups. The research determined that Black women generally did not discuss breast cancer and/or risks with family and friends. The focus groups revealed a belief that breast cancer was a "White woman's disease." The women of the focus group were not familiar with cervical cancer risk information. Women from Haiti and Somalia reported issues with language as a barrier to healthcare. Fear and pain associated with mammograms was also discussed within the focus groups. Cultural beliefs and myths about breast cancer were apparent within the focus groups. Wait time for mammograms was reported as an obstacle in

keeping appointments for mammography services. The REACH Coalition has incorporated the following strategies to aid in reducing health disparities: outreach education, cultural competency training for healthcare providers, diversifying the cultural backgrounds of healthcare providers, changing policies and procedures, and increasing community partnerships (Bigby et al., 2003).

Health Concerns of African American Women

Currently, there is limited research on the specific health concerns expressed by African American women. Baldwin, Humbles, Armmer, and Crammer (2001) developed a needs assessment tool to assess the perceived health needs of 117 African American church attendees from five churches. Participants expressed concerns related to weight such as diet, exercise, and salt intake. Although concerns regarding their children's health such as alcohol use, drug use, and contracting HIV/AIDS overshadowed their personal health concerns, diseases such as HIV/AIDS and breast cancer were reported as concerns of the women. Moreover, 34% of the female participants expressed breast cancer concerns (Baldwin et al., 2002). Smith et al. (2007) conducted a qualitative study which found that African American women described health as being a low priority in their lives as highlighted in the following statement:

> I think so many other things are going on in the black community that health is often at the bottom of the list. I mean you are trying to make ends meet, and you're trying to raise a family, sometimes single-handedly, and you're trying to lay down at night and rest and sleep….I think our health is not a priority. We think of our families (p. 427).

To aid in understanding the health concerns of African American women, it is also imperative to understand beliefs and barriers related to screening for various diseases and health conditions among African American women. Oscar (2009) used focus groups to explore the colorectal cancer screening beliefs of 37 African American women recruited from a retirement center and a senior enrichment center located in Harlem. The participants expressed barriers to screenings for colorectal cancers such as lack of knowledge, misinformation, lack of symptoms, financial issues, healthcare access, time constraints, home remedy usage, and fear, which related to the screening procedure and diagnosis of cancer. Feelings of embarrassment because of the procedure as noted in the following statement, "It's embarrassing….That's why a lot of people ignore it too" (p.42). The participants also suggested factors that may facilitate colorectal screenings such as support from family and friends through open communication about health issues, inclusion of colorectal screenings with routine examinations, and for primary care providers to recommend colorectal screenings.

Carter (2008) used the Pap Smear Attitudinal Barriers Questionnaire to investigate factors that result in noncompliance of obtaining Pap smear screenings among 93 African American women recruited from a women's health clinic in southeastern Louisiana. The clinic site provided mobile clinic services and "land-based" clinic services to Hurricane Katrina evacuees. The Pap Smear Attitudinal Barriers Questionnaire found cost and lack of knowledge as the two major barriers. However, increasing age was identified as predictor of noncompliance with recommended pap smear screenings (Carter, 2008).

Health Issues of African Female Immigrants

Little health-related research pertaining to Sierra Leonean women or any other African female immigrants residing in the United States exists. Available research related to health issues of Sierra Leonean women and other African female immigrants will be discussed. Current research has explored the barriers to providing health services including HIV prevention, testing, and treatment in Philadelphia among African immigrant women and men (Foley, 2005). Data were obtained from focus groups and via interviews. The researcher also examined the perspectives of the healthcare professionals working with the chosen immigrant population. The African Family Health Organization conducted a needs assessment of the population. Participants were recruited through African community organizations.

Foley conducted five focus groups for 61 women ages 20 to 60 years from the following countries of origin: Sierra Leone, Mali, Senegal, Guinea, Cote d'Ivoire, and Burkina Faso. The participants revealed similar barriers such as, language barriers, racism, lack of insurance, lack of knowledge of the United States healthcare system, misunderstanding of HIV, and fear. Many feared HIV testing because of the alienation experienced by HIV positive persons within African communities. The health service providers revealed similar barriers in providing healthcare. However, the healthcare providers expressed the impact of unfamiliarity with biomedicine and the lack of support from African men as barriers to providing healthcare (Foley, 2005).

The study also included individual interviews with three HIV positive African women. These women also expressed feelings of being singled out by the media as a

consequence of the origin of AIDS in Africa. Issues related to social isolation, depression, and financial problems were expressed by the women. Three focus groups were conducted with seventeen men from the countries of Guinea, Liberia, and Sierra Leone who were aged 20-55 years. Misinformation related to HIV transmission and prevention was revealed during the focus groups. The study provided information about HIV perceptions of women from various countries in Africa (Foley, 2005).

Borell, Castor, Conway, and Terry (2006) studied country of origin and breast cancer risk factors among Black women. Their convenience sample consisted of 236 Black women, 141 US born and 67 foreign-born. However, 28 women did not provide ethnic classification information. The foreign-born Black women were from the following regions: English-speaking Caribbean (77%), Latin America (18%), Africa (3%), and Asia (2%). Community sites such as beauty salons, check cashing centers, supermarkets, and churches in the Bedford-Stuyvesant neighborhood of Brooklyn, NY were utilized to obtain the sample during the time-period of June 1, 2003 and October 31, 2003. According to the article, Bedford-Stuyvesant neighborhood has the largest African American neighborhood in New York City, which was also comprised of immigrant populations from African and Caribbean regions. The primary risk factor that differed between foreign-born and native born Black women related to breastfeeding. The study found that Native-born Black women were two times as likely to not breastfeed and breastfeeding periods were shorter than their foreign-born counterparts (Borell et al., 2006). Thus, examining the similarities and differences related to health and culture

among the subpopulations of Black women is needed to facilitate the development of culturally sensitive health programs, health education materials, and interventions.

Summary

This chapter provided insight into some of the cultural values, beliefs, and practices of the chosen study groups. Furthermore, the relationship between health and various cultural aspects was also described. This chapter also provided a summary of health research related to health concerns and culture conducted among the two groups. The literature review introduced cultural aspects and health concerns of African Americans and Sierra Leonean women which prepared the investigator for cultural immersion, cultural understanding, and relationship development. Understanding the relationship between culture and health assisted the principal investigator in discovering how culture impacts the health concerns of the populations of interest. Chapter III will describe the methodology and procedures of this dissertation project.

Chapter III

Methodology

The primary aim of this research study was to explore the perceived health concerns of African American and Sierra Leonean women based on themes and characteristics that emerge from participant or informant observations, interviews, and interactions with African American and Sierra Leonean women within the salons, and events occurring in the salons. This study also explored the culture of each salon.

Currently, Black women represent not only African Americans, but also women of several ethnic backgrounds and different cultures. These diverse cultural groups are present within the Washington, DC area. According to the U.S. Census Bureau, 12.5% of the population of Washington, DC is foreign-born (U.S. Census Bureau, 2000b). Furthermore, as previously noted, over 12% of the total Black Population is foreign born (U.S. Census Bureau, 2006a). Due to the large numbers of immigrants from Sierra Leone in the Washington DC Metropolitan area, African American and Sierra Leonean women made up the purposive sample for the proposed study. Identifying and understanding the universalities and differences among the chosen populations will aid in developing culturally competent healthcare programs.

Research Design

Ethnography

Ethnographies require the researcher to become an engaged and integral part of the cultural (or emic) environment of the participants. The emic perspectives analyzed by the investigator affects the understandings and perspectives of the investigator known as

the etic perspectives. Munhall (2007) states “Ethnographic methods are distinctive because of the use of self as an observer, on-site fieldwork, prolonged engagement in the fieldwork, interviews ranging from informal (unstructured) to formal (structured), event analysis and document and artifact analysis” (p. 296). Speziale and Carpenter (2007) described ethnography as the following: “Unique to ethnography is the focus on the culture. Ethnography is the only research method whose sole purpose is to understand the lifeways of individuals connected through group membership” (p. 200). The salon represents the environment for group membership. Obtaining the information related to culture, health concerns, and health practices was achieved by observing, listening, active participation within the salons, and interviewing the women of the chosen salons.

Types of Ethnographies

Ethnographic studies were formally introduced by the field of anthropology. The following four major types of ethnographies are often used in anthropologic research: 1) classical, 2) systematic, 3) interpretive, and 4) critical (Morse, 1994). Morse (1994) defines classical ethnography as “a product of prolonged sojourn during which the researcher resides with the community being studied and observes and documents while directly participating in selected activities” (p. 191). Systematic ethnographies are used to “describe the structure of culture, rather than to describe a people and their social interactions, emotions, and materials (p. 191). Interpretive ethnographies are used to “understand the meanings of observed social interactions” (p. 192). Critical ethnographies question assumptions and culture in general. Thomas (1993) describes the purpose of critical ethnographies is “to describe, analyze, and open to scrutiny otherwise

hidden agendas, power centers, assumptions that inhibit, repress, and constrain" (pgs. 2-3).

Focused Ethnography

Medical anthropology has led to an increase of anthropologic studies conducted within health disciplines such as nursing. Nurse researchers have used "mini or focused" ethnographies, which are similar to the classical ethnographies, to study a specific problem or point of interest with a small number of individuals (Speziale & Carpenter, 2007). Morse (1994) described focused ethnographies as "time limited exploratory studies within a fairly discrete community or organization". According to Roper and Shapira (2000) the purpose of the focused ethnography is to: "To study distinct and delineated health concepts within a contextual perspective, nurses, and other clinically oriented ethnographers conduct focused inquiries" (p. 7). Due to the use of specific questions prior to conducting focused ethnographic studies, focused ethnographic studies are shorter in nature in comparison to traditional or classical ethnographic study designs. However, focused and classical ethnographies both provide in-depth understandings of groups, events, and places through interviewing and "intensive participant observation activities" (Roper & Shapira, 2000, p. 7).

For the purpose of this study, a focused ethnographic method was used. Within this focused ethnography study, the principal investigator compared and contrasted the cultures and perceived health concerns of African American and West African women along with the cultures of the salons. The significance and purpose of this focused ethnography study among African American and Sierra Leonean women is best

summarized in the following statement: “Comparing variables in different cultural groups or health care settings allows for better understanding of the complexities of common situations” (Roper & Shapira, 2000, p. 9).

Current Study

For the purpose of this study, a focused ethnography assisted in discovering and understanding the emic (insiders) perspectives of the chosen Black subpopulations. The setting chosen for the study was two hair salons catering to Black women. Current health research has acknowledged the importance of hair salons within the Black community (Linnan, 2005; Linnan & Ferguson, 2007). The two hair salons identified for this research have patrons from the chosen groups from a variety of economic, social, and educational backgrounds. Furthermore, the hair salon is a trusting environment for Black women (Linnan, 2007). To grasp an in depth understanding of the different ethnic cultures within the salon, cultures of the individual salons, and the transmission of ideas/beliefs related to health within the salon, the researcher must become “culturally immersed” (Speziale & Carpenter, 2007).

The principal investigator became culturally immersed by being an active member within the salons. The principal investigator worked in the salons 2 to 3 times for at least 12 hours each week during the six-month data collection period. The principal investigator performed duties in the salon such as organizing and cleaning the salons, scheduling hair appointments, and setting up work stations for the hair stylists. Prior to becoming an active participant within the hair salons, the principal investigator observed for approximately two weeks.

Methods

Collecting data in ethnographic studies is referred as “fieldwork”. According to Morse (1994), fieldwork is “the hallmark of ethnographic research-working with people for long periods of time in their natural setting” (p.162). Ethnographies usually have three major data collection strategies which are participant observation, interviews, and examination of available related documents. These three data collection strategies are known as a natural triangulation (Roper & Shapira, 2000, p. 13).

Participant Observation

Participant observation is a critical component of ethnographic research. The researcher actively participates in the lives of the individuals being studied. However, the researcher should also distance him/herself to ensure accurate documentation of observations and data (Morse, 1994).

Types of Participant Observation

Four types of participant observation methods exist: complete observer, observer as participant, participant as observer, and complete participant (Speziale & Carpenter, 2007). In the complete observer, “the researcher only observes and has no interactions with the participants” (p. 42). In the observer as participant, “the predominant activity of the researcher is to observe and potentially to interview” (p. 42). With the participant as observer, the “researcher acknowledges interest in studying the group; however, the researcher is most interested in doing so by becoming part of the group” (p. 42). Lastly, the complete participant requires the “researcher to conceal his or her purpose” while becoming a member of the group (p. 42). For the purpose of this study, the investigator

used the observer as participant method during the two-week observational period. Initial observations during the first two-weeks oriented the investigator to the environment for the purpose of a) building relationships, b) obtaining and understanding cultural experiences, c) developing a sense of the communication styles, social interactions, and daily activities of the salon, and d) identifying key informants and developing acceptable techniques for approaching potential informants. Understanding these aspects were imperative for the investigator in developing acceptable techniques for approaching potential informants, appropriate interview questions, obtaining cultural experiences, and accurate assessments of informal interviews, events, and observations. For the continuation of the study, the investigator used the participant as observer method to foster trusting relationships, which facilitated acceptance into the lives of the participants and retrieving accurate data from the participants.

Interviews

Participant observation influences the use of other important data collection methods such as formal and informal interviews. Participant observation helped with developing and editing interview questions. According to Roper and Shapira (2000), "Specific questions asked are developed after you have spent time with the group and have a general understanding of the setting and patterns of interactions among participants" (p. 75). Interviews with informants will provide an accurate depiction of the emic views to the researcher.

For the purpose of this study, the investigator designed an interview guide related to the following domains: socio-cultural factors, health, and health concerns. However,

some questions developed after spending time with potential key informants in the salons. Furthermore, based on the data found, the domains changed to: African American culture, Sierra Leonean culture, spirituality, roles/responsibilities, health, and health concerns.

Key Informants

Sample

Two salons catering to women of the previously mentioned Black subpopulations were used to recruit participants or key informants for the individual interviews. Key informants are "those people willing to share time and knowledge to teach us about their lives" (Roper & Shapira, 2000, p. 77). A purposive sample of approximately 10 African American key informants from the salon catering primarily to African American women, and 7 Sierra Leonean key informants from the salon catering to Sierra Leonean and African American women were chosen for the study. However, the sampling number also depended on data saturation. The researcher obtained the informants within both salons representing the chosen groups. To gain entry into the salons, the researcher appealed to the salon owners. Potential key informants were approached by the salon owners and the principal investigator. The potential key informants received written information pertaining to the study printed on a recruitment flyer (See Appendix A). The researcher's contact information was on the recruitment flyer. In some instances, a snowballing effect occurred in which participants referred other women who met the criteria to contact the principal investigator for entry into the research study.

Inclusion and Exclusion Criteria

Criteria for inclusion were the following: 1) must be at least 18 years old, 2) must be female, 3) must have the ability to read and write English, 4) willingness to complete the interviews and 5) must self-identify as African American or Sierra Leonean. Considering the inclusion criteria, women incapable of answering interview questions, not a part of the ethnic groups chosen for the study, and those who do not have the ability to read and write were excluded.

Recruitment

The recruitment flyer contained the contact information of the researcher. The recruitment flyer also explained the receipt of a $10 gift card for participating in the study. The researcher made appointments to meet the potential participants at a private location as agreed upon by the investigator and potential participant to sign the consent and complete the interview(s).

Protection of Human Subjects

Informed Consent

Prior to conducting the research study, the research proposal was reviewed by the dissertation committee and submitted to the Institutional Review Board (IRB) of Catholic University of America for approval. An informed consent process and a consent form (See Appendix D) were used to protect the rights of the key informants. The researcher informed the potential key informants of the purpose, procedure, informant criteria, benefits, and risk of the study. The researcher also reiterated to the potential key informants that serving in the study was voluntary and that they may withdraw from the

study, discontinue individual interviews, and/or refrain from answering interview questions at any time. Due to the likelihood of potential key informants discussing the procedures and interviews within the salon, confidentiality of interview information was reinforced.

Key informants signed the informed consent prior to conducting the individual interviews. Key informants were informed of the possibility of being contacted for follow-up interviews. Key informants were asked their contact preference for possible follow-up interviews. The key informants were informed of the indirect benefit and possible direct benefits of the study. The minimal risk of the study was also discussed. The informed consent also included a statement relating to the importance of medical referrals for urgent and non-urgent healthcare needs. However, the principal investigator did not have to refer anyone. To ensure confidentiality, the names of the participants, contact information of the key informants, names of the salons, and salon location were not used. However, informant codes, when describing the observations and quotes associated with the informants were used. Due to the lack of IRBs within the salons and the medical facilities, a support letter (See Appendices E-F) from each salon owner was obtained along with a support letter (See Appendices G-H) from each medical facility.

Potential Benefits and Risk

The key informants of this study did not directly benefit from the findings. However, the findings added to the body of nursing research. Furthermore, understanding the health concerns among the Black populations contributed to nursing's knowledge about immigrant health issues which facilitates culturally-sensitive nursing care.

Although minimal, two possible risks could have occurred. A minimal risk could have been associated with possible emotional experiences if discussions of sensitive health issues emerged during the individual interviews. Although the researcher conducted most interviews in secluded areas, some interviews were held in public places. Therefore, inadvertently sharing personal information or information being overheard was a minimal risk.

Procedure

After approval from the Institutional Review Board at The Catholic University of America, the principal investigator entered the salon settings. The two-week observation period helped the principal investigator gain familiarity of how conversations were initiated within the salons, identification of the gatekeepers within the salons, identification of potential key informants, assisted in gaining acceptance, and aided in building relationships with the stylists and salon patrons.

The principal investigator was introduced by the salon owners to the stylists and patrons. The salon owners referred salon patrons and stylists with inquiries about the research study to the principal investigator for further discussions. The principal investigator became actively involved in both salons after the two weeks of observation. The investigator worked in the salons two to three times each week for six months. The potential key informants were selected based on the inclusion criteria. Recruitment flyers were left at the reception desk for potential participants to read while waiting for services at each salon. Each salon owner allowed the principal investigator to post a sign (See Appendix I) informing patrons and stylists about the research and observations taken

place within the salon. Some potential key informants contacted the investigator to inquire about the study.

Prior to signing the informed consent, filling out the demographic questionnaire, and participating in the individual interviews, the potential key informants were informed of the intent of the research and purpose of the interview. The potential key informants were also informed that follow-up contact or an interview may be warranted. The informants were informed of their right to ask questions about the study, to refuse any interview questions, to request not be recorded, to discontinue the interview, and/or withdraw from the study. After agreeing to participate in the research study, the participant and the investigator carried out the interview. The interview usually lasted for 20 to 45 minutes in a private location agreed upon by the investigator and key informant. However, some of the interviews were shorter than 20 minutes. Each key informant received a $10 gift card after the initial interview. The principal investigator conducted interviews until data saturation was achieved. Some of the interview questions were slightly altered based on the responses and observations within the salons leading to further discussions or probing questions. The interview responses, observations, informal conversations, and events were described in the field notes.

Data Collection

Demographic Questionnaire

The demographic questionnaire (See Appendix B) ascertained the following characteristics: age, marital status, occupation, country of origin, year of arrival to the US, birthplace of parents, ethnicity of parents, self-identified ethnic group, education,

employment, number of children, income, and religion. Descriptive statistics were used to summarize the demographic characteristics of the study participants.

Interview Guide

The interview guide (See Appendix C) was used to obtain data from the informants related to the following domains: cultures, social factors, and health/health concerns. As previously stated, the domains were slightly changed to: African American culture, Sierra Leonean culture, spirituality, roles/responsibilities, health, and health concerns. The interview questions reflected the purpose of the current study.

Pilot Study

A pilot study was conducted with one African American and one Sierra Leonean informant to insure that the interview questions were appropriate and elicited information to answer the research questions. The responses and analysis of the pilot study were reviewed by an experienced anthropologist with extensive knowledge in ethnographic studies and an experienced qualitative researcher. The analysis served to insure that the interview questions were appropriate and elicited information to answer the research questions. After the responses and data analysis were reviewed and approved, the pilot study data was added to the rest of the research data.

Data Analysis

Data analysis of ethnographies requires the investigator to shift back and forth between the steps of analysis (Roper & Shapira, 2000). The following steps are involved in the data analysis of ethnographies (Roper & Shapira, 2000): 1) Form observations, informal conversations, and events into field notes, 2) Code field notes, interviews,

document data and maintain memo notes, 3) Sort the information and compare/contrast patterns, and 4) Summarize and display findings.

During the first step, observations from the salon, informal conversations within the salon and with the informants, and events within the salons were written as field notes. The principal investigator also documented the date when the observations, informal conversations, interviews, and events occurred. Field notes were written clearly and organized chronologically. Field notes and quotes were typed and saved on a USB flash drive. Microsoft Word was used to keep an audit trail of all the data. Field notes were written by memory after each experience in the salon and were also written discretely during the salon visit. The principal investigator recorded remarks verbatim and identified the person who made the remarks during the observations, informal interviews, and/or events. According to Fetterman (1998),"Verbatim quotations are extremely useful in presenting a credible report of the research" (p. 12). Field notes and quotes were used to provide "thick descriptions" of the data.

In the next step of coding, notes and transcriptions were read and analyzed line by line for coding. Strauss (1987) describes coding as "The general term for conceptualizing data…a code is a term for any product of this analysis" (p.20). Coded data were broadly categorized by certain phrases and terms captured from the observations, informal conversations, and interviews. The principal investigator also used the NVIVO 8.0 Software to assist in coding the transcribed interviews and notes. Memo notes, which are the personal feelings, assumptions, biases, ideas, and reflections of the researcher, were combined with the coding to aid in developing patterns and themes.

During the third step, the data were sorted and patterns were compared and contrasted. The observations, informal and formal interviews, events, direct quotes from the informants, and data related to the research questions were assessed for similarities, differences, and meanings. The themes and patterns related to the research questions were also categorized under each group identified within the study. Further analysis and sub-categorization of themes and patterns were based on demographic information noted on the demographic questionnaires (e.g., country of birth, income, and age).

In the final step, the investigator displayed the findings about the cultures of African American and Sierra Leonean women along with the cultures of the two salons. The investigator used charts and diagrams to display the themes and patterns along with the relationships between culture, health concerns, salon culture, African American women, and Sierra Leonean women. The emic and etic views of the participants and the researcher were analyzed to form themes and concepts. The themes and concepts were compared to findings in the literature. Newly discovered themes and concepts were recoded and categorized.

Summary

This research study explored the perceived health concerns of African American and Sierra Leonean women. This study used a focused ethnography to discover the role of culture on the perceived health concerns of the informants. This study provided information to serve as the basis for future research within Black populations and the development of health promotion programs that include the aspects of the cultures of the Black population. Chapter IV describes the findings and data analysis in greater detail.

Chapter IV

Findings and Data Analysis

Description of Key Informants

The key informants of this study included ten African American and seven Sierra Leonean women. The women self-identified as one of the two groups. The key informants were purposively selected during the participant observations at two salons based on their willingness to participate in the study and their ability to explain the meanings and details related to their culture, social support systems, health, health concerns, salon visits, and salon culture.

Demographic Characteristics

Demographic data were collected during the initial part of the individual interview. To protect the privacy of each key informant, a coded name including letters and numbers were assigned to the informants. Specific demographic information is displayed in Tables 1 and 2. The key informants ranged from ages 23 to 64, with the mean age of 41.9. Ten (58.8%) of the key informants were African American and seven (41.2%) were Sierra Leonean. The following Sierra Leonean ethnic groups were represented in this purposive sample: Temne, Krio(Creole), Mende, Limba, and Susu. Of all the key informants, nine (52.9%) were married, five (29.4%) were never married, two (11.7%) were divorced, and one (5.9%) was separated. Five (29.4%) were high school graduates and the remaining 12 (70.6%) had either college or graduate education. Two of the key informants (11.7%) were retired, one (5.9%) was unemployed, one (5.9%) was a student, 12 (70.6%) were employed full-time and one (5.9%) was employed part-time.

Table 1
Self-Reported Demographic Information

Informant	Age	Ethnicity	Marital Status	Religion	Education	Employment	Yr. Income (thousands)
SL-1	34	Sierra Leone/Krio	Married	Christian	College	Full-time	50-60
SL-2	51	Sierra Leone/Fullah	Married	Muslim	Graduate School	Full-time & Part-time	<60
SL-3	25	Sierra Leone/Krio	Never Married	Christian	College	Student	>10
SL-4	23	Sierra Leone/Temne	Married	Christian	College	Full-time	30-40
SL-5	25	Sierra Leone/Krio	Never Married	Christian	College	Full-time	40-50
SL-6	52	Sierra Leone/Susu	Married	No response	Graduate School	Full-time	<60
SL-7	38	Sierra Leone/Krio, Limba, & Mende	Never Married	Christian	College	Full-time	10-20
AA-1	50	AA	Married	Christian	College	Full-time	<60
AA-2	39	AA	Divorced	Christian	Grad School	Full-time	<60
AA-3	39	AA	Divorced	Christian	Grad School	Full-time	<60
AA-4	47	AA	Married	Christian	College-Technical	Retired-Disabled Veteran	>10
AA-5	46	Black	Married	Christian	High School	Unemployed	<60
AA-6	43	AA	Separated	Methodist Christian	High School	Part-time	30-40
AA-7	46	Black	Married	Baptist Christian	High School	Full-time	<60
AA-8	52	Black	Never Married	Not given	High School	Full-time	30-40
AA-9	39	Black	Never Married	Baptist Christian	College	Full-time	40-50
AA-10	64	Black	Married	Baptist Christian	High School	Retired	No response

Eight (47.1%) had an annual salary of greater than $60,000, one (5.9%) had an annual salary of $50, 000, to $60,000, two (11.7%) had an annual salary of $40,000 to $50,000, three (17.6%) had and annual salary of $30,000 to $40,000, one (5.9%) had an annual salary of $10,000 to $20,000, two (11.7%) had an annual salary of less than $10,000 and one did not respond. AA is for African American and SL is for Sierra Leonean.

Table 2 displays the primary care and women's health provider visits of the key informants. These demographics are separated by the two groups. Six (85.7%) of the Sierra Leonean informants reported having yearly primary care visits. One (14.2%) of the Sierra Leonean informants reported having primary care visits every three months. Six (85.7%) of the Sierra Leonean informants reported having at least yearly women's health provider visits. One Sierra Leonean participant did not respond. Seven (70%) of the African American key informants reported having yearly primary care visits, one (10%) reported having yearly or less primary care visits, and two (20%) reported never having a primary care visit. Seven (70%) of the African American informants reported at least yearly women's health provider visits. Two (20%) of the African American informants reported never having women's health provider visits. One (10%) reported visiting a women's health provider yearly or less.

Table 2
Self-Reported Healthcare Information

Informant	Primary Care Provider Visits	Women's Health Provider Visits
SL-1	Yearly	Yearly
SL-2	Every 3 months	More than once per year
SL-3	Yearly	Yearly
SL-4	Yearly	Yearly
SL-5	Yearly	Yearly
SL-6	Yearly	No response
SL-7	More than once per year	More than once per year
AA-1	More than once per year	More than once per year
AA-2	More than once per year	Yearly
AA-3	Yearly or less	Yearly or less
AA-4	Yearly	Yearly and/or more than once per year
AA-5	Never	Never
AA-6	More than once per year	More than once per year
AA-7	More than once per year	More than once per year
AA-8	Yearly	Never
AA-9	Never	Yearly
AA-10	More than once per year	Yearly

Diva. Diva is a tall slender Sierra Leonean woman with black curly mid-length hair. She came to the United States in 1990 and identifies with the Creole (Krio) ethnic group of Sierra Leone. She is a 34 year-old wife and mother of two. She is employed as a licensed practical nurse. During my first encounter with her at the salon, she was getting eyelash extensions. I call her Diva because of her explanation on the importance of regular salon

visits. She also likes having her nails done on a regular basis. Diva explains the importance of her routine hair appointments this way:

> I'm so particular about my hair so it's like something I do every month. I have to get it done every month, so every time I do it, I just set a time that I'm going to have to do because that's one thing I like to do.

Diva's hairstyle was different during every encounter.

Proud Nurse. Proud Nurse is a very tall Sierra Leonean woman who likes wearing short weave hairstyles. She identifies with the Fullah ethnic group of Sierra Leone. She is 51 years-old and came to the United States in 1986. Proud Nurse is quiet when one first meets her, but she talks more after she gets to know you. Proud Nurse often talked about her love of nursing with me. During a side conversation while she was getting her hair done for a job interview, she described her love of nursing like this:

> I love being a nurse and taking care of my patients. I love giving them their medicines and washing them and keep them clean. I don't want to be in an office because I wouldn't be able to be close to the patients.

Aspiring Student. Aspiring Student is a short slim American-born Sierra Leonean. She was born in the United States, but identifies with the Creole/ (Krio) ethnic group of Sierra Leone. Both of her parents are Creole. She is a 25 year old woman working on her Bachelor of Science in Nursing. She spends a lot of time studying for tests and working on her school projects. After the interview, she took a short deep breath while adjusting her eyeglasses and said, "I can't wait to be done with school and to start

working….uggh". Indeed, by the end of the study she had completed nursing school and passed her nursing boards.

Nurturer. Nurturer is a petite 23 year-old wife and new mother of a seven-month baby boy. She came to the United States as a child in 1986. She identifies with the Temne ethnic group of Sierra Leone. Nurturer is very soft spoken. Because of her soft voice, I had to ask her to repeat her name several times before I understood her. Our first interview was cancelled because of babysitter issues. We rescheduled and met at a table in Subway. With her soft voice and her baby on her lap, she apologized two or three times for having to reschedule. I reassured her that it was okay. During the interview, Nurturer kissed her baby several times and held him gently while answering the questions. When asked about her responsibilities during the interview, *Nurturer* stated:

> Responsibilities are basically are shared equally [*sic*]. My husband does half of the, you know, half of the housework. I do half of the housework. Taking care of him (gently hugging the baby). I'm with him mostly during the week. I'm with him until about seven, eight, nine o'clock at night. And maybe dad comes home and takes care of him for the rest of the night, while I try to get some sleep.

Exerciser. Exerciser is a 25 year-old single woman of small stature. She is an American-born Sierra Leonean. She was born in the United States to parents who migrated to the United States in the 1960s for educational opportunities. She is the youngest of a very closely knit family. She identifies with the Creole/Krio ethnic group. Exerciser is devoted to maintaining a regular exercise schedule to keep her healthy. During the interview, she

described these activities as keeping her healthy, “I like to do the elliptical. I do a lot of Stairmaster, a little bit of cardio resistance interval training”.

Educator. Educator is a petite 52 year-old wife and mother of two young adult children. Educator wears her short brown hair natural (without any chemicals) in the twists style. During my first encounter with Educator, she was getting her hair done by the Salon’s owner. The salon owner introduced me to her and told her about my study. Smiling, she stated, “That’s good. I’m a nurse too. I taught nursing back home. Here, I help students get ready for the boards”. The salon owner praised her for helping Sierra Leonean students prepare for the nursing boards. She described why she likes being a nurse this way:

> Because the thing is, one is nursing is very professional…it is I feel my job. And for example, where I came from when you're a nurse, you're a nurse forever until you die. And then it's very easy for women and according to our culture, even when we are in school of nursing back in Sierra Leone the men, it's like a women's job not a man.

Comedian. Comedian is a very jolly 38 year-old Sierra Leonean woman who makes the stylists and patrons laugh when she comes to the salon. She keeps her hair in a short afro, but she also wears long wigs. She came to the United States in 1997. She identifies with 3 ethnic groups of Sierra Leone; Creole/Krio, Limba, and Mende. She is a single mother of two. During an evening before a Sierra Leonean party/baby shower, Comedian walked over to the barber smiling and stated, “Hey you gotta hook me up…I want to look good”. The barber and some of the patrons laughed.

Mrs. Political. Mrs. Political is a 50 year-old African American woman who describes herself as being "passionate" about politics. She enjoys watching political news and discussing the issues during her salon visits. The salon owner referred to her as the "political one". She is a wife and a mother of three adult children. Mrs. Political has recently changed her dietary habits to help with losing weight and to become healthier. She states, "I don't fry anymore. I mean I do bake. I do do [*sic*] all those good things. I eat turkey and stuff".

Gentle Listener. I was introduced to Gentle Listener by her sister, a stylist in the salon. Gentle Listener goes to her sister for hair needs. She wears her hair in a short bob-like style with burgundy highlights. She is a 47 year-old wife and mother of two young adult children. During the interview, I asked her about her conversations and communication with the women who frequent the salon. She responded with a soft chuckle while simultaneously looking over her eyeglasses, "I'm pretty quiet. I don't talk a whole lot in the salon because you know salons can be a pool of gossip and I'm not a gossipy person. So I just sit back and listen most times".

Natural Reader. Natural Reader is petite, athletic 39 year-old African American woman. She likes to read research articles to stay informed about different issues as she describes in the following statement, "I'm a natural reader so I do a lot of research about just different things. If I happen to see an article that interests me about health, then I'll take the time to read it and ask questions like that".

As a military service member, she provided details about military culture and health issues. She believes some individuals in the military believe in "toughing things out". She described this personal health incident involving her "being tough":

> And, one night, it was here, it was a year ago, and I was upstairs. In the middle of the night, I just had this terrible pain, the same type of pain, and I was like, God, this cannot be possible because I got my gall bladder taken out. And so I'm all hard headed and that whole night I just suffered through it. I couldn't eat or sleep. I couldn't drink. I couldn't stand. I couldn't lay down. It was just horrible. So I got in my car, and I was going to drive myself to the emergency room, and then told myself, oh, you can tough this out. This is nothing. So I came back. And so, a couple of hours later, I was trying to go to work. I manage to make it to work and, as soon as I walked in, it's like this big wave of pain hit me, and immediately they took me to the emergency room. And within probably about two hours the doctor said, "Oh, I'm going to drink my coffee and you're going in for surgery".

Chatter. Chatter is an African American divorced mother of three children. She usually goes to the salon to get her hair braided in different styles. She enjoys working with at risk or troubled youth within the local area. During a salon visit, she led a conversation about African American children, role models, and mental health services. She stated, "So many of our kids need this….It's sad because they don't see Black salon owners, nurses, and/or doctors. Some of our babies don't have a chance and won't make it". She described her relationship and communication with the other women that frequent the salon as the following, "Very positive. I'm a talker by trade, by nature, so I talk to the

people that are there. They talk back and I think we encourage each other. It's great to sit around and enjoy the company of black women".

Evangelist. Evangelist is a fit, petite African American housewife and mother of two adult children. She is a former hair stylist who is now focused on her ministry. Evangelist is a very devout Christian. Evangelist described her spiritual beliefs by stating, "I'm a Christian. I stand firmly on the word of God. I'm not ashamed of the gospel of Jesus Christ". Evangelist also expressed her concerns about dietary choices of African Americans. She revealed this concern in the following comment:

> I'm a little angry with our sisters in the African-American culture because we do not take care of ourselves. Yes, food it tastes really good, it really does. It tastes really good. But the after effects, and I look at our sisters, and I look at our white sisters, and our Asian sisters, and I see how well they take care of themselves, and it seems like everything attaches itself to African-Americans: diabetes, high blood pressure, you name it. So we know this and we pray to God take down my blood pressure, but yet we're sucking on a pork chop. And so, sometimes I just get kind of angry…

Acoustic. Acoustic is a separated African American woman with three children. She is a jovial person who the salon owner describes as a "good singer". When I first met her, she came in the salon telling everyone about the new Tyler Perry's movie. She stated, "Yal I saw the new Tyler Perry movie. I'm just going to say go see it. Janet acted like hmmm….every married couple should see it"! Acoustic's voice and laugh carried

throughout the salon. Although jovial, Acoustic admits to having a lot of stress in her life. She described her life in one word, “stress”.

Newcomer. Newcomer is a good-humored, single 52 year-old African American with one adult child. She recently moved to the local area to live with her sister. She helps her sister with housework such as cooking and cleaning. Newcomer is overweight and a smoker of 35 years. Laughingly, she gives her account about her “bad habits”.

> Yeah, I smoke. I’ve been smoking since I was 15 so that’s about 35 years. I know it’s bad for me but it’s a habit. I like to smoke. I have cut back though tremendously. I really have. I know it’s not good for me but I’ve been doing it for so long, it’s a hard habit to break. I really haven’t tried that hard to break it.

Classy. Classy is a 46 year-old African American wife and mother of two adult children. She enjoys pampering herself, traveling, and going on cruises. She is the younger sister of Newcomer. During her interview at the salon, she didn’t go into great amount of detail when answering questions until questions arose about her family. Classy talked about how she’s made the food that she grew up eating “a bit healthier” for her family.

> We still like collard greens but we don’t do it with the ham hock and fatback so much. We now put the smoked turkey in it instead. We still eat the same foods we grew up with but we’re maybe using different seasoning to make them a little more healthier for us but still same food.

Voyager. Voyager is a 39 year-old single mother of a teenage daughter. She lives with her daughter and mother. Voyager used to be in the military and traveled extensively

during her military service. She described moving throughout her military career in the next statement:

> I used to be in the military, so I've moved around a lot. My mom moved in with me when I was stationed to go to a ship to take care of my daughter because she was still small so I didn't have to have a daycare. So I think this is my last move because when I got out of the military, I moved to Atlanta. So I still wasn't pretty much comfortable there. I'm trying to find my niche still and now I moved here.

Mrs. R. and R. Mrs. R and R is a retired 64 year-old African American woman and wife with two adult children and three grandchildren. She has a high-pitched nasal voice with a soft-sounding laugh. She described having a more relaxing life since retiring nearly two years ago. Smiling she stated:

> I'm mainly responsible for taking care of the house. My husband takes care of all the meals. He does the shopping. He started that about ten years ago. He does all the shopping. He does the cooking. At this time, I'd just say I have a very relaxed life. I'm not really responsible for too much of anything. He takes care of all the household expenses. I'm getting involved in household expenses, something I found out that women should do, which I'm just starting to do. I know where my money is going to now [chuckle].

Description of the Salons

Descriptions of the salons where the participant observations occurred over the six-month period are presented to provide insight into the lives of African American and Sierra Leonean women in this study. The following descriptions of the salons and events

that occurred in the salons will provide insight into the salon culture. Furthermore, the first person accounts of the salon experiences offer an understanding of the principal investigator's data collection and analysis process. For the investigator to understand the cultures of the two groups, the culture of the salons, the relationships among the people in the salons, and the roles of the people in the salon; a domain analysis of the people in the salons was completed. The figure below demonstrates the initial domain analysis of the two salons, *Neighborhood Salon*, which catered mostly to African Americans and *Sierra Leonean Salon*, which catered to Sierra Leonean, African American, Middle Eastern, Panamanian, Jamaican, Trinidadian, and other West African countries.

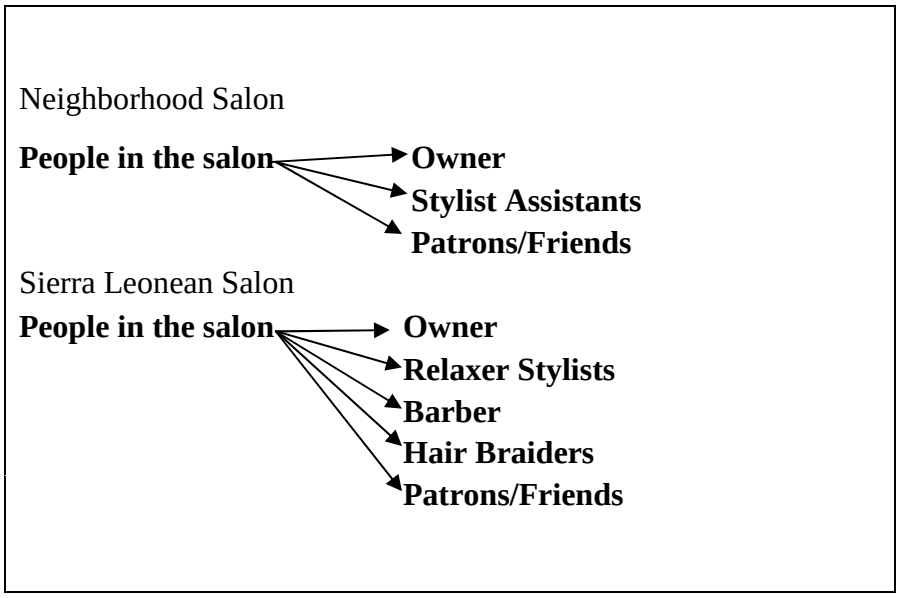

Figure 1. Domain analysis. This figure was created by the researcher to display the domain analysis of the two salons.

Figure 2 displays the taxonomic analysis which is an in-depth analysis based on the ethnicities of the people in the salons. Understanding the ethnicities of the salons assisted the investigator with learning the cultures.

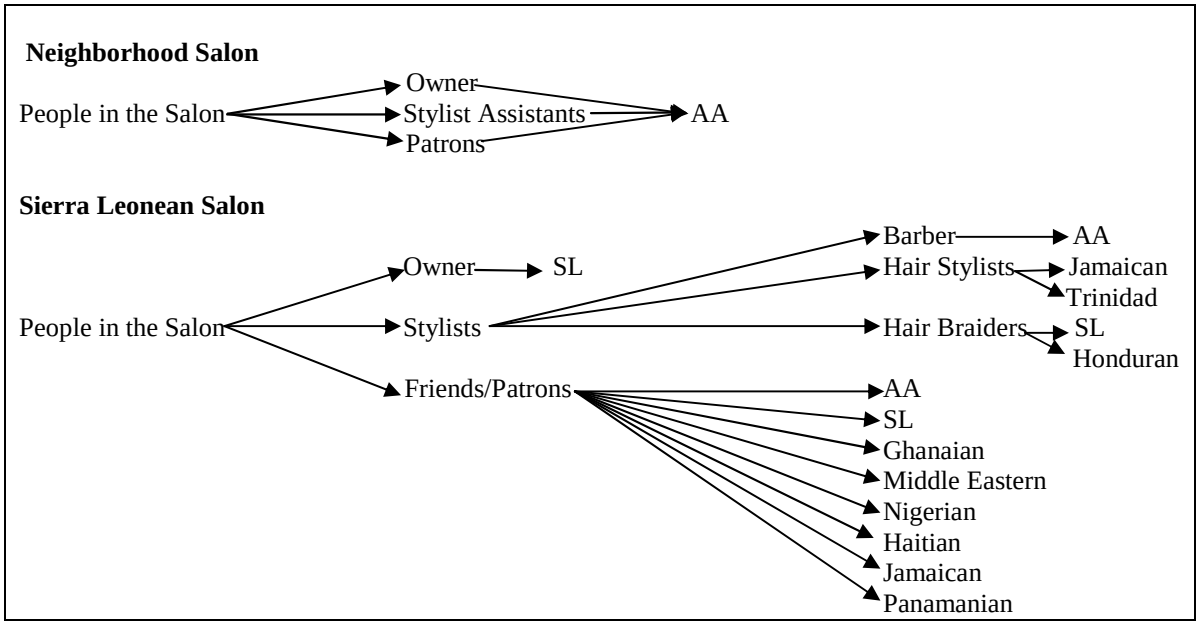

Figure 2. Taxonomic analysis of salon settings. This figure was created by the researcher to display the taxonomic analysis of both salons. AA=African American; SL= Sierra Leonean.

Neighborhood Salon

Neighborhood Salon services mostly African American women and is situated in a neighborhood of condos, townhomes, and single-family homes. The salon owner is a very short woman who wears a long black wig with a headband. The owner was the only stylist, but she usually had an assistant. Throughout the study the period, the owner had three different assistants. For a short period, another stylist worked in the salon.

When entering the salon, you are greeted with pictures of Black women with different hairstyles. The pictures are placed on the windows and the doors. One of the pictures features the salon owner, an African American woman. The salon has a large

basket beside the first hair dryer filled with old and new hair style magazines, Reader's Digest, and Ebony magazines. This assistant is a teenager who aspires to be a hairstylist after finishing high school. The small salon has five black waiting chairs with red and pink flower print seat covers, four stylist chairs, four hair dryer chairs, and two sinks. During the study, the salon was rearranged by one of the patrons. The chairs were changed to eight chairs with light brown suede cushions. A tall curio was placed in the right corner to display the earrings and bracelets sold by the owner. The owner also brought in candy, soda, tea, and chips to sell. The food items were on a shelf in front of a salon chair. Salon supplies were kept in a tall corner black cabinet with a large green plant placed on the top. I was nervous about fitting in at the salon. I wondered, "How would I be perceived by the owner and especially the salon patrons? Will the patrons act differently because I was there?"

During my first observation day, I was somewhat concerned because the salon did not have many customers. I didn't know if I would have much to observe because only two patrons visited the salon. However, I observed the relationship between the salon owner and the patrons. The two patrons were an elderly mother and her adult daughter. The elderly woman appeared to be in her 70s and was wheelchair bound. The stylist and the assistant moved the chairs to make room for the wheelchair and adjusted the hair dryer to accommodate her wheelchair. The owner hugged the patrons and asked "How are you?" The daughter stated, "We are fine. Oh, I brought you something". The daughter handed her a birthday gift. The owner thanked her for the belated birthday gift.

One factor that helped ease my nervousness was that the salon had a movie playing on the flat screen TV hung on the wall above the Deer Park water cooler. The Deer Park water was free for the patrons. Ironically, the movie, Nora's Salon 1, was about Black hair salons. We all laughed at some of the parts of the movie because of how it depicted funny events that occur in Black hair salons such as joking and conversations about celebrities. After my first-day jitters, I was more relaxed during the rest of the six-month period.

As I spent more time in the salon, I noticed more details of the salon. On one occasion, I noticed a picture of Barack and Michelle Obama on inauguration day leaning against the wall. The movie, "I Can Do Bad By Myself" by Tyler Perry was playing. Two customers were sitting under the dryer while patrons continued to come. I thought to myself, "Saturday is most definitely her busiest day".

On Saturdays and Fridays, I spent a lot of time shampooing the patrons' hair, sweeping the salons, answering the phone, and scheduling appointments. During the first two to three months, I was nervous about shampooing patrons' hair because it took a few weeks to learn how to use the sink fixtures and the correct shampoo technique. On a few occasions, I accidently sprayed myself with water, which caused the patrons and the owner to laugh.

On one busy day, the owner was walking rapidly from each work station to gather her hair products for a waiting patron, asked with a huge grin, "Could you shampoo her?" I hurried over to the sink with the patron, a middle-aged African American woman with short black hair. As I softly shampooed the patron's hair, the patron laughed and stated,

"It's okay to wash hard". The owner smiled and said, "Let me show you", as she shampooed the patron's hair "harder". I was relieved when I learned the shampoo technique.

As the owner was combing the wet hair of one of the patrons, they began discussing the salon owner's recent surgical procedure. The patron, a middle-aged African American woman, smiled and said to the owner, "Well you are fine now"! They then began talking about work hours. The stylist said "I used to work on Sundays too until I got saved. My preacher said, "Girl, you better come in and make some time for God on Sunday". Health, work, family responsibilities, food, religion, and marriage along with news and celebrity events were regular topics of discussion at every salon visit. With most of the patrons having employment and family responsibilities, relaxing was often discussed. A self-proclaimed "busy woman", plopped down in the chair after getting her hair washed. She said to the owner, "Girl, one Saturday, get you a bubble bath and a glass of champagne and relax"! The owner laughed, "I'm scared…what if I fall asleep". *Busy Woman* chuckled, "I said one glass. But add some salt to it for the pains and aches. Then Sunday you will be jumping around feeling good".

Often times, I was invited to be a part of the discussions. Invitations into conversations increased as I spent more time in the salon especially, when the owner introduced me as the "intern". However, when invited into conversations, I tried not to dominate the conversations to facilitate listening and understanding the views of the women in the salon.

I met one of the participants, *Mrs. Political*, after being introduced by the owner as "someone who loves politics…the political one". Mrs. Political came back with "That's right. I love it. But, they given Obama a hard time". The owner said to her new stylist assistant and Mrs. Political, "This is Diona, she's doing a study. Tell her about your study"! I introduced myself and explained the purpose of the study. I asked the patron if she would participate. Mrs. Political exclaimed, "Yeah"! "Yeah we ARE a little different which may influence our health". The patron began telling me about her family background and ancestry. She also described having a thyroid problem leading to weight gain. Mrs. Political said, "Anyway, we could meet at my favorite place to do the interview…Starbucks"! Mrs. Political smiled, "Well, I know I need to exercise. I know what I need to do, it's just doing it". The owner replied, "We all need to exercise and we talk about diet and exercise all of the time". *Mrs. Political* chuckled, "I know when I read your study and you say this woman needs to exercise. I will say yep that's me".

The salon owner was clearly the gate keeper. However, often times the patrons initiated the conversations and offered advice to the salon owner. One patron, a young African American woman who co-owns a group home for children, explained to the owner, "You have to do other things not just spanking. You have to do something so that they learn what they did wrong. You have to spend time with her everyday doing something like puzzles". The owner responded excitedly, "I hate puzzles. But I do something with my daughter everyday".

Sierra Leonean Salon

The Sierra Leonean salon is owned by a Sierra Leonean woman that has been in the US over 10 years. She identifies with the Krio (Creole) and Temne ethnic groups of Sierra Leone. My initial salon visit occurred after leaving the *Neighborhood Salon.* I was more nervous because I knew that this salon was larger and busier than the previous salon. This salon catered to various ethnicities of Black women because the salon specializes in hair braiding along with relaxers. The salon had stylists, hair braiders, and patrons from Sierra Leone, Jamaica, Trinidad, and Guatemala along with African Americans. The salon also has two African American male stylists and an African American male barber. The barber joined the salon during the latter three months of the study period.

When entering the salon, pictures of the owner and stylists with various hairstyles were on the windows and walls. The owner only played Christian gospel music in the salon. This salon was larger than the *Neighborhood Salon*, with ten black waiting chairs, 12 salon chairs, 12 hair dryer chairs, and three sinks. There are also 13 to 15 hair stylists and hair braiders working at the salon. The number of stylist and hair braiders varied from day to day. The shelf over the sink was decorated with two black and gold vases. There was also a picture of a Black woman clothed in a yellow, red, and green square patterned dress with a matching head wrap. A small glass table near the front entrance of the salon had new and worn hair, local health, and fashion magazines for patrons to read while waiting for the stylists. There was also a magazine stand at the front of the salon will similar magazines. Hanging on the beam over the entrance to the salon, a burgundy

and gold sign read “With God All Things Are Possible” in gold letters. Four candy and bubble gum machines were close to the entrance of the salon, in front of the two reception desks. Beside the right reception desk, there was a glass display case with different types of hair for weaves and braids. The display case also had bracelets and purses that were sold by the owner. The owner also sold Body Magic, a full body girdle, which temporarily decreases a woman’s body size. The barber chair is in front of the display case. Towards the back of the salon, there was a long black leather sofa and a wooden table with two chairs. The stylists and hair braiders ate at the table and the sofa during their down-time. In the bathroom, the gold and red boarder read, “Mirror on the wall who hairdo is the fairest of them all” [*sic*].

As I walked in on my first day, the owner immediately waved for me to come to her booth which is the first booth on the right-side of the salon. She introduced me to *Chatter,* an African American clinical social worker. She told *Chatter* about my study. Adjusting herself in the chair as she was getting her hair corn-rowed *Chatter* stated, “That’s good….well me and three of my girlfriends will participate because they will start coming here too”.

Some of the patrons described the salon as a “Christian Salon”. One patron said to me in a low voice while looking over her glasses, “It’s good that you are doing your research in a Christian salon”. During my salon visits, I was asked to be the receptionist. I also helped with sweeping and organizing the magazines on the table and the magazine stand.

Similarly to the *Neighborhood Salon,* conversations about marriage, family responsibilities, health, religion, news events, world events and celebrity news occurred frequently. Later, during the evening of my initial visit, some of the stylists expressed their feelings about Hurricane Katrina and the recent earthquake of Haiti. “They still suffering from Hurricane Katrina. White people want that land by the water. They been wanting that property”. The stylists also talked about watching Al Jazeera to get the “real news”. Other stylists and patrons chimed in about the decrease of Black communities within the Washington DC area by stating, “Yeah, just like they moving all the Black people out of DC”. Just as that social justice issue was being discussed, another conversation began related to the new healthcare reform bill. A patron of Middle-Eastern descent, a medical doctor, stated, “We’ve been busy trying to see people before this health reform”. The owner responded, “But other countries have healthcare like this, so why not the US?” The patron then countered, “My dad is in England and it took three days for just blood work and three months for surgery”.

With the various cultures represented in the salon, events and conversations relating to different cultures transpired. On one occasion, an older Sierra Leonean lady came with Sierra Leonean plates of food to sell. The plates had potatoes leaves cooked with palm oil and rice. A dish cooked in palm oil has an orange colored tint from the oil. Some of the stylists purchased plates from her. One of the African American stylists was interested in the food. She asked, “It smells good. What is it?” The Sierra Leonean handyman fixing the drawer and one of the Sierra Leonean stylists explained the dish to

her. In heavy Sierra Leonean accents, both responded, “It’s like collard greens”. The African American stylist responded, “Okay, I might try it next time”.

The salon owner was very well-known in the local Sierra Leonean community. Many Sierra Leonean women specifically asked for her to do their hair and eyelash extensions, especially during special events such as baby showers, weddings, and/or graduation parties. Unlike most traditional American baby showers, Sierra Leonean baby showers are for everyone; women, men, and children. The baby shower is a celebration held late at night and is filled with speeches, music, dancing, traditional foods, and a large decorated cake. Sometimes, the owner would have baby shower flyers to pass out to friends, patrons, and stylists.

For one particular baby shower, the salon was extremely busy. The owner had new crystal lined eyelash extensions. Some women received short cropped style hair weaves as well as thick curly hair weaves. The salon owner handed me the baby shower flyer and asked, “Hi Diona, Are you coming to the baby shower?” I responded, “I might”. “Okay bring your husband” she replied. At that moment, I felt welcomed into the salon and this Sierra Leonean community. We went to the baby shower. Many people attended the baby shower. At the entrance of the ballroom, a Sierra Leonean man and woman sat at the table and wrote the names of the attendees who gave monetary gifts of $25.00 and more. The traditional foods served at the baby shower were fried plantains, jolof rice, chicken, acara, fish, salad, fruit, and ginger beer. Ginger beer is a nonalcoholic drink made from boiling fresh ginger in water with various spices. The women, who were involved in the planning of the shower, wore pink dresses, shirts, or skirts. The owner,

who appeared to be the organizer, was wearing a pale pink traditional Sierra Leonean style dress ordained in pink crystals. The baby shower cake was a very tall cake with pink designs because the shower was for a baby girl.

During the study, I was invited to participate in a commercial for the *Sierra Leonean Salon.* The day of the commercial was a very cold and snowy Sunday. The salon was filled with cameras and photographers. The salon owner stated, “Oh Diona, I have a lot of respect for you. You came in this weather. Oh, I want you to be my natural hair client”. As a commercial participant, I sat in one of the salon chairs while the stylist pretended to do my hair. During the commercial the stylists and braiders seemed more open to conversations with me. One of the braiders said with a smile, “Hey Diona, come sit with us…don’t sit alone”. After the commercial, everyone stayed and talked about the commercial. Later, the women began talking about a woman’s body after giving birth. One of the Sierra Leonean patrons described how after delivery, a tight wrapping is placed around a woman’s stomach immediately after delivery to keep the stomach flat. A Senegalese woman, a pregnant friend and business partner of the owner, stated, “Back home nobody had a big stomach after having a baby, but here we’re fat”.

Process of Identifying Pattern Categories and Themes

The primary aim of this study was to explore the perceived health concerns of African American and Sierra Leonean women. The data analysis process consisted of relevant portions of the participant observations, interviews, and interactions with the women in the salon settings, field notes, and memo notes sorted under the following topics or domains: African American culture, Sierra Leonean culture, spirituality,

roles/responsibilities, salons, health concerns and health. Due to large amounts of data pertaining to spirituality and roles/responsibilities found during the data collection and analysis process, they were added as individual domains. After sorting the data with the corresponding domains, descriptive labels were used to develop patterns. The NVivo Software provided assistance in sorting the descriptive labels. The descriptive labels were verbatim quotes obtained during data collection. The patterns were then analyzed for themes.

Coding for Descriptive Labels

Ethnographic research allows the investigator to explore and understand the culture and lives of selected groups. Therefore, it is imperative to use verbatim quotes from individual interviews, conversations, interactions with the key informants and group members, and events occurring in the chosen settings as descriptive labels. The descriptive labels were categorized under domains that appeared to reflect the individuals' meaning. The NVivo software and Microsoft Word assisted with analyzing and categorizing the large amounts of data. Interviews and field notes were imported into the "Hair Salon" file created by the investigator. NVivo allows the data to be categorized under "nodes" which are similar to patterns. NVivo offers the ability to compare and contrast the descriptive labels and nodes.

Identifying Patterns

The descriptive labels were analyzed for commonalities and variations. After reviewing the descriptive labels, similar descriptive labels were grouped together. Descriptive labels that were grouped together were examined for a common idea or

concept. A data management table displaying the domains, descriptive labels, and patterns was created to better understand and clarify the data as illustrated in Table 3 for the *Family's Food* pattern.

Table 3
Family Food Pattern

Domain	Descriptive Labels	Patterns
African American Culture	The culture would be…we eat a lot. We love to eat. We eat collard greens. I was brought up to eat at the table with family.	Family Foods

Generalizing Patterns

After discovering the patterns from the descriptive labels, the patterns were assessed for themes. The themes were compared to the literature review. The investigator sought confirmation from the literature review along with uncovering new themes and contextual meanings related to African American and Sierra Leonean culture and health concerns of women.

Field Notes

The investigator wrote field notes during each salon visit and after interactions with the key informants and group members. Because of the nature of ethnographic research, it is difficult to balance being a part of the cultural group as well as the investigator. However, maintaining field notes helped the investigator balance the dual roles. Details from the salon visits including conversations, events, and scenery descriptions provided the investigator with a basic understanding for the cultures. The

field notes also assisted with the clarifying information from key informants. Additional interview questions were added based on details found within the field notes. For example, because of conversations in the salon and answers from the first few interviews about individual health concerns, the investigator added the following question for the domain of health concerns, “If you could do anything about your health concerns, what would you do”?

Memo Notes

The memo notes of the investigator evolved over the study period. In the beginning, the investigator recorded a wide range of thoughts, ideas, assumptions, and feelings based on the observations, interviews, conversations, and events. However, as the investigator spent more time in the salons, the memo notes began to reflect major concepts such as trust, friendship, family bonding, pride in culture, control, prevention, and support. The concepts were further evaluated during individual interviews. The investigator interacted with most of the key informants on several occasions during their regular salon visits. Therefore, clarification of concepts and themes were done during the regular salon visits.

Saturation of Pattern Categories

The investigator recognized data saturation when data appeared to recur during the individual interviews. When the investigator identified data as saturated, two to three more interviews were completed for confirmation of data.

Member Checking and Transferability

To achieve member checking, the investigator discussed the patterns and themes with some of the key informants. The key informants were contacted via telephone and face to face meetings. According to the key informants, the patterns and themes illustrated their meanings and interpretations of the domains of the study.

The investigator also discussed the findings of the study with members of the two groups to establish transferability. As reported by the members, the findings of the study were representative of African American and Sierra Leonean women.

Salon Domain

The investigator chose salons as the setting to carry out this research. African American and Sierra Leonean women gather at salons. The patterns for the salon domain are salon culture, salon conversations; and salon and life. The following themes emerged from the data about the salons: refuge, friendship, body image, and trust. Furthermore, the concepts that transpired in this study demonstrated why the salons are places where culture is expressed along with discussions of health and health concerns.

Salon Culture

Salon culture and the refuge theme were illustrated in the interviews of the key informants. *Aspiring Student* expressed the salon environment in this way, “It’s a place that you can go to just relax. It’s kind of like a social place when they’re together. I like getting my hair done. I get my hair done all the time. I don’t often go to the salon but, when I do go, I enjoy my time there”. The following is *Voyager’s* description of the salon environment:

> I think it's a good outlet. When you're in the hair salon, you have to have a rapport with your hairdresser first of all. I think you have to build a rapport with your stylist. It's an outlet because you get a chance to listen to everybody, what's going on with everybody else, and especially when you're having a down day, going to the beauty shop kind of gives you something to look forward to. It gets you away from everything. It's an outlet, and you get to talk, and sometimes when you're having a bad day, you think you've got it going until you listen to everybody else's stuff, and it's like, wow! It gives you a new, when you walk out; you feel a whole lot better than when you first went in. It's an outlet.

Mrs. R and R described the salon environment in the following statement, "It's relaxing. That's what I go for, relaxation, and I just like being around other people. Sometimes you just want to be around other people and going to the hairdresser you can find that".

Salon Conversations

The key informants described how topics of conversations are discussed in the salons. The salon environment seemed to be a trusting environment that promoted friendship building which led to discussions on various topics. On one Saturday afternoon while I was sweeping the *Neighborhood Salon*, the following conversation about childhood vaccines was initiated by two patrons:

Patron #1: "My daughter was asking me about the HPV vaccine. I was like no...There hasn't been enough research. Now girls are dying from it".

Patron #2: "I know…I don't trust them. You know like that Tuskegee stuff".

Patron #2: "And where did this Autism come from? I think it's the vaccines".

Patron #1: “Yeah because if they miss the vaccines then the schools double up on them”. These exchanges among salon patrons suggest that, trust and friendship are associated with salon conversations. The “Tuskegee stuff” refers to the Tuskegee Experiment beginning in 1932, was a forty-year experiment that misled 600 black men into believing that they were being treated for syphilis, but in actuality treatment was withheld to study the progression of the disease. At least 128 of the participants died because of the Tuskegee Experiment. Penicillin, available in the 1940’s, was the treatment for syphilis (e.g., Faden et al., 1994).

Educator gave her account of how conversations start in the salon in the following, “We are very friendly. Very, very friendly. And as you met me today, I see you one time, we start talking that's it”. *Proud Nurse* explained, “You learn from people talking stuff and listening to conversations. Sometimes you hear something that will make you laugh. Sometimes you come, you don’t feel like you’re tired but being around other people sometimes make you feel better”.

Proud Nurse also described her take on health conversations in the salon in this statement, “Mostly what I hear is weight. Weight, weight, weight. That’s the main issue”.

During one busy evening at the *Sierra Leonean Salon*, the issue of weight came up when *Diva* walked into the salon. Smiling and looking at *Diva*, the owner stated:

“Oh, I want to be like her”.

Diva laughed.

Owner: “She eats all of the time”.

Researcher: “A lot of times smaller people eat more often. I guess we should all start eating more times a day”.

Owner: “Yeah, but small meals.

Researcher: “Yeah”

Owner: “They need to have a pill that melts the fat away”.

The Sierra Leonean owner also planned to have a family friend, a personal trainer, to give exercise tips to the patrons and stylists. The owner and the family friend discussed having a regular day and time to provide exercise information.

Acoustic also reported health conversations pertaining to weight. She stated, “The main issue is weight, weight, and back problems”. *Diva* described conversations amongst women of different backgrounds in the *Sierra Leonean Salon* like this, “And she has a lot of American customers as well, so it's to the point that we, all the women, we just communicate whether you know each other or not. So, if I meet someone there I'll just say hello then we start”. *Chatter* stated, “There’s a lot of good music, positive conversation”. *Chatter* described salon conversations like this:

> Oh, yeah. I mean, everything comes up in the shop, so it just depends on who’s talking about what at any particular moment. I mean, a lot of conversation sometimes is around children, childbirth, having kids, why you can’t have kids, and then sexually transmitted diseases, and how do we educate our young people. I think that’s always a big topic for us. And then I think sometimes preventive health comes up just because we black people are not trusting, I think, of the

> healthcare system. And it's always good to kind of listen and hear what people in our peer group are thinking about and discussing.

Exerciser described the following account in the salon related to a particular health conversation, "Well I was in there once and the owner asked me, said "Oh, you're getting smaller and what are you doing to get in shape"? So we just discussed and I think another lady was there and we discussed working out and healthy eating". *Nurturer* described a particular account of salon conversation in the following description:

> I mean we tend to meet all types of people in the salon. You know you might come in today and meet like, last time I came in I met a mother and we just sat there and we just started talking. She just told me a whole lot of different things about her and her family. I grew up in Albany, New York and she was from I think Syracuse or Buffalo, actually Buffalo. So and my little brother goes to—is in college in Buffalo. So yeah, we had a lot to talk about. So you know every time you come in you might meet different people, you tend to talk to them.

Salon and Life

The role of the salon in the lives of the key informants was captured in the interviews. The pattern of salon and life revealed the themes of body image and refuge. On one occasion while I was organizing the new and torn magazines on the glass table in the *Sierra Leonean Salon*, an African American patron told another patron: "A poor Black woman if she doesn't have anything else she will get her hair done. We need it for our self-esteem". Salon visits appear to be an integral part of the lives of these women. One Saturday afternoon while I was assisting the *Neighborhood Salon* owner with

twisting the dreadlocks of a teenage boy, a middle-aged African American patron of the new stylist began talking about the salon visit in this conversation:

Patron: “I am glad I came here. I needed this for myself”.

Stylist: “Yeah, you need to pamper yourself”.

Patron: “Yeah, I work two jobs and I’m in school”.

Stylist: “So you need to relax just from the traffic alone”.

During the interview, *Natural Reader* stated, “I feel like it’s a part of my life. I have to go because I feel like; I think most women they want their hair to look nice, that they feel better when their hair looks nice”. *Acoustic* reported, “It makes me feel like a better person and getting my hair done makes me feel pretty”. *Comedian* described how the salon affects her life in the following, “Well, in a way it helps de-stress, because you come here to have fun and then go home and there will be stress”. *Mrs. Political* exclaimed, “It is definitely a part of my life. I used to do my own hair but that was when I couldn’t afford to go to a salon so now it is a part of relaxation for me, you know, taking care of me”.

African American Key Informants

African American Culture Domain

The culture of African Americans as described by the key informants showed the following patterns: family, practices, holiday celebrations, family foods, and role of church. *Gentle Listener* described her culture in this manner while laughing, “Southern. Old school, which these kids today have really changed all that. Try to keep tradition

with my southern roots, especially when it comes to cooking and how to raise the children and the home remedies for certain illnesses".

Family

The pattern of family, showed the role and importance of family in the lives of African American women. Faith, love, and support surfaced as the themes of this pattern. When asked to describe their culture, all of the key informants mentioned family as noted in the following excerpts. *Chatter* and *Mrs. Political* discussed the importance of family and believing in education for the family youth. *Mrs. Political* stated, "We believe in education for our kids". *Chatter* stated, "Wow. I find us to have a very fluid, open, but closed culture that's grounded in faith, and centered around family, and we have a very strong work ethic which I'm very proud of alongside of education, and God blessed us with the gift of travel, so we're travelers".

For some key informants, family members were not physically close, but they maintained close bonds. *Natural reader* described her family as "My family, family close military we are spread out, but still very close". However, two of the key informants revealed a lack of family closeness outside of immediate family relatives, but that "closeness" remained with their immediate family members. All of the key informants had a family support system, but the characteristics of the family support system varied among these key informants. *Voyager,* described her pattern of family as, "My mother, I think we became closer when she moved in with me to help me take care of my daughter. So it's really-my family's being able to be really small because we don't keep in contact with our relatives because of other family issues going on". *Evangelist* associated her

physical home to her family. She described the relationship between home and family as follows:

> Our home is a home of peace because I tell our children there's a difference between a house and a home. A home has love in it. So, when you put your key in that door, if you don't find peace anywhere else throughout the day, once you step over that threshold, you should find peace in your home. So I believe in having a peaceful home and dealing with the issues as they come up.

The investigator also acknowledged togetherness as a theme related to the pattern of family. *Mrs. R and R* referred to family togetherness as, "Our traditions in our family are like we get together on holidays, funerals, and things like that you get together, and we seem to enjoy ourselves when we get together". *Gentle listener* described togetherness in her description of their family reunions by stating, "Well, we have a couple of reunions. My family itself is so huge. My father's side of the family, every May, the Memorial weekend, we have a reunion for that part of the family and there's always one uncle who does the fireworks all the time and also brings in the venison". *Newcomer* expressed togetherness in the following:

> We have close relationships, especially with my family. I'm a very family oriented person. I love my family. We have a good time together. We laugh, act stupid. When we all get together, it's like – I have four sisters and man, when we all get together, it's like a big party and then we all have kids and then they have kids so we have a very big family. Lately it hasn't been as much as it used to be because everybody's getting older and moving away and stuff like that but when

> we do get together, we have a really good time. I try to talk to my other sisters everyday or at least every week. My nieces and nephews, I call them or text them and stuff. We stay in touch.

Cultural Practices and Beliefs

The pattern of cultural practices and beliefs revealed the following themes: old remedies and traditional beliefs. Many key informants described participating in home remedies as children and as something older family members still practice. *Evangelist* stated, "My grandmother did do those things from the Castor Oil on down. But, no, I kind of broke off". However, some of the remedies were still practiced. *Gentle Listener* offered the following remedies, "Vinegar, drinking some vinegar every day can help you. Epson salt in the bath along with vinegar to try to help soothe the aches and pains". *Natural Reader* laughed about using a particular home remedy as an adult in the following statement: "But the Castor Oil, I'll be honest. I took some as I was an adult. That Castor Oil didn't do anything [laughter]. I'm like, I was waiting for something to happen because you know, I'm like, I just remembered it was just this nasty stuff, but yeah, that's one". Castor oil was used daily to prevent sickness. Castor oil was mentioned as an aid in cold symptom relief and an aid in the labor and delivery process. According to *Chatter*, "I had it that Friday. I just went out of work that day, took a tablespoon of Castor Oil maybe Saturday. Went in labor Sunday morning two weeks early and then messed up my time off". *Chatter* discussed her parent's and grandmother's role with home remedies in her family in the following:

> Get the blessed oil. That's what my grandmother said. I need ear surgery. She said no, girl, don't go to the hospital. Take some blessed oil, heat it up, pour it in your ear, lift your hands, yeah, uh huh, pray. My dad for a long time when we were little, he made us drink cod liver oil. He believed and I can tell you, if it didn't heal you, it made you feel like you was better so that you wouldn't have to take anymore. Cod liver oil was a big deal growing up. My kids don't know nothing about that. My grandmother lived by sweet oil. You know, my mother, hot bath, put some bleach in your water. That's going to clean up everything.

Classy recalled a moment in her childhood in which she used a home remedy during an incident at school in the following description:

> When I was at school and I'd have a lot of nosebleeds and the teacher's telling you, "Hold your nose, hold your head back, do all this stuff." My nose would just – I kept saying, "Give me a paper sack." Finally, they called my mother and say they can't stop it. My mom said, "Give her a paper sack." They gave it to me. My kids even know. We tear it in a square and you fold it a couple of times and you just wet it with your spit and you pack it. What it is the pressure that it's pushing and it helps the nosebleed stop.

Mrs. Political described her account of home remedies, "I do believe that vinegars and things like that that we used to grow up with, I do use vinegar in certain things because I think it does help. I just believe in old remedies. I don't know if it keeps me healthy". *Mrs. R and R* described why home remedies were used within her family in this account, "So I really don't know what that was, but it was definitely at that time during the time

my grandmothers lived, they had remedies. Doctors weren't something you did, so right now doctors are something like really new in the last 40 or 50 years. We never really went to doctors as kids".

Similarly to home remedies, traditional beliefs related to the supernatural powers of certain actions and foods were practiced during their childhoods. Some of the traditional beliefs involved eating specific foods on certain holidays for prosperity. *Classy* described a specific food for New Years, "There was a certain tradition but I don't stick to that so much. You know for New Years you have to have black-eyed peas…". However, one key informant revealed continuing certain cultural practices based on traditional beliefs. *Voyager* described the particular practices in the following:

> The sweeping, we have you can't sweep outside after dark. Don't put the trash outside because you're killing somebody out. I'm really stuck in that and it's really a struggle for me to not do it. I mean, taking trash out at night, oh no. I would not do it. And I wish, that's a tradition it was never brought on me, because it's really, really hard for me to get of it because I've still got that, even though I believe in God, and I know God's going to lead me the right way, it's still back there. Don't do it because something is going to happen and it's like I'm walking on tip toes, because I have even gone to the fact where me and my daughter would be out, and my mom, and they would throw something away, I would actually go in the trash can, and go get it. So that's getting to like the extreme.

Holiday Celebrations

Holiday celebrations were considered very important parts of the culture of the key informants. The pattern of holiday celebrations revealed the themes; social gathering and tradition. *Acoustic* described her family related to holidays and celebrations, "We are typical Americans. We celebrate everything and believe in family time, a lot of good family time". *Chatter* described holiday celebrations and her family in this way:

> We all get together and we all love Christmas. I think that's our favorite holiday, hands down. So that's a big, big deal in our family. Well, we do Christmas in July and that's a big deal for us. Easter is a big deal. We've gotten away from that because we've gotten older and we started to kind of view the world in a different way but, when we were younger, sunrise service, new dresses, Easter, Easter, Easter, like the big deal.

Similarly to *Chatter's* family; *Natural Reader, Classy*, and *Voyager's* family have a traditional way to celebrate Christmas. According to *Natural Reader*, "For ours it's holidays. We are expected to either be at, I only have one sister and that's it. It's just us two. But we are expected to be together for either Thanksgiving or for Christmas and that is the big social gathering of the year, yes. Wherever that is, it's going to be somewhere and we're supposed to be there". According to *Voyager*:

> Yeah, the holidays. The holidays were always, I remember Christmas. Every December, my grandfather would go out and get the fruit, the nuts; we would set the table up. You put the Christmas tree up. It was the same thing. You wake up. My mother would set my toys out and Santa Claus is coming. Then the next

> morning you wake up, you eat breakfast. That was something that was like clockwork. It was done every December the same thing. Then the end of the year, you're putting everything up before the New Year comes in.

Classy described her family's Christmas tradition in the following:

> The only thing that we do like for Christmas, we just have this thing, we all come down the night before on Christmas Eve and we all get to open one gift and then so we just sit there. It's our own little family thing which is one gift on Christmas Eve but other than that, I don't think anything too much different. We just wake up in the morning and we open our gifts or whatever and eat breakfast.

Birthday celebrations were also mentioned by the key informants. *Mrs. R and R's* family celebrate birthdays as a tradition. *Mrs. R and R* stated, "Birthdays are a really big tradition. You really celebrate your birthdays. With us, we always go out to dinner. With our kids, it's never been really big birthday parties, but we would always go out to dinner. If it's your birthday, you pick where you want to eat, and that's been since the girls were about five or six years old".

Family Foods

Among these key informants, food emerged as the center of family celebrations, holidays, and family moments. Therefore, the pattern labeled family foods was given by the investigator along with the theme of family bonding. According to *Comedian*, "We celebrate by cooking and eating. If somebody passes away, the celebration of life after the funeral is eating. We pretty much just get together and cook and eat". *Natural Reader* stated, "Well, when it comes to food, there's always for Thanksgiving there must

be a turkey, but for Christmas there must be a ham. Don't ask me where that came from". *Chatter* described the cooking expectations for different family members in the following:

> My older sister… she's the big exotic Caucasian like dishes so she'll do a shrimp wrapped in something, which is always good. She always come up with something like, where are you from anyway, old stuck-up one? And then baby girl, she do whatever she want because she's the baby. And then my sister above me, she usually will buy something because she's not a big cook. So everybody, and then my dad's an excellent cook, so my dad usually will do the main, if we have a main meal, but not Christmas in July because he's on vacation, but all the other main dinners; Christmas dinner, Thanksgiving, my dad cooks everything. Duck, Cornish hen, turkey, ham, and then he does all of his southern stuff, so he'll do sweet potatoes, and he does everything homemade; macaroni and cheese, greens, black eyed peas, chitterlings, he's the truth.

Evangelist discussed her family's dishes during their family reunions as follows, "I grew up in the country. I was reared in the country so your corns, your vegetables, your fish-and-chips, all that country stuff that they had back then, that's still how they do it now". *Mrs. Political* described a traditional family dessert in this account, "My parents have, my mother's family has this special pineapple dessert that people come over and only a certain number of us cook it so they're like if these people come to your house you have to have that dessert because not everybody fixes it so my mom and dad are huge

cooks so but you know they're in their eighties and seventies, late seventies so they're doing okay".

Role of Church

In individual interviews, some of the key informants emphasized the significance of the Church and their families. The central theme was churchgoing. *Chatter* stated, "And then church stuff which has been traditionally like our big deal: church anniversaries, when we were all together. If the church had something, that was our tradition. So the Lord plays like a center part". Some of the key informants reported being reared in church as illustrated in *Newcomer* and *Mrs. Political's* statements. *Newcomer* stated, "I was born and raised a Baptist". The following was *Mrs. Political's* account of Church and God, "I've been knowing Him since I was a little girl through my parents but accepting Him for myself I was always in the church as a teen so". Decisions to not go to church were also described by some of the key informants. *Voyager* stated:

> And I don't want to be judged because I don't go to church because I believe in God, and I think I feel like I have more of a pressure where, if I don't go to church, people think I don't believe in God, because I don't want to be sitting in church because I want to be there for show. I want to be there because I'm spiritually led there. And then you have all this politics that are involved in churches now. They're getting way off the subject at hand. So I'm still in between, I don't know what to do.

Spirituality Domain

The key informants provided a variety of descriptions related to their spiritual beliefs. The domain of spirituality revealed the patterns of Christianity and spiritual beliefs on health. The following themes emerged from the patterns: relationship with God, and God's help.

Christianity

Many associated their spiritual beliefs with Christianity or going to church. However, *Gentle Listener* reflected the theme of relationship with God and differentiated her spiritual beliefs from churchgoing in this account, "I believe in God and I know God is good. I just don't quite believe in things I don't believe. Going to a church is not necessarily the best way anymore because it's only crooked pastors and I've seen too many of them. So I pretty much just (pause) me and God and the Bible". *Mrs. R and R* reported, "I have a spiritual belief, but I don't go to church on an every week basis. I sit, and I read my Bible, and I believe in God, and I know there is a higher power". *Voyager* stated, "Okay. Well, I believe in Lord Jesus as my Christ and Savior. I think sometimes I pray every day. I know I have to count my blessings and sometimes I think I need to do more". In a brief description, *Natural Reader* stated, "I believe in God. God directs my path". *Chatter* provided this detailed depiction of her spiritual beliefs:

> I'm a born-again Christian, but I'm a very unconventional saint. I'd have say, and I think a lot of it has to do with my personality, and then my job. I am very open minded about a lot of things, although I come from an extremely traditional Holiness background and I do know that everything that's in the Bible is true, but

> I also understand God's grace and favor. So I think my relationship with the Lord is one that is of utmost importance, but I also kind of get, because I don't know the mind of God, but I get Him better than, I think more than your average church person who thinks that God is in a box and you have to do stuff a certain way. Yeah, so I'm an unconventional church person, I guess, a saint person... I think my health concerns are minimized by the fact that I take very seriously my spiritual health along side of my mental health, and I think all three of them are interconnected, and the more you attend to each one of them, the better the other will be.

Spiritual Beliefs on Health

The key informants were also asked about the relationship between health and spirituality which the theme of God's help developed. The key informants were asked "Do your spiritual beliefs have any impact on your health"? *Newcomer* responded, "Yeah, I'm sure it does because I'm not a person who likes to go to the doctor all the time. You know what I'm saying? I think the Lord is the ultimate doctor, and I just don't like going to doctors all the time". *Mrs. R and R* reported, "I think it does. Yeah, you believe that God can help you with problems, either physically or mentally. I think if you believe enough, it will happen, although I know if you get really sick, if it's time for you to go, it's time for you to go. I believe that too". *Evangelist* answered this way:

> Oh, my God! That, you don't have enough paper for me to add so that, once again, before salvation and after salvation, oh, my goodness! Before salvation, headaches, stress, blah all the time. After salvation, girl, and studying constantly

> every day the word of God—Praise God!—I can, okay Lord, this is hard. I'm going to need you to take this because your word said, and then you just find yourself coming on down.

Although, most of the key informants expressed a relationship between health and spirituality, two of the key informants, *Classy* and *Acoustic* denied a relationship between the two. However, *Acoustic* and *Mrs. Political* provided similar explanations related to God and doctors. *Mrs. Political* stated:

> On my health? I don't know if I'd lay my spiritual beliefs on my health because I just believe like when it is my time it is going to be my time but I do know that I need to be healthier to expand my own time. I do believe that. I mean this body is run by a lot of things that God gave us for a reason so we do have to respect medicine. I do respect medicine. I don't believe that it is just God. I believe that God gives doctors the rights and the knowledge and the knowhow to tell us what we need to do what's best for us.

Acoustic expressed her belief about spirituality and health like this, "It doesn't, but I believe doctors are put on this earth for a reason".

Roles/Responsibilities Domain

The domain of roles/responsibilities reflected these three patterns; motherhood, head of household, and wife. The following themes emerged from the patterns: multitasking and nurturing. All of the key informants were mothers except for one, but many reported being the head of household. *Natural Reader* exhibited the theme of multitasking in this statement, "I'm in charge of everything. I was recently divorced, so

right now I do all the stuff; maintenance of the house, upkeep of the cars, with the finances, that's me". *Chatter*'s changing role/responsibilities of motherhood are reflected in this account:

> I think it has gotten a lot better in the last few years because my babies are now 12, and 13, and I have one in college, so I've trained them well enough to know that I have to give orders and do significantly less. So I try to cook and do the dishes. I keep my room clean and give a lot of orders [chuckle]. And then it's just like I said, the three of us, so.

Classy described her roles/responsibilities this way, "I'm not the head of household but I'm co-head of household I guess so I jointly take care of the household with my husband". *Acoustic*'s roles/responsibilities point toward the theme of multitasking which was illustrated in these words, "I take care of my children and make sure they are well taken care of and cleaning the house".

African American Hair Salon Patrons and Health

The topics related to the domains of health concerns and health of the key informants will be discussed in this section. The patterns for health concerns are: definitions of health concerns, individual and family health concerns, and addressing health concerns. The health domain has three patterns; overall health, effects on health, and health management. The following themes became apparent: self-care, responsibility for self, self-improvement, realization, triggers of stress, prevention, and lifestyle modification. Verbatim quotes will be used to illustrate the topics of health and health concerns of the key informants and their families.

Health Concerns Domain

Definitions of Health Concerns

The pattern of definitions of health concerns revealed the themes of self-care and responsibility for self. *Chatter* defined health concern this way, “Health concern: anything that’s going to impede your ability to do what you can, the best that you can, based on your physical body”. *Mrs. Political* characterized health concern in this manner, “Anything that’s going to cause me to not live past the age of fifty because that’s what I am. I mean really seriously”. *Evangelist* stated, “I don’t know how to verbalize that. I mean, basically, it sounds like it describes itself”. *Natural Reader* described health concern this way, “Health concern to me is like what is it about you, what do you think about yourself that triggers what you need to be healthy”. The following is *Voyager*‘s description of the term health concern, “The things that you know that you can take care of beforehand, like women with breast cancer, how it can be detected quicker I think because my best friend's mom had breast cancer, it makes me a little bit more assertive with doing the self breast exam, and going to the doctor”.

Individual and Family/Friends’ Health Concerns

Discussions in the salons and interviews illustrated one particularly overwhelming health concern topic for nearly all of the key informants, which was weight control. Weight related conditions and stress were also discussed. The themes of realization and prevention are also reflected throughout this section.

According to *Classy*, “Weight, mostly just weight. I myself am pre-diabetic but other than that, everybody’s in pretty good health”. *Gentle Listener* described her friends

and family's health concerns in this statement, "Well, my family it's diabetes, high blood pressure, cholesterol, cancer, most definite. With friends it's menopause and I guess you could say some sexual dysfunctions". In describing her individual health concern, *Gentle Listener* reported, "For me, I'm diagnosed pre-diabetes right now and that's a problem because I can't exercise like I want to. And the weight, I'm trying to keep it under a certain number and don't let it go over that. But I can't exercise like I used to". *Newcomer's* illustration of her family/friends' health concerns were:

> Probably mostly like high blood pressure and weight gain because a lot of us have gained weight over the years and we struggle with it. We do different diets and stuff. We try to tell each other what works and what don't. Personally, I have high blood pressure which runs in my family. My mother has it and I have another sister who has high blood pressure. Everybody else is pretty good on the blood pressure. Recently, it's been colon cancer. I have a sister that passed away from colon cancer so we all trying to get the colonoscopies.

Mrs. Political also referred to weight as her individual health concern as noted in this quote:

> You know how you go on a diet and you're just sick of diets. Well finally I think I'm at the age where it is like but I'm also sick of weight and I think that's the point I had to get to. I'm just sick of weight, carrying it. I don't have to and I'm not eating those things so it's like well what is it? Something has got to be wrong so my doctor has been trying to adjust my medicine to see if it is my Synthroid

> because my metabolism doesn't work. I mean that was the key. So okay what can I do? Now I want to know. What is it now? What can I do?

Voyager described her health concern in the following account:

> So health to me is your yearly maintenance just to make sure everything is going right. Like I said, I think because my best friend's mother had breast cancer, it makes me more aware of the things that you need to do, things that you don't really think of, like when Coretta Scott King got ovarian cancer. It was like, wow. So you're just like, okay, you have to do that. You get a certain age and they tell you don't have to do this, but I think you still need to because you get kind of lax about it. Then that's when things happen, and then it could have been avoided.

Addressing Health Concerns

During my time with the key informants, various discussions about how to address their health concerns emerged. This pattern also exposed the themes of prevention and lifestyle modification. *Classy* voiced this approach to addressing weight issues, "I'm lazy so I would like somebody to just set my diet for me and tell me, This is your menu. You just eat this". *Gentle Listener* offered the following as an approach for prevention, "Get a complete body scan to find out everything that is going on and make sure everything is in working order". *Voyager* stated, "I think I would try to, I mean, I don't think there's a big enough issue on trying to find the cure for breast cancer. I really don't. I don't really think anybody is really trying to do anything or trying to, and the thing about cancer is there's not a cure for it, and even though my friend, her mother was

in remission, it spread somewhere else". *Mrs. R and R* described approaches to addressing her health concerns in this manner:

> Just people to be really aware. Just because you're walking around feeling good that's not saying you're insides are doing right. My mother was never sick. I mean, I'm talking to her on the telephone and an hour later I get a call that she's had a massive heart attack. So we have to definitely go to the doctors and check ourselves out. We can't just believe that, oh, I feel good, I'm jumping everyday, I'm walking and jumping No, we have to go and get things checked out because I never knew I was diabetic until I was scheduled to have surgery.

Chatter offered a suggestion with regard to the maintenance of health:

> Give us the money to buy the foods. Really, I don't even want the money. I need a personal chef, yeah, just to handle that; somebody who could cook right and buy all the stuff you needed because I think that would, half the problem I think is the lack of resources to get, and that means the time, the money, the energy, and then the know how to get the right foods on the table. And then the rest is just choice, like everything else, but I think what hinders us and hampers us the most as people is we don't have the right resources to get the job done consistently every day. Yeah, so I would do a personal-chef person.

Evangelist discussed a personal plan to address her health concerns related to obesity. She stated, "I would love to start an exercise program and God gave me, two years ago he gave me the name of it, and it's called Divine Bodies: D with a little asterisk over it, vine bodies, Divine Bodies, and he showed me the scripture for that as well: divine bodies

healthy from the inside out, mm hmm". *Natural Reader* expressed addressing her concern related to doctor visits and African Americans in the following depiction, "The parents have to be able to show their children that, when you go to the doctor or there's something wrong with you, you say something. And it's okay to ask questions. That's what they're there for. But it's a cultural thing and it's a generational thing and, if we don't break the cycle, it will continue".

Health Domain

Overall Health

A few of the key informants provided very detailed descriptions of their overall health. Self-improvement appeared to be the overriding theme of overall health. The key informants described their health status and described methods to improve their health. However, some provided very concise descriptions of their overall health. *Evangelist* exclaimed, "Thank God I'm quite healthy". *Classy* provided a brief description of her overall health in the following remark, "Fair. It's not excellent. I'm overweight". Acoustic used a one word answer to describe her overall health, "Fair". *Mrs. Political* stated, "It could be better. Actually I don't ever get really bad health reports. I mean I think my health now is linked to my thyroid but medically I don't ever have any of the major issues that I'm aware of. I'm not on any other medication. I can say that". In this section, a few very detailed verbatim quotations will be provided. *Newcomer* characterized her overall health in this account:

> My overall health is pretty good. As a matter of fact, I just had a physical, and I had all of these tests done and I was expecting for my cholesterol to be sky high

> and all of that stuff and everything turned out to be good. I'm like, "Okay then, why's my knees hurting?" Everything turned out to be pretty good. I am overweight though. I do need to lose weight but other than that and my blood pressure, I'm pretty healthy.

Chatter gave her portrayal of her overall health in this account:

> I think I'm very healthy. Yeah, I feel healthy, but I have some health considerations I need to address, but overall, I think I'm very healthy. The Lord is good. I very seldom get sick. I have asthma, but I think they lied to me, but I do have it. I've always had a chronic ear condition that's gotten worse over the last five years. I'm fat, but I'm getting better—excuse me—and that's all. Like my biggest problem is I could stand to lose 40 pounds. My asthma will stay with me—I'm cool with that—and a bad ear.

Voyager's response to the question of her overall health is reflected in this portrayal:

> It's okay… I think because the biggest thing are my migraines. When I was in the military, I kind of exercised because I had to, but when I got out, I didn't. I stopped. So, I think if I exercise more my health will be a little bit better but, because I have migraines, and I have back problems, I try to stay away, so that's why I'm trying to get into this belly dancing to see if that'll kind of help a little bit.

Effects on Health

The key informants also provided information related to factors that affect their health. Based on the informants' account, *triggers of stress* emerged as a theme from the data. *Natural Reader*, *Voyager*, and *Acoustic* identified stress as a factor. *Natural Reader*

explained, “For me, stress is a big problem because stress causes me to lose sleep, worry, that kind of thing. I don’t eat right and so it just affects a lot”. *Acoustic* mentioned stress like this, “Stress. Certain things I eat make me stressed because when I get stressed sometimes I just do two things, either eat or just shut down”. *Voyager* described her account of stress and health in the following:

> My biggest thing is I'm trying to figure out how to deal with stress. I don't handle stress very well. With me, when I get mad or irritated, I instantly get a migraine, so I've been trying to find some kind of stress relievers, because my biggest thing is my stress. I don't have a good stress level and I think that would be the thing that put me in the hospital because I don't know how to deal with stress very well.

Mrs. R and R describes what affects her health in the following:

> Yeah, I think my health is affected a lot when I get upset. I worry more than I should worry. When I know someone is sick, that affects my health. I get into a shell which I'm just coming out of now from the death of my girlfriend. Just little things like that. I try to keep myself calm, but I get excited very fast about things. I take on other people's problems that I shouldn't take on. I try to solve other people's problems that I know I can't solve, but I try to be an open ear. I guess that's about the main thing.

Classy discussed the effect of eating habits on her overall health in this description:

> Nothing, just me not eating properly, watching what I eat. It’s just the same old thing. No big health issue. As a matter of fact, my sister and I are going to Weight Watchers today. It’s just needing to eat right and my biggest thing is not

> eating three times a day because I'm not hungry in the morning and I don't want to eat and I know that's a good thing. You need to eat properly and that's my biggest thing.

Gentle Listener explained the following factors affecting her overall health, "What's affected my health? Not being able to exercise like I would like to because of my chronic pain. And just the family history of cancer, worrying about that".

Health Management

The key informants provided information on variety of means that are used to manage their health. The previously mentioned themes of lifestyle modification and prevention are also apparent within this pattern. *Acoustic* stated, "Try to watch how I eat is the main thing. I've been trying to drink a lot of water lately. That's kind of hard". To manage stress *Acoustic* reported, "Stay away from people. Pray, sometimes I pray. I go in a room and lay on my left side because I know my pressure is going up. Walking". *Voyager* described this personal method of managing her health, "I try to stay away from the things that I know is going to make me sick immediately. That's pretty much it". *Chatter* offered this description of her health management approaches like this:

> Stay off the phone. I don't believe in TV. I exercise. I pray. I go to church. I eat right for the most part. Thank you, Lord. I would be a lot bigger than I was if I didn't eat right, so I try to eat pretty good and that's about it. I very seldom go to the doctor. I don't go as much as I should. I don't like doctors, I don't believe in doctors, I don't believe in medication, I don't do none of that, so I try to sustain the temple as best as I can because if I have to take it in, I'm not happy.

Evangelist provided this illustration of her health management methods:

> I exercise, I eat correctly, and I pray. I really do. I really do. Some days you get that chocolate fix or whatever the case may be. I do. I try to remember to ask God, Guide my mouth today because, in my family, on both sides of my family, my sisters, I have two sisters, and we're the thinnest because on both sides of the family they're heavy. So, therefore, we know that it's just in our genes, basically. So I know that everyday it's a lifestyle for me, how I eat, it just it is. It's a lifestyle. I have to. I'm not one of those people that can just eat and just don't gain any weight. I can look at it and gain 10 pounds.

Sierra Leonean Key Informants

Sierra Leonean Culture Domain

The investigator learned about the Sierra Leonean culture through interactions with key informants, salon visits, and interviews. Also as previously mentioned, the investigator was invited to an evening Sierra Leonean baby shower. Due to the different ethnic groups of Sierra Leone, Sierra Leone has multiple colorful cultures filled with ceremonies, decorative clothes, traditional foods, celebrations, and traditions. The key informants were from the following ethnic groups: Krio, Temne, Mende, Fullah, Limba, and Susu. However, the majority of the participants were Krio. The patterns for Sierra Leonean culture are cultural descriptions, celebrations/ceremonies, American influences, and Sierra Leonean Foods. The themes associated with these patterns were: pride in culture, celebratory tradition, life changes, cultural adaptation, and traditional foods.

Cultural Description

A sense of pride in culture was expressed by the key informants. The theme of pride in culture was explained by *Proud Nurse* in this statement, “My culture? My culture…very good. I believe in my culture and I respect my culture”. The theme of pride in culture was expressed by *Aspiring Student*, an American-born Sierra Leonean, this way, “My culture is beautiful. I love my culture”. Although these themes were noted from the key informants, *Diva*, a Krio informant, explained her culture differently. She stated:

> We have our own, it's similar to here, I mean it's so similar to here so it's not like we come from somewhere else and we have to go beyond what we used to do to get ourselves adapted to here. It's like we just come and continue whatever we used to over there. So our culture is not that much different but it's just that we have our cultural dances, our cultural activities that we do.
>
> Like we have our men and stuff, they have these society things, even women they do, but me I'm Creole and Creoles, we don't have culture. Like the people in our country, like we have the tribes like the Mendes, the Temnes, the locals all of them have different cultures. They have societies that they belong to. They do different things which I'm not too familiar with but with our men, they have like societies as well. They call them “debil” in Creole that's what they call them. It's like they dress up with covering themselves and they go out and play and people dance and it's cultural things that people like to see.

Nurturer intertwined her description of culture with religion. *Nurturer* expressed this interconnection like this:

> I would describe my culture as being open basically. Whereas it's not limited to say if to have too many restrictions basically as other cultures where women are so, you know, under the man or under a certain rule or stuff like that. My culture really is not like that. It's more we're all equal. That's one of the reasons why I think I didn't understand the Muslim religion so much because the way my mother raised me is to basically be my own woman.

Celebrations and Ceremonies

Sierra Leonean celebrations and ceremonies as explained by the informants, revolved around family/friend gatherings, food, and parties. Key informants described celebrations and ceremonies such as baby showers, weddings, and naming ceremonies. However, two of the key informants mentioned, female circumcision, a particular aspect of the secret societies' ceremonies related to womanhood. Due to the sensitivity and the secrecy surrounding this ceremonial practice, the researcher has maintained the details of the key informants' interview confidential. Both informants revealed their decisions not to continue the ceremonial practice within their families.

The informants seemed to take pride in their celebrations and ceremonies. *Exerciser* described aspects of her culture that were important as follows: "I think dancing and food and coming together and just like eating and dancing, celebrating different events". Therefore, celebratory tradition was perceived as a theme for

celebrations and ceremonies. *Nurturer* provided details of wedding ceremonies in this account:

> The what is it called…the wedding when they do the wedding? That's one of the celebrations that they had. You basically act like a princess for the day. You get everything basically goes your way. They'll cook for you and the guy's family is basically coming to pay your bridal prize to your family.

Educator discussed aspects of the naming ceremony with these details:

> Like, naming ceremony is like christening, giving a name to a child. Like, when typically in Africa when you have a baby then you not take her outside until after seven days. All the Muslim comes together. They read the Qur'an. And there's a portion they read on that Qur'an that we give the name to the child.

Within the theme of celebratory tradition, relationships between religion and ethnic linkage became apparent. The key informants appeared to participate in Christian and Muslim religious ceremonies and practices. *Aspiring Student* explained a religious celebration in this statement, “My family is Muslim too. That’s on my dad’s side. So we celebrate that too. Ramadan season we have fasting days and then, so”. Like *Aspiring Student, Proud Nurse* associated celebrations and ceremonies to religion and to accounts of cultural practices in Sierra Leone in the following account:

> Dancing, cultural activities, ceremonies, different types of ceremonies like weddings…like many ceremonies like…religions. Like something like when you celebrate Christmas we celebrate…like the last day of…season we have our own…culture…people come together and have some different ways to dress. Just

> very, very…we try to dress the same way, try to…the same way…two years ago after…come to the house…everything so people would come visit, they'd eat…we don't do alcohol. Just sort of sweet stuff, drink juice, things like that. My religion we don't believe in drinking. I don't eat pork and I don't drink.

American Influences

All of the key informants described the impact of American culture and the influence of American culture on Sierra Leonean culture and traditions in the United States. They discussed how their traditions and cultures have been modified in America. Some of those who migrated to the United States discussed how their lives changed since migration. Cultural adaptation and life changes were the themes associated with American influences. However, to understand the impact of American life, the investigator first elicited information about their migration experiences in the United States. Two of the key informants described having better opportunities after migrating to America. *Educator* expressed her reasoning as follows:

> I came to look for green pasture. I much improved, my lifestyle much improved because I'm earning so much even now I spend a whole lot. But at least I see the value of the money and I'm able to take care of my mother, and she's all I got. And I was able to take care of my children back home because we are on a salary back home and the pay is not that good even though we survive. But my lifestyle is seventy-five percent improved comparing to back home.

Although she has a faded memory of Sierra Leone, *Nurturer* discussed how her life has taken a positive turn after being in America in this statement, "It's changed a lot

because well, actually, I don't remember much about Sierra Leone because I left when I was so young. But as much as I can remember, compared to here, I feel like I have more of a better opportunity here education wise, health wise and just in general".

Comedian, who lived in England during her childhood, depicted the theme of life changing in this account of aspects of life in the US:

> Driving. When I came here, I wasn't driving. Now I'm driving. I have to drive to everything. I didn't know anything about insurance. Now I have to learn about insurance. Bills. I didn't pay bills over there because everything was like meters. You put your own money in there. You didn't have to worry about it. When it was done, you put money in. Here you have to pay the bills.

Cultural adaptation was a theme that emerged related to American influences. *Exerciser*, an American-born Sierra Leonean discussed how she "goes between" her Sierra Leonean and American culture in the following:

> I'd say it's a mixture. I'm first generation African-American/African, or whatever you want to call it. And I'd say I have the best of both worlds, because I make it the best of it. I have African culture and then also being born in America I'm able to kind of intermingle, go between both societies in a way and so.

The key informants born in Sierra Leone talked about how they adapt the Sierra Leonean culture to American culture. *Diva* portrayed the theme of cultural adaptation in this manner:

> I will say when we have weddings, now because we are here, the food is different definitely, but because we have been here we try to change a little bit to use the

> food here more so, although in our houses we do still cook every week, every day or whatever, we still cook our foods because we have them and we have stores here that we can go get them and stuff like that. But when we have parties and weddings and stuff like that we try to do most of our foods, but then we change in a sense, that we can incorporate their food into ours too.

Comedian described how Sierra Leoneans have adapted the American tradition of baby showers to reflect Sierra Leonean culture. According to *Comedian*:

> But baby showers, back in Africa we don't do that back there. I don't know anything about it. In America, we do it different from the Americans do theirs because they think it's boring, so they do theirs and throw a big party and do a lot of cooking, food, drinking and partying.

In discussing Sierra Leonean culture with the key informants, one informant highlighted feelings of missing the way culture was practiced in Sierra Leonean. *Proud Nurse* depicted her memories of celebrating their culture in Sierra Leone in this illustration, "I miss them. The activities are not here. The instruments are not here. You don't see a lot of them. But when you go back home you have a lot of them. You see them".

Sierra Leonean Foods

Sierra Leonean foods are considered very important aspects of the culture. The informants emphasized the importance of having traditional foods during celebrations and ceremonies. Indeed, traditional food was the theme associated with Sierra Leonean foods. *Proud Nurse* discussed her sentiment of missing her home foods in this statement,

"I miss a lot of food that I used to get back home. And they are not here". *Exerciser* listed the following foods that are important in Sierra Leonean culture, "Plantain, fried plantains, acara, fufu. You know you have your traditional soups". Acara is a sweet dish made by mixing smashed bananas and rice flour. The mixture is fried in small ball size pieces. Fufu is a rice substitute made out of water and yucca, also known as cassava. Nurturer described one of the main dishes served during weddings and celebrations in the following depiction:

> The one food that I think there's like is only on special occasions is Jolof rice. They hardly—people hardly cook it, but when there's always something big going on like a baby shower or a wedding or anything that's one of the main dishes that you have to cook is Jolof rice.

Diva's reflected on the importance of rice in the Sierra Leonean culture like this:

> We have like cassava leaves, it's like some kind of leaves that we grow and we have those. We have potato leaves. We have fufu that you can eat with okra and rice is our staple food. We eat rice, oh my goodness, we eat rice every single day. We cannot survive without rice.

Aspiring Student also reported the use of traditional foods for healing. She portrayed the healing aspects of traditional foods in the following:

> Hmm, well, I drink ginger for colds. We have this thing called bitter leaf. You boil that. bitter leaf is good for fever, if you feel like you're coming up with fever, and chills, and stuff like that. We have this thing called oree, but I think

> they call it Shea Butter here. Yeah, we use that for pain, if you have muscle pains, and joint pains, and stuff like that, so.

Nurturer also described the use of ginger in Sierra Leonean culture as she reflected on one of her mother's home remedies:

> My mom I know she makes the the [*sic*]…like during the wintertime, she will buy the ginger and blend it and just boil it for maybe a good hour and let it boil, and then basically just a little of sugar or some lemon in there. And we'll drink it like everyday. We'll drink it basically just to keep your body warm, to keep your body warm and from the winter cold or so, yeah. So, that's one of her remedies. Every time you have a cold, she always makes the ginger and just have the whole house smelling like ginger. You have to drink it all day long until and it works actually, it really works.

Spirituality Domain

Spirituality appears to be very important to Sierra Leoneans. The importance of spirituality was noted regularly based on verbal greetings heard at the salon among Sierra Leonean patrons including some of the key informants. One may say in Creole, *"Aw yu du"* and the response is *"O tell God tenki"*. Loosely translated it means, "How are you?" and "I'm fine. Tell God thank you". As previously described, the Sierra Leonean salon owner always played Christian music in the salon. The salon often displayed flyers on the counter for different church events in the local areas. In discussing spirituality with the informants, some of the key informants discussed a blending of Christianity and Islam.

Therefore, Christianity and Islamic blends, relationship with God, and spirituality and physical health are the patterns for the domain of spirituality.

Christianity and Islamic Blends

Interestingly, during discussions about spirituality, some of the key informants provided explanations of how Christianity and Islamic beliefs are blended together. These data related to the accepting and blending of the two religions which reflected the theme of dual spirituality. *Aspiring Student* described this blend in these previously mentioned statements, “My family is Muslim too. That’s on my dad’s side. So we celebrate that too. Ramadan season we have fasting days and then, so”. *Educator* described how her beliefs were intermingled during her Sierra Leonean childhood in the following:

> I came from a Muslim family. I'm a Susu by Tribe. Ninety-nine percent of Susu's are Muslim, and we taught culture. You have to take the religion of your parents. But I went to a catholic school. I was being raised by a single parent. I wanted a scholarship. So they convinced me to become a Christian. So every day since I stepped my feet in America, before I close my eyes to sleep I read my rosary, I read the bible. I pray in the Christian way. When I finish, I read the Qur'an before close my eyes. If I come down from that bed, I do the same thing. I read the Qur'an the five Tawrah. I read them. Then my, Oh, Father and everything. But during fastment, I fast, so seventy-five percent I'm a Muslim.

Proud Nurse portrayed her Catholic school experiences in Sierra Leone and her spiritual beliefs in this account:

> Oh, I'm a strong believer. I'm a Muslim and I believe in my religion. But I also believe in other religions because I went to Catholic school. I read the Bible. I believe in the Bible too because they say Jesus and we say Mohammed. It's the same God. We believe in one God. I pray to god. I believe in God and I worship God.

Nurturer described her experience with Islam and her conversion to Christianity in this depiction:

> I grew up in a Muslim home, but I've never really understood the Muslim religion. And my mom never really said oh, 'You have to be a Muslim. You can't go to church'… But so she never really said oh, 'You have to be Muslim or anything like that'. When it came time for fasting or stuff like that she would suggest it, but it was never like, 'Oh, do it, you have to fast or praying, you have pray'. She went to an all girl's catholic school back home (Sierra Leone). So she never really said oh, don't go to church or anything like that. So most—sometimes I'll go to church with friends and stuff like that. And when I met my husband, I joined his church that he goes to. So I ended up—how do you say it, to being a Christian basically, so yeah.

Relationship with God

The concept of spirituality also brought out comments about their personal relationships with God which revealed God's assurance as the theme. *Exerciser* stated, "I say I believe in God. Praying morning and night". *Comedian* provided this brief, but to the point description of her relationship with God, "Very good! Powerful"! *Diva*

illustrated her spirituality and relationship with God based on her Christian experience in this declaration, “I'm a Christian and I believe that God Almighty is above, and I am so in belief of that I just love, everything I do is not without God first. So, I am a very spiritual believer”. *Aspiring Student* discussed how her relationship with God helped her through challenging school experiences:

> God is my friend. I pray about every little thing. I think I started to get really close to God when I was in the nursing program [chuckle]. Forgive me, Lord. But he’s helped me through difficult times. I’m a Christian. I go to church. I like going to church. I like getting my friends to go to church with me. I don’t have a particular church right now. I’m still searching, but I pray at home. I’m always praying at home with my boyfriend. If there’s a problem, let’s sit down and let’s just pray about it. I pray with my friends on the phone. I mean, I love my relationship with God. I do, yeah.

Spirituality and Physical Health

Three of the key informants reported a relationship between their spirituality and health. The theme associated with the spirituality and health pattern category is God guiding health. *Exerciser* described her beliefs as follows: “Well, I think you’ve got to value your body and some people, you know they don’t take care of themselves and think God wants you to cherish your body in a little bit decent life and that means eating the right things”. *Diva* described her strong faith in the power of prayer to prevent illnesses in the following:

> I just do the things I'm supposed to be doing not to get sick, to take care of myself and then, as I say I always put God first, so whenever some things like that happen, maybe you know somebody that's sick, or me myself, I'm sick I always say oh, I like always pray. Okay, there's a higher being up there, I have to pray and make sure as much as I'm taking care of myself, but I have to talk to the God and make sure He will take care of me.

Aspiring Student discussed the impact of prayer during a recent health incident in this account:

> Well, like when I first found out I had a cyst, that's helped me to be praying because I was supposed to have surgery like years before, but we kind of like kept pushing back the surgery. We just prayed to God like, God take control. My pastor blessed some holy water for me, and all that stuff, and personally I think if they were, it went away, because I had two huge ones, like the size of golf balls, and well the one on the left is actually larger than the one on the right, but the left one left completely and I just have one on my right, and it's still bothering me, but I just pray every time I feel sick. I pray to God. I pray over my water. I pray over my food.

Roles/Responsibilities Domain

The domain of roles/responsibilities uncovered the pattern of life balance. All of the key informants were mothers except for the two American-born Sierra Leonean women. However, *Aspiring Student* described her life this way, "Frustrating sometimes, yeah, not always" [chuckling]. *Exerciser* reported, "I don't pay any rent but I do do [*sic*]

grocery shopping, multiple times a week, maybe two three times. And I help my dad out".

The balance of childrearing, household duties, and work hours was discussed by the other key informants. This pattern of life balance reflected the overlapping themes of caring for family and demanding motherhood. *Comedian* reported, "I do everything, take care of everything. Single parent mother". *Proud Nurse* stated, "It's hard because working two jobs, coming home and taking care of the kids, especially now they are teenagers, checking on their homework, school activities. I mean but between me and my husband we try to do what we can and do the best to make sure that everything is work taken care of". *Diva* expressed similar sentiments in this description of the details of a typical day:

> A typical day for me would be I have two kids, so I have to get up in the morning, get them dressed, off to school. Actually, I work at nights so I come home, get them dressed, off to school, and then I will start my own day; maybe I'll go to sleep, or I'll stay at school, or if I have certain things to do at that time I'll go ahead and do those things. So then they get out of school probably by four, both of them are home, get them situated, get them with their studies, and watch TV, spend time with them and then I go back to sleep, and then I go to work.

Educator discussed her changing responsibility as a mother and expecting grandmother in this account:

> I... actually my son he only come when like when the girlfriend is pregnant. She's high-risk pre-mature labor. Once her pregnancy is like four months, I made them

> come stay in the basement until she deliver. And when the baby is like three months, they move out. I only live here me and husband and my daughter. Now, my daughter is in college. But when they are here their responsibility is to help me clean the house, God help me if they do. Otherwise, when I'm home seventy-five percent of the house job is me.

Nurturer described her life and responsibilities with her toddler and her husband as:

> Busy, busy. I'm usually up by four in the morning. I have to be at work by 5:30. I get off at 1:30. When I get off, I'll usually try to go to the gym maybe for an hour or so and then I'll pick him up. And yeah, I'm busy with my son for the rest of the day. Responsibilities are basically are shared equally. My husband does half of the, you know, half of the housework. I do half of the housework. Taking care of him. I'm with him mostly during the week I'm with him until about seven, eight, nine o'clock at night. And maybe his dad comes home and takes care of him for the rest of the night, while I try to get some sleep.

Sierra Leonean Hair Salon Patrons and Health

Sierra Leonean key informants revealed information related to health issues including obesity, weight-related conditions, and cancer. The two domains in this analysis are: health concerns and health. For the domain of health concerns, the pattern categories are: meanings of health concerns, my health concerns, and addressing health concerns. The themes for these pattern categories are: caring for health of self/family, cancer fears, health history of family, altering diet and exercise routine, seeking medical care, stress reduction, and providing health education. For the health domain, the key

informants provided information related to the following pattern categories: overall health and health management. The themes for these patterns are: losing weight, lack of major medical issues, and personal diet and exercise choice.

Health Concerns Domain

Meanings of Health Concerns

The key informants provided individual descriptions of health concerns. The theme of this pattern category is caring for health of self/family. *Exerciser* associated health concerns to the following, “Like troubles or issues that you or people close to you might be facing, certain things are maybe even hereditary along down, in the long run that you might be considering as a possible risk to you”. *Nurturer* emphasized the personal meaning of health concerns:

> When I hear health concern it's just something you're worried about, you know, for me I worried about my bladder. You know I was worried about my bladder because I got into the habit of holding my urine until the last minute. And it really, it really killed me. Also seeing that, what is it, when I was probably—I wet the bed until I was maybe ten and it was embarrassing because I could never really spend a night at a friend's house or a cousin house or anything like that. So that was probably one of my health concerns, my most health concerns was just my bladder just being worried about it like what did I do to myself.

Comedian describes her individual health concerns like this:

> To me, when I think about that, it's about yourself, the way you carry yourself. I went to the gym for five years. I know what it is about, you health. It's your health. If you don't take care of your health you won't make it.

Proud Nurse offered this description:

> I only think about myself because for the fact that I know I'm overweight…50 pounds…what you are is overweight. I think about myself first. I think about other people especially people…feel like they cannot lose the weight and feel like they are comfortable with their weight…weight is a problem…like that. So I feel for them. Some people will listen but they don't follow. And some will listen and follow. Follow instruction, advice.

My Health Concerns

The key informants provided specific examples of conditions that are health concerns for them. The themes for this pattern are cancer fears and health history of family. *Exerciser* gave a list of different health concerns like this, "Your biological clock, your chances of getting pregnant, obesity, rapid weight gain, weight loss, diabetes, high blood pressure, just basically everything".

Educator discussed her concerns of cancer and lifestyle factors affecting the health of Sierra Leonean women as follows:

> I say women we have a whole of those on breast cancer and the lifestyle – our lifestyle especially when we come to this country. You've got microwave. You've got this. Warm your food on whatever it is on the pots that you get it.

> Now, you've got microwave, you've got every radio thing so much, so we have to be careful of it affects, your lifestyle affects your health and what you eat and what else? We women are very vulnerable especially we mothers or grandmothers.

Similarly to *Educator, Diva* also revealed concerns about cancer in her account:

> But like the most thing that I will say gives me concern is the cancer. Because I will say you have control over it a little bit and mostly you don't have control over it. It's just like it's really bad, I will say, so in that case sometimes, like I say when you don't have control of certain things, I'll just go to who I know is our Maker and stuff like that. You just pray. You just try to do what you do and pray. To me that's what I'm more concerned about.

Comedian and *Aspiring Student* discussed their health concerns relating to their family's health history. According to *Comedian*:

> My health concern is my blood pressure. And I'm on the borderline I was told by my doctor for getting diabetes, because my mom had high blood pressure. My dad has diabetes and my grandmother had both. And they didn't know that she had high blood pressure and she had diabetes, and she had that and she died from high blood pressure.

Aspiring Student stated:

> Maybe, because my mom has very bad visual problem, so, and bad eye sight. So that's my concern. I'm like, am I going to be like that when I get older? But the high blood pressure and stuff like that, that runs in my family, high blood

> pressure. And my mom has asthma, so, and she developed that like a later stage in her life. Like it wasn't something she was born with. She got it like when she was 30-years old, she discovered she had asthma, so I think about stuff like that. I'm like, I hope it doesn't happen to me. You know?

Addressing Health Concerns

In addressing their reported health concerns, the following themes emerged: lifestyle changes and providing health education. *Comedian* stated, "Workout more, join a gym or something, and do a lot of working out". *Proud Nurse* described her solution to weight issues:

> I would have a free gym for everybody. I would have, for me, because sometimes I have to go over there close to me. I'm going to look for a personal trainer, somebody that would help me to deal with my diet and keep up with it because I need somebody. I don't have somebody like…we know that any time I'm home at 9:00 I know I have to call my neighbor so we can go for a 30 minute walk. Everybody should be or have that partnership. But once you have that partnership you can go to the gym together, you can walk around the neighborhood together. Then today we're going to eat chicken and salad. We can have that partnership. If I have that, then it's actually the support. And my husband is not that type. I'm being honest. That's what I think.

Educator described seeking medical care, stress reduction, and exercise as important means to address health concerns of Sierra Leonean women in this detailed account:

> The issue is honestly doing your annual checkup helps a whole lot. That because of this time fat too. I'm working I don't have a day off. Oh, I'm this I'm that. That's the biggest problem. And as I usually say, always try and take one day. At least one day a week. Like, today I did not cook. I didn't do nothing when I came the house was messed up. I just, when you called, I was busy cleaning, sweeping even when my husband is here. Certain times say, no today don't cook. Rest. You order pizza, order chicken wings for you. So you choose a day for yourself, not doing nothing. Sometime when I'm really over stressed my husband okay, go the guest room, or go to the basement when my kids are not here. Pretend I'm here I've gone to Africa. I'll be lying down there with my wine. He said make sure you eat before you go downstairs. So I will eat. I would always buy wine. Take a glass of wine. Honey, I'm gone. I sleep. You really have to provide one day in the week for yourself as far as health is concerned. And go to your doctor for checkup and whatever it is. Find the time and walk.

Nurturer, Diva, Exerciser, and *Aspiring Student* discussed education as a method to address their health concerns. *Exerciser* and *Aspiring Student* offered education techniques related to the overall health of Black women. *Exerciser* stated, “I would probably have like a small demo for them to understand different risks that are facing, like African-American women, black people in general, of our age group”. *Aspiring Student* reported, “I would just try to get the word out to people, like I talked with my church sister or whatever”. *Nurturer* provided this education method for her health concern related to her bladder conditions:

> I think I would probably just try to get more women and more teens, females, whatever, teens, and females in general more educated about it. Because I think the lack of education kind of makes you not know what to do about it because certain people might be suffering from the same thing, but really cannot come out and say it. They would rather hide it for as long as they possibly can until maybe one day it accidentally happens in public and oh, god. So maybe just basically making it aware to people and just being like having more people educated on it.

Diva offered this teaching option related to cancer prevention:

> First of all I have to know much about it to teach about it, but that's one thing I would want to do. Like put out the word. Go places and talk about things you have to do to lower your risk of getting cancer and try to educate other people. I need the education myself to be able to educate other people on how to be able to take care of themselves and hopefully, and with God, not to be a victim of that.

Health Domain

Overall Health

The key informants related their overall health to these themes: losing weight and lack of major medical issues. However, *Aspiring Student* depicted her overall health in this statement, “I think I have good health. I think I do, yeah”. *Exerciser* gave this description of her overall health, “I’d say it’s pretty good. I get yearly checkups for everything, like STD and just everything”.

Some of the key informants mentioned eating healthy when rating their overall health. *Comedian* reported this about her overall health, “It’s good. If I lose 50 pounds

I'll be very healthy. The only thing I have trouble with my stomach that I need to lose, which is hard". *Proud Nurse* described her overall health in this depiction, "Good…I would say is just my weight. I want to lose at least 50 pounds. If I lose 50 pounds I'm good because I'm six foot and I don't want to lose so much weight that I look as if I'm sick. I need some meat on the bones".

Educator, *Nurturer*, and *Diva* measured their health by a lack of medical problems. *Diva* described her overall health as: "My overall health, I will say I go to the doctor every year. I have my annual physical checkups, I have my OBGYN, and I try to eat right. I try and overall health, I'm healthy because there's nothing they have said". According to *Educator*:

> My overall health is like seventy-five percent, except spring when I got asthma. And I do surgery here is a laser actually, laparoscopic to fibroids. I went to do my year annual checkup you realize I have some tiny, tiny fibroids like a quarter about four of them. I say, oh, what do I have to lose? It took me two years, because I didn't want to be cut. It's not the surgery I was scared of; I was scared of the anesthesia. After two years, I never had no pain no nothing. So I told my OBGYN and all I said, I said I'm ready for you now. You're going to laparoscopy and just clip them off then I'm fine because I wasn't bleeding no nothing. I didn't even know that I had fibroids. So we cut them and they took them out. So that's the only thing, otherwise apart from my asthma and my allergy I'm seventy-five percent okay.

Nurturer describes her health this way:

> I think I have good health because I never really like done any major surgeries. Well, the only major surgery I've done was probably the C-Section I had with my son. Besides that, I've never had any health issues. I'm hardly sick. If I am sick, it probably is just a little cold, just a stuffy nose not bad. Will go away probably time that's normal because I have – I'm always on the go. I'm never; I think I have pretty good health because I've never really been sick. I've never been sick.

Health Management

Most of the key informants discussed managing their health with diet and exercise. Personal diet and exercise choice is the theme of the health management pattern. *Aspiring Student* provided information on her food choices as her way to maintain her health in the following, "I'm big on like organic foods. Me and my mom, organic foods is like our thing right now, natural foods, herbal foods". *Exerciser* described her health management: "I like to do the elliptical. I do a lot of Stairmaster, a little bit of cardio resistance interval training. I go outside during my lunch time and get my vitamin D". *Proud Nurse* spoke about her health management in the following:

> Actually I exercise…I used to… I joined this weight loss program, Physician Weight Loss, but I quit. I used to go every time I'd come home from work I'd have to stop and 30 or 45 to an hour before I go home. If I go home there's no coming back. I won't go back. So I stop by before I go home. And then sometimes when I don't go there I will try to walk like 30 minutes around my neighborhood. Those are the types of things. I don't have the instruments at

> home to do my…like treadmill. But I have…that I use sometimes like my 50 push-ups before I go to bed. So those are things that I do sometimes. It's hard to do with the food but try to do the best you can by eating small portions and watch what you eat.

Comedian gave her method of balancing her diet as way to manage her health in these statements, "Well, I try to balance it. If I eat a croissant, in the afternoon for lunch I have fruits or a salad or something. And in the evening sometimes I don't even eat in the evening. I'm hungry, but I don't feel like eating. I had a big lunch. I had rice".

Educator discussed how her poor eating habits affect her small body size in this account:

> I check what I eat I think counts a whole lot. Looking at me understand I'm 52 you won't believe me. The ethnic group I came from we didn't get fat people there like my father's ethnic group. They are all skinny, skinny, you know. You don't get round or you know. The most important thing that helped me to be like this. I have a disease that is a blessing. I don't eat. I don't have an appetite. Since morning, I haven't eaten nothing. You go to my bedroom I have my one-a-day standing right there. I used to take Centrum. Now, I'm fifty One-a-Day for Women. When I'm ready to leave this house that's when I take it. After two hours, I get hungry. I carry food to work every blessed day because I don't eat breakfast. I force myself to eat lunch by when I'm doing my morning job running around.

Profile of African American and Sierra Leonean Hair Salon Patrons

African American and Sierra Leonean hair salon patrons have lifestyles, health concerns, and cultures which may differ from the dominant culture. In general, both groups of women discussed having very hectic lifestyles including major family responsibilities. Consequently, the salon was identified as a place of relaxation, as well as a place where friendships are formed. Food, family, traditions, and celebrations were important aspects of the patrons' culture. The health concerns of these women were associated with obesity, weight-related health conditions, cancer, and stress. The investigator created Table 4 to illustrate the domains, patterns, and themes of the key informants.

Summary

This chapter provided descriptive characteristics of African American and Sierra Leonean hair salon patrons. The descriptions of the 17 key informants related to the salon environments, culture, and health. The final chapter will present the summary of findings, findings compared to the literature, and implications for nursing practice, education, and recommendations for future research.

Table 4
Profile of Key Informants

Domain	Pattern	Themes
African American Culture	Family	Faith, love, and support
	Family foods	Togetherness
	Cultural Practices and Beliefs	Family bonding
	Holiday Celebrations	Old remedies and traditional beliefs
	Role of Church	Social gathering and tradition
		Churchgoing
Spirituality	Christianity	Relationship with God
	Spiritual beliefs on health	God's help
Roles/Responsibilities	Motherhood	Multitasking
	Wife	Nurturing
	Head of household	
Health	Overall health	Self-improvement
	Effects on health	Triggers of stress
	Health management	Prevention
		Lifestyle modification
Health Concerns	Definition of health concerns	Self-care and responsibility of self
	Individual and family/friends health concerns	Realization
	Addressing Health Concerns	Prevention
		Lifestyle modification
Sierra Leonean Culture	Cultural descriptions	Pride in culture
	Celebrations/ceremonies	Celebratory tradition
	American influences	Life changes and Cultural adaptation
	Sierra Leonean Foods	Traditional foods
Spirituality	Christianity and Islamic Blends	Dual spirituality
	Relationship with God	
	Spirituality and physical health	God's assurance
		God guiding health
Roles/Responsibilities	Life balance	Caring for family
		Demanding motherhood
Health	Overall health	Losing weight
	Health management	Lack of major medical issues
		Personal diet and exercise choice.
Health Concerns	Meaning of health concerns	Caring for health of self/family
		Cancer fears
	My health concerns	Health history of family
		Lifestyle changes
	Addressing health concerns	Providing health education

Chapter V

Summary, Discussion, and Conclusion

The purpose of this study was to explore the perceived health concerns of African American and Sierra Leonean hair salon patrons and to explore how ethnicity and culture affect the perceived health concerns of the two groups. The cultures of the hair salons catering primarily to Black women were explored to understand how the exchange of health information and conversations impact the perceived health concerns of African American and Sierra Leonean women. This summary chapter presents information related to the following: research problem, research questions, summary of data, discussion, conclusion, implications for the nursing profession, and recommendations for future research.

Problem

The United States Black population is filled with various cultures and ethnic groups. Moreover, the health of individuals from these diverse backgrounds is influenced by their cultural beliefs and practices. Therefore, it is imperative for healthcare providers to understand the ethnic groups and cultures of the United States Black population. To understand how culture may impact the health of diverse Black populations, the investigator chose to explore the health concerns of African American and Sierra Leonean women residing in the United States. Furthermore, the investigator chose salons catering to the chosen groups as the setting for this focused ethnography. Salons provide a trusting environment in which women feel comfortable sharing details about their lives as well as exchanging information on several topics including health.

Method

To provide a better understanding of conducting a focused ethnography in a community-based setting, the investigator compared the present study to an ethnography of Black barbershops/salons. Alexander (2003) examined the cultural context of Black barbershops/salons. Alexander (2003) and the investigator of the current study experienced similar challenges in conducting research in sites of cultural familiarity. Alexander (2003) best describes this "balancing act" in the following statement:

> The slipperiness comes in my own hands. It is in my ability to always focus my eyes, ears, and senses to denote moments of flex and flux. It comes in my own facility with language. It happens between my roles as participant and observer, and the negotiation between my own lived experience and my observation of experience (p. 109).

Alexander (2003) confirmed the findings of the present study related to the trusting relationships found in Black barbershops/salons. In the barbershop, conversations about sports, politics, and national/local news were shared. However, the researcher also described his experiences as a Black male customer in a hair salon surrounded by Black women. The conversation topics were very similar to the discussion topics noted in the present study. The findings of this study supported the descriptions of sharing, close relationships, and trust as described by Alexander (2003). The cultural contexts identified in both studies can be summarized in this account:

> The Black barbershop/salon is a physical and acoustically sensual cultural site—a site where Black people come in contact with each other through

touch, the manipulation of hair (length, shape, texture, and form), the sounds of talk, information sharing, and the deep penetration of cultural memory (p. 123).

Research Questions

The major research questions in this study were: 1) What are the perceived health concerns among African American and Sierra Leonean women? 2) How are health concerns expressed in the context of hair salon visits among African American and Sierra Leonean women?

The following were the subquestions of the present study:

1) How are health concerns expressed within each salon?

2) How does the culture of the salon influence discussions related to health concerns among women within the salons?

3) What are the differences related to perceived health concerns among African American and Sierra Leonean women?

4) How does culture impact the perceived health concerns among African American and Sierra Leonean women?

5) What are the similarities related to the perceived health concerns between the African American and Sierra Leonean women?

Project Summary

The health concerns of African American and Sierra Leonean hair salon patrons were the major topic of this study. The investigator used the participant observation method in the salon setting for a six-month period. Throughout the study, 17 hair salon patrons: ten African Americans and seven Sierra Leoneans, were interviewed. The

following domains guided this study: a) salons; b) African American culture; c) Sierra Leonean culture; d) spirituality; e) roles/responsibilities; f) health concerns; and g) health. This section is divided into four segments: Salons, African American Salon Patrons, Sierra Leonean Salon Patrons, and Comparison/Contrast of the two groups. This section will summarize the data of this study based on the domains and themes.

Salons

Data related to the salon domain revealed the following pattern categories: salon culture, salon conversations; and salon and life. The themes related to these pattern categories were refuge, friendship, body image, and trust.

Refuge

Refuge surfaced as a common theme surrounding the salons. The salons were described as a place of relaxation. Many patrons referred to their salon visits as “my time”. Therefore, most salon patrons scheduled regular visits with their stylist. Some of the patrons visited the salons on a weekly basis.

Friendship

Friendship was evident in displays of joy, laughter, bonding, and sharing amongst hair salon patrons, salon owners, and stylists. It was not unusual to hear women say, “Oh, this is my friend from the salon”. Some patrons would come to the salon despite not having a hair appointment. As one salon patron stated, “Sometimes, I come here just to hang out and talk with the girls”. The patrons and stylists would share information about their families, marriages, and health. Diets, healthy eating tips, exercising, and stress

relief were the main topics discussed related to health. Support and motivation for losing weight was very common among these women.

Body Image

As an investigator in the salons, it quickly became clear that salon visits positively influenced the body image of salon patrons. On several occasions, patrons' body language and posture changed after having their hair done which reflected an outward show of increased confidence and better body image. Moreover, some patrons voiced improvement of self-esteem and body image as a reason for frequenting the salons. The stylists also displayed excitement when patrons were satisfied with their new styles and appearances.

Trust

Trust was a major theme of the salons. Feelings of trust were noted in the sharing of personal information between the patrons and stylists. The salon patrons and stylists shared intimate details of their lives. In some instances, very sensitive conversations were discussed that resulted in an outpouring of emotions. A few patrons reported sharing information in the salon that could not be shared in any other social context.

African American Hair Salon Patrons

In this section, the themes related to the domains of African American salon patrons will be discussed. The themes for the following domains will be summarized: a) culture, b) spirituality, c) roles/responsibilities, d) health concerns, and e) health.

Culture

Many of the themes for the domain of culture are interrelated. The following are the themes for culture: 1) Faith, love, and support, 2) Family bonding, 3) Togetherness, 4) Social gathering and tradition, 5) Old remedies/traditional beliefs, and 6) Churchgoing.

Faith, *love*, and *support* are overlapping themes that were categorized together. The African American salon patrons/key informants expressed their faith and expectancy in their family relationships and responsibilities. Family love and support was shown through having family members to share joyous occasions as well as difficult situations such as single parenthood, illnesses, and death.

Family bonding was an overriding theme related to culture for all of the informants. Family bonding emerged during discussions of holidays, celebrations, and funerals. Cooking together during special occasions was highly associated with family bonding. Cooking and eating together symbolized close family kinship and family ties. *Togetherness*, *social gathering*, and *tradition* are similar themes to family bonding. Many of the key informants explained the importance of togetherness and social gatherings with their families. The key informants and their families looked forward to participating and organizing the social gatherings. Social gatherings were traditional such as annual family reunions and family vacations. One informant joyfully discussed her family's tradition of "Christmas in July".

Old remedies and *traditional beliefs* were interrelated themes. Although some key informants did not practice or believe in the old remedies and traditional beliefs, a few reported using the old remedies and practices based on traditional beliefs passed down

from generations. However, all of the key informants reported using home remedies during their childhood years. Vinegar was the main home remedy currently used among the informants for general good health. The traditional beliefs mentioned were usually practiced for prosperity or to prevent harm to self and family members.

Churchgoing was identified as a theme because of the significance of attending church or not attending church. Most key informants described "being raised in the Church". In some instances, family gatherings were centered around church activities. However, a small number of key informants reported their decision not to attend church. Choosing to not attend church appeared to be viewed negatively by family and friends thus, causing concerns of feeling judged negatively for not attending church.

Spirituality

Spirituality was a significant aspect in the life of each key informant. Spirituality differed from churchgoing in which a personal connection to God was discussed. The following themes are related to Spirituality: Relationship with God and God's help.

Having and maintaining a relationship with God was very important to the key informants. The theme of *relationship with God* was shown through discussions about prayer. Praying on a regular basis was a common practice among the key informants. Prayer not only preserved their relationship with God, but also helped to handle daily obstacles and problems.

God's help emerged as a theme related to spirituality and health. Many expressed a belief in the assistance from God with physical, emotional, and mental health issues. Faith in God led the key informants to expect God's aid.

Roles/Responsibilities

The key informants emphasized their busy lives in which they had several household and family responsibilities. Therefore, *multitasking* was identified as a theme for this domain. The informants described managing cooking, cleaning, and financial duties. A theme related to *multitasking* was *nurturing.* Most of the informants were mothers, who appeared to be proud of their childrearing practices and spending quality time with their children.

African American Hair Salon Patrons and Health

Health Concerns

The domain of health concerns revealed the following themes: *Self-care* and *responsibility of self, realization,* and *prevention*. Individual definitions of health concerns included self-care and responsibility of self as themes. When ascertaining individual definitions of health concerns, many based their definition on their current health status, responsibility for their health, and caring for and understanding one's physical body.

Realization appeared to be a major theme when the informants reported their personal health issues, family health problems, and reasons for their individual health issues. Weight, weight-related conditions, and cancer were the main health issues. *Prevention* intersected with *realization* because most of the informants divulged plans to prevent future health problems and to resolve their current health problems.

Health

The health domain unearthed several themes: 1) Self-improvement, 2) Prevention, 3) Lifestyle modification, and 4) Triggers of stress. *Self-improvement* was noted as a theme associated with health. Although most informants described their overall health as "good", many recognized that their individual health could be improved. Individual health improvement related mostly to weight reduction. Thus, *lifestyle modification* and *prevention* emerged as interrelated themes. Lifestyle modification included dietary changes, exercising, reading about healthy lifestyles, and, participation in health programs. Along with lifestyle modifications, prayer was pointed out as a method of preventing and easing health problems. The investigator recognized the theme of p*revention* by the numerous references to prayer and having routine physicals and medical care.

Triggers of stress surfaced as a key theme related to the pattern category of effects on health. Controlling factors which affected their overall health revealed problems such as stress management. Informants reported having difficulty managing their stress levels, choosing healthy foods, and worrying about the health of individuals close to them. The lack of control related to these issues was associated with negative health consequences.

Sierra Leonean Hair Salon Patrons

In the following section, the themes related to the domains of Sierra Leonean salon patrons will be discussed. These include five topics: a) culture, b) spirituality, c) roles/responsibilities, d) health concerns, and e) health.

Culture

The domain of culture for Sierra Leoneans revealed the following themes: 1) Pride in culture, 2) Celebratory tradition, 3) Life changes and cultural adaptation, and 4) Traditional foods. Sierra Leonean women were very proud of their culture and cultural practices. *Pride in culture* was obvious among the informants based on their joyful facial expressions and positive remarks about their culture. Despite membership in different ethnic groups, love and respect for cultures were common among Sierra Leoneans.

Celebratory Tradition

Celebrations, traditions, and ceremonies were similar among the different Sierra Leonean ethnic groups. Secret societies, weddings, baby showers, and naming ceremonies for newborns were discussed. At weddings, some elements of the secret societies are represented through costumes and dances. Through observations and discussions about celebrations and ceremonies, it became clear that these were significant facets of Sierra Leonean life in the United States.

Life Changing and Cultural Practices

According to Sierra Leonean immigrants, their lives were changed in relation to education and income. Many Sierra Leonean women are employed as nurses in the United States. Although the informants described positive aspects of life in the United States, they described missing “Sweet Salone”, a term of endearment for Sierra Leone. In adjusting to American life and culture, they encountered the American celebration of baby showers. However, Sierra Leoneans altered the American baby shower to reflect Sierra Leonean culture.

These themes reflect the concept of acculturation. According to Berry (2005), "Acculturation is the dual process of cultural and psychological change that takes place as a result of contact between two or more cultural groups and their individual members" (p. 698). Some of the informants discussed how their weight has increased since migrating to the United States. A few of the informants associated the weight gain with the opportunities to drive instead of walk. Research has shown that immigrants have better health outcomes than American individuals when they first migrate to the United States, but their health declines with the length of stay in the United States (Antecol & Bedard, 2006; Kaplan, Huguet, Newsom, & McFarland, 2004; Singh & Siahpush, 2002;)

Traditional Foods

Traditional foods such as fufu, jolof rice, soups, fried plantains, and ginger beer were the center of celebrations and ceremonies. Through participation in ceremonies and discussions with informants, it became clear to the researcher that an abundance of traditional foods was an expectation. At the salon, the hair braiders and owner liked to share their traditional foods.

Spirituality

Data related to the domain of spirituality generated three major themes: 1) Dual spirituality, 2) God's assurance, and 3) God guiding health. *Spiritual sensitivity* appeared as a theme based on the descriptions of intertwining Christianity and Islamic faiths. Some informants participated in practices of both religions. According to the informants, religions were identified with certain ethnic groups.

God's Assurance

The importance of having a relationship with God became evident through interviews and conversations. Their relationships with God seemed to foster feelings of faith and reassurance. Faith and reassurance appeared to positively affect life decisions and challenges.

God Guiding Health

Some of the informants related their health to spirituality. Faith and spirituality directed their health management. Praying was the most significant spiritual practice needed to guide and maintain good health. Taking responsibility and initiative for one's health appeared to be something God expected from the individual.

Roles/Responsibilities

There were two coinciding themes in the domain of roles/responsibilities: 1) Demanding motherhood and 2) Caring for family. *Demanding motherhood* and *caring for family* appeared to be challenging factors for the informants. Many described difficulty in balancing their careers and making time for their children's school needs and activities. Most of the informants were responsible for managing work, family and household responsibilities, and childrearing. Although these tasks made their lives somewhat hectic, informants seemed to take pleasure in being mothers, wives, and caregivers.

Sierra Leonean Hair Salon Patrons and Health

Health Concerns

Data related to health concerns resulted in the following five themes: 1) Caring for health of self/family, 2) Cancer fears, 3) Health history of family, 4) Lifestyle changes, and 5) Providing health education.

Caring for health of self/family was revealed with their definitions of health concerns. In discussions of the meaning of health concerns, many informants associated health concerns with worries over personal health conditions as well as the health needs and problems of close family members.

Cancer Fears and Health History of Family

After defining health concerns, informants provided examples of health concerns. Obesity, weight gain, and weight related conditions such as hypertension and diabetes were major health concerns. However, concerns related to causes, uncertainties, and outcomes of cancer were mentioned. As one informant expressed it, “You don’t have control over it”. Family health problems seemed to be a cause of concern for informants. The health conditions of their parents and grandparents resulted in concerns over possible health issues in the future. Some of these health concerns were diabetes and hypertension.

Lifestyle Changes

Several suggestions were offered by the informants to address their health concerns. Due to the recurrence of weight gain and obesity as health concerns, lifestyle changes were key ideas shared among the informants. The lifestyle changes mentioned

were healthy eating, having a regular exercise routine, seeking medical care, and learning techniques to reduce stress levels.

Providing Health Education

Health education was deemed a necessary tool to address health problems among local Sierra Leoneans. The informants discussed venues for health education and outreach. Social sites and churches were pointed out as possible venues. Teens and females were identified as target groups for outreach of various health education topics.

Health

Information pertaining to health as a domain included the following themes: 1) Lack of major medical issues, 2) Losing weight, and 3) Personal diet and exercise choice. Informants characterized their overall health status as "good". However, some measured their current health status by experiences with major medical problems. Having no major medical issues was equated to good health. Therefore, *lack of major medical issues* served as an emerging theme.

Losing Weight

Although their self-assessment of health was satisfactory, some recognized the need to lose weight. Two informants described the need to lose 50 pounds. Some of the informants linked the conveniences of life in the United States to weight gain among Sierra Leoneans.

Personal Diet and Exercise Choice

Personal diet and exercise choice was an interconnecting theme with losing weight. Some informants discussed selection of exercise methods such as walking and

using gym equipment. Informants also discussed the importance of eating small meals and eating foods identified as healthy such as organic foods, fruits, and vegetables. In some instances, “healthy eating” also meant skipping meals.

Discussion

This study provided data related to the health concerns of women in hair salons which catered to Black women who were members of African American cultures and members of Sierra Leonean cultures. Themes related to the pattern categories for each domain facilitated understanding of the cultures and health concerns of the chosen groups. Findings of the present study were compared to theories and concepts found in current research.

Compare and Contrast

This research found commonalities and differences between the African American and Sierra Leonean key informants. In this section, data related to African American and Sierra Leonean participants will be compared and contrasted. Also, data related to the subgroups of Sierra Leone found in this study will be compared.

African American and Sierra Leonean

Several similarities and differences were noted between the African American and Sierra Leonean key informants. Overall, both groups described the salons as a place of enjoyment and relaxation. They also acknowledged that health information related to body image, weight, and stress are discussed within the salons. Conversations in the salon settings were initiated by salon owners, stylists, and patrons.

The cultures of the chosen groups reflected the importance of family, social gatherings, and celebrations. However, the types of celebrations and social gatherings differed between the two groups. Although the types of foods and dishes differed among Sierra Leoneans and African Americans, food and eating were essential components during the celebrations and social gatherings of the groups. Christian beliefs were displayed by both groups, but some of the Sierra Leonean key informants described simultaneously practicing aspects of Christianity and Islam.

The majority of women in both groups lived very demanding lives. Most of these key informants were employed full-time, dedicated mothers and wives, and/or nurturing caregivers. Managing the various roles appeared to cause stress for a few of the women. Indeed, stress emerged as one of the major health concerns among the key informants.

Major health concerns found among both groups of women included: 1) obesity/weight gain; 2) weight-related health conditions; 3) stress; and 4) cancer. To address these health concerns, key informants of both groups offered two similar suggestions; lifestyle changes and prevention efforts. Moreover, the Sierra Leonean informants were very interested in using health education as a method to address the health concerns.

Sierra Leonean Ethnic Groups

The Sierra Leonean key informants belonged to different ethnic groups. Although the ethnic groups shared some similarities, differences related to culture were noted. Key informants belonging to the indigenous groups, Mende, Temne, Limba, and Susu, appeared to participate in traditional practices such as secret societies and naming

ceremonies. However, data related to the domains of spirituality, health, health concerns, and roles/responsibilities were comparable. The younger Sierra Leonean key informants reported health concerns related to gynecological and urogenital issues.

Comparison with Other Research

Most of the literature reviewed uses the terms “Black or African American” to identify the women studied. Furthermore, there was a lack of research related to health and culture of Sierra Leonean female immigrants. The available literature largely referred to the civil war in their ancestry of origin. However, none of the Sierra Leonean key informants discussed the civil war. Kallon and Dundes (2010) presented information related to understanding the cultural aspects of Mende women in order to provide culturally-sensitive healthcare. As noted by Kallon and Dundes (2010) and the current study, information related to secret societies, ceremonies, and traditional foods is imperative for healthcare providers to understand.

The findings of this study confirmed current research related to the salon environment for Black women. As reflected in the literature, the informants revealed concepts such as trust and relationship-building within salons which catered to Black women. Therefore, salon settings are ideal community venues for health promotion and education (Johnson, Ralston, & Jones, 2010; Linnan & Ferguson, 2007; Solomon et al., 2004; Wilson et al., 2008). The results of this study showed that informal conversations and discussions were consistent with the study of Solomon et al. (2004) which examined the use of salons for health promotion.

The investigators of the Solomon et al. (2004) study experienced challenges similar to the investigator of the current study such as a slight disruption the "natural flow" of the salons along with noting conversations related to the investigator's presence. Nevertheless, the investigator of the current study was quickly accepted in the salons by the owner, stylists, and patrons, thus shortening the disruption of the salon environment. Solomon et al. (2004) found that stylists and customers shared personal information, and conversations were initiated by both customers and stylists. For the current research study, sharing personal information was noted throughout the study period. Moreover, some of the participants requested to do the interview in the salon. One patron stated, "Hey, I come here all the time. I have nothing to hide". To protect confidentiality, the participant and the investigator completed the interviews in the most secluded areas of the salon. Similar conversations about diets and weight loss were found in the Solomon et al. (2004) study and the current dissertation study.

As previously discussed, the major perceived health concerns expressed by both group members were: a) obesity/weight gain; b) weight-related conditions; c) stress; and d) cancer. Some research has provided insight into factors affecting the health of Black women. In the current study, key informants of both groups acknowledged the importance of exercise and healthy eating. The positive impact of weight loss and dietary changes related to disease prevention, management of diabetes, and management of hypertension were also noted among informants.

Kirchoff, Elliot, Schlichting, and Chinn (2008) examined strategies for physical activity maintenance through semi-structured interviews of 19 African American women.

Two of the concepts, exercise benefits and social support, are aligned with the present investigator's thematic findings. Barnes et al. (2007) conducted seven focus groups with African American women to explore the factors influencing weight loss maintenance. The study revealed the following four major factors influencing weight loss maintenance: social support to maintain weight loss, hairstyle management, cultural food practices and norms, and body image concerns of being perceived as "too thin". Themes and interview data similar to cultural food practices, concerns of being too thin, and social support were mentioned by informants of the present study. Unlike the Barnes et al (2007) research, concerns over hair maintenance were not expressed by informants as a deterrent to exercise.

Woods-Giscombe (2010) conducted a qualitative study including eight African American female focus groups related to conceptual framework development for the "Superwoman role". The Superwoman role is a concept that attempts to explain the relationship between life experiences, roles, and stress of Black women. A few of the themes found in this study were parallel to themes discovered in this current dissertation project. The similar themes were: 1) obligation to others; 2) spiritual values; 3) stress-related health behaviors; and 4) embodiment of stress.

As expressed by the key informants, cancer is a serious health threat to Black women. Although several health education and health promotion programs related to cancer and Black women have been developed, the key informants of the present study suggested the need for more community-based programs. Moreover, many culturally-tailored cancer prevention programs and messages have been created for African

American women (Frisby, 2006; Holt et. al, 2009; Kidder, 2008; Williams, 2007). Some of the suggestions of the key informants related to using churches as venues. Belin, Washington, and Green (2006) discussed the details of Witnessing in Tennessee (WIT) or Saving Grace, a successful breast cancer prevention program based in Tennessee. WIT utilizes a five step approach with the following poignant statement, "What you don't know might kill you"! The program strives to include spiritual values, provide cancer prevention and treatment education, and follow-up care to African American women.

Implications for Nursing: Education, Practice, Administration, and Policy/Program

Education and Practice

The findings for this study have implications for nursing and other healthcare professions. This study can also facilitate understanding of the diversities among the Black population within the United States. Providing information about the various cultures can aid in developing culturally-appropriate and sensitive health education, programs, and interventions. Educational institutions and nursing employers may use the findings of the present study to assist in developing holistic approaches and interventions to address the health concerns of African American and Sierra Leonean women. Educational institutions should also include cultural sensitivity classes in all nursing programs. Nurses must also assess the impact of migration and cultural changes on the health status of Sierra Leonean women. The findings from this study suggest the importance of assessing African American and Sierra Leonean dietary habits, physical activity, stress management, and knowledge of cancer screenings during clinic/hospital visits. Nurses may also provide information and advice related to various exercise and

healthy eating programs. Due to reports of using home remedies such as ginger and vinegar among both groups, nurses should inquire about home remedy usage. For example, a nurse may ask: “Do you use any home remedies or remedies from your childhood?” and “When do you use your home remedy and how often do you use your home remedy?” Then if appropriate, the nurse could suggest the incorporation of home remedy usage.

Due to the importance of utilizing holistic approaches in nursing, it is imperative for experienced nurses, new graduates, and nursing students to grasp knowledge related to the cultures and values of various ethnic groups. Understanding the similarities and differences within the subpopulations, will prepare nurses for encounters and experiences of cultural groups which may differ from the dominant culture and practices.

Administration

Findings of this study confirm the importance of nursing administration and leadership to continue providing cultural sensitivity trainings. Nursing administrators and leaders must also strive for recruiting a diverse workforce that is more representative of the diverse populations of the United States. Having a diverse workforce reflective of the community being served, may enhance patient satisfaction, understanding of health information, adherence to medications and interventions, and increase health seeking behaviors. An increase in health seeking behaviors may facilitate regular primary care visits, thus decreasing hospital admittance of preventable or manageable health conditions. Nursing administrators may also use the findings of this study to justify

funding allocated to providing culturally appropriate education materials reflecting the diversity among United States Black populations as well as other diverse groups.

Policy/Programs

The findings from this study may be helpful for public health nurses. The core competencies for public health requires awareness of the community needs along with developing, improving, and creating public health policies that are beneficial to the general public and local communities. Therefore, knowledge of the diversity of the United States Black population as identified in this study is important for conducting community health assessments to develop and improve various public health policies. Local public health agencies may use the findings of this study to develop health promotion programs at beauty salons and other community venues. For example, development of a healthy eating program would be beneficial for both groups. The program may be carried out at local salons and should emphasize the importance of preparing their traditional foods with healthy alternatives. Also, programs related to stress management conducted in hair salons may also be successful. Teaching stress management strategies would be valuable skills for both groups. Community health programs targeting African Americans and Sierra Leoneans should also solicit assistance from nurses self-identifying with the groups.

Serendipitous Findings

The investigator discovered several serendipitous findings throughout the study period. As a participant observer, the researcher found that the patrons at both salons would often times assist the owner and stylists with salon duties. The *Neighborhood*

Salon received a slight makeover from one of the patrons. The patron rearranged the furniture along with providing new chairs for the seating area. This observation further confirmed the close bonds between patrons and stylists.

During the individual interviews and time at the *Sierra Leonean Salon*, the investigator found that religious blending occurs with some Sierra Leoneans in which aspects of Islam and Christianity are practiced. Therefore, it is important for nurses to thoroughly assess spiritual and religious practices which may alter dietary and medical routines. Also, within the Sierra Leonean community, many women are practicing nurses. Hospitals and public health agencies may benefit from seeking out Sierra Leonean nurses to obtain entry into the Sierra Leonean community to promote health education, clinics, services, and programs.

Recommendations for Future Research

Although this study added to the body of nursing knowledge, further research is recommended. Moreover, every aspect of the cultures and perceived health concerns of the chosen groups were not revealed in the present study. The following are recommendations for future research:

1. Studies related to each of the four major health concerns among African American and Sierra Leonean women should be conducted.
2. Quantitative studies should be conducted to explore the education and preventive needs related to the major health concerns identified in the present study.
3. A quantitative study including a salon-based intervention related to healthy eating and exercising should be conducted among both groups.

4. Future studies with Sierra Leonean women should attempt to have equal representation of the major ethnic groups.

Conclusion

This study investigated the cultures of salons catered to Black women, perceived health concerns of African American and Sierra Leonean hair salon patrons, and cultures of the two groups. The following conclusions were drawn based on the findings of this study. The salon culture facilitates an environment of closeness and trust among the patrons, stylists, and salon owners. Women of both groups feel comfortable when discussing general and personal information in the salons. Therefore, information related to health and health concerns are easily discussed in the salons. Data related to the cultures of the two groups revealed the importance of family, traditions, celebrations, and foods. However, foods and dishes of both groups include certain ingredients which may be unhealthy if eaten in large quantities. Many Sierra Leonean traditional dishes require palm oil for cooking. Palm oil is very high in cholesterol. Moreover, the fried foods found in some African American dishes, are also high in cholesterol, sodium, and fat. A few of the African American key informants discussed altering some of the ingredients and preparations to make the traditional foods healthier.

The overall health and health concerns of the chosen groups were very similar. The key informants revealed health concerns related to conditions affecting themselves, family members, and close friends. The following health conditions were major concerns for both groups of women: 1) obesity/weight gain, 2) weight-related health conditions (diabetes and hypertension), 3) stress, and 4) cancer. Ethnography is a very useful

research method for the nursing profession. According to Oliffe (2005), “Ethnography provides an eclectic array of options to develop nursing knowledge, and nurses generally have well-developed observation, documentation, and analytical skills that are ideally suited for ethnographic research” (p. 397).

Summary

This chapter summarized the findings of the present study. The findings were compared to current literature related to the topic(s) of this study. Moreover, the implications for nursing education and practice along with recommendations for future research were discussed in this final chapter. This study provided a greater understanding of the health concerns of African American and Sierra Leonean women, which will facilitate the development of gender-specific and culturally-appropriate nursing care, nursing research, and health education programs.

Appendix A: Flyer

THE CATHOLIC UNIVERSITY OF AMERICA
School of Nursing
620 Michigan Avenue, NE
Washington, DC 20064

YOUR INPUT IS NEEDED FOR RESEARCH

Let's break the silence

and voice the health concerns of African American and Sierra Leonean Women

Who's Eligible?

1) Black women 18 y/o and older of the following groups: African American and Sierra Leonean
2) Must be able to read and write English
3) Must be willing to participate in interviews

What's involved?

1) Participation in 60-90 minute face to face interviews with Diona Martyn
2) $10 Target Gift Card for participating

To volunteer or for more information, please contact Diona Martyn via phone at 703-595-9134 or email 24martyn@cardinalmail.cua.edu **Principal Investigator: Diona Martyn RN, MSN, PHCNS-BC, Doctoral Candidate Catholic University of America, School of Nursing**

Appendix B: Demographic Form

Name:
Informant Code:
Current Age:
Country of Origin:
Year of Arrival to the US:
Ethnic Group:
Birthplace of Mother:
Birthplace of Father:
Ethnic Group of Mother:
Ethnic Group of Father:
Languages Spoken:
Marital Status: __Married __Divorced __Never Married __Separated __Widowed
Religion:
Education Completed: ____ Elementary School ____ Middle School ____ High School ____ College ____ Graduate School
Employment: ___ Full time ___ Part time ___ Retired ___Unemployed ___Student ___Other: Specify_____
Annual Income of you or your family: ___ Under $10,000 ___ $10,000-$20,000 ___ $20,000-$30,000 ___ $30,000- $40,000 ___ $40,000-$50,000 ___ $50,000-$60,000 ___ Over $60,000
Number of children and ages:
Do you have a primary care provider: Yes or No
How often do you see a primary care provider: Never Yearly More than once a year
Do you have a Gynecologist (women's health care provider): Yes or No
How often do you see a Gynecologist (women's health care provider): Never Yearly More than once a year

Appendix C: Consent Form

THE CATHOLIC UNIVERSITY OF AMERICA
School of Nursing
620 Michigan Avenue, NE
Washington, DC 20064
Individual Interview Research Consent Form

Name of the Study: An Ethnography of African American and Sierra Leonean women and Their Perceived Health Concerns in Northern Virginia
Investigator: Diona Martyn, RN, MSN, PHCNS-BC, Doctoral Candidate
Supervisor: Sr. Mary Elizabeth O'Brien, PhD, RN, FAAN

Purpose of the Study: I understand that I am being asked to participate in a study describing the perceived health concerns of African American and Sierra Leonean women. I understand that this research is being carried out by Diona Martyn, a doctoral student, to fulfill partial requirement for a doctoral dissertation at the Catholic University of America, School of Nursing.

Description of the Procedures: If I agree to participate in the study, Mrs. Martyn will first explain the purpose and procedures of the study and I will be asked to sign a consent form. I will receive a signed copy. I will participate in at least one interview with Mrs. Martyn that may last between 60 to 90 minutes. I agree to participate in follow-up interviews as needed. I will give my preferred contact information to the principal investigator. I will be asked about health concerns that are important to me. Prior to the interview, I will be asked to complete a demographic information form. The interview will be recorded and notes will be taken by the investigator during the interview. After the interview, the recordings will be transcribed by an experienced transcriptionist and the tape will be destroyed after the transcripts are reviewed.

Risks and Inconvenience: No medical risks are expected for the participants. I may choose not to answer any of the study questions. If the questions make me uncomfortable, I may stop the interview at any time and/or request the audio tape recorder to be turned off at any time.

Benefits: There are no direct medical benefits to me by participating in the study unless I am referred to a medical provider for any urgent or non-urgent health needs discussed during the interview(s). The results of this study may be a benefit to the nursing society

and healthcare for Black women. At the end of the interview, I will receive a $10.00 gift card to Target in appreciation of my time and interest in the study.

Confidentiality of Research Records: All information given during the interview is confidential. My name will not appear on any data collection form. My name will be replaced with a study identification number. USB drive, digital recordings, written notes, and transcribed papers will be kept in a locked cabinet in the office of the investigator. Digital recordings will be destroyed after completion of the analysis.

Agreement by the Participant:

I understand I am not obliged to participate in this study.

I understand that I may withdraw from the study at any time.

I understand that all information I give during the interview will be kept confidential.

I understand that my research records, just like hospital medical records, may be subpoenaed in the United States by court order or may be inspected by federal regulatory authorities.

I understand that if any immediate health needs are apparent, that I will be referred to a medical provider.

I have had an opportunity to ask any questions about the research and my participation in the research, and these have been answered to my satisfaction.

I understand that I will receive a signed copy of this consent form.

I volunteer to participate in this study.

_____	_____
Participant's signature	Investigator's signature
_____	_____
Date	Date

Any complaints or comments about your participation in this research project should be directed to the Secretary, Committee for the Protection of Human Subjects, Office of Sponsored Programs and Research Services, The Catholic University of America, Washington, DC 20064; Telephone: (202) 319-5218.

Appendix D: Interview Guide

Name_____

Informant Code_____

Interview #_____

I would like to learn from you.

1. Where were you born? (If born outside of US, how long and how has life been in the US)
2. Describe a typical day in your life.
3. Describe your household and/or family responsibilities.

Cultural/Social

1. How does coming to the hair salon affect your life?
2. How would you describe your relationship with your hairstylist?
3. How would you describe your relationship with other women who visit the salon?
4. How are issues related to health concerns discussed within the salons?
5. What are some of the health-related issues discussed in the salons?
6. Tell me about your family and friends and what health concerns are important to them.
7. Describe your relationship with your family and friends.
8. Tell me about your spiritual beliefs.
9. Describe any impact that your spiritual beliefs have on your health.

10. Are there certain foods, activities, or medicines do you believe keep you healthy?
11. Culture refers to the traditions, patterns, and life ways of individuals and families. Tell me about your culture.
12. Are there any traditional activities in your family are viewed as healthy?

Health and/or Health Concerns

1. Tell me about your overall health.
2. Could you tell me what affects your health as an individual?
3. Tell me about any ways you manage your health.
4. How would you define a health concern?
5. What are some health concerns for you?
6. Who do you share your health concerns with?
7. Why are those health concerns important to you?
8. What do you do about these health concerns?

Summary Questions

1. Is there anything else you would like to share with me about your health concerns?
2. Is there anything that you would like to add or share with me before we close?

Appendix E: Sierra Leonean Salon Letter of Support

THE CATHOLIC UNIVERSITY OF AMERICA
School of Nursing
620 Michigan Avenue, NE
Washington, DC 20064

Name of study: In Their Own Words: The Perceived Health Concerns Among African American and West African Women

Investigator: Diona Martyn, RN, MSN, PHCNS-BC, Doctoral Candidate

Purpose and Description of the Study:

The purpose of the study is to understand the perceived health concerns among African American and West African women. This study will be carried out as a doctoral dissertation. Mrs. Martyn's study will take place in three phases over a three-month period within my salon. The first phase will be observations for the first month. The second and third phases will include Mrs. Martyn becoming actively involved within the salon and conducting the individual interviews. As the salon owner, I will approach West African women to participate in the interviews. The place of the interview will be determined by the participant.

Participant Criteria:

1) Must be able to read and write English
2) Must be capable of participating in interviews

I understand the purpose and description of the study. I will support this study by giving the research study information to potential participants who meet the criteria. I will allow Mrs. Martyn to complete the study within the salon for the specified period of time.

Kadi's Hair Salon Owner

8/5/09
Date

Appendix F: Neighborhood Salon Letter of Support

THE CATHOLIC UNIVERSITY OF AMERICA
School of Nursing
620 Michigan Avenue, NE
Washington, DC 20064

Name of study: In Their Own Words: The Perceived Health Concerns Among African American and West African Women

Investigator: Diona Martyn, RN, MSN, PHCNS-BC, Doctoral Candidate

Purpose and Description of the Study:

The purpose of the study is to understand the perceived health concerns among African American and West African women. This study will be carried out as a doctoral dissertation. Mrs. Martyn's study will take place in three phases over a three-month period within my salon. The first phase will be observations for the first month. The second and third phases will include Mrs. Martyn becoming actively involved within the salon and conducting the individual interviews. As the salon owner, I will approach African American women to participate in the interviews. The place of the interviews will be determined by the participants.

Participant Criteria:

1) Must be able to read and write English
2) Must be capable of participating in interviews

I understand the purpose and description of the study. I will support this study by giving the research study information to potential participants who meet the criteria. I will allow Mrs. Martyn to complete the study within the salon for the specified period of time.

Darlene Bell
Rodney Bell _____ 7/27/2009

Unique Styles Hair Salon Owner — Date

Appendix G: Free Clinic Letter of Support

PRINCE WILLIAM AREA FREE CLINIC

9301 Lee Avenue
Manassas, VA 20110-5577
703-792-6378

a place for caring

4001 Prince William Parkway, #101
Woodbridge, VA 22193
703-792-7321

Name of study: In Their Own Words: Perceived health concerns among African American and West African women.

Investigator: Diona Martyn, RN, MSN, PHCNS-BC, Doctoral Candidate

Purpose and Description of the Study:

The purpose of the study is to explore the perceived health concerns among African American and West African women. This study will be carried out as a doctoral dissertation. Mrs. Martyn will obtain the participants for individual interviews and carry out observations from two salons in the community of Woodbridge, VA within a six-month period. The place of the interviews will be determined by the participant. The interviews will last approximately 60 to 90 minutes and will be audiotaped.

Participant Criteria:

1) Black women 18 y/o and older of the following ethnic groups: African American and West African
2) Must be able to read and write English
3) Must be capable of participating in interviews

I understand the purpose and description of the study. I will support this study by being listed as the healthcare facility for referrals or questions related to non-urgent healthcare needs.

Woodbridge Free Clinic

8/18/09
Date

Patients must met Free Clinic eligibility.

Appendix H: Urgent Care Letter of Support

MY URGENT CARE
WALK-IN CLINIC **MyUrgentCare.com**

Name of study: In Their Own Words: Perceived health concerns among African American and West African women.

Investigator: Diona Martyn, RN, MSN, PHCNS-BC, Doctoral Candidate

Purpose and Description of the Study:

The purpose of the study is to explore the perceived health concerns among African American and West African women. This study will be carried out as a doctoral dissertation. Mrs. Martyn will obtain the participants for individual interviews and carry out observations from two salons in the community of Woodbridge, VA within a six-month period. The place of the interviews will be determined by the participant. The interviews will last approximately 60 to 90 minutes and will be audiotaped.

Participant Criteria:

1) Black women 18 y/o and older of the following ethnic groups: African American and West African
2) Must be able to read and write English
3) Must be capable of participating in interviews

I understand the purpose and description of the study. I will support this study by being listed as the healthcare facility for referrals or questions related to urgent or immediate healthcare needs.

MJ Portell

MJ Portell Manager

08/19/09

Date

LAKE RIDGE
703-494-6160

WOODBRIDGE
703-497-1234

LANDMARK
703-370-2345

HAYFIELD
703-778-0400

Appendix I: Salon Sign

Attention Salon Patrons:

A dissertation study related to the health concerns of African American and Sierra Leonean Women will take place in this salon for six months. The doctoral student researcher will assist our staff with regular salon activities three to four times each week for six months. The research will not affect your hair appointments or visits to the salon.

The purpose of the researcher in the salon is to:

1) **To understand the health concerns of African American and Sierra Leonean women.**
2) **To understand, observe, and record how health concerns are discussed in the salon.**
3) **To obtain participants for individual interviews. Individual interviews will be private and will last about 60 to 90 minutes.**

Please contact the doctoral student researcher, Diona Martyn for any questions about the research study at 703-595-9134. Flyers about the study are available on the reception desk.

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