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"A Waste of Time": Hispanic Women's Attitudes toward Physical Activity

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Abstract

Despite a lack of studies on Hispanic midlife women's physical activity, the existing studies have indicated that Hispanics' ethnic-specific attitudes toward physical activity contributed to their lack of physical activity. However, little is still clearly known about Hispanic midlife women's attitudes toward physical activity. The purpose of this study was to explore Hispanic midlife women's attitudes toward physical activity using a feminist perspective. The study was a 6-month qualitative online forum among 23 Hispanic women who were recruited through Internet communities/groups. The data were collected using 17 online forum topics on attitudes toward physical activity and ethnic-specific contexts. The data were analyzed using thematic analysis. Three major themes emerged from the data analysis process: (a) "family first, no time for myself," (b) "little exercise, but naturally healthy," and (c) "dad died of heart attack." Although some of the women perceived the importance of physical activity due to their family history of chronic diseases, the study participants thought that physical activity would be a waste of time in their busy daily schedules. These findings provided directions for future health care practice and research to increase physical activity among Hispanic midlife women.

Keywords

physical activity; attitudes; midlife; women; online forum

Hispanics in the U.S. have grown in number from only 4% of the total population in 1966 to 15% in 2006 (Pew Hispanic Center 2008). Currently, Hispanics are the largest ethnic minority group in the U.S., and they are expected to grow to 30% of the total U.S. population by 2050 (Pew Hispanic Center 2008). With these changing demographics, culturally competent care is needed for this growing portion of the U.S. population. In response to the rising number of Hispanics in the U.S., an increasing number of studies have been conducted on this specific population (Gallo et al. 2009). Yet the findings on health outcomes of this population have been inconsistent (Gallo et al. 2009). Some have reported that this population tended to display equal or better health outcomes than their non-Hispanic White counterparts, while others have

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reported that this specific population was at risk of multiple health problems because of considerable adversity (e.g., social conditions, poor health care access)(Gallo et al. 2009).

Recently, researchers have begun to investigate physical activity in this specific population and reported differences in physical activity between Hispanics and other ethnic groups (Centers for Disease Control and Prevention [CDC] 2002). They have reported that more non-Hispanic White adults were meeting the recommended guidelines for moderate physical activity than ethnic minorities, including Hispanics (CDC 2002). Specifically, Hispanic women were more likely to be sedentary than their White counterparts (Cromwell and Berg 2006).

The existing studies have strongly indicated that Hispanic's attitudes toward physical activity have contributed to their lack of physical activity. Heesch et al. (2000) reported that women had ethnic-specific reasons for not being active: Whites reported being too tired or self-conscious; African Americans reported lacking a safe place to exercise or walk; and Hispanics reported a lack of time and being too tired. Berg et al. (2002) reported that, while Anglo-Americans valued individual outcomes and spoke of personal factors promoting or preventing exercise, Mexican Americans viewed physical activity as prescriptive, important for restoring health, and cited family responsibilities and family attitudes as factors that promoted or prevented them from exercising. Juarbe et al. (2002) also reported that perceived benefits (health promotion, personal health, internal and external factors) functioned as competing elements that might explain the physical activity of 143 Latina women aged 40 to 79 years.

The purpose of this study was to explore Hispanic midlife women's attitudes toward physical activity through a 6-month online forum. This was a part of a larger study that explored midlife women's attitudes toward physical activity in four major ethnic groups of midlife women in the U.S. (Hispanic, Non-Hispanic [N-H] White, N-H African American, and N-H Asian).

Theoretical/Philosophical Basis

In this study, using a feminist perspective, we assumed that women's physical activity would be most completely understood through the problematic dynamics of the nexus of physical activity, the female body, and cultural ideals of health and beauty (Balsamo 1996; Im 2001). Balsamo (1996) asserted that women had been frequently charged with the moral duty of preserving their energy for childbearing and cultivating personality traits suited for the wife-and-mother role; because of this, women had been historically discouraged from participating in physical activity (e.g., sports). Other feminists have also agreed that women had often been discouraged from sports that contributed to a perception of strength (Ellison 2004).

From a feminist perspective, we considered a complex dynamic between beauty, health, and ideas of control of women's bodies to understand women's physical activity (Im 2001;Wolf 1992). Feminists have claimed that cultures have imbued ideals of beauty that reflected moral qualities that led to these ideals being seen as “natural” (Wolf 1992). Consequently, they believed that societies set out inconvenient and painful practices that women themselves accepted, guided by the belief that that men would want to possess women who did so (Wolf 1992). Yet, the ideal of beauty can change, and being healthy does not necessarily match women's attitudes or experiences. In this study, we also assumed that promoting the health of diverse women through physical activity would require understanding these complexities, particularly as they are shaped and mediated by cultural attitudes. We also assumed that women's lack of participation in physical activity would come from their interactions with their psycho-socio-cultural environment and from biases reflecting the ways they view the world. Following feminists' assertions (Roth 2004), we also viewed ethnicity as a significant characteristic that would circumscribe women's physical activity and respected cultural contexts influencing Hispanic women's physical activity. Finally, we used the criteria for rigor in feminist research (Hall and Stevens 1991) to ensure the rigor of the study.

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Methods

Again, this was a part of a larger Internet study on ethnic-specific midlife women's attitudes toward physical activity in four major ethnic groups of midlife women in the U.S. Only the data from the Hispanic online forum were used for this study. The study was approved by the Institutional Review Board of the institution where the researchers were affiliated.

Sample and Settings

The settings included both Internet communities for midlife women (ICMWs) and Internet communities for ethnic minorities (ICEMs) that have been reported to be effective research settings or medium for studies in midlife women (Barrera et al. 2002; Im et al. 2008a). We recruited the participants of the larger study through 2,309 ICMWs and 4,421 ICEMs that we contacted to announce the study. Through the announcements, we asked potential participants to visit the project website if they were interested in the study. We used quota sampling by socioeconomic status and ethnicity to recruit the participants for the Internet survey to have an adequate number of midlife women from diverse ethnic groups and socioeconomic classes.

Among the Hispanic Internet survey takers (N=114), all the volunteers who agreed to be in an additional 6-month online forum were screened if they met the inclusion and exclusion criteria for the online forum (see the below). Potential participants were screened individually by email; the research team contacted potential participants by email (at multiple times), and the participants were asked to answer the screening questions by email. Then, all 23 Hispanic women who met the inclusion and exclusion criteria were included for the 6-month online forum. Krueger and Casey (2008) suggested that 5 to 8 participants would be ideal for a focus group discussion, and asserted that in qualitative study designs including this online forum method, intensive, focused, and in-depth data collection is of greater value than a large number of participants. Thus, 23 Hispanic women were adequate for the study. The inclusion criteria for the online forum were midlife women: (a) aged 40 to 60 years; (b) ambulatory and able to participate in all forms of physical activity; (c) able to read and write English; (d) who had access to the Internet; and (e) self-reported Hispanic. The exclusion criteria for the online forum were: (a) major signs or symptoms suggestive of pulmonary or cardiovascular disease; (b) history of a myocardial infarction, stroke, or type I diabetes mellitus; (c) blood pressure higher than 160/100 mm Hg; and (d) use of beta-blockers, diltiazem, or verapamil, which directly affect the exercise response. We used the online screening questions of Wilbur et al. (2006) to check the exclusion criteria regarding history of a heart condition, use of medication for blood pressure or a heart condition, chest pain with physical activity, problems with balance or dizziness, musculoskeletal problems, and known reasons for not engaging in physical activity. The screening questions also included additional questions related to cardiovascular risk (e.g., a family history of CVD, current smoker, history of elevated cholesterol and blood pressure, and diabetes)(Wilbur et al. 2006).

Instruments and Online Forum Topics

The information on the participants' characteristics was obtained through their Internet survey data. Because the online forum data were linked to the Internet survey data by the serial numbers assigned by the research team (no actual identity information was included), the data on characteristics of the participants could be easily obtained. To collect the Internet survey data, questions were developed to obtain information on age, education, religion, marital status, employment, income level, number of children, perceived availability of social support (1=none of the time ~ 4=most of the time), perceived walkability of the community (1=awful ~ 6=excellent), and country of birth. When the country of birth was not the U.S., degree of acculturation was measured using six questions about length of stay in the U.S. and preferences for foods, music, customs, language, and close friends. The length of stay in the U.S. was

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measured in months and/or years. Preferences for foods, music, customs, language, and close friends were measured using Likert scale 1 to 5 (1=exclusively own ethnic group, 5=exclusively American). For data analysis, these five items were summed and used as the acculturation score. These five questions were adopted and modified from the Suinn-Lew Asian Self-Identity Acculturation Scale (SL-ASIA)(Suinn et al. 1992). The reliability and content validity of the modified five questions were supported in the Internet survey (Cronbach's alpha=.68). Perceived health was measured using two questions on body weight and height, one Likert scale item rating perceived general health, and two open-ended questions on diagnosed diseases and medicine. For data analysis, BMI was calculated in kg/m2 from the self-reported height and weight and added as a variable. BMI was categorized for the analysis as 24.9 or less, 25.0-29.9, or 30 or more kg/m2, in accordance with the World Health Organization's definition of normal, overweight, and obese. General health was measured using one Likert scale item (1=very unhealthy ~ 5=very healthy). The data from the open-ended question on disease status were categorized to five according to body systems. Menopausal status was determined using seven items asking last menstrual cycle, menstrual regularity, and menstrual flow, which categorized women as pre-, early peri-, late peri-, post-menopausal, and surgical menopause (see the definitions in Table 2).

We used two sets of online forum topics (Im and Choe 2001; Im et al. 2008b): (a) 10 online forum topics on attitudes toward physical activity; and (b) 7 online forum topics on ethnic-specific contexts. Each topic included introductions and prompts that we posted on the online forum in a serial fashion across the 6-month period of data collection. We developed and used these topics, introductions, and prompts in previous studies (Im and Choe 2001; Im et al. 2008b). Through the previous studies, we also refined the topics based on the reviews by five experts in the area of physical activity and two experts in qualitative research methods (mean feasibility/usability score=4.34, SD=.32 on a 5-point Likert scale from 1 to 5).

Data Collection Procedures

For the larger study, we developed a project website in compliance with the Health Insurance Portability and Accountability Act (HIPAA) and SysAdmin, Audit, Network, Security Institute (SANS)/FBI recommendations. The project website consisted of an informed consent form, Internet survey questions, and online forum sites. When a potential participant visited the project website, we asked her to review the informed consent form and give her consent to participate in the study. After gaining her consent, we checked her against the inclusion criteria for the study using online screening questions. We allowed only those who met the inclusion criteria to proceed to the Internet survey questionnaire. At the completion of the Internet survey, we asked the participant if she would be interested in continuing with a 6-month online forum. When she agreed, we checked her against the inclusion and exclusion criteria for the online forum.

At the initiation of the online forum, we gave the participant her user ID and password to login to the online forum site. Then, we posted the online forum topics in a serial manner, and reminded her by email whenever we posted a new topic. At the completion of the online forum, we asked the participants to add more topics that they wanted to discuss with the other women. Although the participants added no topic, the participants provided some feedback on the study.

Data Analysis

The Internet survey data on characteristics of the participants were analyzed using descriptive statistics including frequencies, percentages, means, and standard deviations. The data from the open-ended question on diagnosed diseases were categorized according to human body systems. Later, frequencies and percentages of the disease categories were calculated. We analyzed the online forum data using thematic analysis by Braun and Clarke (2006). We saved

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the data in the ASCII files first and then printed out as transcripts. Four analysts among the research team members read and re-read the transcripts carefully for line-by-line coding. Upon the agreement of at least three out of four analysts, we selected the codes. Then, upon unanimous agreement of all four analysts, we finalized the codes and summarized them as a coding book. However, we did not use inter-rater reliability for coding the same transcripts. Using the coding book, the four analysts made categories that emerged from the internal cognitive process and reflexive thinking by analyzing contents and contexts. Then, all the analysts formulated the relationships between categories by mapping associative links among the categories. During this process, we used an interactive approach by reading and re-reading text to produce successively more abstract and refined ideas about domains of interest to identify themes common to research participants. We used this procedure as an ongoing system of checks and balances. Also, we examined possible effects of variable contextual factors including variable health status, socioeconomic circumstances, families' responses and roles, stability of their daily lives, and social support networks. We tried to identify possible changes in women's attitudes toward physical activity and ethnic-specific contexts during the 6-month period of the online forums.

To ensure dependability (Hall and Stevens 1992), we examined the methodologic and analytic decision trails created by the research team. To ensure reflexivity, we had all the four analysts write chronologic research diaries and memos. However, we did not analyze these diaries and memos; rather, these served as the bases for the theoretical thinking and reasoning process of the four analysts. To ensure credibility and relevance, we posted the developing analytic categories on the website, and asked for participants' reactions. We also assured adequacy by continuously questioning research methods, goals, research questions, design, scope, analysis, conclusions, and impact of the study within the social and political environment. In addition, we held weekly group meetings of the research team to examine the methodologic and analytic decision trails and to question the analysis process and interpretation of the data.

Findings

The mean age of the participants was 48.48 years (SD=4.17)(Table 1). About 44% of the participants were college graduates, and about 44% had graduate degrees. About 61% were catholic; 57% were married/partnered; 91% were employed; and 61% came from high socioeconomic group. About 61 % had one or two children; and 83% were born in the U.S. The mean perceived social support score (1=none of the time ~ 4=most of the time) was 2.65 (SD=1.15). The mean score of the walkability of community (1=awful ~ 6=excellent) was 4.43 (SD=1.31). The mean length of stay in the U.S. was 27.75 years (SD=15.48). The mean acculturation score (the lowest possible score=0, the highest possible score=25) was 16.75 (SD=.96). The mean BMI of Hispanic study participants was 29.16 (SD=7.34); about 39% were obese (Table 2). About 44% were peri-menopausal, and about 44% were post-menopausal. The mean general health score (1=very unhealthy ~ 5=very healthy) was 3.70 (SD=1.15). About 61% had a diagnosed disease: among them, five (36%) had cardiovascular diseases, five (36%) had endocrine diseases (e.g., diabetes, thyroid), three (21%) had cancer, and the rest (77%) had various types of common diseases. About 74% of Hispanic participants were taking medicine.

We identified three major themes through the data analysis process. The women considered their family the highest priority in their lives and hardly found time for physical activity for themselves. They also thought that they were naturally healthy and did not need extra exercise beyond their daily activities. The only reason that the women perceived the importance of physical activity was their family history of chronic diseases such as cardiovascular diseases and diabetes. Yet, they thought that physical activity would be a waste of time in their busy schedules.

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“Family first, no time for myself”

The first major theme, “family first, no time for myself,” included three related sub-themes: (a) family is the highest priority, (b) physical activity is a waste of time, and (c) need for family support. Women placed family as the highest priority in their lives, and they were strongly committed to their family responsibilities. Because of these family obligations, the women could not find time for themselves or for their physical activity. The women themselves also perceived physical activity as a waste of time. Ironically, the women wanted their family's support for their physical activity even though they reported that their family support was always adequate in their daily lives.

Family is the highest priority—Most of the participants said that they were raised and taught to take care of their family first. The women could do anything that they wanted, including physical activity, only after they addressed all the needs of everyone else in their family. Thus, they could rarely find time for themselves and especially for physical activity. In addition, the women thought that it seemed selfish to take time for their own physical activity. Even the most acculturated participant considered physical activity a luxury for Hispanic women. A 43-year-old Mexican woman who had been in the U.S. for 38 years wrote:

> I think Caucasian women are more likely to feel free to think of themselves first because they are aware that if they aren't happy and healthy, their families are[n't] happy and healthy. Latina women are still very martyred in their thinking. … I have [to take] care of the family before doing [anything] for myself. In regards to physical activity, men seem to take care of themselves first, and for women it is an afterthought, if you have any energy after the family is taken care of.

As most of the participants said their family came first, they considered family obligations inhibitors of their physical activity. They thought that their family, even their extended family, was important in their culture. They felt a strong commitment to caring for their children, grandchildren, husband, and elderly parents. Because of this responsibility, they did not have enough time for their own physical activity. Family obligations were also frequently used as an excuse for their physical inactivity. One participant, who immigrated to the U.S. 37 years ago, said she used to use the excuse that her husband did not want her to participate in physical activity. One participant also mentioned:

> What inhibits me from participating in physical activity are duties, like my mom that lives with me and having to take her to [the] store or getting her medicine at the pharmacy.… We need physical activity in our daily life but don't always do it. I have so many things to do after I come back…and [do] not always have time for exercise.

Physical activity is a waste of time—The participants thought that participating in physical activity was basically a waste of time because they had more important responsibilities, such as working to make money or taking care of others. They complained of the difficulty in shortening their work time or time for others to participate in physical activity. They thought that it was not easy to change their working pattern/time, and they did not feel the need to change their regular daily lives to increase their physical activity in the immediate future. They had to make physical activity the lowest priority in their daily schedule. One participant mentioned:

> I believe that in the back of my mind, I am thinking that physical activity is a waste of time, and I should be working or helping someone. (There is) not enough time to do what I need to do…I don't have enough time when I probably could squeeze some time in for exercise on a regular basis [is] my attitude of “manana”(,) I don't push myself to do more.

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Most of the participants reported that Hispanic culture placed less value on physical activity. While they still knew the importance and benefits of physical activity, they said that their culture did not view it as a necessity in life. They described their culture with “family unity,” “religion,” “lots of food,” “loud,” and “love to laugh.” Rather than doing physical activity, the women preferred eating food, sitting, and talking with family and friends. One participant who was 53 years-old said she had not exercised in the past 40 years. One participant also said:

> Physical activity is low in priority because the emphasis is more on spending time with family…around food primarily but also just sitting around talking and getting closer to one another. Physical activity would then tend to take away from this.

Need for family support—Although the women had adequate family support in their daily lives, they did not have any family support for their physical activity. However, the women wanted to use family support when they needed help with physical activity. They sought practical support to share family obligations so that they had time to improve their physical activity level. They also wanted to participate in physical activity with family members as workout partners. One participant said:

> [What I need for physical activity is] someone to share in the responsibilities. Because I am always having to work, or running to get someone, or fixing a car, or help[ing] a relative, or clean[ing the] house[,] I do not…have time for anything else.

“Little Exercise, but Naturally Healthy”

The second major theme of “little exercise, but naturally healthy,” included three related sub-themes: (a) gendered culture, (b) naturally healthier Hispanics, and (c) more than enough physical activity at work. The women perceived Hispanic culture as patriarchal and discouraging of women's physical activity. The women also felt that Hispanics were naturally healthy and physically active and did not need extra efforts to increase their physical activity. Also, the women thought that they did more than enough physical activity at work, so they would not need to do any more physical activity after work.

Gendered culture—The women thought that Hispanic culture placed less interest or emphasis on women's physical activity. One participant said that in such a male dominant culture, women were basically raised to be dependant on their fathers first, then on their husbands. Most of the women who participated in the online forum indicated that when they were younger, their parents and grandparents did not like them doing physical activities outside. Their parents and grandparents wanted them to stay inside helping with the housework because it was safe for women. Thus, these women had never been encouraged or pushed to involve themselves in physical activity. Even the participant who was born and raised in the U.S. mentioned the discouragement of physical activity by her parents and the lack of opportunities for physical activity for women. One participant explained:

> [My] biggest issue is that I was not exposed to sports growing up due to my gender. [There was a] lack of opportunities for women. My mother discouraged physical activity, but I have participated as an adult. I was not encouraged to be physical[ly] active as a child because I am a woman.

Naturally healthier Hispanics—Although most of the participants were less engaged in physical activity due to these cultural attitudes, they still felt that they were more naturally sports-oriented and healthier than other ethnic groups. One of the reasons for this was their physically active style life, such as walking to get the bus, hard working, and taking their children on long walks. One woman wrote:

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> I think the advantage is that I don't suffer as many illnesses as someone in my position that is white. I feel like Hispanics are naturally healthier in a general way although they do suffer from diabetes and high cholesterol, they physically are almost always able to keep working…exercise is important to the Anglo community, but not ours since our parents never exercised and were very healthy.

More than enough physical activity at work—The participants mentioned that Hispanics had different views on physical activity compared to other cultures. Many participants thought that a connection existed between physical activity and their jobs/work. They considered physical activity as a major resource to make a living. Many participants felt that they did enough physical activity in their jobs; so, they considered their work activities as physical activity. Thus, they felt they did not need extra voluntary physical activity in their daily life. One participant mentioned:

> Personally I feel that a fair portion of the Hispanic culture does not view physical activity as a necessity of life. I (think) the older generation felt that all the labor that they did in the fields was considered physical activity…I just don't feel that Hispanics think that physical activity is that important.

In addition, some participants thought that they were too tired to participate in physical activity after their work; they perceived that they did more than enough physical activity at work. Thus, they usually kept a very sedentary life pattern after their work, regardless of the type of their work (e.g., physical labor or sedentary office jobs). They wrote that overwork at their jobs was the reason for their sedentary life patterns. One participant mentioned:

> I am very sedentary. My job is a sit down job, and I have extra hours on Monday and Tuesday. On Wednesday, I have short hours doing a distribution route getting in and out of the company van. At the end of that day I go home and lay down since I feel so tired. My volunteer work is usually making flyers, or computer work which means more sitting.

"Dad died of Heart Attack"

The third major theme of "dad died of heart attack" included two related sub-themes: (a) prevention of family disease and (b) a good medicine for mental health. Due to a family history of chronic diseases, some of the women wanted to participate in physical activity to minimize their own risk. Also, some wanted to participate in physical activity because of its benefits on their mental health. Physical activity could help them relax and reduce stress from daily lives.

Prevention of family diseases—Most of the participants mentioned that Hispanic heritage had something to do with their frequent health problems of diabetes, high cholesterol and blood pressure. They thought that their habitual high cholesterol diet and lack of physical activity were some of the causes of the diseases. Most of the women perceived that their physical activity would promote their healthy living and also prevent their family diseases. One woman said,

> I believe the Latino culture suffers less physical problems with exercise but we suffer more medical problems because of our diet, cholesterol, blood pressure and such. We benefit greatly from physical activity when it comes to preventing diseases that affects some minority groups more than others (e.g., adult onset diabetes).

The women also perceived that heart attack and diabetes were risk factors in their health. Some of the women who had experienced family members' recent deaths due to family history of specific diseases tried to do regular physical activity to prevent the diseases from breaking out. They wanted to participate in physical activity to prevent disease. One participant said:

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> I have been engaged in physical activity for many years, though when my children were young it was a bit more sporadic – typically their activities would interfere with my working out. I mention this because my initial motivating factor to work out was that my father died of a heart attack. So, for me, that is always in the back of my head and is the number one factor that influences my regular physical activity.

A good medicine for mental health—Some of the women wanted to participate in physical activity because they believed that it could reduce stress from their daily lives and could make their mind calm and refreshed. They considered physical activity a good medicine for their mental health. While engaged in physical activity, they could forget about daily problems, and all the burdens from family and work. The women mentioned that physical activity made them relaxed and even happy. One participant said:

> As explained before the PH.A [physical activity] is like my "Drug". It is what I use to be calm and relaxed. After I exercise, I feel well with myself and a big "happiness" feeling. There is no harm to the mind if the exercise is done with balance.

Discussion

The overriding theme of the findings reported in this paper could be: physical activity is "a waste of time." The findings reported in this paper were consistent with those reported in the literature. The women's family was the highest priority in their daily lives. The women thought that they were naturally healthy, so they would not need extra physical activity other than their daily activities. Although some of the women perceived the importance of physical activity due to their family history of chronic diseases, the women basically thought that physical activity would be a waste of time in their busy daily schedules.

These findings were much more negative than those reported in the previous studies (Berg et al. 2002; Heesch et al. 2000; Juarbe et al. 2002; Melillo et al. 2001). Prior research has indicated that Hispanic women tended to perceive all human activities, including breathing and thinking, as physical activity, and they tended to consider themselves physically active because of their busy daily activities (Berg et al. 2002; Heesch et al. 2000; Melillo et al. 2001). Also, the researchers reported that Hispanics considered a lack of time and being too tired as the reason for their inactivity and that Hispanics considered family responsibilities and family attitudes as factors that promoted or prevented them from exercising (Berg et al. 2002; Heesch et al. 2000; Melillo et al. 2001). However, none of these studies ever reported that Hispanic women considered physical activity a waste of time.

The first theme of the study, "family first, no time for myself," is consistent with the literature. Prior research indicated that Hispanic women tended to be inactive because of the family obligations that they placed as the highest priority in their daily lives (Berg et al. 2002; Heesch et al. 2000; Juarbe et al. 2002; Melillo et al. 2001).

The second theme of the study, "little exercise, but naturally healthy," indicated that the women themselves believed the so-called "Hispanic paradox" and did not pursue any increase in their physical activity because of the belief that Hispanics reported better health outcomes compared with non-Hispanic Whites despite adversities in their daily life (Franzini et al. 2001). This finding would be a negative sign for the women's health because the women's perception could possibly have made them physically inactive. Researchers have frequently reported that Hispanics had better general mortality rates and birth outcomes compared with non-Hispanic Whites (Brown et al. 2007; Hummer et al. 2007). However, researchers also reported that this paradox was not true for other outcomes, such as cancer and cardiovascular disease (National Center for Health Statistics 2008; NHLBI Working Group 2003). Also, compared with other ethnic groups, Hispanics were more vulnerable to some health conditions, including obesity

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and diabetes (National Center for Health Statistics 2008). These research findings indicated that physical activity could be much more beneficial to Hispanics compared with other ethnic groups because the health conditions to which they were vulnerable (e.g., diabetes, cardiovascular diseases, obesity) were closely associated with lack of physical activity (National Center for Health Statistics 2008; NHLBI Working Group 2003).

Researchers have rarely reported the findings similar to the final theme of "dad died of heart attack." However, as mentioned above, the high prevalence rate of heart disease and diabetes among Hispanic populations was frequently reported in the literature (National Center for Health Statistics 2008; NHLBI Working Group 2003). The finding that some of the women perceived the importance of physical activity in preventing these diseases could provide a direction for increasing physical activity among Hispanic midlife women. Because most of the women perceived physical activity as a waste of time, it is essential to make them perceive the importance of physical activity. The finding that women perceived the importance of physical activity through their family members' diseases could provide an answer on how to increase their physical activity. Through emphasizing the importance of physical activity in preventing the family diseases, physical activity could be promoted among this population.

The findings of this study need to be considered carefully in light of its limitations. First, as the sociodemographic characteristics of the participants indicated, the participants tended to be a select group of Hispanic women and did not represent all sub-ethnic groups of Hispanic midlife women. Further, using a convenience sampling method, having a specific set of inclusion criteria (including literacy in English), having a small sample size, and restricting data collection to the online forum (participants had to have access to a computer and to the Internet) limited representativeness of the sample and thus the generalizability of the findings. Despite the quota sampling used to recruit a balanced group of women from all socioeconomic status strata in the Internet survey, the participants of this online forum tended to be highly educated with high income, which further limits the generalizability of the findings. Also, with the data collection process using the online forum, we might not have obtained theoretical saturation because the interactions were asynchronous. Although the online forum administrators monitored the online forum site at least twice a day and posted their feedbacks as promptly as possible, the participants did not come to the site frequently to respond to the questions/comments posted by the administrators. Thus, this limitation along with the small sample size, made it difficult to obtain theoretical saturation throughout the 6-month period. Finally, potential for social acceptability bias was possible because self-reported data were used.

Conclusions

The findings of the study indicated that Hispanic midlife women perceived physical activity as a waste of time in their busy daily schedules, and that the only reason that they considered increasing their physical activity was family history of chronic diseases. These findings provide directions for health care practice and research to increase physical activity among Hispanic midlife women. First, health care providers and researchers need to develop and test physical activity promotion programs that focus on prevention of chronic diseases and that emphasize the importance of physical activity in decreasing the risk of the chronic diseases among Hispanic midlife women. Despite the efforts to increase physical activity among Hispanic midlife women, the programs have frequently failed to increase Hispanic women's physical activity. The findings of this study indicated that their lack of knowledge on benefits of physical activity in preventing the diseases would be a reason for their lack of physical activity in their daily lives. Also, the findings indicated that family should be included in the efforts to increase physical activity of Hispanic midlife women, as previous studies suggested (Berg et al. 2002). Health care providers and researchers could develop physical activity promotion

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programs that incorporate physical activities that family members could participate in together. Or, health care providers and researchers could develop web-based physical activity promotion programs that would not require transportation or extra time for the women to participate in so that women would not need to worry about their family obligations in order to participate in the programs. Finally, health care providers and researchers need to develop these programs while considering that women may think that they were already healthy (that they would not need to increase physical activity). Health care providers and researchers also need to correct the women's incorrect perception of the Hispanic paradox through developing multiple strategies to provide valid information on statistical facts and benefits of physical activity on their health.

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Table 1

Demographic Characteristics of the Participants (N=23)

Characteristics	n (%)	Characteristics	n (%)	Characteristics	Mean ± SD
Education		*Income level*		*Age* (Mean ± SD)	48.48±4.17
High school	3 (13.0)	Low	2 (8.7)	*Social support* *	2.65±1.15
College	10 (43.5)	Middle	7 (30.4)	*Walkability of community* **	4.43±1.31
Graduate degree	10 (43.5)	High	14 (60.9)	*Stay in U.S.(yrs)*	27.75±15.48
Religion		*No. of children*		*Acculturation*	16.75±0.96
Protestant	6 (26.1)	None	6 (26.1)		
Catholic	14 (60.9)	1-2	14 (60.9)		
Others	2 (8.7)	3-5	3 (13.0)		
No religion	1 (4.4)	More than 5	0 (0.0)		
Marital status		*Country of birth*			
Married/partnered	13 (56.5)	U.S.	19 (82.6)		
Non- married/partnered	10 (43.5)	Outside U.S.	4 (17.4)		
Employment					
Yes	21 (91.3)				
No	2 (8.7)				

* 1=None of the time ~ 4=Most of the time/

** 1=Awful ~ 6=Excellent/ Reliability of the acculturation scale : 0.68

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Table 2

Perceived Health and Menopausal Status of the Participants (N=23)

Characteristics	n (%)	Characteristics	n (%)
BMI(kg/m2) (Mean±SD)	29.16±7.34	*Menopausal status* **	
Category of BMI		Premenopause	3 (13.0)
Normal (<25)	7 (30.4)	Perimenopause	10 (43.5)
Overweight (25 to <30)	7 (30.4)	Postmenopause	10 (43.5)
Obese (≥30)	9 (39.1)	*Diagnosed disease*	
General health * *(Mean±SD)*	3.70±1.15	No	9 (39.1)
Taking medicine		Yes	14 (60.9)
Yes	17 (73.9)	Cardiovascular diseases	5 (35.7)
No	6 (26.1)	Endocrine diseases	5 (35.7)
		Musculoskeletal diseases	3 (21.4)
		Cancer	2 (14.3)
		Others	8 (77.1)

* 1=very unhealthy ~ 5=very healthy

** Pre-menopausal=having menses in the previous 3 months with no increase in irregularity/ peri-menopausal=having menstrual bleeding in the previous 3 months with increasing irregularity in cycle length or having menses in the previous 12 months but not in the previous 3 months/ post-menopausal=having no menstrual bleeding in the previous 12 months (not due to medication, pregnancy, or severe weight loss).