Abstract: In recent years, there has been an increased interest in the health of African Americans. This is due in large measure to health disparities racial and ethnic minority groups face in the healthcare system. Despite advances in health care, these groups still lag behind. More programs have been instituted to provide health education to minority groups. And while some members from these groups may participate in health educational activities, others do not, particularly men. Studies have adequately explained adults’ motivations; few have explored African American men’s motivations to participate in health education. We discuss three primary reasons of motivations of African American men. The findings can assist program planners and health educators in developing recruiting strategies to attract African American men to learn more about health.

Introduction

The field of adult education continues to expand. Customarily, we read about the advantages and disadvantages of using various instructional techniques (Galbraith, 2004), characteristics of an effective adult educator (Brookfield, 2004; Guy, 1999), and characteristics about adult learners (James, 2003; Merriam, Caffarella, & Baumgartner, 2007). In addition, new topics, such as spirituality (Fenwick, English, & Penwick, 2004) and consumerism (Sandlin, 2007), are gaining more attention. Traditionally, research was conducted quantitatively, but there has been a paradigm shift and now adult education researchers (Alfred, 2009; Rogers, 2005) have explored the lived experiences of adult learners. One of the most voluminous researched areas of adult education is participation. From the research we have learned why adults are motivated and deterred from participating in educational activities. Despite the attention the topic has garnered, some groups are still overlooked and we understand little about their motivations or barriers to participation. This lack of knowledge cuts across many fields including health.

Every year we seem to learn about new medical advances. In addition, technology and medicine have coalesced to provide healthcare opportunities like never before. Adults are living longer and are more conscious about their eating habits. Injured soldiers that have lost a limb due to war can resume a somewhat normal life with advances in prosthetics. Pace makers are monitored from hundreds of miles away. Although medical advances are changing the lives of many, health disparities still exist. A contributing factor is a lack of knowledge about healthcare. Another factor is the disparities in health care treatment among racial and ethnic minority groups (Skarupski, et al., 2007). In many urban areas, organizations have collaborated with one another to provide free health screenings, informational packets, and health educational offerings. Yet, some adults do not participate, thus failing to learn how to enhance or maintain their overall well being. Learning what motivates adults to participate in health education can assist health educators in enhancing targeted programs for hard to reach adults. The purpose of this study was to explore African American males’ motivations for participating in health education.
Adult Education Participation

Adult educators have examined participation among adult learners for several decades (Johnstone & Rivera, 1965; Boshier, 1991; Hawkins, 2007; Kjell & Desjardins, 2009). Generally, studies focus on the barriers, deterrents, and motivations of adults. It is hard to confine participation to one factor. “Participation appears to be the result of a combination of factors” (Boeren, Nicaise, & Baert, 2010, p. 53). Costs and time are often cited as barriers to participation. Costs can be prohibitive for some adults. A lack of resources, inclusive of a lack of energy or stamina and personal and professional responsibilities (Malhotra, Shapero, Sizoo, & Munro, 2007) also prevent adults’ participation.

A major motivation for participation often reported in the literature is job enhancement/professional development. Other motivations include a love of learning, social interaction, social stimulation, and enhancement of communication skills, just to name a few. Motivations vary among groups of learners; the context of learning impacts motivations as well (Isaac, in press). Among childcare workers, Hawkins found that they participated to improve childcare programs. Soldiers have participated in educational activities to prepare for their transition to civilian life and older adults may participate to enhance their technological skills (Mulenga & Liang, 2008). Adults have a number of reasons for participating in adult education. Some are consistent among adult learners. However, some are unique based on the learner, subject matter, and the context.

“Although some studies have done and adequate job in explaining adults’ motivations in general, most have failed to include an analysis of race” (Isaac, Guy, & Valentine, 2001). Hence studies have explored the motivation for participation of African American males. Most studies of participation focus on groups of learners in general or women in particular. In a recent review of the literature, one study of African American men was located. In a study of incarcerated African American males, Schlensinger (2005) found that they were motivated to participate in correctional education more so for “non-educational reasons” (p. 236). They included the opportunity to meet with other incarcerated men. Some reasons were manipulative in nature. For example, participating allowed them to get out of their cell for a while; for others it was a monetary benefit. They received money for attending and used the money for other uses such as purchasing contraband. The findings support the notion that the context and learner impact participation motivations.

African American Males and Health

Concerted efforts have been made to raise the health consciousness of Americans during the past two decades. Television commercials no longer focus on the common cold. Issues of diabetes, hypertension, sexually transmitted diseases (STDs), and AIDS now fill the airwaves in an effort to promote healthy lifestyles. This is significant considering the extant health disparities in the U.S. Poor health status is one indicator of health disparities, differences in the incidence, prevalence, mortality, and other health-related conditions that exist among specific groups in the U.S. One method used to eliminate health disparities and thus improve health is by engaging in health promotion activities, activities that lead to a higher level of health and based upon a desire for health rather than an avoidance of disease (Pender, Murdaugh, & Parsons 2006). Health promotion activities help individuals maintain or improve well-being. While there has been sufficient literature that examines health promotion activities in general, little has been conducted that focuses specifically on African American men. Although there has been a
significant decrease in the age-adjusted mortality rates for 10 of the 15 leading causes of death for all Americans (Heron et al., 2009) along with an increased life-expectancy for males and females and African Americans and Caucasians, there remain differences in mortality rates when comparing African Americans to Caucasians.

Various explanations have been proposed to account for the health disparities among African American men, including barriers faced by all regardless of race or ethnicity: (a) lack of health insurance, (b) being without a regular health care provider, and (c) challenges in obtaining care once the decision is made to seek care (Agency for Healthcare Research and Quality, 2005). However, if these are barriers faced by all, what accounts for the significantly inferior health status of African American men? Researchers (Cheatham, Barksdale, & Rodgers, 2008; Ravenell, Whitaker, & Johnson, 2008; Royster, Richmond, Eng, & Margolis, 2006) have identified additional barriers faced by this group that must be addressed if their health status is to improve. These include (a) socioeconomic status, specifically employment status, (b) masculinity, or male gender socialization, and the need to not appear weak or less of a man by admitting illness or the need for health care, (c) lack of awareness of disease signs and symptoms, (d) lack of awareness of the need for preventive care (e) mistrust of the health care delivery system, (f) the negative clinic experience, (g) religion, including religious fatalism, (h) criminal background which makes securing employment, especially employment with health care benefits and adequate pay difficult, and (i) cultural and linguistic differences. Accordingly, until these issues are addressed, we may continue to witness health disparities among African American men.

The concept of health promotion, “the science and art of helping people change their lifestyle to move toward a state of optimal health” (O’Donnell, 1985, p. 5), is not new. However, health-oriented education has gained traction in adult education literature in recent years (Hill, 2004). Simultaneously, various organizations and agencies have enhanced their efforts to offer health seminars and workshops for targeted groups such as African Americans, Hispanics, and African American men. Despite their intentions to raise the health consciousness of Americans, research indicates that African American men are not participating in such activities, which may result in their disproportionately higher incidence and prevalence of chronic diseases (Thompson, Talley, Caito, & Kreuter, 2009).

To eliminate health disparities, adults should engage in health promotion activities, which motivate a person to achieve a higher level of health (Pender, 2006). Various researchers have noted health promotion research focusing on African American men has not garnered significant attention (Cheatham et al., 2008; Thompson et al., 2009; Underwood et al., 2009). The purpose of our research study was to examine health promotion activities in a group of African American men. Our specific research question was: “What motivates African American males to participate in educational offerings about healthy lifestyle behaviors?”

**Methodology and Findings**

Using convenience sampling, African American men enrolled in a “Male Wellness and Health” (MWH) program sponsored by Fathers’ Support Center (FSC) in St. Louis, MO, were asked to participate in the study. FSC was selected because of its longevity in providing educational programs for men, most who are African American. FSC has received several awards including the Governors Award for Service Excellence. Once volunteers were identified from the MWH program, two focus groups were conducted. Inclusion criteria included (a) being
enrolled in the MWH program, (b) being able to read and understand English, and (c) self-identifying as African American. In exchange for their participation, each participant received a gift card. During the focus groups, participants were asked to respond to semi-structured questions developed by the researchers based upon a review of the literature and specific research aims. Both focus groups were tape recorded and the tapes were transcribed.

Open coding to identify common words and phrases and triangulation of data were used. We found three major themes which described the men’s motivations for participation—scare tactics, modeling, and personal desire.

Modeling was used to describe how the men wanted to be role models for others and how other people served as role models for them. Several of the men indicated that their children motivated them to learn about health. They wanted their children to be healthy and felt it was important for them to set a good example for them. For some of the other men, other people in their lives motivated them. For example, one participant stated, “My mom is 72 and she gets around. . . . and she walks, she goes to the pool and does those little swimming aerobics things. . . . that is motivating to me.” Another man said, “When you see. . . . a person in our class who really is our speaker. . . . and he’s 64 and he runs three miles every day” it motivates him to want to learn more about health.

Some of the men stated that learning about certain health topics and issues scared them and motivated them to want to learn about health. In talking about the warning label on cigarettes, one participant stated that, “If anything got a warning label on it, you don’t need to be doing it.” A bad report from the doctor also served as a motivator. For one participant, “a bad doctor’s report . . . that would motivate me if the doctor told me that you are not physically right.” Along those same lines, another participant indicated if there were more examples of how bad a person could be living, it would motivate him to learn more about health. In other words, if he saw a man whose leg was amputated because he did not take care of himself, it would serve as a motivator. For example, one participant stated, “With all these [illnesses and diseases], with what everybody’s coming with makes me want to take charge of my health.”

Along the lines of personal desire, some men just wanted to be healthy. One participant, who has a significant other, felt that it was important “to have myself together” in order to keep up or be established with her. In one instance, a healthy lifestyle was ingrained from childhood experiences. One man indicated his mother made dinner every day and a vegetable was always included. “She. . . . we always had fruit and veggies in the refrigerator.” He went on to say that he always remembered to take care of himself.

The motivations for the men in this study were inconsistent with most findings. The topic (health), context, and participants provided unique contributions to the adult education participation literature. Nonetheless, the findings from this research can broaden our understanding of African American males’ motivations for participating in adult education. Understanding their motivations to participate in health promotion activities will aid adult educational programmers and health educators in providing educational activities and learning opportunities that can enhance participation and learning among African American men and, at the same time, enhance the likelihood of their participation in future health promotion activities.
References


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