

# DOWNLOAD PDF A QUALITATIVE INVESTIGATION OF THE IMPACT OF WEIGHT CYCLING ON WOMENS WELL-BEING

## Chapter 1 : Articles & Evidence

*Abstract. In-depth interviews were conducted with 42 women and men (aged years) to explore their relationships with their bodies. The particular focus was age-related changes in body image and attitudes toward the body aging, an area that has received little research attention to date.*

This study, conducted in two distinct geographical locations in the United Kingdom, explores the leading influences upon levels of physical activity participation among 75 young women aged 15–19. The study also notes the detrimental impact of life transitions such as moving from college to full-time employment. Further case study analyses reveal the friendship group as the primary influence over all other factors considered. The research concludes by summarizing the influences on physical activity participation that are pertinent to this age group, highlights theoretical implications, suggests possible intervention strategies and reports areas of further investigation that are required.

**Introduction** The benefits of regularly participating in physical activity, through casual or organized participation seeking to improve fitness, mental well-being and social relationships, are well recognized [ 1–3 ]. The skills generated through more structured sporting activities can also be readily applied to more everyday situations, such as dedication, application and team building. Youth sport programmes, fostering the development of these core skills, have also been suggested as a promising approach to reducing a range of problem behaviours among young people [ 4 ] and promoting their social inclusion [ 5 ]. There are rising concerns about levels of physical activity, or inactivity, among young people in particular. Nationally representative and longitudinal surveys among school-aged children illustrate that boys are more likely to participate in sports and physical activity compared with girls. Also, this gap between the genders becomes more pronounced with advanced age within the teenage years. These findings are supported by additional studies and reviews of physical activity participation in the United Kingdom and other Westernized nations [ 10–16 ]. In light of the known benefits of physical activity, the current UK policy agenda advocates the importance of driving up participation among young people [ 17 ]. Increased sports facilities and a commitment to raising the proportions of young people participating in sport and physical education PE are outlined. More recently, the Youth Matters Green paper [ 19 ] sets out a number of national standards for local authorities. To support effective health interventions in increasing participation levels among young women, research has a significant role to play. There is a clear need for a greater understanding of the perhaps yet anticipated antecedents of physical activity participation. Equally, we must be aware of the factors that discourage or prevent their participation in physical activity. Of the methods available, this type of exploratory investigation into meanings, views and context lends itself to a qualitative approach. Only through a detailed exploration and understanding can recommendations for effective interventions be established. Particularly in the United States, researchers have been able to draw on nationally representative surveys, such as the National Longitudinal Study of Adolescent Health involving nearly 18 middle and high school students. To illustrate, the sophisticated analyses of this dataset showed important environmental influences on activity levels such as participation in PE programme classes and use of a community centre [ 20 ]. This longitudinal study showed the influence of age and ethnicity on levels of physical activity. Moving from determinants to interventions, a further landmark study was a systematic review of physical activity interventions among young girls aged 12–19 in schools within the United States and Canada [ 22 ]. Although examining studies within the last 10 years, it was notable that only seven studies met the quality inclusion criteria, and none had been performed exclusively among young girls this in itself illustrates the paucity of related research. In conclusion, and although not consistent across all studies, there was a suggestion that school-based, multi-component interventions that were also designed to decrease sedentary behaviour were effective in increasing physical activity in adolescent girls. Aside to longitudinally designed research and review studies, research in the United States has also been performed more descriptively and has focussed more exclusively on girls. As an example, a study of 77 girls aged 11–14,

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from two middle schools in the Midwest, employed Likert scale questions to represent barriers to physical activity participation. Although this descriptive study was performed through structured questioning, it is evident that less research has sought to explore in greater detail the meanings, perceptions and beliefs associated with physical activity that is indicative of a qualitative, in-depth exploration. Research in Australia has also significantly contributed to our understanding of the barriers towards physical activity among young girls in Westernized countries. Benefits included social benefits, enhancement of psychological status, physical sensation and sports performance. Barriers included preference for indoor activities, lack of energy and motivation, time constraints and social pressures, including lack of parental support. Adopting an alternative feminist post-structuralist methodology, 32 Australian girls in their final year of school were interviewed and represented a range of different sports and physical activity participation including those with no commitment to physical activity [ 25 ]. Drawing on the social, cultural and gender structure of society, this study notes the importance of young women negotiating a physical identity. Critically, it found that earlier experiences of PE bore complex and contradictory influences on their relationship to their bodies and their ongoing engagement in physical activity [ 25 ]. The study concludes by calling for PE to move beyond the narrow forms of physical expression and beyond the school to more closely link learning to the powerful and defining culture in which young women exist [ 25 ]. Turning closer to the location of this study, much of the UK-based research has been qualitative in nature. From group and individual interviews at four schools, 21 young women aged 15 were researched as part of a wider active lifestyles survey [ 26 ]. As a side point, this paper notes the difficulties of recruiting a varied sample, with the schools themselves recognized as over-selecting those who were committed to PE. A point that clearly bears reference to the selection procedures reported in this paper. Acknowledging this sample, the positive perceptions of physical activity were centred on self-esteem, energy levels, general health and skills acquisition. School PE was criticized as being out of date, providing a lack of physical challenge and with clothing that increased self-consciousness. A real contribution of this paper is its demonstration of young women recognizing the gender relations, contradictions and ambiguities raised in school PE. These gender relations may result in young women dropping out of PE or choosing to do more activities out of school in single-sex groups [ 26 ]. Again based on school PE, some parallels can be made with a UK-based qualitative study exploring the transition of adolescents from inactivity to active participation [ 27 ]. Also, among girls, gaining self-confidence was a major influence towards increasing activity. In conclusion, the authors call for a move beyond endorsing the benefits of physical activity, towards acknowledging the value of participation from the perspective of these young people [ 27 ]. This subgroup of young women attached an increased value towards leisure, and enhancement to their health and well-being [ 28 ]. These studies were typically small scaled e. The review concludes, as a recommendation, that more qualitative research among adolescents and young people is required and presents an innovative theoretical framework to follow. The psychosocial factors include perceived benefits and costs, efficacy, support and enjoyment; all lines of exploration adopted in this paper. The Oxford model was developed to apply to all age and gender groups. The review concludes by stressing the importance of following a defined theoretical framework when pursuing any qualitative study of this nature. The Discussion section will detail how the findings reported in this paper impact upon our advancement of this Oxford model [ 30 ], when applied specifically to girls and young women. A more recent and substantial study, undertaken in Scotland, is possibly the closest linked study to the one reported in this paper. The study involved a questionnaire survey of girls, focus groups exclusively among girls participants and diaries completed by girls over the course of 3 weekdays and 1 weekend day [ 13 ]. All girls were aged 10-19 years. Respecting the contribution of this extensive research in Scotland, this English-based study involves an older age group of young women 15-19 years. Significantly, this age group represents a time where there may be different explanatory factors for participation and non-participation. For example, this age range encapsulates some of the key life transitions which may impact upon levels of participation, such as leaving school, starting employment and forming new relationships which would not be evident among a younger sample.

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Additionally, further physiological and developmental transitions characteristic of adolescence may impact upon participation activities among this age group. In more detail, adolescence is a transitional process where the developing young person achieves a sense of growing independence and decision-making responsibility. With an increased sense of control and direction over their future behaviour and life course, it is critical that health interventions are pitched appropriately at this time, with the potential to produce long-lasting impacts on health-related behaviour. Moreover, whereas studies among younger age groups often conceptualize physical activity as exclusively school based and structured sport activities, a study among this older age group will review the determinants of physical activity in its widest context. As such, this wider context covers both competitive game contests akin to sports and lifestyle activities being pursued recreationally [ 8 ].

**Methods** The primary aim of the research was to improve our understanding of the factors that determine physical activity participation among to year old young women. To meet this aim, our approach was to explore differences between young women who reported contrasting levels of physical activity participation see forthcoming screening process. More specifically, the two main objectives of the research were to explore and identify: The rationale for this was to broaden the research site beyond a single location, utilizing the researcher contacts that the research organization had in these regions. Even with such a varied sample, the sample size dictates that these young women interviewed are not assumed to be statistically representative of all young women aged 15â€”19 in the United Kingdom. In both geographical locations, a 2- to 3-min screening questionnaire was administered in a range of different settings including schools, colleges, universities, youth clubs, leisure centres and employment sites. Critical to the strength of this research, the use of this screening questionnaire enabled the research team to purposively select, from all those that volunteered, a highly varied sample of interviewees. The typically min-long in-depth interviews were usually held immediately following the administration of this screening questionnaire, in a private room in the respective site. The atmosphere of the interviews was informal and flexible. While following a semi-structured schedule, there were opportunities to explore areas of interest which were not anticipated in advance. In the opening descriptive phase, the interviewer introduced the topic of interest by asking participants how they spent their spare time. This could be a range of activities, some involving physical activities, others more related to hobbies. Rarely would an interviewee need prompting at this early stage of the interview. With a timeframe established most people recollected experiences during first to third year of primary school , the interview explored physical activity outside of school at that same time. Using this historical approach, it was a simplified process to bring people to describe their levels of physical activity at present day. In accordance with the discussion, a key component of this interview was to confirm responses from the earlier administered screening questionnaire concerning their current levels of participation. Understanding the distinction between the always and never participates is critical to the analytical procedure and also when interpreting the results see later. During the second, explanatory phase, the aim was to explore the range of possible influences upon these contrasting levels of activity including inactivity. This phase commenced completely open ended, inviting the participants to place their own suggestions at the outset. If people had reported changes in their levels of participation since their early childhood experience in the descriptive phase , then the discussions would centre on possible explanations for this. Depending on the degree of discussion, the interview schedule then used the Oxford model of sports participation [ 30 ] as a foundation for factors to consider see Fig. Within this model, and in view of the objectives, the interview placed great attention to exploring the various influences of their social environment, and numerous psychological individualized and social influences upon participation levels. Under each of these areas, the interview allowed explanations to arise inductively. This is a regularly updated document and provides information on protecting participants in research, informed consent, confidentiality and the use of information, feedback, disclosure, expenses and payment and organizational matters. This Policy also includes written procedures in relation to child protection issues and safety for researchers during fieldwork. The two researchers see later conducting the fieldwork had full Criminal Records Enhanced Disclosure clearance. More specifically, prior to interview, all the above points

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were explained to the participants following which they were asked to provide signed consent. This consent was affirmation that they had understood the ethical procedures and, ultimately, that they had agreed to take part in an interview on the proviso that this could be terminated at their request and at any time with no explanation required. It was also important to note that there were no significant ethical issues to report, such as any disclosures that participants may be at harm, and there were no occasions of interviews being terminated. The transcripts were thematically analysed at three levels. Firstly, common and recurring descriptive and explanatory themes across the entire sample were identified. If new themes were identified through the remaining transcripts, then the earlier analysed transcripts would be scrutinized to note any comparisons. Recurring themes that emerged through this process reflected the shared views and perceptions among participants of the phenomena under investigation. For the second level of analysis, attention was drawn exclusively to those findings generated from young women who reported contrasting levels of participation, including those that always and never participate in physical activity. This comparative approach allowed the analysis to reveal the characteristics of those reporting different extremes of participation, and was greatly facilitated by the carefully constructed screening questionnaire that preceded the interviews.

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## Chapter 2 : Commuting and Health in Cambridge - The Centre for Diet and Activity Research

*The Food Insecurity-Obesity Paradox as a Vicious Cycle for Women: A Qualitative Study By Andrea S. Papan and Barbara Clow Atlantic Centre of Excellence for Women's Health.*

Received Aug 3; Accepted Dec This article has been cited by other articles in PMC. There is a dearth of research contrasting why these approaches are adopted. Data was collected using semi-structured interviews to elicit in-depth individual experiences and perspectives. Results Several categories emerged which distinguished between the adoption of a dieting or non-dieting approach. Personal autonomy was also influenced by another category; the perceived knowledge and self-efficacy about each approach, with adults more likely to choose an approach they knew more about and were confident in implementing. Understanding this decision-making process can assist clinicians and public health researchers to design and tailor dieting and non-dieting interventions to population subgroups that have preferences and characteristics suitable for each approach. Although excess weight increases the risk of type II diabetes, some cancers, cardiovascular diseases, asthma, gallbladder disease, osteoarthritis, and chronic back pain [ 4 ], these health risks can be reduced through modest weight loss and prevention of weight regain in overweight and obese adults [ 5 ]. Perhaps as a result, weight control efforts appear to be commonplace, with reports that a third [ 8 , 9 ] to two-thirds [ 10 ] of adults in Western populations are trying to lose weight or avoid weight gain. The literature described below reveals a tension in these approaches between the promotion of weight loss or the promotion of increased healthy behaviour change as an end in itself to manage overweight and obesity successfully and sustainably. Responses to public health approaches for overweight and obesity Despite the popularity of risk-based campaigns, knowledge of the health risks of excess weight does not appear to translate successfully to increased intentions, efforts, or success in losing weight [ 11 , 12 ]. Obese individuals also perceive that these public health messages a overemphasise the physical health risks associated with obesity while underemphasising the social e. This absence of both aetiological information and the promotion of complex, evidence-based solutions was perceived by these participants to push obese individuals towards extreme, unproven, expensive, short-lived solutions which were ultimately perceived to be unable to improve health and wellbeing. The emphasis on personal responsibility encapsulated in these public health messages also appeared to produce guilt, blame, shame, and a feeling of failure in those who were obese [ 6 ]. In qualitative studies, obese individuals have suggested that the focus of public health messages should shift from body mass index and weight to a broader focus on health and promotion of the benefits of a healthy lifestyle [ 6 , 13 ]. Large-scale quantitative data complements this; a nationally representative sample of American adults recently indicated that obesity-related public health messages focused on healthy eating and multiple health behaviours were perceived most favourably [ 14 ]. Clinical guidelines for treatment of overweight and obesity Public health approaches are complemented by evidence-based clinical guidelines for the management of adult obesity. In some guidelines [ 7 ], focusing on behaviour change and improved health appear to be framed as a means to an end weight loss rather than an end in itself. Historically, the main behavioural treatment paradigm for weight loss used by professionals in the obesity field has been dieting [ 19 ], which can be defined as: In hospital- and university-based settings, this paradigm takes the form of low- or very-low-calorie diets [ 21 ] and behavioural or cognitive-behavioural weight reduction strategies [ 22 ]. In the wider community, commercial weight loss programs and do-it-yourself diets are the dominant forms of this paradigm [ 23 ]. Unfortunately, there appears to be little support for the notion that dieting produces lasting weight loss or health benefits when attempted in isolation [ 24 ]. While moderate weight loss can be achieved in multicomponent programs [ 25 ], it is often regained over time, and some trials suffer from the lack of long-term follow-up required to document this weight regain [ 22 ]. Despite the equivocal support for this paradigm, diets appear to be popular with the general public, as recent data [ 10 , 26 ] suggests that approximately a third of adults may adopt what might be construed as a diet liquid diet supplements,

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commercial weight loss programs, or special diets. During the s, the dieting paradigm was criticised for its inability to achieve long-term weight loss [ 27 , 28 ]. Critics argued that the weight-centred paradigm also contributed to food and body preoccupation, weight cycling, lower self-esteem, eating disorders, and weight stigmatisation [ 29 - 31 ]. An alternative non-dieting paradigm emerged, focusing instead on body acceptance, health behaviours, and health outcomes, without a focus on weight loss [ 32 ]. Other tenets of this approach included eating intuitively i. A review [ 32 ] of the six existing randomised controlled trials testing non-dieting approaches observed clinically and statistically significant improvements in blood pressure, blood lipids, physical activity, eating disorder pathology, mood, self-esteem, and body image. The authors also responded to concerns that the exclusion of weight control messages would lead to weight gain by noting that no weight gain resulted from any of the ten published non-dieting trials. There appear to be unresolved issues with the adoption of this paradigm though, including the lack of empirical evaluation for non-dieting approaches; misleading conclusions based on inadequate evidence about the harmful effects of dieting, weight cycling, and excess weight; the underemphasis on reducing medical risk, and the minimisation of the environmental aspects of weight regulation [ 19 ]. In addition, non-dieting studies have been conducted with mostly white, female, overweight and obese subjects with a history of chronic dieting or binge eating [ 34 ], limiting the generalisability of the results. Greater attention needs to be dedicated to non-dieting approaches [ 13 ], given that obese individuals prefer positive gain-framed health messages about lifestyle change rather than a focus on weight loss [ 6 , 13 , 35 , 36 ]. It is important to study these determinants not only to inform clinical practitioners and public health researchers about why each approach is taken, but to establish who may be best suited to different approaches [ 19 ]. In light of this, our research question was: Our article therefore reports on this model of determinants. Before participating, respondents read a detailed participant information sheet and provided informed consent. Interviews were chosen to collect data because the topic was considered sensitive and interviews seemed to be a better format to elicit in-depth individual experiences and perceptions. Grounded theory [ 39 ] was used inductively to collect and analyse data. Data collection and analysis occurred simultaneously to allow us to sample theoretically based on incoming data. This incoming data indicated that strong negative attitudes towards dieting might encourage non-dieting approaches, so we interviewed one formerly overweight adult who explicitly rejected dieting approaches to better understand these determinants. Two adults from the clinic who explicitly rejected dieting approaches were interviewed. The first author, a male PhD student, conducted all interviews between July and January using a guided discussion format recommended by grounded theorists [ 40 ]. Interviews were conducted either in face-to-face format at the Brisbane-based university or by phone for adults who had heard the radio broadcast and wanted to participate but lived remotely. Interviews began by asking participants about: In total, 21 interviews were conducted, ranging in duration from 40 minutes to 2 hours and 30 minutes. Interviews were transcribed verbatim by the first author, and transcripts were not linked with participant consent forms to ensure anonymity. Data collection continued until no new relevant themes appeared to be emerging. Participants Inclusion criteria included a body mass index BMI above 25, and aged between 20 and Exclusion criteria included a current pregnancy and any self-reported severe mental health problems e. Six males and 15 females participated, and ages ranged from 24â€”69 years with a mean of Eight participants had completed postgraduate education; nine had completed undergraduate studies; three had completed technical and further education TAFE , and one had completed high school. Ten adults dropped out of the study prior to being interviewed: Data analysis Consistent with recommendations [ 40 ], data analysis and the writing of memos began after the first interview. During the interview phase, the first author began to open code the data into higher- and lower-order concepts, delineating the properties and dimensions of each concept. Axial coding related concepts to each other and diagrams were drawn to indicate the influences between each of the concepts and visualise the initial model. Selective coding was used to integrate the developed categories and identify the core variable. Codes and themes were triangulated between the first, second, and third authors to enhance the validity of open, axial, and selective coding phases. Results Several categories emerged from the data, with the

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variation in these categories determining which approach adults followed. Dieting, as described by several adults, involved following either an established diet e. There was overlap to some degree as non-dieters sometimes identified weight loss as a secondary goal. Emerging categories which determined dieting and non-dieting attempts included the focus of each approach; attributions about dieting failure; attitudes towards established diets; personal autonomy; perceived knowledge and self-efficacy with an approach; the time perspective of change e. Each determinant contributed towards the decision to diet or not diet and this decision was often reinforced by experiences with the approach see Figure 1. These determinants will be discussed in turn, and will be illustrated with quotes which attempt to capture the richness and meaning of this concept.