

Development of the Health and Weight Attitudes Scale

Teresa Drake, PhD, RD, CHES¹; Roberta J. Ogletree, HSD, MCHES²

ABSTRACT

Objective: To develop and validate an instrument to assess attitudes toward Health at Every Size (HAES) principles.

Methods: Survey items were generated based on 5 HAES principles. A panel of reviewers was recruited to establish content validity. A convenience sample of college students in health education was recruited for pilot survey administration. Internal reliability was assessed using Cronbach α and test-retest reliability was assessed with Pearson correlation.

Results: Three panelists reviewed the instrument and provided feedback for revision. Cronbach α for the final instrument was .75 ($n = 43$) at pretest and .78 ($n = 53$) at posttest, and Pearson correlation was 0.85 ($n = 39$), indicating internal consistency and test-retest reliability.

Conclusions and Implications: The instrument was determined to be both a valid and reliable instrument to measure HAES attitudes among college students in health education. Nutrition educators may find this instrument useful in other settings to assess HAES attitudes or as an alternative to other instruments measuring anti-fat attitudes.

Key Words: attitudes, college students, Health at Every Size, instrument development, instrument validity, weight bias (*J Nutr Educ Behav.* 2018;■■:■■-■■.)

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INTRODUCTION

Anti-fat attitudes are pervasive in Western society, and weight bias has been documented among health professionals, educators, and employers.¹⁻⁴ The consequences of weight bias include increased risk for disordered eating, depression, body dissatisfaction, fewer education or employment opportunities, lower pay, lower quality of health care, increased stress, and decreased quality of life.^{1,5,6} Attempts to reduce weight bias and anti-fat attitudes have included interventions addressing beliefs about controllability of weight, evoking empathy, promoting size acceptance, and changing social norms.⁷ Outcomes have been mixed but increasing size acceptance and changing social norms appear to have had some success.⁸⁻¹²

Health at Every Size (HAES) is an approach to improving size acceptance and reducing anti-fat attitudes. The HAES approach is health-centric and focuses on multidimensional health, acceptance of diverse bodies, and promotion of eating and movement for well-being.¹³ Health at Every Size interventions were shown to improve metabolic factors such as low-density lipoprotein cholesterol, triglycerides, and blood pressure; eating behaviors; activity levels, and energy expenditure; and psychological factors such as depression, self-esteem, and body dissatisfaction.¹⁴⁻¹⁶

In addition to health interventions, researchers have been interested in introducing HAES principles in educational settings. Brown¹⁷ and Humphrey et al⁹ found improvements in anti-fat attitudes among students

using HAES-based curricula. Wardlaw¹⁸ and Shelley et al¹⁹ reported that educators implementing HAES curricula had improved attitudes as well. An HAES curriculum was recently developed specifically for use in college and professional programs to educate students and future health professionals on the weight-neutral approach to health.²⁰ One goal of the curriculum is to increase the acceptance of and respect for diverse body sizes.

Several instruments exist to measure anti-fat attitudes, including the Anti-Fat Attitudes Questionnaire, Anti-Fat Attitudes Scale, Anti-Fat Attitudes Test, Attitudes Toward Obese Persons Scale, and Fat Stereotypes Questionnaire.²¹ However, it appears that no scales have been developed to measure attitudes specifically toward HAES principles. The purpose of this study was to develop and validate a health and weight attitudes questionnaire for use in a college health education student population.

METHODS

Instrument Development

Development of the Health and Weight Attitudes Scale began with a review of HAES principles (Figure). The original HAES principles were used to develop the items (Table 1). The

¹Department of Family and Consumer Sciences, Bradley University, Peoria, IL

²Department of Public Health and Recreation Professions, Southern Illinois University Carbondale, Carbondale, IL

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Address for correspondence: Teresa Drake, PhD, RD, CHES, Department of Family and Consumer Sciences, Bradley University, 1501 W Bradley Ave, Peoria, IL 61625; Phone: (309) 677-3226; Fax: (309) 677-3813; E-mail: tdrake@fsmail.bradley.edu

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Figure. Process of instrument development.

Association for Size Diversity and Health²² outlined 5 principles at the time the instrument was developed, including promoting multidimensional health, health for all people regardless of size, healthy eating practices, enjoyable physical activity, and size acceptance. The revised principles of weight inclusivity, health enhancement, respectful care, eating for well-being, and life-enhancing movement

reflect the origins as well as the evolution of the movement.¹³ Four to 5 Likert-type questions and 1 open-ended question were constructed for each principle. The open-ended questions were included to allow participants an opportunity to explain or expand on the responses to the Likert-type questions. Two additional questions asked participants how they would describe their body size or

shape, and whether they wanted to lose, maintain, or gain weight. Items to collect basic demographic information, such as age, sex, and race/ethnicity, were included. The Human Subjects Committee at Southern Illinois University Carbondale approved this research.

Validity and Reliability

Based on their expertise, 3 panelists were selected to review the instrument for content validity. The panelists included an HAES expert, a health educator, and a registered dietitian. Panelists were sent a digital copy of the instrument with a summary of the

Table 1. Likert-Type and Other Items on Health and Weight Attitudes Scale, by Health at Every Size Principle

Health at Every Size Principle	Instrument Item
Multidimensional health	A person's health is determined by the physical/biological state of the body. A person's weight can determine his or her overall health. The physical condition of the body is only 1 aspect of health. Health is the absence of disease. Open ended: In your opinion, what does it mean to be healthy?
Health can be achieved at all sizes	Healthy people sometimes have excess fat. Being thin is beneficial to health. Thin people are healthier than fat people. Fat people do not need to lose weight to be healthy. People need to control their weight for good health. Open ended: How do you think a person's weight is related to his or her health?
Non-diet approach to eating for well-being	Thin people should diet to maintain their weight. Fat people should diet to lose weight. Fat people should ignore their hunger sometimes to manage their weight. Fat people should eat until they are full. [Deleted after analysis] Open ended: How do you think dieting relates to health?
Enjoyable, life-enhancing physical activity	People should exercise to control their weight. Fat people can be physically fit. Physically fit people are generally thin. People should not be encouraged to exercise to lose weight. Open ended: Please explain why you chose the response you did to the above question.
Size acceptance	People of all sizes should be encouraged to accept their bodies. Being thin is desirable. Society should be more accepting of fat people. Fat people should not be encouraged to accept their bodies. Open ended: Please explain why you chose the response you did to the above question.
Additional items	Open ended: How would you describe your body shape or size? Forced response: Do you want to (lose, maintain, or gain weight)

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