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Research report

A qualitative exploration of experiences of overweight young and older adults. An application of the integrated behaviour model

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ABSTRACT

While rates of obesity continue to increase, weight-loss interventions to date have not been hugely successful. The purpose of this study was to explore the specific factors that are relevant to weight control in overweight and obese young adults compared to older adults, within the context of the theory of planned behaviour (TPB). A qualitative methodology with purposive sampling was used. Semi-structured interviews were conducted with 23 young adults and older adults who were currently overweight or obese. The research was informed by thematic analysis. A mixed deductive–inductive approach that was structured around but not limited to TPB constructs was applied. Themes mapped onto the TPB behaviour well, with additional themes of motivation, and knowledge and experience emerging. Differences across groups included motivators to weight loss (e.g. appearance and confidence for young adults, health for older adults), importance of social influences, and perceptions of control (e.g. availability and cost for young adults, age and energy for older adults). Similarities across groups included attitudes towards being overweight and losing weight, and the value of preparation and establishment of a healthy routine. Finally, across both groups, knowledge and confidence in ability to lose weight appeared adequate, despite failed attempts to do so. The different experiences identified for younger and older adults can be used to inform future tailored weight-loss interventions that are relevant to these age groups, and the TPB could provide a useful framework. Additional intervention strategies, such as improving behavioural routine and improving self-regulation also warrant further investigation.

Introduction

The worldwide prevalence of obesity is increasing (Cameron et al., 2003; Prentice, 2006) Australia is reported to have one of the highest prevalence rates of obesity in the world, with an estimated 60% of the population being overweight or obese (Cameron et al., 2003). Current weight-loss interventions often use a combination of behavioural modification, pharmacological interventions and, in the most extreme cases, surgical procedures (Bauchowitz et al., 2005; Douketis, Macie, Thabane, & Williamson, 2005; Ebbeling, Leidig, Feldman, Lovesky, & Ludwig, 2007; Lang & Froelicher, 2006; McMillan-Price et al., 2006). However, most weight-loss interventions result in a maximum of 5–10% weight-loss of initial body weight, which is typically regained within five years (Magro et al., 2008). Whilst many interventions have targeted young adults, the heterogeneity of results and poor long term maintenance outcomes highlights the need to improve the efficacy of current weight-loss treatments (Marcus et al., 2006).

Health models can form a useful theoretical basis to investigate the various factors that are important to target in weight-loss interventions. Further, interventions that are based on theoretical frameworks have been shown to be more effective than those that do not (Avery, Flynn, van Wersch, Sniehotta, & Trenell, 2012).

The theory of planned behaviour (TPB) is a well-researched model of health behaviour (e.g. McEachan, Conner, Taylor, & Lawton, 2011), in which intention is posited as the most important behavioural determinant (Fishbein et al., 1992). The TPB also incorporates attitudes (behavioural evaluation) and subjective norms (social pressure), as well as perceived behavioural control over performance (Ajzen, 2002b; Fishbein, 2007). Perceived behavioural control not only serves as a predictor of intention, but also serves to directly predict behaviour, as it is considered a proxy for actual control. The model has also been expanded to include self-efficacy as a form of behavioural control, which is considered the perceived ease with which the behaviour is performed (Ajzen, 2002b; Bandura, 1977).

The TPB proponents acknowledge that to understand the beliefs relating to the attitudes, subjective norm, perceived control and

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self-efficacy of a particular population, it is imperative to identify the beliefs specifically within that population (Ajzen, 2002a). Therefore, an essential step in the application of this model is to elicit information about the behavioural, normative and control beliefs most relevant to the population being studied. Once this has occurred, appropriate measures and interventions can then be designed and tested.

There is a dearth of research using health behaviour models and qualitative research techniques to explore the factors relevant to weight-loss, and most of these studies have used a normal weight female sample, which may limit the generalisability to overweight or obese individuals (Andajani-Sutjahjo, Ball, Warren, Inglis, & Crawford, 2004; Greaney et al., 2009; Nelson, Kocos, Lytle, & Perry, 2009), and to males (Cluskey & Grobe, 2009). Furthermore, research has tended to only explore one element of weight-loss related behaviour, such as healthy eating (Garcia, Sykes, Matthews, Martin, & Leipert, 2010) or exercise (Allender, Cowburn, & Foster, 2006; Belanger-Gravel, Godin, Bilodeau, Poirier, & Dagenais, 2013; Downs & Hausenblas, 2005). Therefore as a way of addressing these issues, a qualitative exploration of the TPB to explore factors relevant to weight-loss appears timely.

The purpose of this research therefore was to qualitatively investigate the specific factors relevant to weight control and management in overweight and obese individuals, within a theoretical framework of the TPB, and to compare these factors across younger and older adults. A secondary aim of the research was to determine whether the TPB framework provided an appropriate fit to overweight and obese individuals, and to weight management behaviours, so as to inform specific tailored and theoretically driven weight-loss interventions.

Method

Overview and design

A qualitative research approach was used, combining in-depth semi-structured focus groups and individual interviews. Sampling used in this study included both purposive sampling and theoretical sampling (Braun & Clarke, 2006). Data extraction was informed by thematic analysis techniques (Willig, 2001). Participants also completed a brief demographic and weight-loss information questionnaire. Participants were required to be aged 18 or over, be fluent in English, and have a BMI of 25 or over. An approximately equal number of males and females were recruited.

Participants

A total of 23 overweight and obese adults participated in the study. This included 17 young adults (18–26 years; 9 females), and 6 older adults (36–65 years; 4 females). See Table 1 for demographic characteristics. A majority of participants reported that they had tried to lose weight or control their weight in the past, with an average of six weight-loss attempts for young adults and three for older adults. The average weight-loss goal was 8.5 kg for older adults and 13.3 kg for younger adults.

Table 1
Summary of participant demographic information.

	Young adults	Older adults
Number	17	6
Gender	8 Female; 9 Male	4 Female; 2 Male
Age range (mean; *SD*)	18–26 (19.9; *2.1*)	36–65 (47.8; *11.8*)
BMI range (mean; SD)	25.8–43 (29.1; *5.1*)	26.1–27.3 (26.9; *0.5*)
Weight loss attempts range (mean; SD)	0–20 (*6.3; 5.7*)	0–10 (*3.2; 3.8*)
Weight loss goal (kg) range (mean; SD)	*0–30* (*13.3; 8.6*)	*3–15* (*8.5; 4.2*)
Ethnicity		
Anglo-Australian	5	4
Asian	6	1
European	6	1

Focus groups and interview times were organised based on individual participant's schedules and availability. As most of the older participants had less flexible availability, it was not possible to organise focus groups with this age group. Thus while all of the older adults participated in individual interviews, all of the younger adults participated in small focus groups. The focus groups ranged in size from two to six people.

Materials

Demographic questionnaire

Data on age, sex, ethnicity, level of education, employment status and annual income were collected. Participants also provided self-reported measures of their height and weight, from which BMI was calculated. Information was also gathered on participants' history of weight-loss or management, including number of previous weight-loss attempts.

Semi-structured interview

All interviews and focus groups were conducted with the assistance of an interview guide that reflected the research questions, which is important for strong qualitative research (Leedy & Ormond, 2005). The main topics for the semi-structured interview included self-perception of weight (e.g., "Do you perceive yourself as being overweight?"), previous personal experience with weight-loss (e.g., "Have you ever tried to lose weight before?"), personal control over weight-loss (e.g., "How much control do you think you have over your ability to lose weight?"), and the motivators and challenges for weight-loss as experienced by the individual (e.g., "What are the main things which motivate you to lose weight?" and "Are there people in your life who you think may make it more difficult for you to lose weight? If so, in what ways?"). It also explored attitudes towards weight-loss (e.g., "What are the disadvantages of trying to lose weight?") and the influence of other people on attitudes and weight-loss efforts (e.g., "What do people say about your weight?"). The interview questions were used flexibly throughout the study, and the participants own language styles were adopted and incorporated into further questions. Probe and follow-up questions were used to clarify responses and encouraged elaboration (Bowling, 2002). In addition, participants were encouraged to pose their own questions if they felt there were any important issues that were not raised. Specific questions were added throughout the interview process in response to developing themes. Key topics that were not mentioned spontaneously by interviewees but were central to the research aims were then specifically probed for by the interviewer.

Procedure

Participants were recruited voluntarily through a university-based online study participation website (in exchange for course credit), and through University staff and student bulletins. This study was approved by the University human research ethics committee.

Interested participants contacted the researcher via phone or email, and an interview or focus-group time was scheduled. All focus groups or interviews were held in a meeting room at an Australian university. Upon arrival, participants were provided with an information statement and informed written consent was