Healthy young lifestyles: an exploration of obesity related behaviours in 18-25 year olds

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Overview

Young people (18-25 year olds) in transition from adolescence to adulthood are often vulnerable to weight gain from life course changes such as leaving home to live independently, cohabiting with partners and becoming parents. Despite this vulnerability, young people are neglected in obesity related research and policy. This paper explores the knowledge, attitudes and behaviours of young people, with respect to obesity related lifestyles along with any barriers and facilitators that affect them adopting healthy lifestyles.

Key points

- 18-25 year olds are at high risk of weight gain during the transition into adulthood
- Only 28% of 18-25 year olds achieved the nationally recommended physical activity levels and these decreased with age, while time spent on computers/game consoles, increased gradually within this age group (12% to 20%)
- Traditional health promotion messages were perceived by young people to be ‘empty’ and instead focus should be on the ‘here and now’ benefits, ‘appearance’ and ‘the feel good factor’, rather than future consequences
- Low body image and self-esteem made walking into a gym or swimming pool with the opposite sex difficult for females, especially single mums
- Inadequate cooking facilities in student halls, the lack of healthy choices in canteens, the lack of equipment in university gyms and total lack of facilities for this age group in the inner city areas, were perceived as the main barriers to healthier behaviours
- Misconceptions about what a healthy diet looked like, and what activities could contribute to physical activity levels were barriers to achieving them
- Young people are likely to respond to health promotion messages promoting fun and social elements
- Facilities/provisions/social groups should be tailored towards young people to support and motivate them to sustain a healthy lifestyle
- Recruiting and retaining 18-25 year olds for any intervention/lifestyle modification programmes is a major challenge
- Benefits from effective weight loss interventions in this age group have been based on short-term studies conducted with small sample sizes in specific groups in controlled environments

Background

Young people (18-25 year olds) often leave home for the first time to go to university/college/work, to live independently with a partner or to get married. Some become pregnant and/or become a parent. These are all critical periods in transition from adolescence to adulthood. Many lifestyle patterns are established during this period and these behaviours (positive and negative) are likely to persist into later life. WHO identifies them as a group with a high risk of weight gain due to these social and environmental changes.

Obesity in Scotland has been highlighted as a serious public health problem; the total estimated cost in 2007/2008 was in excess of £457 million. Compared to the other OECD countries (Organisation for Economic Co-operation and Development), Scotland has relatively high levels of obesity amongst adults (25.5%) second only to United States (30.6%). According to the recent Scottish Health Survey in 2010, there has been a steady upward trend in the prevalence of obesity in Scotland since 1995 both in adults and young people between 16-24 years old.
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Currently, the prevalence of obesity among Scottish 16-24 year olds is 13.3%. When including 16-24 year olds who are also overweight these figures rise to 56% for women and 39% for men. Globally, the rate of increase in obesity over the last decade is higher amongst 18-25 year olds (7.1% to 14%) than any other age group.

In Scotland, around 17% of men and women aged 16-24 years, consume the recommended five portions or more of fruit and vegetables. For physical activity, men have had increasing levels since 2008 (58%) and in 2010 was at 66%, whereas, for women this decreased from 42% in 2008 to 37% in 2010. It should be noted that there is no readily available data specifically for 18-25 year olds.

Despite the recognition that they are a vulnerable age group, young people are sidelined in both research and policy when compared to children or middle aged adults probably because they are considered harder to engage with. Prior to developing and implementing any healthy living intervention aimed at obesity prevention for this group, it is crucial to explore lifestyles along with attitudes. This study was designed to explore perceptions, knowledge, attitudes and behaviour of young people with respect to obesity related lifestyles, along with any motivational factors and barriers.

Methods

Current international literature of weight loss interventions for 18-25 year olds was reviewed using a systematic literature search and critical appraisal. The outcome measures assessed were change in body composition and in other health variables.

Subsequently a mixed method study was used: a questionnaire survey followed by focus group discussions. The questionnaire based on health behaviour theories, included factors on demographics (including self reported height and weight), behaviours (diet and exercise), with knowledge, attitudes, intentions, barriers and facilitators related to healthy lifestyles. The questionnaires were sent to all 18-25 year old university/college students in the Grampian area and to young people not in education, employment or training (NEET). In addition, a 2% random sample of 18-25 year olds in the community, were targeted capturing those working but not in further/higher education or attending NEET groups. Associations between diet and physical activity (PA) behaviours with the other factors highlighted above were assessed using a multi-staged statistical model.

From the same population, participants were invited to take part in focus groups using a purposive sampling method. A topic guide, based on issues identified from the survey and grounded in behavioural theories, facilitated discussions. Participants were encouraged to discuss issues of concern to them, ensuring an inductive approach. Framework analysis was used to analyse these focus groups.

1313 questionnaires were analysable (approximately 4% of young people living in the Grampian region) and 26 participants took part in seven focus groups.

Findings

Findings from the literature review (14 studies)

In spite of a robust search strategy, there were no relevant Scottish or UK studies focusing on this age group. Most were conducted in Northern America and the Far-East (Japan and Korea) with only one European study (Sweden).

Lifestyle interventions for effective weight loss in 18-25 year olds, indicate some significant health improvements. Psychological outcomes (self-esteem, self efficacy, appearance and body image satisfaction) also improved. Men participated more in exercise training programmes while women prefer diet and behavioural intervention programmes. It was difficult to identify the most effective weight loss intervention for this age group given the varying components and duration between the studies, although combination interventions (diet, physical activity and behavioural components) seemed promising. Small sample sizes, highly controlled environments (specific university courses/taking part in military training) and short term interventions meant that even considered together generalisability of the results was limited. Further issues identified within interventions were poor recruitment, high attrition rates and monitoring difficulties.

Findings from questionnaire survey and focus group discussions

Prevalence of overweight/obesity: The questionnaire survey indicated that the self-reported prevalence of overweight or obesity amongst 18-25 year olds in Grampian population was 22% (15% overweight and 7% obese). Prevalence rates increased with age within this group. Overweight and obesity were higher among males compared to females and among employed students.

Lifestyle of 18-25 year olds (diet and physical activity): These young people had positive attitudes towards physical activity and more so towards healthy eating. They were reasonably knowledgeable about the healthy behaviours, albeit with some misconceptions discussed below. Parents did influence diet and physical activity both positively and negatively. Contrary to general opinion, impressing or pleasing others, whether peers or family, was not overly important to these young people. Positive attitudes towards healthy lifestyles and demographic factors (gender and
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Diet behaviour: Fruit and vegetable consumption, meal eating pattern and snacking were assessed. Fruit and vegetable consumption was the better predictor for healthy eating but a regular meal pattern was significantly related to lower levels of obesity. One third of young people skipped breakfast compared with 8% and 3% who skipped lunch and dinner respectively. In addition, regular meal eating patterns were also associated with lower snacking levels. However, snacking was not associated with obesity. The qualitative study further revealed that young people go through phases of healthy/unhealthy eating, often driven by various stresses such as exams and lack of time compounded by the lack of organising skills especially during those times. That initial phase of independent living had a major influence on young people’s unhealthy lifestyle. Once in their twenties however, there was a realisation that continuing with such an unhealthy approach was not viable and initiated a motivation for change.

Physical activity behaviour: Three physical activity behaviours were assessed: active exercise, TV watching and playing games on consoles or computers. Only 28% of 18-25 year olds achieved the nationally recommended physical activity levels. Levels of physical activity decreased with age, while time spent on computers and game consoles increased. A sense of excitement (fun with buzz) and constant image and self-esteem made walking into a gym or swimming pool with the opposite sex difficult for females, especially single mums. While friends were an important social influence on young people, the main motivating factors were to look and feel good and to partake in fun activities (rather to impress or win). The cost of eating healthy food or taking up organised sports (gyms, clubs) was a repeatedly mentioned barrier. However, the focus group discussions revealed that young people were willing to spend money on tasty food but in admitting that they experienced both healthy and unhealthy eating phases, they needed a variety of healthy or unhealthy food. Given adequate cooking skills they seemed willing to experiment with cooking.

Information on healthy diets was deemed useful by 70% of young people, but the physical activity health promotion messages were deemed ‘empty messages’ not relevant to them. Concern for future health, depicted in many of these health messages, seemed irrelevant and did not have necessary concepts to motivate them to do adequate amounts of exercise.

Societal barriers: Inadequate cooking facilities in student halls, the lack of healthy choices in canteens and equipment in university gyms were reported as being the main barriers. In addition and more importantly young people in inner city areas reported a total lack of facilities for this age group which they perceived as society being irresponsible towards their welfare.

Misconception about healthy lifestyles: To change diet was perceived easier and more important than doing more exercise. This was compounded by the attitude that physical activity can only be achieved by joining a gym, working out or participating in organised sports with cost implications. While most walked to university and to shops, few considered this as adequate exercise that could easily be increased. Further, despite these young people being reasonably knowledgeable about the consequences of an unhealthy diet, misconceptions about what constituted a healthy diet existed (has to be organic or be fresh fruit and vegetables or freshly prepared) with the belief that healthy meant expensive. Some young people from the inner city perceived that they already did enough exercise and did not feel the need to do more.

Conclusions
Young people between 18-25 years of age are vulnerable to weight gain as they navigate life changing circumstances. Factors such as ‘feeling good’ and ‘betterment of appearance’, would motivate healthy eating more than social pressures and concerns about future health. A sense of excitement (fun with buzz) and constant change in the type of exercise they participated in might enable sustained physical activity levels. Skills for time management,
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especially during stressful times, were highlighted. Traditional health promotion messages were perceived to be ‘empty’ and ‘irrelevant’ not creating ‘buzz’, ‘excitement’ and ‘variety’. Young people still seek support of family, partners and peers but do not feel the need to please them. Small changes focusing on immediate benefits are more likely to be effective to improve and sustain healthy lifestyles.

Policy and Practice Implications

This research on the practices and views of 18-25 year olds experiencing transition into adulthood indicates that to ensure healthy lifestyles in young people,

• Individuals wanting to make healthy choices could be better supported by government, private and voluntary sectors working together for social and environmental change that supports these lifestyle changes.

• More information/research to determine factors to motivate, recruit and retain young people in relation to healthy lifestyles, diet and physical activity is imperative

• As young adults move from ‘carefree’ 18 year olds to become more responsible twenty-somethings, an appropriate intervention needs to be developed with identification of an appropriate time to intervene

• A variety of short-term lifestyle modification programmes aimed specifically at the 18-25 age group, targeting small incremental changes, homing in on immediate benefits ‘of feeling good’, ‘looking better’ and ‘having fun and excitement’ are more likely to produce sustainable healthy lifestyle changes

Such considerations may positively impact the general well-being of these young people and help reduce their future obesity risk.

References