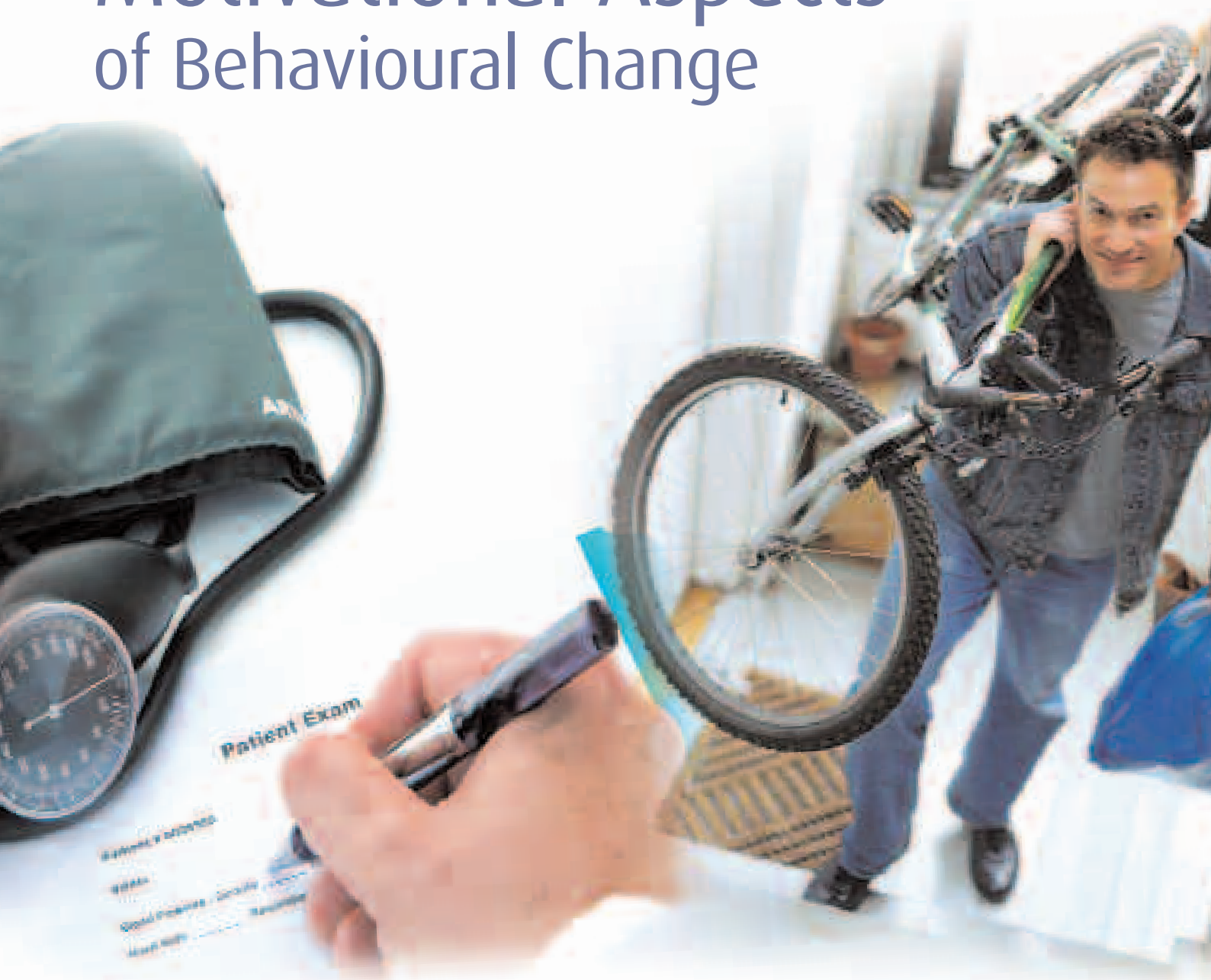
A research report prepared by the
Nutrition & Health Foundation

nutrition & health
foundation

Motivational Aspects of Behavioural Change



The Nutrition & Health Foundation is a multi-stakeholder partnership, which includes the following organisations:

- Exercise & Sports Science Association of Ireland
- Irish Nutrition & Dietetic Institute
- The Irish Universities Nutrition Alliance
- The National Dairy Council
- *safe* food

IBEC

The Nutrition & Health Foundation (NHF) was established in January 2005. It is a multi-stakeholder organisation that communicates evidence-based information on nutrition, health and physical activity to encourage an improved and healthier society in Ireland.

Details of the NHF's activities can be found at www.nutritionandhealth.ie

IBEC

The Nutrition & Health Foundation
is part of the Irish Business & Employers Confederation

Foreword

Given the continued upward shift in the incidence of overweight and obesity in Ireland, it is not surprising that there are currently many efforts being made by a range of governmental and non-governmental stakeholders to halt and reverse this trend. The NHF has sought to help consumers make better lifestyle choices since our launch in 2005.

It is broadly recognised that lifestyle changes can only be successful if the individual in question is sufficiently motivated. Many people try to make changes to their lifestyle – some several times a year – but not all are successful. Understanding what motivates consumers to make positive changes to their lifestyle habits and equally as important, what prevents people from successfully implementing changes, despite their best efforts, is essential knowledge for any group or organisation that wishes to influence consumers in this regard.

The NHF undertook this research study to better understand what the key triggers and barriers are to successful lifestyle change. The innovative approach to our consumer research programme in pre-selecting quotas of participants who had already made successful changes to their diet or exercise regime, as well as those who had not made any changes, helped to provide many useful and novel insights into what drives people to make changes and what prevents them from being successful.

These insights will provide useful guidance for the development of future public health initiatives by the NHF and other stakeholders alike.

Charlie Daly
NHF Chairman

Introduction

In 2005, the NHF conducted a detailed piece of consumer research, which explored consumer attitudes towards diet, health and lifestyle (NHF Health & Lifestyle Research 2005).

Amongst the findings outlined in the report, was the fact that while many people understood the components of a healthy lifestyle, they appeared to lack the motivation to put this knowledge into practice.

Introduction

In order to explore this issue in more detail, the NHF undertook a second large-scale consumer research project, which aimed to examine;

(1) what motivates people to make changes to their lifestyle habits,

(2) what contributes towards them being successful, and

(3) what prevents them from implementing desired changes to their lifestyle.

This report outlines the results and key findings from this study.

Introduction

The key findings are presented in four chapters

1 Body weight – health versus appearance

This chapter explores the triggers that motivate people to change their lifestyle habits in order to lose weight. Do people exercise and diet to lose weight because they want to look better, or are they doing it because they recognise the long-term health consequences of overweight and obesity?

2 Diet and exercise changes – triggers and barriers

Many people wish to make changes to their lifestyle – but some are more successful than others. This section looks at the key reasons for lack of success in implementing changes to diet and exercise habits. It also examines what the key factors of success are for individuals who have managed to introduce and continue positive change to their lifestyle.

3 Attitudinal differences between men and women

Men and women are commonly known to have different attitudes and approaches to many things in life and it appears that health & lifestyle is no exception. This chapter explores how men and women are motivated to make changes to their lifestyle by different triggers and compares the success rates between the two groups.

4 Support & the family unit

An individual who is attempting to make a lifestyle change is heavily influenced by their family and peers. This chapter looks at these key supports and explores how they can contribute positively towards an individual's success in making their desired change.

Methodology

The NHF commissioned Behaviour & Attitudes to conduct the research in three phases:

- A small-scale qualitative study involving six in-depth interviews with experts in the areas of food, media, dietetics and physical activity.
- A programme of qualitative group discussions, interviewing three core groups; (1) consumers who had made a change to their diet, (2) consumers who had made a change to their exercise regime, and (3) consumers who had made no changes in this respect in the past six months.

In total, eight group discussions were conducted. Respondents in each session were recruited from broadly homogenous backgrounds, with genders segregated to ensure openness to discussing any emotional triggers. Each group consisted of two to three people who had successfully made a change to their exercise or eating habits in the past six months, one to two who had attempted such change but found they were struggling/lapsed, and two to three who had made no such change.

- A quantitative study was designed to encompass the same three core groups as the consumer qualitative study to measure, and where feasible, to test specific hypotheses emerging from the qualitative phase. A series of 612 interviews were conducted, on a face-to-face basis, by fully trained and supervised members of the Behaviour & Attitudes field force.

The sample was divided as follows:-

- 298 interviews amongst those who had made no exercise or diet change in the last six months.
- 157 interviews amongst those who had made a positive change to their diet in the last six months.
- 157 interviews amongst those who had made a positive change to their exercise regime in the past six months.

Field work was conducted between October 2006 and February 2007. However, no consumers were interviewed in December or early January, in order to avoid any potential biases that could have been introduced by Christmas excess and subsequently, New Year's resolutions.


'00
'01
'02
'03

Key findings

This section outlines some of the most noteworthy findings from the research. Several themes are evident, including the fact that men and women appear to be motivated to change their lifestyle habits by different triggers and often differ in their success rates.

We also observed that many people are not making the link between obesity and poor health, since lifestyle change is often driven primarily by a desire to look better, rather than a desire to decrease the risk of chronic disease. Finally, it was evident that support from family and friends is vital to help people to continue with both exercise and diet changes.

Key findings




1
Body weight – health versus appearance

- 92% of people were either 'very happy' or 'fairly happy' with their health. 73% of people felt that they were healthier than their peers. Both of these findings indicate that a significant proportion of the population don't have major concerns about their health.
- 19% of respondents were taking prescription medication for one of 7 listed ailments (e.g. – blood pressure, cholesterol, diabetes, etc).
- Measurement of each individual's BMI (calculated from self reported height and weight) showed that approximately 16% of individuals fell into the obese category. However, only 9% of people admitted that they were 'significantly overweight'. This is either a failure to recognise obesity in oneself, or a failure to admit it.
- Failure to recognise if ones weight was right for ones height was apparent.
  - > Most people who claimed that they were underweight were in fact normal weight[1].
  - > Only 49% of those who thought they were 'a little overweight' were in fact overweight. 25% of these individuals were of normal weight and 23% were obese[1].
  - > 29% of those who considered themselves 'significantly overweight' were in fact only in the overweight category and not in the obese category[1].
- Despite the fact that our research shows that at least half of respondents were either overweight or obese, the vast majority were happy with their health. This indicates that many people are failing to recognise the increased health risks associated with overweight/obesity
- Qualitative data suggests that women, in particular, are more motivated to try to lose weight because they don't like their appearance when they are overweight – rather than out of concern for their health.

2
Diet and exercise changes – triggers and barriers

Lifestyle changes

> 49% of participants in the survey had made some type of diet change. 42% had made a change to their exercise habits. 39% had made some other sort of lifestyle change. 26% had made no change at all to their lifestyle. A number of participants had made more than one change simultaneously.

> The group most likely to not bother with a lifestyle change was the 55+ age group. Similarly, the C2DE* social class group was slightly more likely to not introduce a change to their lifestyle (32% had introduced no change, compared to an average of 26%).

> The ABC1* social class was more likely to undertake an exercise change than any other group (51% versus an average of 42%).

** Social classes are defined, based on the occupation of the individual. Groups are divided into 'A' (senior management/business people, top level civil servants), 'B' (middle management, civil servants, educationalists), 'C1' (junior management), 'C2' (skilled manual workers, supervisors), 'D' (semi-skilled and unskilled manual workers), 'E' (those entirely dependent on the state, unemployed, casual workers) and 'F' (farmers). A, B and C1 classes are often grouped together, as are C2, D and E classes.*

Success rates

> Of all the diet changes attempted, eating more fruit & vegetables, eating less junk/convenience foods and eating more healthily in general, were the most successfully continued changes

> Of the exercise changes attempted, those that tried to increase the frequency of their exercise were more successful than those who tried to start an exercise regime.

> The overall success rate of implementing an exercise change was better than that for diet changes, suggesting that exercise changes were more successfully continued than diet changes

Triggers to change

> 72% of individuals say they introduced their lifestyle change because they wanted to improve their health. 45% said it was because they wanted to lose weight. 31% said it was to improve their figure/shape.

> Family/peers were not significant influencing factors in encouraging lifestyle change.

[1] According to their self-reported BMI

Key findings

- However, advice from doctors/ health care professionals was a significant trigger towards change – particularly for men and the over 55s.

Barriers to change

- Most people simply don't know why they are unsuccessful at introducing change and are unlikely to apportion blame for failure on anyone other than themselves.
- Diet is thought to be a restrictive term that doesn't allow people to see the positives associated with healthy eating.
- Lack of time and bad weather are the most significant reasons why people don't continue their exercise change.

Serial attempters

- Approximately half of all dieters and exercisers were 'serial attempters' (i.e. had tried to change on more than one occasion.
- Women were far more likely to be serial dieters than men (71% versus 52%).

Diet versus exercise

- There is evidence to suggest that dieters are less healthy and less satisfied with their health than exercisers.
- Morale amongst dieters appears to be lower than that of exercisers (qualitative).
- Of all the diet and exercise changes looked at, 'exercising more frequently' has the highest conversion rate (i.e. – people who try this change are most successful at continuing it, compared to all other exercise or diet changes).

3
Attitudinal differences
between men & women

A number of significant differences between the attitudes and approaches of men and women to lifestyle changes were apparent.

Attempts at change

- Women were more likely to introduce a change to their diet than men (58% versus 38%).
- Men were far more likely to not have bothered to introduce any change to their diet or exercise habits than women (48% versus 30%). However, we know that more men are obese than women, suggesting that men should be trying to improve their lifestyle habits more than this.
- Men are also more likely than women to have introduced no lifestyle change at all (e.g. quitting smoking, reducing alcohol, dieting, exercising etc) (35% of men, compared to 18% of women).

Differences in motivations

- Men appear to be more motivated towards change by advice from their doctor (19% men versus 13% women).
- Women appear to be more motivated by dissatisfaction with their appearance (qualitative)

Successes

- The incidence of being more unsuccessful at introducing an exercise change is skewed towards women.
- When men try to make a change to their exercise habits, they are more successful at continuing it.
- Women are more likely than men to have tried to introduce changes in the past, regardless of the type of change. (However, given that more men than women are obese, one could reason that men should be trying more.)

4
Support
& the family unit

Advice from peers and family members does not appear to significantly influence the motivation of an individual to attempt a lifestyle change. However, once that change is established, these groups are vital to enabling that change to successfully continue.

- Individuals who exercise on their own are more likely to give up eventually, compared to those who exercise with one or more partners
- Individuals who go on their own 'healthy eating' regime, while the rest of the family eat 'normally' are much less likely to continue, compared to a family that collectively embarks on a healthy eating plan.


Patient Exam
Paitient # 0026589
Vitals
Blood Pressure : Systolic
Heart Rate:

1

Body weight – health versus appearance

Satisfaction with own health

In our quantitative survey, 92% of respondents were either 'very happy' or 'fairly happy' with their health. When asked to rate their health out of 10 (10 being extremely healthy and 1 being not at all healthy), the averaged response was 7.54.

This tells us that a significant proportion of the population don't have major concerns about their health.

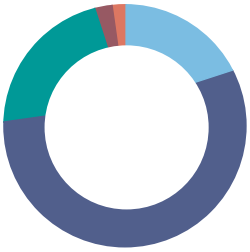
'According to the self-reported height and weight statistics supplied by respondents, **3% of individuals were underweight, 44% were normal weight, 32% were overweight and 16% were obese.**'

1 Body weight – health versus appearance (continued)

Healthy or less healthy than peers?
Seventy three per cent of individuals felt that they were healthier than their peers (20% claimed to be a lot healthier than their peers, while 53% felt that they were a little healthier). 50% of the individuals who believe that they are healthier than their peers say that this is because they exercise regularly. Healthy eating habits (30%) and lack of a smoking habit (16%) were also reported as reasons for feeling healthier than peers. However, it is clear that the respondents do not consider healthy eating as important for health as exercise.

For the 25% of individuals who feel less healthy than their peers, this is generally because they consider themselves (1) unfit (36%), (2) overweight (30%), or because they are smokers (17%). Poor eating habits were not seen as a significant reason for feeling less healthy than ones peers. However, overweight was recognized as a condition that was associated with poor health by some individuals.

Question:
In comparison to other people around your age, how healthy or unhealthy do you feel you are?



20%	A lot healthier than peers
53%	A little healthier than peers
22%	A little less healthy than peers
3%	A lot less healthy than peers
2%	Don't know

Question:
(For those who considered themselves healthier)
What specific aspects of your health do you feel are better than your peers?

50%	Exercise Regularly
30%	Eat Healthily
18%	No health issues
16%	Don't Smoke/Gave up

Question:
(For those who consider themselves less healthy)
What specific aspects of your health do you feel are worse than your peers?

36%	Unfit
30%	Overweight
17%	Smoker

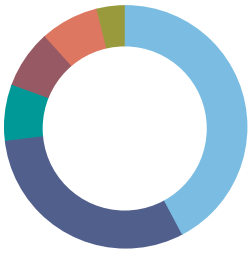
1 Body weight – health versus appearance (continued)

'Only 9% admitted that they were significantly overweight. This is significantly less than the number of individuals whose calculated BMI classified them as obese (16%).'

Ailments

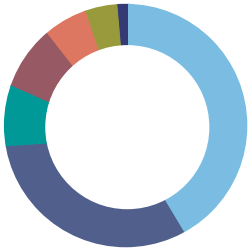
Our survey asked all respondents if they were taking any prescription medication for particular ailments at the time of the study. 81% reported that they were not taking any medication. The most common ailments for which all respondents were taking medication were blood pressure (11%) and high cholesterol (8%). However, this response was significantly altered in the 55+ age category, where 51% of the group claimed to be taking medication for one or more of the ailments indicated. Significantly more 55+ respondents were taking medication for blood pressure (31%, compared to an average of 11%) and high cholesterol (25%, compared to an average of 8%).

Question:
Do you take prescription medication for any of these?



ALL:

11%	Blood Pressure
8%	High Cholesterol
2%	Diabetes
2%	Heart Disease
2%	Lung Problems
1%	Fluid Retention
*(insignificant)	Obesity



55+:

32%	Blood Pressure
25%	High Cholesterol
6%	Diabetes
6%	Heart Disease
4%	Lung Problems
3%	Fluid Retention
1%	Obesity

Reported BMI

Individuals were asked to provide details of their weight and height, which allowed us to calculate their Body Mass Index (BMI)[2]. Caution is taken with this method, as people often purposely or unintentionally misreport both weight and height measurements. It is therefore generally accepted, that obesity figures calculated using this method are likely to be conservative.

According to the self-reported height and weight statistics supplied by respondents, 3% of individuals were underweight, 44% were normal weight, 32% were overweight and 16% were obese. These figures are in relatively good agreement with the currently accepted national averages, as reported in the 2001 IUNA survey (see chart right).

	BMI Current Survey[3]	2001 IUNA Survey[4]
Underweight	3%	0.8%
Normal Weight	44%	42%
Overweight	32%	39%
Obese	16%	18%

Perceptions of own weight

When questioned, 45% of individuals felt they were the right weight for their height. This is roughly in keeping with the number of individuals whose BMI was calculated as normal (44%) and with the currently accepted national average of 42%. 39% said that they were 'a little' overweight, which is also consistent with the calculated BMI for overweight (BMI = 25-29.9) and with the IUNA national average for overweight.

However, only 9% admitted that they were 'significantly overweight'. This is significantly less than the number of individuals whose calculated BMI classified them as obese (16%) and with the number of individuals classified as obese in the IUNA survey (18%).

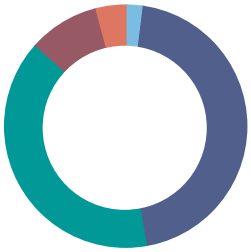
[2] BMI = weight in kg/(height in M)[2]. Underweight = <18.5; Normal = 18.5-24.9; Overweight = 25-29.9; Obese = >30
[3] Calculated BMI, using weight and height statistics supplied by the respondent
[4] IUNA North/South Ireland Food Consumption Survey, 2001. Body weight statistics quoted here are based on actual anthropometric measurements.

1 Body weight – health versus appearance (continued)

> 'It appears that **many people don't recognize (or at least don't want to admit)** that they belong to the obese category.'

Perceptions of own weight (continued)
It therefore appears that many people don't recognize (or at least don't want to admit) that they belong to the obese category. Even if we surmise that the 4% of individuals who refused to comment on their body weight did so because they did not wish to admit that they were in the 'significantly overweight' category, this total (9% + 4% = 13%) still falls short of what we know the actual figures to be. Similarly, 2% of individuals felt that they were underweight. We know that the actual figure for underweight in Ireland is 0.8%[4].

Question:
Do you consider yourself....

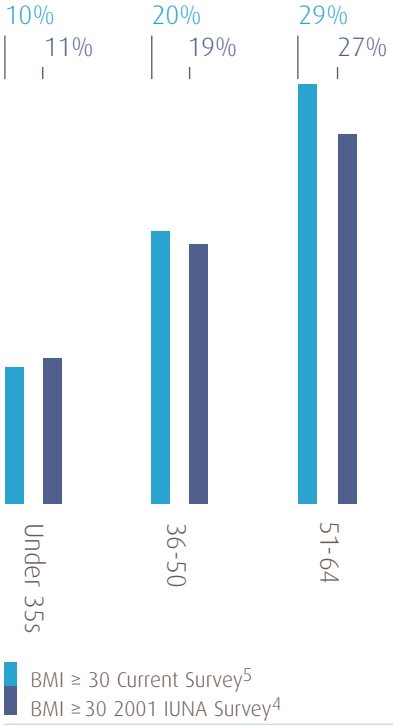


2%	Underweight
45%	Right Weight
39%	A little overweight
9%	Significantly overweight
4%	Refused

While it is true that body weight changes significantly between the age categories, the failure to recognize significant overweight is consistent across all categories surveyed. Only 3% of under the 35s admitted that they were significantly overweight. We know that the true figure for this age group is closer to 10%.

Similarly, while those in the 55+ age group were more likely to admit that they were significantly overweight (17%, compared to an average of 9%), this is still well short of the number of 55+ individuals whose calculated BMI categorised them as obese and also well short of the figure of 27%, reported by IUNA for the 50-65 age group in their 2001 survey.

Incidence of obesity amongst different age groups



Overall, a common theme is evident. Most people seem capable of recognising when they are the right weight for their height and when they are overweight. However, the reporting of underweight and obesity across all age categories appears to be in disagreement with the respondents' calculated BMIs and with the statistics reported by IUNA in their 2001 study.

Indeed the self-categorisation disagreed with the BMI categorisation from this study in several instances.

- Most people who thought they were underweight were in fact of normal weight.[5]
- Only 49% of those who thought they were 'a little overweight' were in fact overweight. 25% of these individuals were of normal weight and 23% were obese[5].
- 29% of those who considered themselves 'significantly overweight', were in fact in the overweight category and not the obese category[5].

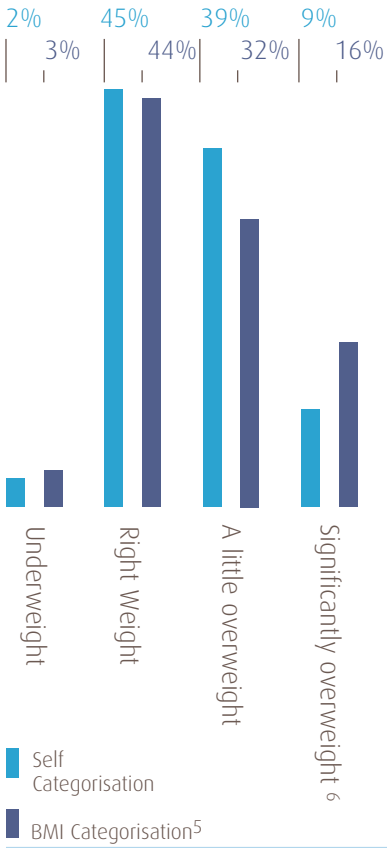
[4] IUNA North/South Ireland Food Consumption Survey, 2001. Body weight statistics quoted here are based on actual anthropometric measurements.

[5] According to their self-reported BMI

1 Body weight – health versus appearance (continued)

'Given the lack of concern for their health amongst our group of respondents, **it appears likely that they are failing to make the link between overweight/obesity and health.**'

Comparison of body weight status: self-categorisation versus BMI categorisation



The BMI profile of those individuals who claimed to be happy with their health did not differ significantly from the group average. However, those who claimed to be unhappy with their health were far more likely to be overweight or obese (80%), compared to the group average (46%).

Those who were overweight (23%) and those who were obese (42%) were also more likely to be taking some form of prescription medication than those who were of normal weight (8%).

Concern for health or concern for appearance?

Despite the fact that the BMI profile of the participants shows that at least half are overweight or obese (both self-reported and calculated from weight and height measurements given), the vast majority of participants are happy with their health.

While it is true that not everyone who is overweight or obese has health problems, we know that being overweight and particularly being obese significantly increases the risk of a range of non-communicable diseases. The table below outlines the increased risk of a range of these diseases in men and women.

Estimated increased risk for the obese of developing associated diseases, taken from international studies

Disease	Relative risk - women	Relative risk - men
Type 2 Diabetes *	12.7	5.2
Hypertension	4.2	2.6
Myocardial Infarction	3.2	1.5
Cancer of the Colon	2.7	3.0
Angina	1.8	1.8
Gall Bladder Diseases	1.8	1.8
Ovarian Cancer	1.7	-
Osteoarthritis	1.4	1.9
Stroke	1.3	1.3

* Non-insulin dependent diabetes mellitus (NIDDM)

Note: The BMI range for the obese and non-obese groups used to estimate relative risk varies between studies, which limits the comparability of these data.

Source: UK National Audit Office estimates based on literature review.

Given the lack of concern for their health amongst our group of respondents, it appears likely that they are failing to make the link between overweight/obesity and health. Indeed, insights from our qualitative research indicate that women, in particular, are far more concerned about the effects that being overweight has on their appearance than their health.

It is crucial that future public health campaigns take this apparent lack of connect between obesity/overweight and their serious health consequences into account.

[5] According to their self-reported BMI

[6] Assumes that 'significantly overweight' = obese

2

Diet and exercise changes – triggers and barriers

Lifestyle Changes

Participants in the survey were asked if they had made any changes to their lifestyle in the previous 6 months. 49% of individuals had made some sort of change to their diet, 42% had introduced a change to their exercise habits, 39% had introduced some other lifestyle change (e.g.- quitting smoking, less alcohol etc), while 26% had made no changes at all to their lifestyle.

A number of individuals had made more than one lifestyle change.

'The overall success rate of implementing an exercise change was better than that for diet changes, suggesting that **exercise changes were more successfully continued than diet changes.**'

2 Diet and exercise changes – triggers and barriers (continued)

'Of the diet changes made, the most popular was an effort to eat more fruit & vegetables (26%), with 'eat less fatty food' and 'eat less junk/convenience food' close behind at 22% and 21%, respectively.'

Lifestyle Changes attempted in the last 6 months

49%	Diet Change
42%	Exercise change
39%	Other lifestyle change
39%	No diet/exercise change
26%	No changes at all

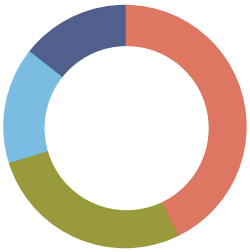
Of the diet changes made, the most popular was an effort to eat more fruit & vegetables (26%), with 'eat less fatty food' and 'eat less junk/convenience food' close behind at 22% and 21%, respectively. Perhaps surprisingly, eating smaller portions and eating more healthily in general were less popular diet changes, at 12% each.

Diet Changes Made in the past 6 months

49%	Any Diet Change
26%	Eat more fruit & vegetables
22%	Eat less fatty food
21%	Eat less junk/convenience food
12%	Eat smaller portions
12%	Eating more healthily generally

Of the exercise changes made, the most popular by far was increasing the frequency of exercise (27%). Other exercise changes included starting to exercise (15%) and putting more effort into exercise (14%)

Exercise changes made in the past 6 months



42%	Any exercise change
27%	Exercise more frequently
15%	Start to exercise
14%	Put more effort into exercise

Data showed that the group most likely not to bother with a lifestyle change was the 55+ age group (35% compared to an average of 26%). Similarly, the C2DE social class group was slightly more likely to make no changes to their lifestyle (32% compared to an average of 26%).

A strong bias was seen in the ABC1 social class when it came to changes in exercise habits, with this group more likely to undertake some sort of change to their exercise regime (51% compared to an average of 42%). A trend towards making some sort of diet change was also more evident in the ABC1 group.

Where respondents had attempted more than one change, there was a greater tendency to see exercise changes or other behavioural changes such as drinking more water or less alcohol etc as their most important change made, as opposed to the diet change they may have also made.

2 Diet and exercise changes – triggers and barriers (continued)

'Of the exercise changes made, the most popular by far was increasing the frequency of exercise (27%). Other exercise changes included starting to exercise (15%) and putting more effort into exercise (14%).'

Changes successfully continued

Of all the diet changes attempted, eating more fruit & vegetables, eating less junk/convenience foods and eating more healthily in general were the most successfully continued changes. Those that tried to eat less fatty food and those that tried to eat smaller portions were less successful at continuing their changes. This is perhaps not surprising, since fruit & vegetables and junk/convenience foods are easily identifiable food types that people can consciously buy more or less of when they are shopping for groceries. Eating less fatty food and eating smaller portions may require changes to cooking habits, which are harder to implement.

Of the exercise changes attempted, those that tried to increase the frequency of their exercise were more successful than those who tried to start an exercise regime. This finding makes good sense, since individuals who already have an exercise habit will more than likely find it easier to increase the frequency of their habit, compared to those who are starting from scratch.

The overall success rate of implementing an exercise change was better than that for diet changes, suggesting that exercise changes were more successfully continued than diet changes.

Triggers to lifestyle changes

Individuals who had attempted a lifestyle change in the previous 6 months were asked what prompted them to do it. 72% of respondents claimed that it was because they wanted to improve their health.

A desire to lose weight was also a significant motivating factor, with 45% giving this as a reason. 35% said that they attempted to change because they wanted to have more energy, while 31% said that it was to improve their figure/shape.

Death/illness of a family member or friend were not significant motivating factors, nor were suggestions from peers or family members. Likewise, the fact that friends or family were undertaking their own lifestyle change did not appear to motivate participants to make similar changes.

However, advice from doctors/health care professionals appears to be a significant motivating influence, with 15% of individuals claiming this as a reason behind their lifestyle change.

	% (prompted)
Wanted to improve health	72
Wanted to lose weight	45
Wanted to improve figure/shape	31
Friend was doing it	9
Spouse/partner was doing it	3
Partner/wife pregnant	*
Major social event coming up	3
Grandchild on the way	*
Had a significant birthday/reached significant milestone	3
Wanted to have more energy	35
Family members ill	*
Peer ill	-
Death of a family member	1
Death of a peer	1
Advice from doctor/HCP	15
Family asked me to	6
Friends suggested it	5
Other individual suggested it	3
Other	20

Men were more likely to make a change to their lifestyle when advised to do so by their doctor or health care professional – particularly so for exercise changes. Doctors/health care professionals were also strong influencers of the 55+ age group, both in terms of diet and exercise changes.

All respondents who had made a change to their diet and/or exercise regime were asked if they had planned to do it permanently or just in the short term. 90% of respondents said that they planned to introduce the change on a long term basis

In the course of the group discussions, participants identified a variety of factors, which they claimed would trigger a change in lifestyle.

- Poor medical results
- Advice from a health care professional
- Social pressures, such as a forthcoming wedding or holiday.

These factors didn't emerge as strongly in the quantitative survey, but were agreed as strong triggers in the focus groups. Men appeared to be more influenced by rational triggers, such as medical results, whereas more emotional triggers, such as not looking well in a photo, seemed more likely to influence women.

2 Diet and exercise changes – triggers and barriers (continued)

> 'Perhaps more insightful was information that was gained from the qualitative group phase. **It was clear that for many, diet is felt to be a highly negative term**, restricting people from eating what they like, and ultimately placing a restriction on pleasure.'

Barriers to successful implementation

When asked why attempts at introducing diet or exercise changes were unsuccessful, most people simply did not know why they had failed. This insight is interesting, as it shows that people are recognizing personal responsibility in making changes to their lifestyle and are not readily apportioning blame for failure elsewhere.

Some of the key barriers to successful diet changes were identified as 'losing interest', 'too busy to eat healthily', 'too difficult' etc. However, none of these were significant responses.

Reasons for not continuing diet change (prompted)

8%	Lost interest
7%	Got bored
3%	Too busy to eat healthily
5%	Too difficult
2%	Too many eating out occasions
6%	Difficult over Christmas
4%	Difficult during holidays
7%	Difficult during cold weather
4%	Lapsed over Christmas and didn't try again
1%	No improvement
2%	Other
81%	Don't know

Perhaps more insightful was information that was gained from the qualitative group phase. It was clear that for many, **diet** is felt to be a highly negative term, restricting people from eating what they like, and ultimately placing a restriction on pleasure. Some method needs to be found to encourage people to think beyond this, and to try to see the positives associated with healthy eating. While the notion of a "Healthy Eating Plan" is probably a bit bland, this area needs to be developed further, to bring the vocabulary of dieting out of its current negative cycle.

Respondents were a little more definite about the reasons for continuing their exercise change. Some of the reasons given were bad weather (18%), lack of time (15%) and loss of interest (9%). However, as with the dieters, most people simply did not know why they failed to successfully continue their exercise change.

Reasons for not continuing exercise change (prompted)

18%	Weather too off putting
15%	Too little time
9%	Lost interest
6%	Too hard
4%	No improvement
8%	Other
73%	Don't know

While exercise appears to have a more positive image than dieting, there is still a problem in identifying why people who want to make a permanent change to their exercise habits fail to do so. Those attempting to exercise on their own, whether in the gym or less formally, seemed more likely to have attempted an exercise change in the past. However, they often quit before achieving their goal. Those involved in club sports or who had walking or running partners seemed much more likely to persevere, and in many cases seemed to enjoy it more.

Serial Attempters

Regardless of whether they felt they were successful or that they were lapsing, many had tried repeatedly to get fitter or lose weight. For some it was an annual "campaign" which they knew they would have to complete over and over again. Ultimately, it was clear that, unless the respondent was interested in making the change themselves, they would struggle to implement it. However, even those who had set seemingly realistic goals (e.g. *"I want to lose a pound a week for two months"*) were struggling, as the continuous effort required to eat carefully and exercise regularly seemed to be too tough.

Approximately half of the dieters and exercisers were 'serial attempters', or those who had tried to implement a lifestyle change on more than one occasion. Women were far more likely than men to be serial dieters (71%, compared to an average of 52%).

2 Diet and exercise changes – triggers and barriers (continued)

'Approximately half of the dieters and exercisers were 'serial attempters', or those who had tried to implement a lifestyle change on more than one occasion. Women were far more likely than men to be serial dieters (71%, compared to an average of 52%).'

In terms of the number of attempts made at introducing either a diet change or an exercise change, a significant proportion of individuals had tried to change 5 times or more in the past (see the chart below). Women were significantly more likely to have made a high number of attempts (5 or more) at diet and exercise changes in the past, compared to men.

Number of attempts at changing diet/exercise habits

	Diet (women)	Diet (men)	Exercise (women)	Exercise (men)
10+	16%	14%	21%	4%
5-9	23%	9%	10%	9%
4	14%	9%	6%	7%
3	10%	11%	16%	17%
2	12%	31%	21%	33%
1	6%	14%	12%	13%
Don't know	19%	11%	12%	17%
Average	5.53	3.81	4.93	3.03

These results show that women are making more attempts at introducing both diet changes and exercise changes. The success of these attempts is discussed in the next section.

Diet versus Exercise?

While there is a high level of overlap in terms of dieters also implementing exercise changes and exercisers also implementing a diet change, amongst those who consider their diet change to be the most significant change, there is evidence to suggest that they are less healthy and less satisfied with their health.

Dieters are:

- Marginally more likely than average to take prescription drugs for certain ailments (23% of dieters versus 18% of exercisers).
- More likely to describe themselves as significantly overweight than average (14% of dieters versus 10% of exercisers).
- Less likely to be very happy with their health than exercisers (31% versus 35%).
- More likely to feel they are a little less healthy than their peers than exercisers (28% versus 22%).
- While there is roughly the same proportion of first time versus repeat dieters, as exercisers, the serial dieters are likely to have tried on a greater number occasions than the serial exercisers. (On average, serial dieters have tried 5.00 times before, while serial exercisers have tried 4.19 times before).
- Dieters have a marginally higher reported BMI than exercisers. (Average BMI of dieters is 26.7 versus 24.7 for exercisers).

Results from the qualitative phase of the study also indicate that morale amongst those who are dieting is lower than those who are exercising. Overall, dieting is seen as restrictive and involving sacrifice. Exercise appears to have a more positive image.

Looking at the success conversion rates of the various lifestyle changes (the proportion of people feeling they had successfully implemented the change versus the total number who had tried to change), exercising more frequently and quitting smoking have the highest conversion rates. Starting to exercise, eating smaller portions and eating less fatty food have the lowest conversion rates.

On balance, exercisers appear more successful at implementing their lifestyle change than dieters. This is perhaps down to the more positive image that exercise has, compared to dieting.


ONLY

3

Attitudinal differences between men & women

Throughout the study, a number of significant differences between the attitudes and approaches of men and women to lifestyle changes were apparent.

'These data may indicate **that women are more in tune with the need to make positive changes to their lifestyle than men** and are therefore trying more.'

3 Attitudinal differences between men & women (continued)

'Men appear to be more influenced to change their lifestyle by external stimuli, such as advice from a health care professional (19% men versus 13% women).'

Differences in the types of changes made:
Looking at the types of changes that each of the sexes was likely to implement, a number of differences emerged. Overall, women were more likely than men to try to introduce some type of lifestyle change.

Men were more inclined to not bother with any type of change, although they did appear to be more active in trying to reduce their alcohol intake than women. In particular, far more women than men were trying to introduce a change to their dietary habits.

- Women were significantly more likely to have made a change to their diet, compared to men (58% of women compared to 38% of men).
- Women were also more likely than men to be making an effort to eat more fruit and vegetables (31% of women, compared to 20% of men).
- More women were making an effort to drink more water than men (32% versus 21%).
- More men than women were trying to reduce their alcohol intake (17% versus 12%).
- Men are more likely to have made no change to their diet or exercise habits (48% of men, compared to 30% of women). They are also more likely to have introduced no lifestyle change at all (e.g. – dieting, exercising, quitting smoking, reducing alcohol etc), compared to women (35% versus 18%).

These data may indicate that women are more in tune with the need to make positive changes to their lifestyle than men and are therefore trying more.

Differences in motivations to change:
In addition to the types of changes made by men and women, there appears to be a number of clear differences in the factors which are motivating those changes.

- Men appear to be more influenced to change their lifestyle by external stimuli, such as advice from a health care professional (19% men versus 13% women). In particular, men are more likely to introduce an exercise change following advice from a health care professional, compared to women (20% of men, compared to 10% of women).
- Women appear to be more motivated by internal triggers such as wanting to improve their own health (76% women versus 67% men) or wanting to lose weight (53% women versus 34% men).
- Although it wasn't clear from the quantitative survey, qualitative data indicated that women were also heavily motivated to change their lifestyle by their dissatisfaction with their appearance. (e.g. – seeing a photo of themselves not looking at their best). This did not emerge as a significant driver for men.

These data clearly indicate that men and women respond to different motivating factors. This is a fact that should be taken into account in the design of public health campaigns aimed at encouraging people to make changes to their lifestyle.

3 Attitudinal differences between men & women (continued)

'Women are more likely than men to have tried to introduce changes before, regardless of the type of change (71% of repeat diets are women, 59% of repeat exercisers are women).'

Differences in success rates:
While it is clear that women are making more attempts at changing their lifestyle habits, this does not translate into more success for women. In fact, the incidence of being more unsuccessful at introducing change to exercise habits is skewed more towards women (66% of women unsuccessful, compared to 34% men).

This is despite the fact that the incidence of trying an exercise change is split relatively evenly by gender (44% of exercisers men, versus 56% women).

- Women are more likely than men to have tried to introduce changes before, regardless of the type of change (71% of repeat diets are women, 59% of repeat exercisers are women).
- Men therefore have a higher success rate of introducing an exercise change when they try, compared to women.

These data suggest that women need less encouragement than men to attempt a change to their diet or exercise habits, but may require more support to help them continue that change.

Differences in attitude to own health:
A number of differences also emerged in the attitudes of men and women to their own health.

- Female dieters are marginally happier with their health than male dieters (34% of women are very happy with their health, versus 27% of men), whereas there is no difference between happiness with health amongst female exercisers versus male exercisers (37% very happy versus 34%).
- Despite feeling happier with their health, female dieters are less likely than average to feel they are healthier than their peers than male dieters - 17% consider themselves a lot healthier than peers compared 24% of male dieters.
- Female exercisers are also less likely to feel healthier than their peers than male exercisers (14% versus 23%).

These findings may suggest that peer scrutiny has a more corrosive effect on women's opinions of themselves, than it has on men and may explain why women are more likely to try to change.

4

Support & the family unit

Social and family supports do not appear to be significant influencers in motivating people to make the decision to implement changes to their lifestyle. Ultimately, it was clear that, unless the respondent was interested in making the change themselves, they would struggle to implement it.

'**Dispelling the notion that an individual who is 'on a diet' should have a healthy meal,** while the rest of the family has a 'normal meal' is crucial'

4 Support & the family unit (continued)

'It is vital that people who are trying to introduce changes to their lifestyle understand just how important support and involvement of the family unit is. However, peers and family did present as significant factors in helping and encouraging people to stick with a change that they had managed to introduce.'

However, peers and family did present as significant factors in helping and encouraging people to stick with a change that they had managed to introduce. When it came to exercise changes, those who exercised alone tended to give up eventually and have to start all over again. Those involved in club/team sports or those that had walking or running partners seemed much more likely to persevere, and in many cases seemed to enjoy it more.

Lack of support from the family often became a key barrier. We know from previous research (NHF Health & Lifestyle Research 2005), that almost a quarter of children are given a different evening meal to their parents.

This appeared to be because the parent was giving their children what they knew they would eat (rather than what they knew was good for them), or because the parent was on 'a diet' that required them to have something different from the rest of the family.

Having to cook one meal for the family, and something else for themselves is felt to be a major disadvantage. Dieters who eat a different evening meal to the rest of the family feel disconnected and alienated and are therefore more likely to give up their healthy eating regime eventually. Experienced dieters have learnt that cooking one meal for everyone, and thus not allowing themselves (or the dieter) feel deprived is a key factor in encouraging them to remain motivated.

Individuals who felt that they had managed to successfully introduce a change to their diet or exercise regime, were questioned about the factors that helped them succeed, compared to previous attempts at introducing a similar change. The top difference for both exercisers and dieters was that they were more self-motivated, followed by a recommendation from a GP or health care professional. However, it was clear that support from friends and family were also key factors to success.

	Diet Change	Exercise Change
More motivated	71%	72%
GP/HCP recommended	21%	21%
Friend recommended it	16%	13%
Friend encouraged me	19%	18%
Had training mentor	5%	7%
Family encouraged me	17%	16%
Family participated too	4%	4%
Friend participated too	7%	6%
Other	21%	21%
Don't know	11%	10%

It is vital that people who are trying to introduce changes to their lifestyle understand just how important support and involvement of the family unit is, since individuals seek this support are ultimately far more successful in continuing through with their desired change.

In addition, dispelling the notion that an individual who is 'on a diet' should have a healthy meal, while the rest of the family has a 'normal' meal is crucial. Consumes need to understand the message that healthy is normal and therefore should be part of everyday life for *all* the family.

Future public health campaigns should take these important factors into account.

Summary

Previous research by the NHF showed that most people knew what was required to improve their health and lifestyle. However, they appeared to lack the motivation to put this knowledge into practice.

Our current piece of research takes a detailed look at the motivational aspects of behaviour change and asks what is preventing people from being more successful at implementing changes to their diet and exercise habits when they try.

The results show that many people are trying again and again to introduce change – but don't always manage to successfully continue it. While individuals themselves are often at a loss to explain why they gave up, looking at what has helped individuals who did manage to successfully continue their change gives us some insights into why this is the case.

Individuals who receive advice from their doctor or health care professional are often more motivated to continue their lifestyle change (e.g. improving diet/exercise, giving up smoking, reducing alcohol etc.) than those who are originally motivated by other factors. Also, while advice from friends and family doesn't seem to motivate people to make changes in the first place, the support from these groups is vital in helping people to continue with their change.

The reasons why people attempt weight loss regimes was examined in detail. Results showed that in many cases – particularly where women are concerned – a weight loss attempt is often driven by a desire to change/improve appearance, rather than a desire to reduce the risk of illness. In addition, despite the fact that more than 50% of the respondents were either overweight or obese, 92% were happy with their health. It therefore appears likely that people are not making a sufficiently strong link between overweight/obesity and serious life-threatening illnesses such as diabetes, heart disease, cancer etc. This may explain why advice from a health care professional, who would probably work with their patient to emphasise the disease risks associated with being overweight or obese, is particularly successful at encouraging behavioural change.

A number of important differences between the attitudes and approaches of men and women also emerged. Men were far more motivated to change by rational factors, such as poor medical results or advice from their doctor. Women, on the other hand, were more motivated by emotional triggers, such as not looking well in a photograph and therefore wanting to lose weight.

In terms of the types of changes introduced, again, there were several differences between men and women. Women were far more likely to introduce a change of any description to their lifestyle, especially a change to their diet. So women are making more efforts to introduce changes, compared to men. However, not all of these attempts are successful – particularly when it comes to changes to exercise regimes, since more women than men are unsuccessful at continuing exercise change. These data show that women are trying harder than men to change and are therefore more motivated. However, women are not as successful in carrying through with some of these changes and therefore may require more support than men to help them continue. These results suggest that public health campaigns aimed at encouraging weight loss should use different approaches to target men and women to ensure maximum impact.

A number of key insights into consumer attitudes towards diet and exercise emerged. Overall, exercising was seen as a far more positive experience than dieting. Where dieting was seen as restrictive and boring, exercise was often seen as something that could be enjoyed – particularly where people engaged in group activities or where they had a friend/partner to engage in their chosen activity with (e.g. walking or running partner). This may help to account for the fact that exercising had a higher continuation or success rate than dieting. In addition, it was found that serial dieters (those who had tried on more than one occasion) have tried on a greater number of occasions than serial exercisers (5.00 versus 4.19).

The positive image and subsequent success rate of exercising should be focussed upon and promoted. However, some work to help improve the image of healthy eating is required if we are to be successful in encouraging consumers to achieve healthier diets.

Overall, these findings provide some fascinating insights into the attitudes of consumers towards behavioural change and will help to provide useful evidence-based guidance to the NHF and other stakeholders for the development of future public health initiatives.

Nutrition & Health Foundation
Confederation House
84/86 Lower Baggot Street
Dublin 2

Telephone: +353 1 6051677
Facsimile: +353 1 6381677
Website: www.nutritionandhealth.ie