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| **“Health identity” and trajectory of body mass index from childhood to mid-adulthood – an exploratory mixed methods study** |
| **Background/Objectives**Children with overweight or obesity are at greatly increased risk of experiencing obesity in adulthood but for reasons generally unknown some attain a healthier adult weight. This exploratory mixed methods study investigated factors that might explain diverging body mass index (BMI) trajectories. This knowledge could underpin interventions to promote healthy weight. **Methods**This 2016 study included participants from three adult follow-ups of children who (when 7-15 years) participated in the 1985 Australian Schools Health and Fitness Survey and provided BMI data at each time point. Trajectory-based group modelling identified five BMI trajectories: stable below average, stable average, increasing from average, increasing from very high and decreasing from very high. Between six and 12 participants (38-46 years) from each BMI trajectory group were interviewed (n=50; 60% women). Thematic analysis guided by a social-ecological framework explored individual, social and environmental influences on diet and physical activity within the work setting.**Results**A distinct approach to healthy behaviour was principally identified in the stable and decreasing BMI groups – we term this approach “health identity” (exemplified by “I love having a healthy lifestyle”). This concept was predominant in the stable or decreasing BMI groups when participants explained why work colleagues seemingly did not influence their health behaviour. Participants in the stable and decreasing BMI groups also more commonly reported, bringing home-prepared lunches to work, working or being educated in a health-related field, having a physically active job or situating physical activity within and around work – the latter three factors were common among those who appeared to have a more distinct “health identity”. Alcohol, workplace food culture (e.g. morning teas), and work-related stress appeared to influence weight-related behaviours, but generally these factors were similarly discussed across all trajectory groups.**Discussion**Numerous work-related factors appeared to influence weight-related behaviours of participants, irrespective of BMI trajectory, but the concept of an individual’s “health identity” may help to explain divergent BMI trajectories. “Health identity” and its influence on behaviour warrants further exploratory work.**Keywords**Diet, food and nutrition; Body weights and measures; Body weight; Over nutrition; Exercise;Health promotion |