Motivation as an explanatory factor in weight reduction among Slovak adolescent girls

Lucia Hricová, Oľga Orosová, Jaroslava Kahancová

Department of Educational Psychology & Health Psychology, Faculty of Arts, PJ Safarik University in Kosice, Slovakia

1 Objective

This study aimed to explore how **autonomous motivation** (arising from the Self) and **external regulation** (arising from pressures from the social environment) explain **healthy** and **unhealthy weight reduction strategies**.

2 Methods

Sample:

- 100 adolescent girls (Mage=17.5, SD=1.27)
- convenient sampling method
- Paper-pencil questionnaire

Measures:

Treatment Self-Regulation Questionnaire (Levesque et al., 2007)

- 2 scales: Autonomous motivation (AM - 6 items) & External regulation (ER – 4 items) assess the degree of non/autonomous self-regulation regarding why individuals engage in reducing their weight
- 7-point Likert-type scale - 1 (not at all true) to 7 (very true), 0 (not engaged)
- Cronbach's alpha=.88 (AM) and .86 (ER)

Frequency of weight reduction strategies (Al Sabbah et al., 2010; Thøgersen-Ntoumani et al., 2010)

- frequency of the 14 listed methods (8 healthy and 6 unhealthy) used to control their weight during the previous 12 months
- 5-point response scale – 1(never) – 5 (always)

BMI (Body mass index)

- self-reported weight in kilograms/height^2

Data analysis:

- standard multiple regression

4 Conclusions

➤ The more **autonomously motivated** the girls are to reduce their weight, the more often they use **health-appropriate ways of weight reduction**.

➤ **Unhealthy weight reduction strategies** were found to be associated with both **autonomous** and **external regulation**.

➤ However, **unhealthy ways** of weight reduction were more strongly associated with **external motivation**.

3 Results

Table 1. Frequency of healthy and unhealthy weight reduction strategies

Strategies		Mean	SD
Healthy	**exercising**	**3.44**	.92
	eating fewer sweets	2.86	1.20
	eating less fat	2.81	1.15
	drinking fewer soft drinks;	3.35	1.44
	eating less (smaller amounts)	3.06	1.32
	eating more fruit/vegetables	**3.99**	1.04
	drinking more water	**4.03**	1.04
	dieting under the supervision	1.13	.47
Unhealthy	**skipping meals**	**2.15**	1.11
	fasting	1.43	.88
	restricting diet to one or more food groups	1.78	1.28
	vomiting	1.17	.72
	using diet pills or laxatives	1.14	.57
	smoking more	1.19	.64

Table 2. Standard multiple regression model of (1) Healthy strategies and (2) Unhealthy strategies

Model	Predictors	Beta	t	p
(1) Healthy strategies	BMI	-.06	.56	.58
	Autonomous motivation	**.52****	**4.29**	**<0.001**
	External regulation	-.04	-.33	.74
(2) Unhealthy strategies	BMI	-.1	-1.03	.31
	Autonomous motivation	**.25***	**2.12**	**p<0.05**
	External regulation	**.41***	**3.54**	**p<0.05**

Note: *p<0.05, **p<0.001; (1) F(3,84) = 10.24**, (2) F(3,84) = 13.48**; explained variance: (1) 26.% and (2) 32.5%.

Lucia Hricová
Department of Educational Psychology & Health Psychology
Faculty of Arts
PJ Safarik University in Kosice
Moyzesova 9, Kosice 040 01
Slovakia
E-mail: lucia.hricova@upjs.sk