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Young people's views relating to obesity and body size, shape and weight: a systematic review

REVIEW PROTOCOL

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Advisory Group membership

The Steering Group for the EPPI-Centre's Health Promotion and Public Health Reviews Facility forms the Advisory Group for this review.

Your comments on the methods and scope of this review are very welcome, as are suggestions for completed or ongoing pieces of research that might be relevant - please contact us via the address on the front page of this protocol.

Acknowledgements and conflict of interest

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We are not aware of conflicts of interest amongst members of the review team.

Aims

To undertake a systematic review of qualitative and other types of research that explores young people's views about obesity, body size, shape and weight. The review will explore the understandings of young people aged 11-18 of body size, the factors they identify as influencing overweight and the kinds of changes in these factors they think might help them to avoid being overweight. As well as being of value in their own right, the review's findings will supplement those from a recently completed systematic review of the views of children (aged 4-11) on these same topics.

The work outlined in this protocol will:

- Search systematically for, and then describe, studies of young people's views about obesity, body size and weight;
- Consult with UK-based policy-makers, practitioners and researchers on the methods of the review and priorities for in-depth review and synthesis in this area;
- Conduct a synthesis of the findings of this research, or a sub-set of studies, depending on the results of the consultation and the size of the literature; and
- Develop recommendations for research, policy and practice in public health and other areas of social policy.

1. Background

1.1 Young people and obesity

This review is being done in the context of concern over levels of obesity in the UK (Butland et al. 2007). A large number of young people in the UK are experiencing a body weight that is above the range considered to be healthy. Annual estimates are available for young people aged 11 to 15 in England. These show an almost year-on-year rise in weight in both boys and girls over the ten years up to 2005. The latest data from England (from 2007) indicate that over one in six boys in this age group (17.6%), and nearly one in five girls (19.0%) would have been classed as obese (Health and Social Care Information Centre, 2009). An additional 15% of young people in this age group would have been classed as overweight (15.3% of girls and 14.8% of boys). The latest data from the Scottish Health Survey provided estimates for girls and boys aged 12-15 in 2008. This found 19.1% and 15.8% of boys and girls respectively would have

been classified obese and 19.1% and 16.3% would have been classified as overweight (Corbett et al, 2009).

There are potential physical, psychological and social impacts on the young people concerned. These levels of obesity, however, also represent considerable financial costs to health care systems and the economy, both in the present and the future. The costs of obesity amongst young people are frequently seen as including the likely continuation of obesity, or associated problems, into adulthood.

Children themselves clearly also have a stake, and their ideas about and constructions of their health and other aspects of their lives are increasingly seen as potentially valid contributions to the development of social policy. The right of children to participate in decision-making that relates to them is enshrined in the United Nations Convention of the Rights of the Child and recognised in Governmental policy in the UK (Department for Education and Skills 2003, Department of Health 2004, UNICEF 2009). Recent initiatives that act on this include one that has involved young people as advisors to a Nation-wide public health research programme (PEAR, 2010).

The UK government has identified obesity as a policy priority. The policy document 'Healthy weight, healthy lives' sets out framework for action in five main areas: 'promoting children's health; promoting healthier food choices; building activity into our lives, creating incentives for better health and personalised advice and support (Cross-Government Obesity Unit et al. 2008).

Researchers have recently constructed 'system maps' to describe the complex and multi-levelled pathways which influence body weight. The most ambitious of such models have sought to integrate biological and genetic factors, individual behaviour, and influences from individuals' social and physical surroundings to provide a complete picture of the 'obesogenic environment' (Butland et al. 2007, Swinburn et al. 1999, Swinburn and Egger 2004). There has recently been particular interest from both policy-makers and researchers in the social and environmental determinants of obesity, including factors related to the physical environment, social values, technology and the economy.

Young people's experiences of body weight and the factors influencing it are likely to differ from those of the general population: for example, the influence of other family members on young people's dietary and physical activity behaviours and leisure-time activities can be considerable, especially at the younger end of the 11-18 age range focused on in this review. These influences might include parental rules and controls over food and television and young people's experiences of role models amongst adults and younger relatives. A small number of young people aged 18 or under will also be parents, and so may be experiencing a further set of influences to do with parenthood, food provision and other food practices. The Foresight group's main report provides a version of their model adapted for children but notes that data are too sparse and fragmented to provide a reliable indicator of the relative importance of these links to changes in body weights (Butland et al. 2007, map 34 and page 89).

There is greater certainty about obesity and inequality. As rates of obesity have increased among young people, so have inequalities in obesity. Rates have increased the most among young people from poorer backgrounds. Socioeconomic inequalities in obesity are also stronger in girls than in boys. Asian children are more likely to be obese than white children (Law et al. 2007). Again, these authors emphasise the importance of looking at environmental influences, noting that the speed at which the

prevalence and the social patterning of obesity in the UK have changed suggests adverse environmental factors as the primary cause.

1.2 Existing research

In the current policy climate of concern about rising levels of obesity, the evidence available to inform effective approaches to both treatment and prevention is infused with much enthusiasm, but marred by poorly conducted studies using restricted populations and inconsistent methods of assessing and measuring outcome (Oude Luttikhuis et al. 2009; Summerbell et al. 2005).

Another weakness of much existing research evidence is its failure to interrogate what young people themselves think about the importance of body size, factors influencing this and ways in which they can be supported to keep their own weight down to 'healthy' levels. Young people's own views play an important part in the process of designing and implementing interventions. Young people themselves will attach a range of meanings to body size and weight that will influence the ways in which they act and communicate around weight and health. They will have insights into factors that influence their own weight and that of their peers, and ideas about how they can be supported to keep their own weight within a healthy range. Research that explores how young people experience and make sense of their lives can inform the ways that interventions aim to bring about positive outcomes. Systematic reviews of this research can help policy-makers gain a broader and deeper understanding of obesity from young people's perspectives (Harden et al. 2004). Other than our recently completed review of children's views (Rees et al. 2009), our preliminary searches have located only one systematic review focused on lay views about body size. This focuses on the growth of infants and explored the views of adults (Lucas et al. 2007).

1.3 Developing the evidence-base for interventions

A series of reviews conducted at the EPPI-Centre has examined research into children's and young people's views of health and health-related behaviour so as to identify ways in which interventions might build upon young people's experience and knowledge (Brunton et al. 2003; Brunton et al. 2006; Harden et al. 2001; Rees et al. 2006; Shepherd et al. 2006; Thomas et al. 2003). This approach aims both to identify ways in which people's views are reflected in interventions that have been evaluated, and to identify gaps where views have yet to be incorporated.

As an example of this approach, one of these reviews synthesized the findings of research on young people's views about healthy eating (Shepherd et al. 2006). The review identified a number of themes in young people's views, including, for example, the importance of the cost and poor availability of healthy eating foods and the association of these foods with adults/parents. In contrast, 'fast foods' were widely available, tastier, and were associated with pleasure, friendship and being able to exercise choice. The review team found evaluated interventions had often neglected the views of young people, especially in terms of their concerns about the taste, cost and availability of healthy foods. When issues raised by young people had not been addressed by evaluated interventions, the review team noted this was a gap in research and recommended such an evaluation.

Our recent review of children's views of body size used two distinct approaches to synthesize findings from studies conducted in the UK with children aged between 4 and 11 (Rees et al, 2009). One synthesis, labeled 'interpretive', used findings from studies that had asked children open ended questions. The other, labeled 'aggregative', pooled findings from studies that presented children with pre-specified answer options. The main findings were that:

- Children experience obesity largely as a social problem. Children, whatever their body size, often may not consider the health consequences of obesity to be important.
- Body size varies in relevance. Children who have a healthy body size often may not have body size very high on their everyday agendas. Very overweight children in contrast, experience body size as a big problem. They are likely to experience unhelpful responses to their own body sizes from other children, as well as adults. Fat-related name calling and bullying is considered to be a normal occurrence.
- Children are highly aware about body size and our society's attitudes towards it. Children appear to be aware of the actual size of their own bodies and are likely to have judged the acceptability of their own body. Many are dissatisfied and some feel anxious despite having a healthy body size. Girls are likely to want to be leaner, regardless of their size. Many boys and girls aspire to very lean body shapes that are unattainable and likely to be unhealthy.
- Very overweight children encounter many barriers, and a lack of support, when they try to take action to reduce their size. Parents and friends appear to be the most helpful source of support, but this is not always unproblematic.
- While very overweight children and girls bear the brunt, the combined impact of our obesogenic environment and our society's ongoing preoccupation with body size appears now to be affecting the body image ideals and body satisfaction of boys as well. Girls and boys aged under 12, however, differ considerably, both in their aspirations for their bodies and ideas about others' bodies.

For the review outlined in this protocol, we plan to conduct an interpretive synthesis, similar to the one used in Rees et al (2009), to develop findings from existing studies of young people's views on obesity, body size, shape and weight. This will have a view to drawing out implications for appropriate policies and interventions to promote healthy body weight and counteract obesity.

In terms of specific areas of interest, to address recent policy-level interest, the review will have a particular, but not exclusive, focus on social and environmental factors that have the potential to influence body weight. We will also explore the ways in which the evidence base includes the views of those young people most likely

to experience inequalities in health and, where possible, examine whether views differ between different groups of young people. As well as using these and other theoretical frameworks outlined in this protocol, however, we will be allowing conceptual issues to emerge from the studies of young people's views themselves. This part inductive approach to analysis of study findings is similar to that taken in the reviews of children's and young people's views listed above and has similarities to the 'qualitative' analysis methods used in studies that analyse directly the statements of study participants (e.g. Wills et al. 2006).

This review is the fifth in a series of EPPI-Centre reviews in the area of children, young people and obesity. In addition to a systematic review exploring the views of children aged 4-11 on body size (Rees et al, 2009), three systematic maps have also been conducted. One describes review-level evidence on the effectiveness of social and environmental interventions for childhood obesity, one describes current schemes to promote healthy weight among obese and overweight children and young people in the UK, and one describes research into the relationships between obesity and sedentary behavior (Aicken et al. 2008; Kalra and Newman, 2009; Woodman et al. 2009).

2.Aims, review questions and scope

This systematic review aims to identify, appraise and synthesise published and unpublished research on young people's views about obesity, body size, shape and weight. The review will focus upon young people aged 11 to 18 living in the UK and will address the following questions:

- What are young people's views about the meanings of obesity or body size, shape or weight (including what are their perceptions of their own body size?), and what experiences do they describe relating to these issues?
- What are young people's views about influences on body size?
- What are young people's views about changes that may help them to achieve or maintain a healthy weight?

The review will seek and examine studies involving young people from the UK and aged 11 to 18 that examine their attitudes, opinions, beliefs, feelings, understanding or experiences about obesity, body size, shape or weight.

- Studies that solely examine young people's health status, behaviour or factual knowledge will not be included.
- The review will only cover studies published from 1997 onwards. This date is shortly before the WHO identified obesity as a 'global epidemic'

(WHO, 2000) and will provide a picture of just over a decade's worth of research conducted within a relatively current context.

- The review's focus on studies from the UK aims to maximize the relevance of the review for the development of UK policy.

We anticipate that data about young people's views might be available from a wide range of different studies including both qualitative and quantitative designs:

- Data about views may have been collected through observation, interactive interviews, focus groups or questionnaires using both open-ended and closed questions. Unless studies are very scarce, we intend to use questionnaire-based data only when this is collected as part of a study that also uses at least one other data collection method.
- Some study reports may be framed explicitly by their authors around obesity, size or weight. Others may contain young people's views on obesity, body size, shape or weight, but be framed around something else, for example around possible influences or related experiences, such as physical activity, eating, stressors, social networks or bullying. It will be important to seek out both kinds of study so as to explore the ways in which young people talk about obesity, body size or weight independently of whether these concepts are introduced by researchers or young people themselves.
- One common feature of the studies is that they should all privilege young people's views, in that they should present views directly as data that are valuable and interesting in themselves. This review will not seek data on views from studies that collect them solely in order to generate variables that are then tested in a predictive or causal model (often people's beliefs, attitudes or experiences are explored as possible risk or protective factors, or are measured as outcomes of an intervention).

3. Review Methods

The review throughout will use methods developed during the previous reviews of studies of children's and young people's views mentioned above.

3.1 Structure of the review

The review will have one stage:

1. An in-depth review that synthesizes the findings of studies. If necessary because of the size of the literature, this synthesis may focus on a sub-set of the studies found (for example solely on studies rated as having a high quality, or on those that examine findings related to specified groups of young people, or specific aspects of obesity, body size or weight).

3.2 User involvement

We will seek feedback on our proposed questions and methods from the Steering Group, which oversees all of the work conducted by the EPPI-Centre's Health Promotion and Public Health Reviews Facility. The group will be consulted at the beginning of the review by email. If necessary, we may seek further guidance at a later stage of the review as well.

We are also planning to engage the assistance of PEAR (Public Health, Education, Awareness, Research), a Young People's Public Health Reference Group (PEAR, 2010), but this is yet to be negotiated at the time of writing. PEAR consists of two young people's groups which aim to support children and young people to contribute to the UK public health agenda. This work would build on the relationships developed in 2009, when PEAR assisted the EPPI-Centre with its related review of children's views of obesity, body size, shape and weight (see Rees et al, 2009 for further details).

3.3 Information management

We will use EPPI-Reviewer, the in-house software (Thomas, 2007) to keep track of studies during the review. This software will record the bibliographic details of each study considered by the review, where studies were found and how, reasons for their inclusion or exclusion, descriptive and evaluative codes and text about each included study, and the data used and produced during synthesis.

3.4 Search methods

Search methods will include sensitive searches of the databases listed below, website searches, searching by hand of selected journals, contact with key experts, citation tracking and contact with authors for included studies, and

screening of previous EPPI-Centre reviews and the reference lists of included studies. A particularly wide range of techniques to identify studies will be used in this review as studies of people's views are frequently not indexed on commercially available databases and it may not be easy to identify that a study contains data about views on obesity and body weight, shape and size by scanning study summaries. Some of these techniques may be brought into play later in the review. For example, our synthesis may identify influential factors viewed as important by young people. We may then carry out further searches of the literature about these factors in particular.

Sets of database search terms will be developed to cover the three concepts of: (i) young people; (ii) obesity and body size/weight and (iii) views. Where feasible and appropriate, an additional set of terms will be used to restrict the search to studies conducted in the UK. Search strategies will be developed for each database using combinations of controlled vocabulary and free-text terms (the latter restricted to the title or abstract fields) in order to retrieve a high volume of references. Methodological filters developed for the retrieval of specific study designs will not be used.

A MEDLINE (PUBMED) search has been developed (see Appendix A) and will be translated for use in the other databases listed below. Also listed below are a set of websites of gateways that we intend to handsearch.

Database sources		Websites and gateways		
<ul style="list-style-type: none"> • PUBMED • CINAHL • Physical Education Index • PSYCINFO • ERIC • International Bibliography of the Social Sciences • SOCIAL SCIENCE CITATION INDEX • ZETOC (British Library database of journals and 	<ul style="list-style-type: none"> • ASSIA • BIBLIOMAP • British Library Integrated Catalogue • British Education Index • British Index to Theses • Child Data and Social Care Online (Social Policy and Practice) • EMBASE • ETHOS (UK theses) 	<ul style="list-style-type: none"> • Association for the Study of obesity • Barnardo's • Center for Obesity Research and Education • Child Health Library - obesity and adolescents • Children's Research Centre (Open University) • Clusty • EU Commission: Research 	<ul style="list-style-type: none"> • Public Health Conferences.org.uk • MINTEL reports • NHS National Library for Health • National Obesity Forum • OFCOM (Office of Communications) • Preventive medicine UK • The International Association for the Study of Obesity (IASO) 	<ul style="list-style-type: none"> • SCIRUS (science-specific search engine) • SPEEDY (Sport, Physical activity and Eating behaviour: Environmental Determinants in Young people) • World Advertising Research Centre

<p>conference abstracts)</p>	<ul style="list-style-type: none"> • SIGLE (System for Information on Grey Literature in Europe) • HealthPromis 	<ul style="list-style-type: none"> • European Congress of Obesity • ESRC • Girlguiding UK • Google • Google Scholar • International Obesity task force • International Physical Activity and the Environment Network 		
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Topic-relevant journals to be hand searched will include: Health Education; Health Education Research as these are not well indexed by the databases we plan to search. Members of the EPPI-Centre Steering Group will be asked to identify additional key journals for us to search by hand.

3.5 Screening studies for inclusion in the review

Inclusion and exclusion criteria (see Appendix B) will be applied successively to titles and abstracts. Full reports will be obtained for those studies that appear to meet the criteria or where there is insufficient information to be sure. The criteria will be piloted on a sample of studies before being applied. A sample of studies will be screened independently by two reviewers at several stages during the screening process, to identify potential differences in interpretation of the criteria and refine guidance for reviewers.

A second stage of screening may need to be undertaken if a large number of studies are found to meet the inclusion criteria listed above.

3.6 Describing and synthesising data from studies

Studies that fit the scope of the review will be described using a standardized classification system for health promotion and public health research (Peersman and Oliver, 1997). Codes cover study design (e.g. survey); the focus of the study (e.g. obesity, healthy eating, physical activity); the study population (e.g. sex, age group).

Additional codes will include those that further describe the study's focus (e.g. whether framed by the author around obesity and/or body weight/size/shape or another issue), the study population and sample (e.g. young people's weight status, socio-economic status, ethnicity), study type and method (e.g. questionnaire-based survey, individual interviews, focus groups), and the type of views sought (e.g. attitudes, intentions, experiences).

For an initial sample of studies, reviewers will work independently and then compare their decisions and come to a consensus. For the remaining studies, coding will be conducted by individual reviewers.

Simple frequency counts and cross-tabulations will be conducted where appropriate to describe these studies. If we find a large number of studies of young people's views, final decisions about which kinds of studies to synthesise will then be made in consultation with the Steering Group, on the basis of the results of this process of systematic description.

We will use a standard framework to further describe included studies in detail, appraise studies and collect data for the synthesis. This framework has been used in the EPPI-Centre reviews described above.

The tool that will be used for assessing study quality (see Rees et al, 2009) was developed by Harden (2007) and built upon work conducted in the EPPI-Centre reviews listed above. The tool uses eight criteria which cover: i) methods (the rigour of study sampling, data collection and analysis); ii) findings (the grounding/support of study findings by data and the breadth and depth of the findings themselves) and iii) the use of methods/approaches to privilege young people's views. To help assure the review's quality at this stage, pairs of reviewers will first work independently and will then compare their decisions before coming to a consensus. If necessary, a third reviewer will add their independent judgment.

Study findings will be synthesised thematically using methods developed in previous reviews (Thomas and Harden, 2007). Two reviewers will a) read and re-read study findings; b) apply codes to capture the content of data; and c) group and organise codes into higher order themes. These themes will be used to answer our review questions and to develop hypotheses about factors related to intervention effectiveness. Where possible, themes will be examined to see if they are found consistently across the time period covered by the synthesised studies, or are more prominent in earlier or later time periods.

3.7 The completed review

The final stage of writing the review will involve drawing up recommendations for policy, practice and future research.

There will be three products: a full technical report, an executive summary and a shorter evidence briefing which each aim to be useful and accessible to different kinds of audience:

- The **full technical report** will contain:
 - detailed background and methods of the study (including full search strategies);
 - detailed accounts of the synthesis; and
 - conclusions and implications.
- The **executive summary** will explain the purpose of the review, outline its methods and present its main messages.
- The **evidence briefing** will describe the purpose and findings of the review but without detailing the methods used.

All three reports will be downloadable from the EPPI-centre website and the full technical report will be available in hard copy. We will also use searchable web-page formats for people who access the website but do not want to download materials.

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5. Appendices

Appendix 1: Search strategy for MEDLINE (PubMed)

(("1997"[PDat] : "3000"[PDat]) AND (English[lang]))

AND

(child[mh] OR adolescent[mh] OR minors[mh] OR puberty[mh] OR child*[TIAB] OR schoolchild*[TIAB] OR Boy[TIAB] OR boys[TIAB] OR Girl[TIAB] OR girls[TIAB] OR Minors[TIAB] OR Prepubescen*[TIAB] OR preadolescent*[TIAB] OR adolescent*[TIAB] OR teen*[TIAB] OR (school[TIAB] AND student*[TIAB]) OR pupil*[TIAB] OR young people[TIAB] OR youth[TIAB] OR youths[TIAB] OR adolescence[tiab] OR pubert*[TIAB] OR Secondary school*[TIAB])

AND

(body composition[tiab] OR body dismorph*[tiab] OR Body Weight[MeSH Terms:noexp] OR Body Size[MeSH Terms:noexp] OR "body size"[TIAB] OR "body shape"[TIAB] OR "overweight"[TIAB] OR "thin"[TIAB] OR "thinness"[TIAB] OR "skinny"[TIAB] OR "body mass index"[mh] OR "overnutrition"[mh] OR "body image"[mh] OR "body image"[TIAB] OR "obese"[tiab] OR "obesogenic"[tiab] OR obesity[tiab] OR obesity[mh:noexp] OR (weight[TIAB] AND body[TIAB]) OR "body fatness"[TIAB] OR fatness[TIAB] OR "weight gain"[TIAB] OR "body weights"[TIAB] OR body weight changes[mh:noexp] OR weight gain[mh] OR Weight loss[mh:noexp] OR Emaciation[mh:noexp] OR Cachexia[mh:noexp] OR Overweight[mh:noexp] OR Obesity[mh:noexp] OR Thinness[mh] OR Ideal body weight[mh] OR Bulimia[tw] OR Anorexia[tw] OR Binge-eating[tw] OR Eating disorders[mh:noexp] OR Waist Circumference[mh] OR waist-hip ratio[mh] OR disordered eating[tiab] OR underweight[tiab] OR body composition[mh:noexp] OR eating disorder[tiab] OR eating disorders[tiab])

AND

((ethnolog*[tiab]) OR (stories[tiab]) OR (content analysis[tiab]) OR (ethnographic[tiab]) OR (audiorecording[tw]) OR (observational methods[tiab]) OR (participant observation[tiab]) OR (field notes[tiab]) OR "ethnopsychology"[mesh terms] OR "focus groups"[mesh terms] OR "interviews as topic"[mesh terms] OR "empirical research"[mesh terms] OR "emotions"[mesh terms] OR "awareness"[mesh terms] OR "comprehension"[mesh terms] OR "self concept"[mesh terms:noexp] OR "health knowledge, attitudes, practice"[mesh terms] OR "attitude"[mesh terms:noexp] OR

"attitude to health"[mesh terms:noexp] OR "focus groups"[mesh terms] OR "qualitative research"[mesh terms] OR experiences[tiab] OR experience [tiab] OR narratives[tiab] OR narrative[tiab] OR discourse[tiab] OR inter-personal[tiab] OR individual-level[tiab] OR repertory grid[tiab] OR self-worth[tiab] OR self-identification[tiab] OR pre-occupation[tiab] OR preoccupation[tiab] OR acceptability[tiab] OR worry[tiab] OR worries[tiab] OR feelings[tiab] OR dissatisfied[tiab] OR satisfied[tiab] OR ideal shape[tiab] OR over-concern[tiab] OR concerns[tiab] OR concern[tiab] OR prejudice[tiab] OR prejudices[tiab] OR process evaluations[tiab] OR process evaluation[tiab] OR emotions[tiab] OR ethnopsychology[tiab] OR focus groups[tiab] OR behavioral research[tiab] OR behavioural research[tiab] OR narration[tiab] OR satisfaction[tiab] OR dissatisfaction[tiab] OR meanings[tiab] OR meaning[tiab] OR perspectives[tiab] OR perspective[tiab] OR ideas[tiab] OR idea[tiab] OR concepts[tiab] OR concept[tiab] OR beliefs[tiab] OR belief[tiab] OR attitudes[tiab] OR attitude[tiab] OR perceived[tiab] OR perceives[tiab] OR perceive[tiab] OR perceptions[tiab] OR perception[tiab] OR views[tiab] OR view[tiab] OR qualitative[tiab] OR interviewed[tiab] OR interviewing[tiab] OR interviewer[tiab] OR interviews[tiab] OR interview[tiab] OR comprehension[tiab] OR attitudinal[tiab] OR outlook[tiab] OR in depth[tiab] OR case studies[tiab] OR case study[tiab] OR opinions[tiab] OR opinion[tiab] OR expectations[tiab] OR expectation[tiab] OR thoughts[tiab] OR narratives[tiab] OR standpoint[tiab] OR standpoints[tiab] OR viewpoints[tiab] OR viewpoint[tiab] OR (audio record[tiab] OR audio recorded[tiab] OR audio recorder[tiab] OR audio recording[tiab] OR audio recordings[tiab] OR audio records[tiab]) OR thematic analysis[tiab] OR phenomenol*[tiab] OR grounded theory[tiab] OR grounded studies[tiab] OR grounded research[tiab] OR purposive sampling[tiab] OR constant comparative[tiab] OR constant comparison[tiab] OR purposive sample[tiab] OR field study[tiab] OR field studies[tiab] OR field research[tiab] OR biographical method[tiab] OR theoretical sampl*[tiab] OR open-ended[tiab] OR "open ended"[tiab] OR "life world"[tiab] OR life-world[tiab] OR conversation analysis[tiab] OR conversation analyses[tiab] OR theoretical saturation[tiab] OR OR "thematic analyses"[tiab] OR anxiety[tiab] OR anxieties[tiab] OR anxious)

AND

*Northern Ireland[PL] OR (United Kingdom[PL]) OR (Britain[PL]) OR (Scotland[PL]) OR (Wales[PL]) OR (England[PL]) OR (great britain[MeSH Terms] OR (europe[MeSH Terms:noexp]) OR (Northern Ireland[MeSH Terms])) OR UK OR Scotland OR England OR Wales OR "Northern Ireland" OR Europe OR British OR Scottish OR Welsh OR International[tiab] OR U.K. OR "United Kingdom" OR European OR Britain OR "Channel Isles" OR "Channel Islands" OR English[tiab] OR Irish[tiab] OR "EU Member"[tiab] OR "district council" OR "local council" OR "local authorities" OR "NHS Trust" OR "primary care trust" OR "borough council" OR "county council"

* This set of terms has been developed to help identify only those studies conducted in the UK. It will be applied in selected databases only.

Appendix 2: Eligibility criteria for the systematic review

Studies will be included if they meet all of the following criteria:

1. Study focus must be on obesity, body size, shape or weight.
2. Study must aim to study people's views of obesity, body size, shape or weight (where 'views' are attitudes, perspectives, opinions, beliefs, feelings, understandings or experiences).
3. Study must use data collection methods that elicit young people's views in their own words using interviews, participant observation, or focus groups.
4. Study reports on individuals or groups aged between 11 and 18, or presents data separately for this age group, or on a group whose average age falls within this range.
5. Study must be published in 1997 or later.
6. Study includes participants in the UK.
7. Study must be primary research, in that data have been collected during that study through interaction with or observation of study participants (We will identify systematic reviews so as to identify primary research studies).
8. Study must be published in English.

But excluded if they meet any of the following criteria:

1. Study does not report its methods (fails to report both its data collection and its analysis methods).
2. If they are Masters-level theses.

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