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**Next Level Health: The Design, Implementation and  
Evaluation of a Programme to Empower Women Over Their Health**

A thesis presented in partial fulfilment of the  
requirements for the degree of

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in  
Health Sciences

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# Abstract

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New Zealand women often experience a narrow focus on weight or body size as a barrier to health. This dominant Western “weight-centred” discourse conflates health with weight and disempowers women from gaining control and autonomy over their health. This thesis aimed to design, implement and evaluate Next Level Health (NLH); a strengths-based programme founded on values of empowerment and holistic health. NLH aims to empower women over their health through incremental behaviour change within the context of their daily lives across six domains: physical activity, sleep, nutrition, eating behaviour, self-care and stress management.

Fifty-eight women, aged 18-40 years completed NLH. A mixed-methods convergent design guided the evaluation of women’s outcomes and programme implementation. Data were collected via a series of surveys and physical measures. The outcomes assessed were women’s health-promoting behaviours (HPBs), physical, mental and social health and participant perceived outcomes. Process evaluation comprised the programme’s reach, fidelity and participant satisfaction. The findings were then analysed and integrated to determine women’s empowerment over their health.

Collectively, the outcomes women experienced after NLH contributed to their empowerment by increasing their capacity for HPBs, adopting and experiencing a holistic health approach and enhancing their autonomy regarding their HPBs, health development and ability to generate a sense of success. Additionally, eight factors were identified that were key attributes of the programme that contributed to women’s empowerment or were vital for evaluating their success: (1) a small goals approach; (2) dialogue; (3) social support; (4) a multidisciplinary approach; (5) a strengths-based approach; (6) a weight-neutral approach, (7) assessment across multiple health dimensions and (8) a mixed-methods design for evaluation.

In sum, the findings suggest that NLH successfully empowered women to gain greater control over their health. NLH overcomes common shortcomings of dominant health interventions by using a positive, multidisciplinary and empowering approach to promote women's health that was adaptable to individual contexts, and exhibits potential for producing sustainable change. The current study contributes a novel programme and comprehensive evaluation providing evidence for a small, yet growing, body of empowerment research to promote women's health.

# Preface

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This thesis combines my passions for people and health.

I have always had an innate curiosity for others. Every person I've met has had something new to offer, widening my perspective of the world one conversation at a time. How do they see the world? Why? What makes them unique? How do we differ? How are we the same? And how can we connect? I think people are interesting because they are defined, yet adaptive, which makes for endless exploring. I've had the luxury of meeting and connecting with many people from different countries, climates, cultures and upbringings – and I know that it doesn't even begin to scratch the surface of the human experience. I drive conversation with questions and each interaction uncovers new insight as to how life can be viewed and experienced in a myriad of ways. The people in my life are certainly, what make it so rich.

Alongside this curiosity I hold of others, I am fascinated by health, and more specifically, its many facets. Through my academic career, I have toed many paths unravelling concepts in medicine, anthropology, nutrition and health promotion. Regardless of the path where I stood, I was never fully committed to one. I loved demystifying the expertise of the human body, discovering how it works through complex, integrative systems built on subtle anatomical intricacies. Yet, I am drawn to how our personalities, families, past experiences, locality, culture and genes influence what we experience as health; the presence of disease, our ability to cope, our self-belief, the behaviours that we repeat and the foods that we eat. All of these facets of health across disciplines and experiences ultimately intertwine, and that is what makes health fascinating. I enjoy using my knowledge of health combined with my experiences to understand the expertise of my own body and establishing what *my* version of “normal” is. Realising my own experience of health makes me wonder about how others experience *their* normal. I love this thesis because it merges both the complexities of people and health.

However, I live in a reality where the accepted normal for women is to dislike their bodies and/or obsess about being “fit and healthy.” Many women I know – my closest friends, family, colleagues – torture their minds and their bodies about not being good enough. The belief that health, beauty, success and everything else relies on the perfect body or the perfect self is a chronic, psychological burden that often gets in the way of our own health, beauty, success, the things that we love, our potential and one of the greatest pleasures in the world – food. I have been fortunate to live in the United States, Australia and New Zealand – all beautiful countries where I have met many wonderful people. However, even though these countries fall on opposite sides of the globe, the *weight* of women’s disempowerment is the same – begrudging others, not being or doing enough “something” and incessant feelings of failure. I, of course, am not separate from this experience. I work hard to subvert such thoughts that burrow into my mind and actively redirect my focus to the many positives. I have the upper hand in doing so, as I am fortunate to “align with body standards” and am surrounded by loved ones who remind me of all my positive traits, strengths and achievements, reinforcing the belief that I am good enough. Even still, I get inklings.

I am not alone in this battle of keeping my self-belief afloat. Women are constantly bucketing these thoughts out of their minds to stay above the surface, while others can’t help but let them pour in. Not everyone experiences positive reinforcement or aligns with what is accepted by society. Women need more tools other than restrictive dieting and stressful exercise to gain control over their health and their lives to realise their greater potential. This thesis seeks to help other women find *their* normal and realise that they are good enough and capable of making positive change, while simultaneously reminding myself that I am too.

# Thesis Aim and Research Objectives

## *Thesis Aim*

The principal aim of this thesis was to develop and explore how a multidisciplinary programme can empower women over their health in a Western sociocultural context.

## *Research Objectives*

In order to address this aim, this study sought to complete the three following objectives:

1. Develop an intervention to empower women over their health that encompasses physical, mental and social dimensions and is informed by existing research.
2. Implement the programme to a group of healthy New Zealand women and evaluate the impact of the intervention in terms of its outcomes and outcome sustainability for women's health-promoting behaviours, holistic health and participants' perceived outcomes.
3. Evaluate the impact of programme implementation in terms of its reach, fidelity and participant satisfaction.
4. Identify key factors of the programme that empowered women over their holistic health.

## **Organisation of the Thesis**

The first half of the thesis establishes the groundwork for the programme. Chapter One introduces the foundational research of the thesis problem and a review is conducted in Chapter Two to inform the development of a programme to empower women over their health. Following the review, Chapter Three reports on the development and implementation of Next Level Health (NLH) to a group of healthy NZ women. Then, Chapter Four details the methods employed to evaluate NLH, which involves the assessment of women's outcomes and of the programme's delivery (process evaluation). The last half of the thesis reports on and discusses the findings of the thesis. Chapter Five disseminates the results regarding women's outcomes after participating in NLH, which are then discussed in Chapter Six. Chapter Seven reports on the results from the process evaluation. Chapter Eight integrates and discusses the findings from the process evaluation with women's outcomes and proposes key programme attributes that were fundamental to empowering women over their health. The thesis ends with a brief conclusion and proposal for future research in Chapter Nine.

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A massive thank you to my family and friends who were the cornerstone throughout this journey. I feel incredibly lucky to say that I was always supported and never felt alone these past four years. Mom, Dad and Wes thank you for your love and shaping me into the person I am today. I miss you every single day. Thank you so much for supporting me to do my thesis overseas and putting up with the spotty Skype connections and the prolonged absences when times became intense. Also, thank you, Dad, and Auntie Krista, for sending me love in the mailbox on a regular basis.

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# Terminology

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The terms “women” and “participants” are used interchangeably to refer to the women who participated in the Next Level Health programme.

“Programme”, “intervention”, and “Next Level Health”, “NLH” are used interchangeably to describe the six-month health programme that the 60 women participated in for the current study.

“Health practice”, “behaviours” and “lifestyle behaviours” refer to women’s daily actions for their health and wellbeing.

“Lead investigator”, “researcher”, “mentor”, “facilitator” and “V.C.” refer to the author of the thesis, unless otherwise specified.

“Health”, “wellbeing” and “holistic health” denote the same concept, unless otherwise specified.



# Abbreviations

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The following list explains abbreviations and acronyms that commonly appear throughout the thesis.

ASDAH: Association for Size Diversity and Health

BMI: Body mass index

DHWS: Defining a Health Woman Survey

HPB: Health-promoting behaviour

NZ: New Zealand

MOH: Ministry of Health

MET: Metabolic equivalent

MVPA: Moderate- to vigorous-intensity physical activity

NLH: Next Level Health

NLHQ: Next Level Health Questionnaire

NZANS: New Zealand Adult Nutrition Survey

PSQI: Pittsburgh Sleep Quality Index

QCST: Queens College Step Test

RPAQ: Recent Physical Activity Questionnaire

WCHP: Weight-centred health paradigm

WHO: World Health Organization

WHR: Waist-to-hip ratio

