

Motivation of Participants in Healthy Weight Loss Workshops for Weight Maintenance

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Abstract

BACKGROUND: An individual's decision to maintain weight is not enough without a strong motivational reason. Reasons to improve health, change body image, increase self-confidence, feel good, be more active and have a social life help to focus and motivate a healthy lifestyle.

AIM: The aim of this study is to identify personal, social and environmental factors that influence the motivation to maintain a reduced weight among participants in healthy weight loss workshops.

METHODS: A quantitative, descriptive, non-experimental method of empirical research was used. The measurement instrument employed was a questionnaire that was completed by 160 participants of healthy weight loss workshops. For statistical analysis we used the binomial test to analyze whether the results matched the defined expectations and the Mann-Whitney U test to analyze the importance of individual factors in motivation for weight maintenance.

RESULTS: Healthy weight loss workshop facilitators found that weight loss and appearance improvement ($\bar{x} = 4.4$), desire for a changed, more beautiful body image ($\bar{x} = 4.3$), concern for well-being ($\bar{x} = 4.2$), concern for health and low self-esteem ($\bar{x} = 4.2$) were the most prevalent reasons for participation among workshop participants. They also note that there is a need for individualized weight loss maintenance plans ($p < 0.001$) and for the inclusion of additional content to motivate weight maintenance in healthy weight loss programs ($p < 0.001$).

CONCLUSION: Participants of healthy weight loss workshops are aware of the adoption of a healthy lifestyle for weight management and maintenance after the completion of healthy weight loss workshops, which is largely dependent on personal, social and environmental factors.

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Introduction

People who are overweight constantly ask themselves how to lose weight quickly and how to maintain a healthy weight. They try different diets and many weight loss methods, which are often ineffective. All too often, overfed and obese people turn to preparations that they can order online, from various supermarkets, buy on the street, from door-to-door sales or recommend to them by various acquaintances and friends. They also often resort to various 'cures', concoctions, teas and home-made preparations in the hope and desire to lose weight as quickly and efficiently as possible. It often happens that, although these people lose a few pounds for a short time, they gain them back very quickly or even gain a lot more than they originally lost. Competent professionals who, through systematic and planned education of overweight individuals, ensure a healthy lifestyle, the

abandonment of harmful habits and weight maintenance have an extremely important role to play in this.

The increase in obesity is undoubtedly deeply rooted in an environment that puts constant pressure on individuals to react quickly and efficiently, to live a largely sedentary life and to eat high-energy foods. Overnutrition is defined as a phenomenon in which body weight is greater than the normal weight for a given body height and sex. The extreme state of overnutrition is called obesity and is a chronic non-communicable disease that can be described as an increase in fat mass, the causes of which are very complex and stem from a combination of biological, psychological, behavioral, environmental and social factors.

Weight loss is an enormous effort for any individual, and maintaining weight loss is an even greater effort [1]. Few prevention programs in Slovenia

are based on recognized theoretical approaches and existing good practices (or effective components). The culture of evaluation of prevention programs in Slovenia is very underdeveloped, and it is particularly problematic that very few programs evaluate effects and outcomes in the long term. These are mainly evaluations of the satisfaction and likeability of the program by the target groups [2].

As Gupta [3] states, perceived self-body image, self-motivation and long-term experiences of stigma motivate and facilitate weight loss maintenance, while weather, work commitments, internal conflicts and family issues hinder this process in the long term. In addition to traditional ways of reducing calories, adopting practices such as portion control, looking at food labels, regular breakfast and increased water intake can help maintain weight loss in the long term. Self-motivation, motivation from family and friends, increased self-confidence, together with physical activity and a healthy diet, facilitate long-term weight maintenance and thus improve overall quality of life. The importance of family support during the weight loss program and the maintenance of the lost weight after the program is very valuable. However, there is a paucity of literature available on these concepts; the evidence can be further improved by conducting studies that focus on this theory. In addition, most studies [4], [5], [6], [7], [8], [9] have addressed factors associated with short-term weight loss maintenance, suggesting the need to focus on factors associated with long-term weight loss maintenance. In order to provide quality evidence in this area, there is a need to conduct such research to establish the causality between long-term weight loss maintenance and its determinants. There is a need to investigate the barriers and facilitators associated with long-term weight loss maintenance in adults.

Theoretical background

Today, the obesity crisis is one of the greatest public health challenges of the 21st century. Obesity at population level has increased dramatically in recent times and some people are unaware that they are overweight or obese. These people are not few. It is widely believed that not being aware that you are overweight is detrimental to weight management and long-term health. Self-awareness of being overweight is important. If a person is aware that they are overweight, this is actually associated with more favorable physical and mental health outcomes than if they are not. Self-perception of being overweight triggers concerns social rejection and the perpetuation of weight stigma, which in turn causes psychological distress and negatively affects health-promoting lifestyles [10].

The increasing prevalence of obesity has been recognized as a major public health problem by both the scientific community and the public, and there is growing scientific interest and understanding of the

causes and consequences of obesity. Understanding motivation for maintaining weight loss is particularly important in this context. From a review of the national and international professional and scientific literature and research conducted on similar topics, there is a variety of research focusing on overnutrition and obesity, health promotion and motivation to maintain weight loss [11], [12], [13], [14], [15], [16], [17], [18], [19], [20].

The prevalence of individuals who are overweight or obese is growing rapidly worldwide, with major implications for population health and health service costs [17], [21]. This growth is alarming because overweight and obesity lead to impaired physical function, reduced quality of life and increased risk of chronic diseases [22]. In addition, overweight and obesity are associated with increased mortality in young and middle-aged adults [18]. Overnutrition is defined as a phenomenon in which body weight at the expense of fat is greater than the normal weight for a given body height and sex. The extreme state of overnutrition is called obesity [23]. As in other developed countries, Slovenia is experiencing an increase in overweight and obesity [15]. A number of prevention programs in Slovenia will certainly help to slowly reduce the trend towards overnutrition and obesity.

Significant weight loss can be achieved through programs run in health promotion and health education centers across Slovenia. Intensive behavioral interventions focus on dietary changes, physical activity and behavioral strategies to achieve a 500-750 kcal/day energy deficit. Interventions are delivered by highly trained health professionals in individual or group sessions. It is very important to assess the individual's level of motivation, life circumstances and willingness to implement behavioral changes to achieve weight loss and weight maintenance, taking into account the health status of the program participant, before starting weight loss procedures and interventions.

The main activities of health professionals in health education programs are to raise awareness among overweight or obese individuals and those with weight gain that, in general, a higher body mass index increases the risk of diabetes, cardiovascular disease and all-cause mortality, and other adverse health and quality of life outcomes, and to assess the individual's readiness to engage in behavioral change for weight loss and to jointly set behavioral and weight loss goals and individualized intervention strategies. Strategies may include dietary changes, physical activity, behavioral counselling, pharmacological therapy, medical devices and metabolic surgery. The latter three strategies may be considered in carefully selected individuals as an adjunct to dietary changes, physical activity and behavioral counselling.

Health professionals should also evaluate systemic, structural and socio-economic factors that

may influence food choices, access to healthy food and eating patterns; behavioral patterns, neighborhood safety and availability of safe outdoor spaces for physical activity; environmental exposures; access to health care; social contexts, etc.

There is not much research available on motives for starting a weight loss experiment or on the impact of initial motivation on treatment outcomes. There is also little research on motivation for weight maintenance. Even taking into account that some people may not openly admit that improving body image (appearance) is a central motive for weight loss, findings [24] suggest that a significant number of individuals trying to lose weight have partially internalized pressure forces and social constraints that make thinness more valued. Striving for social acceptance and status through physical appearance or relying on motives related to the protection of self-worth and self-esteem (e.g. avoiding social discrimination) are unlikely to promote autonomous forms of motivation. A problem that may pervade weight control relates to the initial motivation for weight loss by overweight and obese individuals. The current environment seems to promote healthy weight and physical appearance in general. Not only can implicit social messages lead people, especially women, to believe that thinness and attractiveness will automatically bring happiness and well-being, but obese people are also discriminated against in critical areas of life, such as employment opportunities and health care [25].

Experts who run healthy weight loss workshops often use motivational interviews to help them. Motivational interviewing is a counselling approach to behavior change [26]. It is very suitable for those who are not motivated to change, as it focuses on building motivation for and reducing resistance to behavior change. The interpersonal contact and the behavior of the practitioner are central to motivational interviewing [27]. Few approaches are explicit about the importance and impact of the style of relationships in which interventions are delivered, particularly for those who are not motivated to engage in health behavior. Specific relational motivational interviewing techniques that may be useful when working with those who are less motivated to change include: reframing, overstepping, approaching, shifting focus and emphasizing autonomy. Content-related techniques that could be adopted are those that seek to elicit 'change talk' (arguments for change) and reduce 'maintenance talk' (the person's arguments for not changing). These techniques include 'running preference', 'looking ahead' and 'exploring values'. The "running advantage" is used to elicit motivational talk from the participant by having the counsellor first ask open-ended questions to explore the strengths of the status quo in order to then ask about the weaknesses of the status quo. The participant is also asked about the disadvantages of change, followed by the advantages of changing her behavior. 'Looking to the

future' is a strategy for generating motivation with a counsellor that encourages the client to imagine two possible futures and is considered very useful in a physical activity intervention [28]. Focusing on ideals can help to reduce clients' defensiveness and stimulate motivation to change by shifting the focus away from a 'bad' behavior or lifestyle towards a more satisfying lifestyle that can be pursued and enjoyed.

Motivating people who are reluctant to adopt healthy behaviors is an important challenge for public health providers. Although progress has been made in activities to increase individuals' motivation to engage in health-related behaviors, knowledge gaps exist. In particular, there are relatively few effective strategies to promote behavior change in individuals with little or no motivation to change [29]. As there are large differences between people, the development of motivational theories has taken different directions, and they differ from each other. It is precisely because of people's different values, preferences and personality traits that it is impossible to say which theory is best.

Most social psychological theories applied to health behavior change typically assume some degree of motivation to change and focus on attempts to promote action by translating motivation into action [28]. Approaches such as goal setting [30], self-monitoring [31], action planning [32] and implementation intentions [33, 34] focus on harnessing motivation and promoting action in those who are likely to be already motivated to change. As a result, such approaches rely heavily on individuals having some motivation to change, even if they are not actually engaged in the behavior. A large number of individuals are not motivated to engage in health-promoting behavior and are usually the most at risk. Although theories define low motivation as a condition, they do not provide complete explanations and underlying reasons for the absence of motivation, nor do they suggest comprehensive strategies that could engage these hard-to-reach individuals [28].

Current theoretical perspectives on behavior change describe in sufficient detail how to approach individuals with low motivation to engage in health behavior. For individuals who are not motivated to engage in health-promoting behaviors, strategies include targeting self-efficacy, outcome expectancies, effort and value beliefs; motivational interviewing techniques, including strategies such as start preference, looking ahead and exploring values, and recommending their use in health behavior activities that target those who are not motivated to change [28]. Environmental factors also play a key role in promoting health behavior change among the unmotivated. It is important to note that these strategies can help to increase motivation among individuals to initiate health-related behaviors. Increasing motivation is an important first step among the a motivated. Additional strategies may be needed to help implement the behavior, such as long-term weight maintenance and self-monitoring [35]. Following Elfhag and Rössner [5], weight loss is

difficult to achieve and weight maintenance is even more challenging. Identifying the factors associated with weight loss maintenance can improve our understanding of the behaviors and conditions that are key to maintaining a reduced weight. A study was conducted and the literature reviewed on factors associated with weight loss, maintenance and weight gain. They used a definition of weight maintenance as deliberate weight loss that was then maintained for at least 6 months. They found that successful weight maintenance was associated with greater initial weight loss, achieving a self-defined target weight, a physically active lifestyle, a regular meal rhythm including breakfast and a healthier diet, control of binge eating and self-control of behavior. They suggest that weight maintenance is further associated with intrinsic motivation for weight loss, social support, better coping strategies and ability to manage life stress, self-efficacy, autonomy, taking responsibility in life and overall greater psychological strength and stability. Factors that may pose a risk for weight regain include physical inactivity, prohibited unhealthy eating, overeating, hunger, eating in response to negative emotions and stress, and passive reactions to problems. Teixeira, Silva and Mata [36] investigated motivation and self-regulation in the context of weight management and related behaviors. They focused on the role of a qualitative approach of motivation, not only in terms of the level but also the type of motivation, in weight management and related behaviors. They critically discuss the operationalization of motivation in current weight management programs, present a complementary approach to understanding motivation based on self-determination theory and review empirical findings from weight management studies that have applied self-determination theories and assessed their association with weight outcomes. Globally, the prevalence of overweight and obesity is a major public health problem, reflecting a general lack of success in achieving and maintaining a healthy weight. There are many factors that affect the ability of obese people to lose weight and maintain a healthy weight [37].

Most previous studies focusing on weight loss have shown that there are differences between weight loss and body composition, age, occupation and socio-economic status. American studies have shown that there is a significant difference between age group and the percentage of excess BMI loss, and better weight loss outcomes and a reduction in complications have been observed in younger patients [38]. Other factors influencing weight loss are health factors, as well as important psychological factors, which are considered to be important effective factors in weight loss and weight maintenance. The last factors are nutritional and behavioral. There are a large number of nutritional programs available on various websites. Many of these diet programs are based on scientific evidence on weight loss. However, qualitative research shows that successful diets depend on personal understanding of food intake (quality and quantity), emotional challenges

and environment. The factors that lead to obesity vary according to the individual's condition and the surrounding environment. Behavior change may represent an important advance in obesity treatment, as groups that lost weight through behavior change reported greater weight loss than other groups, so it is important to consider behavior change in obesity treatment [37]. Whenever an individual embarks on a weight loss program, it is clear that they will have specific weight loss goals in mind, whether it is to improve appearance, for health, for fitness or to please others. Self-determination theory distinguishes between the content of goals or desires (e.g. social connectedness, personal growth, fame and fortune, physical attractiveness) and various regulatory reasons (to fit in, to maintain self-esteem, to have fun) in these behavioral pursuits, which are linked to more extrinsic goals, for example, projecting an attractive image, are typically burdened by more controllable reasons. In contrast, more intrinsic goals (e.g. health, belonging, personal growth) are typically directly related to the satisfaction of basic psychological needs and are usually governed by more autonomous forms of motivation in self-determination [24]. According to the theory, the concept of autonomy is central to understanding goal pursuit. Autonomy (or self-determination) is understood as an innate and universal human psychological need, along with the needs for competence (efficacy) and relatedness (belonging) with others. A sense of autonomy and volition in one's efforts, a sense of efficacy and optimal challenge, and a sense of meaningful connectedness to others are considered intrinsic values and are essential for well-being and behavioral persistence [36].

The personal factors that influence motivation to lose weight vary widely between individuals, as confirmed by certain studies. A study conducted by Trujillo-Garrido and Santi-Cano [39] shows low levels of motivation for weight loss and weight maintenance among patients diagnosed with obesity. They also state that they do not seem to have received the necessary support from health professionals, given the low number of prescribed behavior change sessions and the fact that the most frequently mentioned barrier to weight loss was "no prescribed diet". Overall, 67.5% of patients reported that they did not have sufficient motivation to stick to the weight loss program and 20.5% did not believe that they needed to lose weight.

There is some evidence to suggest that there are age-related differences in motivation for weight loss and related behaviors. Specific motivations have been found to wax and wane over the life course; for example, adults aged 45 years and older reported stronger motivation to exercise [40]. Similarly, motivation to exercise to reduce stress has been found to increase over the life course, while motivation to exercise to socialize with friends decreases [41]. Motivational differences also emerged in a sample of adults who had lost weight and maintained this weight

loss for at least 1 year. The researchers found that young adults were more likely than older adults to report appearance and social pressure, and less likely to report health concerns as motivating factors for their initial decision to lose weight. This suggests that the desire to improve appearance as a motivating factor for weight loss, as well as body dissatisfaction, is a particularly important reason for weight loss treatment among those who are overweight/obese. This is potentially worrying. Proximal and extrinsic motivations (e.g. appearance, social concerns) may strongly influence the decision to engage in healthy lifestyle activities but are unlikely to be sufficient to promote long-term participation and maintenance of weight loss. Therefore, more work is needed to determine the best methods to improve intrinsic motivation and distal aspects (e.g. health) associated with weight loss for this population. The use of motivational interviewing techniques and the provision of normative feedback may be particularly useful.

Evidence on social and environmental factors contributing to obesity is often under-exposed. The prevalence of obesity is strongly associated with gender, racial ethnic identity and socio-economic status, creating complex relationships between each of these characteristics. Food availability remains an important factor associated with obesity, which is linked to differences in prevalence between geographical areas and higher rates of obesity in individuals with low socioeconomic status [42]. Social support has emerged as an important factor in weight maintenance. Individuals who receive encouragement and support from friends, or participate in support groups, have better weight maintenance outcomes [5]. With regard to family support, analyses show mixed results. In some cases, support from a partner has made a significant contribution to maintaining a reduced weight, while in other cases, weight maintenance is more successful when the individual carries it out alone. Professional support has also been shown to contribute positively to weight maintenance [6]. Social marketing communication also has an important role to play in promoting behaviors that are in line with health recommendations. Sarlio-Lahteenkorva, Rissanen and Kaprio [43] suggest that deprived groups of people are less likely to maintain a reduced weight in the long term, and that a number of social and economic problems starting early in an individual's life can increase the likelihood of that individual becoming obese later in life. They found that after losing excess weight, the task of creating a comprehensible performance that reconstructs the individual's thick past and simultaneously gives acceptable meaning to the new renewed body and changed lifestyle becomes particularly problematic. Part of this dilemma is probably the problematic nature of obesity. Obesity is 'an unwanted and stigmatized phenomenon in modern societies, to which even very young children have a negative attitude, negatively evaluating not only the appearance but also the character of the obese individual'. If obesity is seen as a problem of individual

character, it is very likely that feelings of belonging to a stigmatized group do not disappear after weight loss, and must be addressed appropriately if the results of weight loss are to be sustained in the long term.

Pearson [44] described goal-setting components used for diet and physical activity-specific behavior change in community-based activities targeting overweight and obese adults. Goal setting shows promise as a tool that health professionals and researchers can incorporate into weight reduction programs. It says that people need regular support and positive feedback to stay motivated to maintain their weight.

The view of an individual's behavior in relation to maintaining a reduced weight should include not only the individual's personal characteristics, but also environmental opportunities. This includes the direct influence of friends, family and the local community, and the indirect influence of social norms, economic conditions and cultural norms [45]. Environmental factors influencing motivation to maintain weight loss include advertisements for snacks, foods and beverages with very high energy content, extremely attractive appearance, and low prices, which encourage consumption and are pitfalls for weight loss maintenance. Serrano-Fuentes, Rogers and Portillo [46] and Shand, Crozier, Vassilev et al. [47] have conducted research that departs from the traditional understanding and sought to understand how and why certain social relationships affect the everyday health of adults with obesity. More specifically, their results shed light on the contingent and multifaceted ways in which networks can influence obesity-related practices in adults related to diet, physical activity and alcohol consumption. The results show that relationships with close family members were the most important for participants. The potential influence of family is not new, but the research adds to existing evidence by identifying and describing positive and negative interactions over time, starting in childhood and continuing through daily routines today.

Losing weight is definitely easier when there is support from others, especially in a community of people with similar goals (healthy weight loss workshops). Getting together with friends or family members who also want to lose weight can help you stay motivated. For example, a small 2014 study found that social support and weekly accountability meetings were key for study participants to achieve weight loss and weight maintenance goals [48].

Methods

The questionnaire was developed for our study based on a review of national and international literature and on existing research on similar topics [14], [16], [19], [49], [50]. The questionnaire includes demographic data, two questions on motivation to

participate in healthy weight loss workshops, three sets of statements and questions on factors that inhibit motivation for weight maintenance. The first set of statements refers to personal factors influencing motivation for weight maintenance, the second set of statements refers to social factors influencing motivation for weight maintenance, and the third set of statements refers to environmental factors influencing motivation for weight maintenance. The fourth set of statements in the questionnaire refers to inhibiting factors for motivation to maintain weight. Respondents' views were assessed on a Likert-type rating scale, where 1 means strongly disagree, 2 means disagree, 3 means can't say, 4 means agree and 5 means strongly agree. Inhibiting factors for motivation to maintain weight were rated on a Likert-type scale where 1 is a very important factor, 2 an important factor, 3 a moderately important factor, 4 an unimportant factor and 5 a completely unimportant factor. Data were coded and analyzed using Microsoft Office Excel and IBM SPSS Statistics 28.0 software. The reliability of the questionnaire is shown in Table 1.

Table 1: Reliability of the questionnaire by strand for DZH participants

File	Number of claims	Cronbach alpha coefficient
Personal factors motivating weight maintenance	16	0.814
Social factors motivating weight maintenance	10	0.808
Environmental factors motivating weight maintenance	9	0.835
Inhibiting factors of motivation for weight maintenance	11	0.922

The aim of the study is to identify the personal, social and environmental factors that influence the motivation to maintain a reduced weight of people participating in healthy weight loss workshops. We formulated the following hypotheses:

H1: Participants in healthy weight loss workshops rated personal factors as statistically more important than social and environmental factors in motivating them to maintain their weight.

H2: There are statistically significant differences between men and women in the importance of personal factors in motivating weight maintenance.

H3: There are statistically significant differences between participants of different ages in healthy weight loss workshops in their ratings of the importance of personal factors in motivating weight maintenance.

H4: Lack of time to prepare a healthy diet is statistically the most important inhibiting factor for motivation to maintain weight.

The sample population consists of participants in healthy weight loss workshops in health education centers in the Republic of Slovenia (Table 2).

Table 2: Participants in healthy weight loss workshops

	n=160	%
Gender		
Women's	118	73.8
Men	42	26.3
Age in years		
20 to 30	4	2.5
31 to 40	11	6.9
41 to 50	37	23.1
51 to 60	62	38.8
61 or more	46	28.8
Education		
Primary school	11	6.9
Secondary school	79	49.4
Higher education	60	37.5
Master's degree	9	5.6
Doctorate of Science	1	0.6

Source: 2023 questionnaire

The survey included 160 participants, of whom 118 were women (118; 73.8%) and 42 were men (42; 26.3%). The largest number of respondents were in the 51-60 age group (62; 38.8%). 46 respondents (28.8%) were aged 61 and over, 37 respondents (23.1%) were in the 41-50 age group, 11 respondents (6.9%) were in the 31-40 age group and 4 respondents (2.5%) were in the 20-30 age group. 79 respondents (49.4%) had completed secondary education, 60 respondents (37.5%) had completed tertiary education, 11 respondents (6.9%) had completed primary school and 1 respondent (0.6%) had a PhD.

The study was conducted in accordance with the principles of the Declaration of Helsinki-Tokyo on Biomedical Research on Human Subjects, the provisions of the Council of Europe Convention (Oviedo Convention) and the principles of the Code of Ethics in Nursing and Health Care of Slovenia (2014).

Results

Table 3 shows the results on the importance of personal factors in motivation for weight maintenance.

Table 3: Personal factors motivating weight maintenance

	PV (SO)	M (MR)
My doctor's advice, more than that of the nurses, encourages me to keep my weight down.	2.8 (1.1)	3.0 (2.0-4.0)
Difficulties with personal hygiene are motivating factors for maintaining a reduced weight.	3.4 (1.1)	4.0 (3.0-4.0)
Difficulties in clothing choice are motivating factors for maintaining a reduced weight.	3.9 (0.9)	4.0 (4.0-4.0)
Low self-esteem is my motivating factor for maintaining a reduced weight.	4.0 (0.9)	4.0 (4.0-5.0)
The desire for a changed, more beautiful body image is my motivating factor for maintaining a reduced weight.	4.3 (0.7)	4.0 (4.0-5.0)
Taking care of my health is my personal weight maintenance factor.	4.2 (0.7)	4.0 (4.0-5.0)
Well-being is my intrinsic motive in maintaining my weight.	4.3 (0.7)	4.0 (4.0-5.0)
The target weight achieved is my personal factor for maintaining it.	4.1 (0.7)	4.0 (4.0-4.8)
My physical activity makes a big difference to my weight maintenance.	4.4 (0.7)	4.0 (4.0-5.0)
I have a steady, regular eating rhythm, including eating breakfast.	3.7 (0.8)	4.0 (3.0-4.0)
Self-management of my weight has become a way of life.	3.8 (0.7)	4.0 (3.0-4.0)
Self-restraint in eating has become a way of life for me.	3.8 (0.7)	4.0 (3.0-4.0)
Taking care of my appearance is my guiding principle in maintaining my weight.	4.1 (0.7)	4.0 (4.0-4.0)
To maintain my weight, I need determination and patience.	4.5 (0.6)	5.0 (4.0-5.0)
Maintaining my weight helps my personal satisfaction.	4.5 (0.6)	5.0 (4.0-5.0)
I maintain my weight by planning realistic goals.	4.2 (0.6)	4.0 (4.0-5.0)

PV: mean, SO: standard deviation, M: median, MR: interquartile range. Scale: 1 - strongly disagree, 2 - disagree, 3 - can't say, 4 - agree, 5 - strongly agree

According to the median and mean values, the subjects expressed the most important personal factors as determination and patience ($\bar{x} = 4.5$) and personal

satisfaction o ($\bar{x} = 4.5$). For both factors, the median was 5, which means that more than half of the subjects expressed maximum importance.

Table 4 shows the results on the importance of social factors in motivation for weight maintenance.

Table 4: Social factors for motivation of weight maintenance

	PV (SO)	M (MR)
My family encourages me to change my eating habits.	3.7 (0.8)	4.0 (3.0-4.0)
Changing my family's eating patterns allows me to maintain my weight.	3.6 (0.9)	4.0 (3.0-4.0)
My family members encourage me to exercise.	3.7 (0.8)	4.0 (3.0-4.0)
My friends encourage me to exercise .	3.4 (0.8)	3.0 (3.0-4.0)
My partner encourages me to maintain my weight.	3.7 (0.8)	4.0 (3.0-4.0)
I find it easy to give up unhealthy food at social gatherings.	3.5 (0.9)	4.0 (3.0-4.0)
In social gatherings, we discuss motivation for weight maintenance.	2.8 (1.0)	3.0 (2.0-3.0)
Compliments from family and friends about my appearance encourage me to maintain my weight.	4.3 (0.7)	4.0 (4.0-5.0)
Keeping in touch with the Healthy Weight Loss Workshop group would help to maintain the weight lost.	4.4 (0.8)	4.5 (4.0-5.0)
Personal contact and advice from DZH experts every three months over a longer period would help me a lot to stay motivated to maintain my weight.	4.6 (0.7)	5.0 (4.0-5.0)

PV: mean, SO: standard deviation, M: median, MR: interquartile range. Scale: 1 - strongly disagree, 2 - disagree, 3 - can't say, 4 - agree, 5 - strongly agree.

Considering the median and mean values, subjects expressed that the most important social factor was personal contact and advice from experts from healthy weight loss workshops every 3 months over a long period ($\bar{x} = 4.6$). For this factor, the median value was 5, which means that more than half of the subjects expressed maximum importance. This is followed by the factor keeping in touch with the group from the healthy weight loss workshop ($\bar{x} = 4.4$).

Table 5 shows the results on the importance of environmental factors in motivation for weight maintenance.

Table 5: Environmental factors motivating weight maintenance

	PV (SO)	M (MR)
Access to health advice in the local area influences motivation to maintain weight.	4.2 (0.8)	4.0 (4.0-5.0)
Access to healthy lifestyle programmes in the community plays an important role in motivation to maintain weight.	4.3 (0.7)	4.0 (4.0-5.0)
The greater availability of unhealthy food than healthy food in the local environment is a threatening factor for the motivation to maintain weight.	3.6 (1.2)	4.0 (3.0-4.0)
High prices for healthy food affect motivation to maintain weight.	3.6 (1.1)	4.0 (3.0-4.0)
The lack of accessible and safe walking paths in the local area affects motivation to maintain weight.	2.9 (1.1)	3.0 (2.0-4.0)
The weather often makes outdoor activities difficult: - hot and dry in summer, rainy in winter, which reduces motivation to maintain weight.	3.2 (1.1)	4.0 (2.0-4.0)
Too frequent use of lifts and escalators affects motivation to maintain weight.	3.6 (1.1)	4.0 (3.0-4.0)
Too little time spent outdoors affects motivation to maintain weight.	3.9 (0.8)	4.0 (4.0-4.0)
There are too few suitable places for physical activity in the local community.	3.0 (1.2)	3.0 (2.0-4.0)

Considering the median and mean values, the most important factor expressed by the subjects was access to healthy lifestyle programs in the community ($\bar{x} = 4.3$). For this factor, the median was 5, meaning that more than half of the subjects expressed maximum importance. This is followed by the factor of accessibility to health advice in the local area ($\bar{x} = 4.2$).

The Mann-Whitney U test was used to compare all personal factors with social and environmental factors. The results shown in Table 6 show a number of statistically significant differences in

the importance of each factor. Green means that the personal factor was statistically significantly more important than the social or environmental factor, while orange means the opposite. The yellow color indicates the factors that the subjects expressed as most important.

Table 6: Importance of personal factors in relation to social and environmental factors

	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10	P11	P12	P13	P14	P15	P16
S1	**	*		**	**	**	**	**	**			**	**	**	**	**
S2	**	*	**	**	**	**	**	**	**		**	*	**	**	**	**
S3	**	*	**	**	**	**	**	**	**			**	**	**	**	**
S4	**	*	**	**	**	**	**	**	**	**	**	**	**	**	**	**
S5	**	*	**	**	**	**	**	**	**			**	**	**	**	**
S6	**	*	**	**	**	**	**	**	**		**	*	**	**	**	**
S7	**	*	**	**	**	**	**	**	**	**	**	**	**	**	**	**
S8	**	**	**	**			**	**	**	**	**	**	**	*	*	*
S9	**	**	**	**	*	*	**	**	**	**	**	**	**	*	*	*
S10	**	**	**	**	**	**	**	**	**	**	**	**	**	*	*	*
O1	**	**	**	**			*	**	**	**	**	**	*	**	*	*
O2	**	**	**	**			**	**	**	**	**	**	*	**	*	*
O3	**	*	**	**	**	**	**	**	**			**	**	**	**	**
O4	**	*	**	**	**	**	**	**	**			**	**	**	**	**
O5	**	*	**	**	**	**	**	**	**	**	**	**	**	**	**	**
O6	**	*	**	**	**	**	**	**	**	**	**	**	**	**	**	**
O7	**	*	**	**	**	**	**	**	**	**	**	**	**	**	**	**
O8	**	**	*	**	**	**	**	**	**	*	*	*	**	**	**	**
O9	**	*	**	**	**	**	**	**	**	**	**	**	**	**	**	**

* p<0.05, ** p<0.001 (Mann-Whitney U test).

Three hundred and four (304) statistical comparisons were made. Personal factors were found to be more important in 177 (58.2%) of the comparisons, social or environmental factors were found to be more important in 74 (24.3%) of the comparisons, and there was no statistically significant difference in the remaining 53 (17.4%) comparisons. Personal factors were shown to be of central importance in most cases, but we also identified important social and environmental factors as important motivators for weight maintenance. According to the participants of the healthy weight loss workshops, personal factors are statistically more important than social and environmental factors in motivating weight maintenance. Hypothesis 1 is confirmed.

Next, we wanted to know whether gender and age influence the importance of personal factors in motivating weight maintenance.

Gender emerged as a significant predictor for only three of the 16 personal factors. Female participants expressed statistically significantly higher agreement that motivation for weight maintenance is influenced by difficulties in clothing choice ($p = 0.041$), desire for a changed, more beautiful body image ($p = 0.034$), and personal satisfaction ($p = 0.016$). Hypothesis 2 cannot be supported, as statistically significant differences between men and women in the importance ratings of personal factors are found for only three of the personal factors.

Age was also found to be a significant predictor for only three personal factors. The youngest subjects expressed statistically significantly higher agreement that difficulties in clothing choice influence motivation for weight maintenance. In contrast, older subjects expressed higher agreement that health concerns ($p =$

0.022) and well-being concerns (p = 0.015) influence motivation for weight maintenance. Hypothesis 3 cannot be confirmed, as statistically significant differences emerge between subjects of different ages in assessing the importance of personal factors for only three personal factors.

Table 7: Influence of gender and age on the importance of personal factors in motivating weight maintenance

	Forecast	SE	95% IZ for forecast	p		
My doctor's advice, more than that of the nurses, encourages me to keep my weight down.	Gender					
	Women's	0.22	0.33	-0.43	0.87	0.512
	Men	Reference				
	Age					
	41-50 years	-0.62	0.55	-1.70	0.46	0.258
	51-60 years	-0.91	0.52	-1.93	0.12	0.082
	61 years or older	-0.58	0.55	-1.65	0.50	0.296
	Up to 40 years	Reference				
Difficulties with personal hygiene are motivating factors for maintaining a reduced weight.	Gender					
	Women's	-0.24	0.35	-0.93	0.45	0.494
	Men	Reference				
	Age					
	41-50 years	-0.06	0.58	-1.19	1.07	0.917
	51-60 years	0.36	0.55	-0.71	1.44	0.505
	61 years or older	0.19	0.58	-0.94	1.32	0.741
	Up to 40 years	Reference				
Difficulties in clothing choice are motivating factors for maintaining a reduced weight.	Gender					
	Women's	0.75	0.37	0.03	1.47	0.041
	Men	Reference				
	Age					
	41-50 years	-1.32	0.62	-2.53	-0.11	0.032
	51-60 years	-1.23	0.58	-2.37	-0.09	0.035
	61 years or older	-0.74	0.61	-1.94	0.45	0.224
	Up to 40 years	Reference				
Low self-esteem is my motivating factor for maintaining a reduced weight.	Gender					
	Women's	0.35	0.36	-0.35	1.06	0.329
	Men	Reference				
	Age					
	41-50 years	-0.70	0.60	-1.87	0.47	0.243
	51-60 years	-0.84	0.57	-1.95	0.27	0.138
	61 years or older	-0.81	0.60	-1.98	0.37	0.177
	Up to 40 years	Reference				
The desire for a changed, more beautiful body image is my motivating factor for maintaining a reduced weight.	Gender					
	Women's	0.89	0.42	0.07	1.71	0.034
	Men	Reference				
	Age					
	41-50 years	-1.07	0.64	-2.32	0.17	0.092
	51-60 years	-0.42	0.59	-1.57	0.73	0.476
	61 years or older	-1.09	0.64	-2.35	0.16	0.087
	Up to 40 years	Reference				
Taking care of my health is my personal weight maintenance factor.	Gender					
	Women's	-0.17	0.36	-0.88	0.54	0.632
	Men	Reference				
	Age					
	41-50 years	0.34	0.59	-0.82	1.50	0.565
	51-60 years	1.31	0.57	0.19	2.42	0.022
	61 years or older	2.20	0.62	0.98	3.42	<0.001
	Up to 40 years	Reference				
Well-being is my intrinsic motive in maintaining my weight.	Gender					
	Women's	0.05	0.37	-0.68	0.78	0.890
	Men	Reference				
	Age					
	41-50 years	0.47	0.65	-0.79	1.74	0.464
	51-60 years	0.99	0.61	-0.21	2.19	0.106
	61 years or older	1.58	0.65	0.31	2.86	0.015
	Up to 40 years	Reference				
The target weight achieved is my personal factor for maintaining it.	Gender					
	Women's	0.26	0.38	-0.48	1.01	0.491
	Men	Reference				
	Age					
	41-50 years	-0.12	0.62	-1.34	1.10	0.847
	51-60 years	-0.48	0.59	-1.64	0.68	0.413
	61 years or older	0.39	0.62	-0.83	1.61	0.528
	Up to 40 years	Reference				
My physical activity makes a big difference to my weight maintenance.	Gender					
	Women's	0.66	0.36	-0.05	1.37	0.067
	Men	Reference				
	Age					
	41-50 years	0.68	0.60	-0.50	1.86	0.258
	51-60 years	0.37	0.56	-0.73	1.48	0.509
	61 years or older	0.88	0.60	-0.30	2.07	0.143
	Up to 40 years	Reference				
I have a steady, regular eating rhythm, including eating breakfast.	Gender					
	Women's	0.11	0.36	-0.59	0.81	0.752
	Men	Reference				
	Age					
	41-50 years	-0.53	0.61	-1.72	0.66	0.380
	51-60 years	-0.49	0.57	-1.61	0.63	0.394
	61 years or older	0.31	0.61	-0.88	1.49	0.613
	Up to 40 years	Reference				

Self-management of my weight has become a way of life.	Gender					
	Women's	0.39	0.37	-0.33	1.11	0.293
	Men	Reference				
	Age					
	41-50 years	-0.52	0.62	-1.74	0.70	0.400
	51-60 years	-0.35	0.59	-1.50	0.80	0.548
	61 years or older	0.35	0.62	-0.87	1.57	0.570
	Up to 40 years	Reference				
Self-restraint in eating has become a way of life for me.	Gender					
	Women's	0.32	0.37	-0.41	1.05	0.385
	Men	Reference				
	Age					
	41-50 years	-0.18	0.63	-1.41	1.05	0.775
	51-60 years	-0.22	0.59	-1.37	0.94	0.711
	61 years or older	0.66	0.63	-0.56	1.89	0.288
	Up to 40 years	Reference				
Taking care of my appearance is my guiding principle in maintaining my weight.	Gender					
	Women's	0.32	0.40	-0.45	1.10	0.416
	Men	Reference				
	Age					
	41-50 years	-0.07	0.64	-1.31	1.18	0.918
	51-60 years	-0.29	0.60	-1.48	0.89	0.626
	61 years or older	-0.25	0.64	-1.51	1.00	0.692
	Up to 40 years	Reference				
To maintain my weight, I need determination and patience.	Gender					
	Women's	0.58	0.38	-0.16	1.32	0.124
	Men	Reference				
	Age					
	41-50 years	-1.24	0.72	-2.65	0.17	0.085
	51-60 years	-0.74	0.70	-2.10	0.63	0.290
	61 years or older	-1.37	0.72	-2.79	0.05	0.058
	Up to 40 years	Reference				
Maintaining my weight helps my personal satisfaction.	Gender					
	Women's	0.90	0.37	0.17	1.63	0.016
	Men	Reference				
	Age					
	41-50 years	-0.82	0.64	-2.08	0.43	0.198
	51-60 years	-0.35	0.61	-1.54	0.85	0.569
	61 years or older	-0.64	0.64	-1.89	0.61	0.316
	Up to 40 years	Reference				
I maintain my weight by planning realistic goals.	Gender					
	Women's	0.54	0.38	-0.21	1.29	0.160
	Men	Reference				
	Age					
	41-50 years	-0.11	0.62	-1.31	1.10	0.864
	51-60 years	-0.30	0.58	-1.44	0.85	0.611
	61 years or older	-0.06	0.62	-1.26	1.15	0.928
	Up to 40 years	Reference				

SE: standard error, 95% CI: 95% confidence interval.

We also wanted to know whether lack of time to prepare for a healthy diet is a statistically significant disincentive to motivate weight maintenance. Table 8 shows the results on the importance of disincentives for motivation to maintain weight.

Table 8: Factors that inhibit motivation for weight maintenance

Factors	PV (SO)	M (MR)	p*
Easy accessibility, variety and tastiness of food.	2.0 (1.0)	2.0 (1.0-3.0)	0.038
Advertising of snacks, foods and drinks with very high energy content.	2.2 (1.2)	2.0 (1.0-3.0)	0.484
Lack of time to prepare a healthy diet.	2.2 (1.0)	2.0 (1.0-3.0)	
Sedentary behaviour.	1.9 (0.9)	2.0 (1.0-2.0)	0.005
Weight fluctuations.	2.0 (0.8)	2.0 (1.0-2.0)	0.051
Feeling hungry.	1.9 (0.9)	2.0 (1.0-2.0)	0.004
Mood disorder.	2.0 (0.8)	2.0 (1.0-2.0)	0.136
Psychological crises.	2.1 (0.8)	2.0 (2.0-2.8)	0.283
Stressful events.	2.0 (0.8)	2.0 (1.0-2.0)	0.065
Depression.	2.1 (0.8)	2.0 (2.0-3.0)	0.355
Price of a guided workout with a personal trainer and various activities in fitness centres.	2.2 (1.0)	2.0 (1.0-3.0)	0.555

PV: mean, SO: standard deviation, M: median, MR: interquartile range. Scale of measurement: 1 - very important factor, 2 - important factor, 3 - medium important factor, 4 - not important factor, 5 - not important at all. * Mann-Whitney U test

Lack of time to prepare a healthy diet was not found to be statistically significantly more important than the other inhibiting factors in motivating weight maintenance. In three cases, it was even found to be statistically significantly less important as an inhibiting factor for weight maintenance than the easy availability of a variety of foods and their palatability (p = 0.038),

sedentary behavior ($p = 0.005$) and the feeling of hunger ($p = 0.004$). Hypothesis 4 is rejected.

Discussion

When analyzing personal factors in motivation for weight maintenance, we found that more than half of the respondents identified determination, patience and personal satisfaction as the most important personal factors. The findings of Rusyantia, Khomsan, Kusharto and Pratomo [25] suggest that personal factors are interrelated and contribute to healthy behaviour. They state that knowledge would help people to control, change and create a supportive environment. Patience and consistency are important for weight maintenance. Patience in weight loss involves self-discipline and commitment to the process of education and self-improvement, which promotes a long-term approach to achieving set weight maintenance goals after healthy weight loss. This commitment to making healthy choices and practicing self-control not only helps to lose excess weight but also promotes long-term sustainable habits. Self-discipline plays a key role in resisting temptations and maintaining consistency in a healthy lifestyle. Patience is also essential for weight maintenance, as it allows for gradual progress and promotes a sustainable path towards achieving goals. Maintaining motivation can be very difficult for the individual when it comes to weight maintenance. Research on behavioral changes in motivation [51] suggests a link between mindset and goal failure Gupta [3] explains that we often believe we have more control over our behavior than we actually do, suggesting that factors such as stress, anxiety and our environment play an important role in achieving weight loss goals. This can limit the conscious control we have over the decisions we make. Consistency is key in weight maintenance as it leads to tangible results and the formation of positive habits that contribute to long-term success and overall well-being. Establishing a routine and sticking to a healthy diet and regular exercise plays an important role in losing excess weight and maintaining it in the long term. By consistently making healthy choices and prioritizing physical activity, individuals not only see progress towards weight loss and weight maintenance, but also pave the way for sustainable habits that promote overall well-being. This ongoing commitment to healthy behaviors ensures that individuals' efforts bring lasting benefits and support their future wellbeing goals [52].

Environmental factors that can influence food intake and food choice include portion size, the presence of other people, location and time of consumption. Our study also found that one of the most influential environmental factors that inhibit motivation to lose weight is the easy availability, variety and palatability of food. Research [53] has shown that plate

color, packaging and atmosphere also influence (over)moderate food consumption.

In our study, gender emerged as a factor that influenced motivation to lose weight. Women were much more motivated to lose weight than men by difficulties in clothing choice, the desire for a changed, more beautiful body image and personal satisfaction. Age was also found to be a significant predictor of weight loss success for some personal factors. The youngest participants in the healthy weight loss workshops expressed statistically significantly higher agreement that difficulties in clothing choice influenced motivation to maintain weight, while older participants expressed higher agreement that health and well-being concerns influenced motivation to maintain weight. As stated by [54], gender and age modify both barriers and motivators to weight loss, highlighting the need for targeted interventions, taking into account gender and age, to address barriers and promote motivators, which ultimately increase the effectiveness of weight loss strategies and improve long-term health outcomes in people with obesity. There are also many weight loss programs in the world, but few publications evaluate their effectiveness according to the gender and age of the subjects. The aim of the study conducted by [55] was to assess the effects of age and gender on weight loss outcomes in subjects in a 12-month online weight loss program. The study included 400 subjects, 190 men and 210 women. Women lost weight to a greater extent than men. Gender is a factor that influenced the effectiveness of the weight loss programs, while age does not show this influence. Also, the study [56] focuses on understanding gender and age (between 18 and 55 years) differences among the Indian population ($N=120$) in terms of eating patterns, body image, mindful eating and physical appearance self-confidence. The tools used were a questionnaire on eating patterns, a questionnaire on body self-image, a questionnaire on mindful eating and a list of personal assessments of the subjects. Due to the ubiquitous nature of social media platforms, 'dieting' has become a social obligation that overrides healthy eating patterns, influencing the subjects' attitudes towards food in order to feel self-conscious about their own bodies.

The results of a study conducted by [57] help us to better understand the underlying motivations for taking part in sport at different ages. They suggest that from a life-span perspective, it is essential to understand how individuals respond to stimuli. Thus, a possible strategy to motivate exercise is to first understand the specific interests of each gender and age group and, based on this, to design interventions according to the specificities of each population. Researchers [58] have found significant associations between sociodemographic factors such as race, education and marital status, physical factors, psychological factors (depression and anxiety), behavioral factors (overeating) and anthropometric measurements (BMI and waist circumference).

Interestingly, sociodemographic characteristics played a greater role in influencing BMI, and married individuals were found to be more likely to have higher BMI and waist circumference, which is consistent with a study in which married men and women were significantly more likely to be overweight and abdominally obese than unmarried adults [59]. Although the exact reasons underlying the association between obesity and marital status are not fully understood, several hypotheses have been described. One of these is that married couples potentially eat more energy-rich meals and denser foods and have no concerns about finding partners.

The results of the study [55] reveal that there are no significant gender and age differences in mindful eating and physical appearance confidence. Significant gender differences were observed for skipping meals, snacking, fitness scores; age differences were observed for social dependence, height dissatisfaction and snacking. The only significant interaction effect was observed for social dependence, a possible reason for such significant results in eating patterns and body image could be due to the pandemic period causing sudden lifestyle changes (such as maladaptive eating habits, problematic relationship with food, etc.) and through the increased consumption of dieting content intertwined on social media platforms, resulting in the internalization of stigmatized weight-gain media messages promoting weight-loss programs, with negative effects on how we construct or perceive our body image.

Food intake and weight management are particularly important to meet the essential demands of today's lifestyles. Sedentary behavior and physical inactivity can increase the risk of obesity. Sedentary behavior has also been shown to be one of the statistically significantly more important factors inhibiting motivation for weight maintenance among our surveyed participants of healthy weight loss workshops. As balanced energy intake and expenditure are key to a healthy life, high energy intake is associated with obesity. We hypothesized that the fast pace of life would influence the lack of time to prepare healthy and balanced meals, which was not demonstrated in our study. Obesity is associated with a sedentary lifestyle and motivation to be active or sedentary is associated with weight change and obesity. The choice between an active or sedentary lifestyle depends in part on individual differences in motivation to be active or sedentary, but also on limitations in access to sedentary or active alternatives [60]. As obesity has become one of the most important public health problems worldwide, we need to develop new evidence-based dietary strategies for weight reduction and weight maintenance [61], as weight management depends on complex factors such as the amount of food consumed, the type of food consumed and the timing of meals.

It is important to understand what healthy weight loss is and how it differs from rapid weight loss,

and it is easier to choose a weight loss program that is healthy and sustainable [62]. Unlike diets, which mainly focus on specific dietary guidelines, weight loss programs offer comprehensive support, including meal plans, exercise guidance and sometimes counselling, which can provide the structured support needed for effective weight management [63]. To this end, Health Promotion Centres and Health Education Centres are operating in Slovenia and continuously update the content for teaching participants of healthy weight loss workshops. The sustainability of such programs is crucial, but also that a successful weight loss program teaches how to establish and maintain healthy habits for long-term weight loss. Healthy living programs may promise to help with weight loss through diet changes, exercise plans, medication or supplements. But browsing through all the wellness products and services available can be extremely exhausting, especially when trying to determine which products and services are safe and which claims are true. Weight loss can be a difficult subject. It is often fraught with negative emotions that directly affect a healthy lifestyle. Research shows that feelings of shame, self-criticism and social comparison can make it difficult for us to manage our weight and regulate our eating habits. Some weight loss programs may even exacerbate these feelings [62]. Sharma et al. [63] found a need to refer participants in weight loss programs to a psychologist in their study of perceived barriers to effective obesity management, as participants reported in interviews that they were tired or fed up with dieting (14.8%), needed more support or external supervision to change habits (7.6%), and felt too old to diet or exercise (2.4%). There is clearly a lack of psychosocial activities in obesity management, which again highlights the need for increased activities to monitor people.

Health professionals should adopt evidence-based communication strategies in their work in healthy weight loss workshops, including shared decision-making, motivational interviewing and realistic goal setting. It is also crucial to avoid weight-stigmatizing terminology in all aspects, as this can have a negative impact on participants. Primary care plays a vital role in the treatment of obesity and should act as soon as it recognizes cases, initiate treatment and refer to specialized services if necessary. Living with obesity should take a holistic approach and include input from GPs, nurses, physiotherapists, dieticians, psychologists and bariatric surgeons. Involve wider members of the multidisciplinary team where appropriate. Clinicians should take a detailed history, review and order laboratory tests to detect complications. Overall, with appropriate evaluation, these assessments can guide obesity treatment and facilitate long-term improvement in their health.

Conclusion

Motivation and discipline play an extremely important role when it comes to achieving any goal, whether it is weight loss, healthy eating or physical activity. Although these two concepts are often used interchangeably and are different, they support goals in different ways. Motivation can be defined in many ways but is often discussed in the context of well-being as a reason to achieve a goal, which can mean losing pounds, improving self-image, improving social contacts, improving type 2 diabetes and preventing long-term complications. Motivation for weight maintenance can also come from a desire to be physically fit, it is this that triggers the path to a healthy lifestyle, but it also requires a certain discipline, which includes meal planning, grocery shopping and other healthy habits.

Motivating people who are reluctant to adopt healthy behaviors is an important challenge for public health providers in healthy weight loss workshops. Although progress is being made in activities to increase individuals' motivation for health-related behaviors, there are differences between participants in the intensity of motivation for healthy eating and motivation for weight maintenance. In particular, there are relatively few effective strategies to promote behavior change in individuals with little or no motivation to change. It is impossible to say which motivational weight loss strategy is best, given the different values, preferences and personality traits of people. Nevertheless, the Healthy Weight Loss Workshops aim to provide participants with the knowledge and skills to lead a healthy lifestyle, to change their eating and exercise habits, and to change their perception of obesity and self-image through psychological support, in a series of 16 sessions of 90 minutes each, to the extent that they are able to make changes in their behavior and attitudes towards food and a new lifestyle. They seek to empower participants to make quality decisions about health-related behavior choices by transferring knowledge, developing competence and motivating individuals to channel and use health-related information and experiences to maintain and enhance health.

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