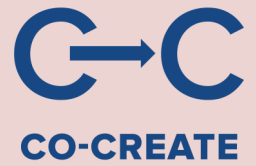


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# Deliverable 8.2 Cleaned international survey datafile

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## Executive summary

This document describes the content of the cleaned international survey datafile that includes the variables in the baseline survey undertaken among participants in the youth alliances in the CO-CREATE project. The protocol for the recruitment to the alliances has been reported in detail in D5.1a. The questionnaire used in the baseline survey was developed as part of WP7. The selection of the variables in the survey and their origin are fully explained in D7.7. This document describes the result of the recruitment process to the alliances in England, the Netherlands, Norway, Poland and Portugal. Further, the study population in the five countries is described, along with the questionnaire variables, with example findings of the topics covered in the questionnaire.

In total 198 participants were recruited across England, the Netherlands, Norway, Poland and Portugal. Of these 159 participants responded to the baseline survey. Due to the size of the sample the example findings are presented as frequencies for the total sample. Where variations are observed across the countries these are commented in number or proportion of participants.

The cleaned international datafile includes 73 variables covering demographics and three main themes: “political/civic engagement”, “readiness to action” and “thoughts relating to preventing obesity in society”. In month 55 the cleaned international datafile will be delivered as D8.4, including documentation of the file to facilitate use for researchers external to the Co-Create project. D8.4 will provide open access to the datafile.



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## List of acronyms / abbreviations

CEIDSS – Centre for Studies and Research in Social Dynamics and Health

FAS – Family Affluence Scale

LSMTH – London School of Medicine and Tropical Hygiene

NIPH – National Institute of Public Health

UoA – University of Amsterdam

UoB – University of Bergen

UoO – University of Oslo

SWPS – SWPS University of Social Sciences and Humanities

WP – Work Package

## 1. Methods

In this section the recruitment of participants, the measurement instrument and data collection procedures will be presented.

### 1.1 Recruitment of participants

The recruitment of adolescent participants in WP5, across the five countries, was guided by a standardized protocol developed by the researchers from the University of Amsterdam (UoA). This recruitment protocol was described in Deliverable 5.1a and served as a framework for all data collection partners. The protocol identified a target population of 60 adolescents per country, divided into three alliances with 20 members in each. The target number considered possible dropouts, with the objective that alliances should be able to keep 10-15 members. The participants should be at least 16 years old and not older than 18 years at the time of recruitment.

Further, the researchers were to identify underrepresented youth and reflect adolescent diversity when creating alliances. In each country, the researchers were to identify two geographical areas from which to recruit the participants in the alliances. The geographical regions should match a political/governance unit. One alliance should be recruited from one area and two alliances from the other area. Fieldwork preparations included identifying gatekeepers and venues in these areas that could enhance the recruitment of participants. This was guided by a topic list developed by the researchers at UoA which is described in Appendix 1 in D5.1a.

Brief summaries of the recruitment process undertaken and its result for each country will be presented in this document. For more detailed recruitment information, see D5.5, which is due in April 2022.

#### **The Netherlands**

In the Netherlands recruitment was undertaken by the UoA in one big city and one smaller city. From the smaller city two alliances were recruited, while one alliance was recruited from the larger city. The research team in the Netherlands identified adolescents related to the low-income population in the smaller city. Recruitment was school-based, with the researchers partnering with two secondary schools. The work in the alliances was part of the participants' curriculum at a vocational school for the two alliances located in the smaller city. Total members recruited for these two alliances were 28. Recruitment was undertaken in a pre-university school in the bigger city for the third alliance. The students were offered to join the youth alliance in CO-CREATE project as an elective course. A total of 10 students were recruited for this alliance. Thus, 38 members were recruited in total to three youth alliances in the Netherlands. The members of the alliances had an age range between 15 and 18 years at recruitment time.

## **Norway**

Recruitment in Norway was undertaken by the University of Oslo (UoO) in two geographical areas. One big city and one rural area were chosen. In the rural area, an upper secondary school was selected as the venue for recruitment. The researchers held information meetings before the first alliance meeting. The youth were motivated to bring peers and posters and flyers for recruitment. In total, 12 members were recruited to the alliance in the rural area. An alliance was also established through information meetings at a upper secondary school in the big city. This alliance was in a higher privileged area than the alliance from the rural area, and 12 adolescents were recruited. In addition, the research team organised a third alliance cooperating with a youth organisation. Members of the organisation were invited through Facebook events. This alliance was solely digital, and 11 members were recruited from all over the country. A total number of 35 members were recruited in the three Norwegian alliances.

## **Portugal**

A scout organisation was identified as the most relevant recruitment gatekeeper by the research team at the Centre for Studies and Research in Social Dynamics and Health (CEIDSS) in Portugal. Three political regions were identified for recruitment, all located in urban areas. Information on the CO-CREATE project with invitation to participate in the youth alliances was sent to several scout groups. One scout group from each of the different regions eventually joined the project, each constituting a youth alliance. The research team expected the selection of areas to reflect diversity between and within the scout groups. A project presentation was made for each scout group, with parents of the scout members also present. A consent form was handed to the parents, as parental consent is required up until age of 18 years in Portugal. Participants were aged 15 to 18 years. For the first alliance, 19 members were recruited. The other two recruited respectively 9 and 12 participants, accumulating to 40 participants for all three alliances.

## **The United Kingdom**

Researchers in the United Kingdom (UK) team at the London School of Medicine and Tropical Hygiene (LSMTH) identified three geographical areas for recruitment to the three youth alliances. In one of the areas, recruitment relied upon relations that one in the research group had to the participants. This resulted in five participants to the first alliance. For the two other areas, the researchers tried again to recruit from schools by collaborating with a gatekeeper at school and eventually recruited participants. From the two schools respectively seven and five participants were recruited to the two alliances. In total, 17 participants were recruited to the three UK alliances.

## Poland

In their recruitment process, the Polish researchers at the SWPS University of Social Sciences and Humanities (SWPS) identified three geographical areas for recruitment. Areas were chosen based on family income and transport accessibility and using the G-index of socioeconomic status. The research team further selected the schools in the chosen areas. Recruitment at the schools was made by having recruitment meetings and using recommendations from teachers and students for all three alliances. A total of 68 participants were recruited in Poland. Alliance 1 had 27 participants, while the two others had respectively 21 and 20 participants.

*Table 1. Distribution of participants within alliances in each country*

	Alliance 1	Alliance 2	Alliance 3	Total
<b>Netherlands</b>				
Girls	9	11	12	32
Boys	1	2	3	6
<b>Norway</b>				
Girls	8	7	8	23
Boys	4	5	3	12
<b>Portugal</b>				
Girls	16	7	5	28
Boys	3	2	7	12
<b>UK</b>				
Girls	3	3	3	9
Boys	2	4	2	8
<b>Poland</b>				
Girls	23	21	18	62
Boys	4	0	2	6
<b>All countries</b>				
Girls				154
Boys				44

Of the 198 participants in the youth alliances, a total of 159 participants responded to the survey.

## 1.2 The questionnaire

There were 73 variables included in the questionnaire given at baseline, i.e. prior to the first meeting in the youth alliance. The questionnaire was developed in WP7. Parts of the questionnaire involved background questions about each participant (date of birth, gender, ethnicity, socioeconomic status, and habits relating to physical activity and eating).



The main part of the questionnaire related to the core of the Co-Create project addressing engagement/memberships in groups (either political or non-political), readiness to action, and thoughts related to preventing obesity in society. D7.7 describes in more detail the origin of variables included in the questionnaire. Some of the variables have been modified to better fit the aim for the Co-Create project. In section 2 we introduce all the variables included in the cleaned datafile and provide reference to their origin as they were given in D7.7.

### 1.3 Data collection

The data in the datafile are collected as baseline data prior to the first meeting of the youth alliances, as described in D7.7. Due to the COVID-19 pandemic recruitment was difficult, therefore several of the partners struggled to meet the objective of 60 participants split into three alliances as described under 1.1. Recruitment of participants above. Further, the restrictions related to social distancing and number of persons that could meet for different purposes, forced the alliances to go from physical to online meetings. This introduced a severe drop in participants in several of the alliances. Follow-up surveys were sent to the participants in the youth alliances on a regular basis in the period when the youth alliances met and three months after the completion of the sessions in the alliances. The follow-up surveys received few responses, compromising anonymity within the participation groups, as well as the relevance of the data to perform statistical analyses. The follow-up surveys are therefore not included in the cleaned international datafile.

The data collection was undertaken by an online survey using the questionnaire-based survey tool integrated in the Services for sensitive data (TSD) at UoO, which is a secure safety deposit requiring a two-factor authentication procedure to access. The online survey was distributed by UoO to all the youth alliance participants in the five data collection countries (England, the Netherlands, Norway, Poland, and Portugal). The data were registered and stored in the TSD system. Only Co-Create staff (n=3) at UoO involved in WP5-7, have access to the data and was responsible for de-identifying the collected data. A datafile with anonymous data was shared with the data management partner at UoB for data cleaning, and data documentation.

## 2. Variables in datafile with examples of responses

The datafile contains data on 159 participants at baseline, with 73 variables split into three main themes as well as demographics: “political/civic engagement”, “readiness to action” and “attitudes to policies preventing obesity in society”. Out of the 159 participants, 9 omitted to answer a few variables, and the rest answered all variables. The original, uncleaned file also contained the participants date of birth, email address and mobile number. These were removed in order to create an anonymised file.

## 2.1 Demographics, socioeconomic status & health behaviours

Of the 159 participants, 115 were females, 53 were males, and one did not want to provide information on gender. Figure 1 shows the distribution across the countries.

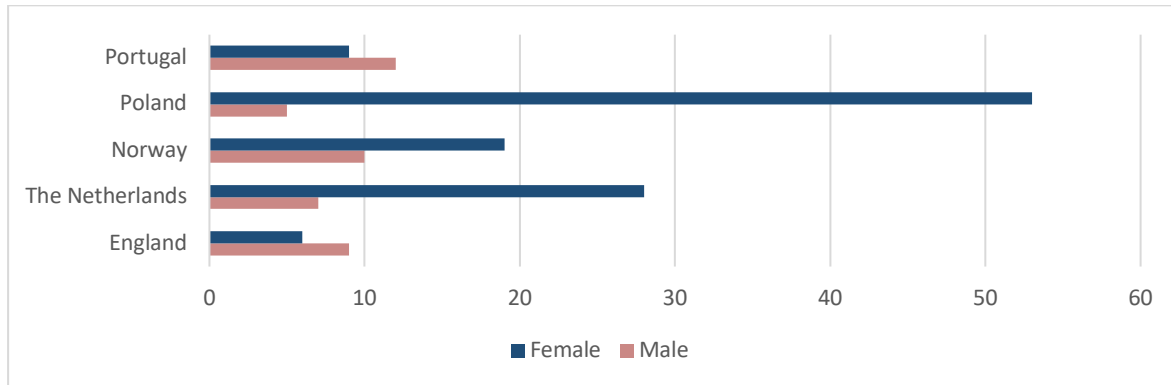


Figure 2a. Number of participants by each gender across all five countries

In the anonymised file, there are 16 variables linked to demographics, socioeconomic status and behaviours (see table 1). In addition to gender, the demographic variables provide information on the participants' country of birth for both participants and their parents. There are six variables related to the participants' socioeconomic status (Family Affluence Scale), and participants are asked how many bathrooms, computers and cars the participants have in their home, and whether they have their own bedroom. They are also asked how many holidays abroad the participants have been on in the last year, and whether they have a dishwasher in the home. These variables are from the Health Behaviour in School Aged Children (HBSC) survey, and have been validated for use (Currie et al., 2008). These variables have been categorised based on the HBSC's Family Affluence Scale (FAS), which has been found to be a good indicator to capture adolescents' perception of their family's socioeconomic status (Currie et al., 2008). FAS contains three categories, low (20 percentile), medium (60 percentile) and high (20 percentile), based on a score given to each participants through their answers regarding the variables related to bathrooms, computers, cars, own bedroom, holidays abroad and dishwasher in the home. The variables relating to health behaviours have been developed and validated within the HBSC study (HBSC 2016). They provide information regarding the frequency of fruit, sweet, vegetable and soft drink intake, as well as the frequency at which participants engage in physical activity in the last 7 days. In addition, the participants are asked how often they have breakfast on a weekend and a weekday. A selection of variables are presented below.

Table 1. Demographics, socioeconomic status &amp; health behaviours

Demographics	Socio Economic Status (Family Affluence Scale)	Health behaviours
Gender	Number of bathrooms	Fruit intake
Country of birth	Own bedroom	Soft drink intake
Mother's country of birth	Number of computers	Sweet intake
Father's country of birth	Number of dishwashers	Vegetable intake
	Number of cars	Physical activity
	Number of holidays abroad	Breakfast weekdays
		Breakfast weekends

Table 2 shows the distribution of socioeconomic status across the five countries, whilst figure 2b shows the distribution of socioeconomic status across the study sample. The majority of the participants were in the medium FAS category (68%), and few were in the low FAS category (10%). Although the data indicate that the participants were quite similar with regards to socioeconomic status across the five countries, there is some variation across countries, where the Netherlands and Poland have a higher proportion of participants with high socioeconomic status compared to the other countries. The countries with the highest number of participants with a low socioeconomic status were Norway, the Netherlands and Poland. The majority of the participants are within the medium socioeconomic status category. Norway and Portugal were not able to recruit many participants with low socioeconomic status. For more details see deliverable D5.5.

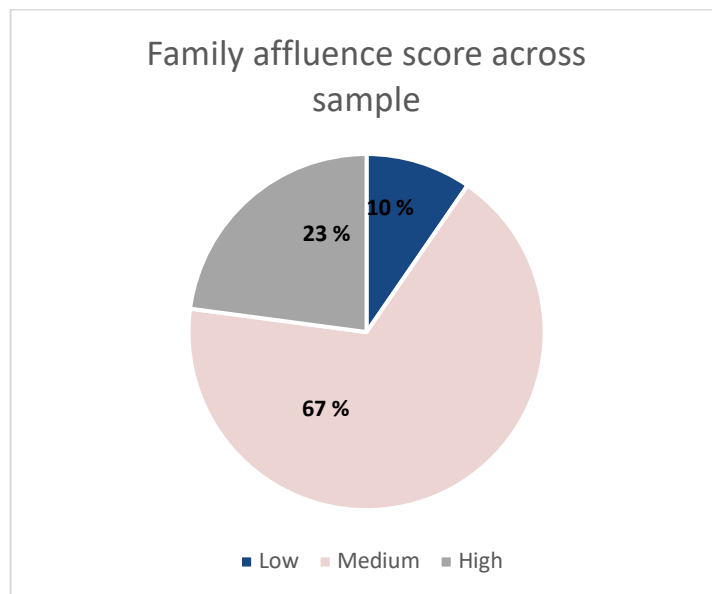


Figure 2b. Distribution of participants in low, medium and high FAS categories across the study sample

Table 2. Distribution of socioeconomic status across the five countries.

FAS categories	England	The Netherlands	Norway	Poland	Portugal
Low FAS (n=15)	0	4	4	5	2
Medium FAS (n=106)	9	22	21	38	16
High FAS (n=36)	6	10	3	15	2
Missing (n=2)			1		1
Total (N=159)	15	36	29	58	21

## 2.2 Political and civic engagement

The first topic presented to the participants in the survey questionnaire concerns political and/or civic engagement. There are three variables relating to the topic of engagement. These are developed based on previous research and measures (Ana, Matt, & Mark, 2018; The Associated Press - NORC Center for Public Affairs Research, 2016). See table 3 for an overview of the three variables and their response categories. While the first item “Are you an active member of a political or non-political organisation” had three response categories, the two other variables had the same five response categories.

Table 3. Variables measuring political/civic engagement with response categories.

Political/civic engagement	
Are you an active member of a political or non-political organisation	No, and I never have been, No, but previously, Yes
Over the past month, how many times have you expressed concerns online about a social issue	Never, 1-3 times, 4-6 times, 7-9 times, 10 times or more
Collaborated with other people to try to solve a problem affecting your local area	Never, 1-3 times, 4-6 times, 7-9 times, 10 times or more

For the purpose of this document, we have chosen to focus on one of the items; whether the participants have expressed concerns online regarding a social issue within the last month. The participants were given five examples of social network platforms “Facebook, Twitter, Instagram, Youtube and Snapchat”. For the purpose of analysis, the five response categories were further collated into three: “Never”, “1-3 times” and “4 times or more”.

Figure 2 below shows the distribution of data for this item. More than half of the respondents had never expressed concerns online regarding a social issue. About one-third reported having expressed concerns 1-3 times within the last month. In Poland, about half of the participants with 28 out of 57 respondents, reported having expressed concerns 1-3 times. Norway had the highest proportion of participants responding four times or more, with 8 out of 29 reporting this frequency.

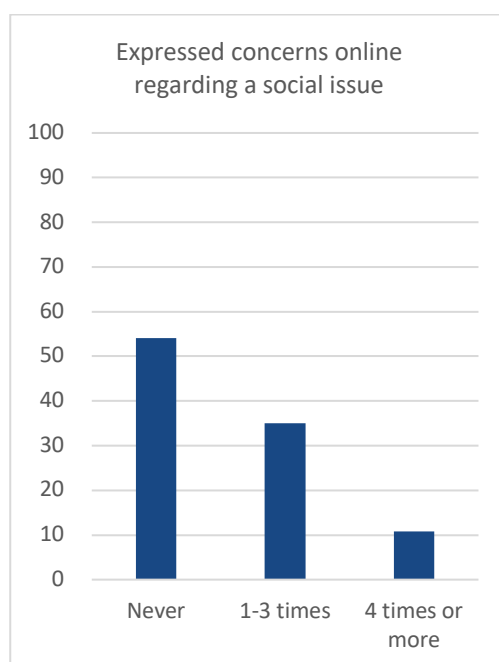


Figure 2. Percentage of participants reporting to have expressed concerns online in the last month regarding a social issue

### 2.3 Readiness to Action

For the second topic, the participants were asked about their readiness for action on social issues. In accordance with previous research and existing measures *Readiness for action* were divided into four subtopics; participatory behaviour, ways of expressing political voice, perceived socio-political control, and knowledge about resources and behaviours to tackle obesity (Constance A. Flanagan, 2007; King et al., 2015; Ozer & Schotland, 2011; Ross et al., 2015). For more details on the development and choice of the individual items see D7.7. Response categories for all items were: “Strongly disagree”, “Somewhat disagree”, “Neither disagree or agree”, “Somewhat agree” and “Strongly agree”.

For the purpose of this document, we have chosen to focus on one item for each of the subtopics. In the analyses, the five response categories were collated into three: “Disagree”, “Neither disagree or agree”, and “Strongly disagree”, where “Strongly disagree” and “Somewhat disagree” were collated into “Disagree”, and “Strongly agree” and “Somewhat agree” were collated into “Agree”.

#### Participatory behaviour

The subcategory Participatory behaviour was measured by six items, as shown in table 4. Participants were asked to state whether they agreed or disagreed with them being comfortable with performing the described actions.

Table 4. Items measuring the subcategory “Participatory behaviour” in the Readiness to Action topic

<b>Participatory behavior</b>
Giving a public talk to a group of people I don’t know about a social issue
Discussing my views in a group of people I don’t know about a social issue
Using social networking platforms to discuss a social issue
Interviewing adults to learn their perspectives about a social issue
Contacting (calling or emailing) someone in a position of influence about a social issue
Doing an interview on radio, TV or websites about a social issue

For this subtopic, we have chosen to display the findings for being comfortable with using social networking platforms to discuss a social issue. As seen in Figure 3 below, about half of the respondents reported feeling comfortable using social media to discuss a social issue. Norway and Portugal represented the extreme responses for this item in that the majority of the Norwegian participants, 22 out of 29, reported that they felt comfortable using social media to discuss a social issue, whereas only 4 out of 20 in Portugal reported the same.

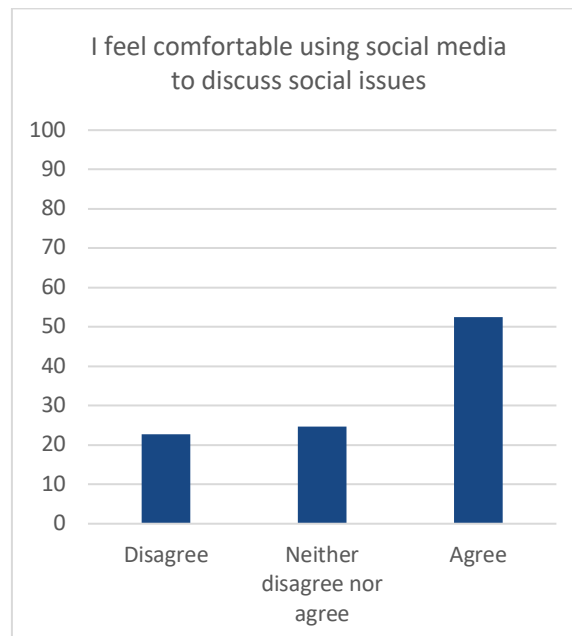


Figure 3. Percentage of participants reporting to be comfortable in using social media to discuss social issues

### Ways of expressing political voice

The second subtopic concerns methods of expressing political voice. Participants were asked to state their level of agreement to whether they, together with other young people, would be able to perform specified ways of expressing political voice. See table 5 for the list of the statements given to the participants.

*Table 5. Items measuring the subcategory “Ways of expressing political voice” in the Readiness to Action topic*

<b>Ways of expressing political voice</b>
Contact a local newspaper to get them to address a social issue
Organize a petition to address a social issue
Organize a meeting to address a social issue
Organize a demonstration/strike to address a social issue
Organize a campaign to get local decision makers to make changes that solve social issues

For the purpose of this document, we have chosen to present the data for whether the participants felt they together with their peers would be able to organize a petition to address a social issue. Figure 4 shows that the absolute majority (80%) agree that they would be able to organize a petition. This picture was quite stable across countries.

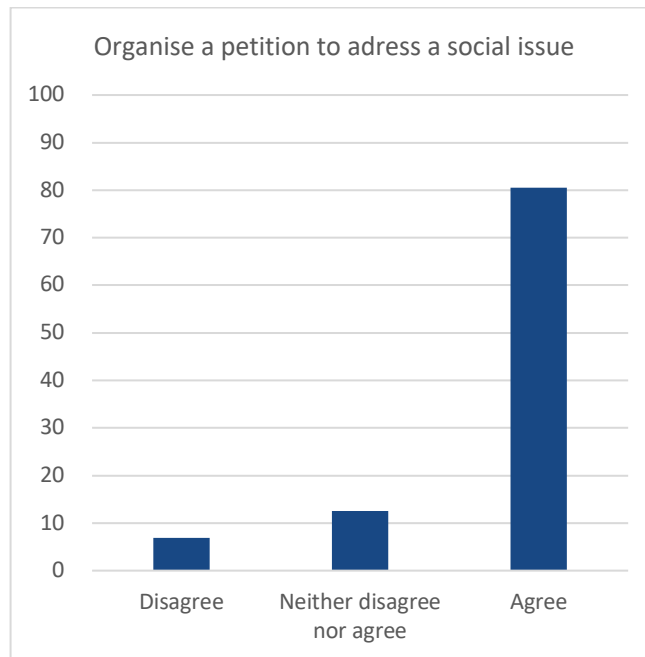


Figure 4. Percentage of participants reporting to be comfortable in organising a petition to address a social issue

### Perceived socio-political control

Perceived socio-political control is the third subtopic of readiness for action. Participants were to state whether they agree or disagree to their own possible influence on local matters, and that they understand what key issues in their local area are, and how local policies are developed. See table 6 for the details of the statements included.

Table 6. Items measuring the subcategory “Perceived socio-political control” in the Readiness to Action topic

Perceived socio-political control
I have a pretty good understanding of important social issues present in my local area
I believe I can make a difference in my local area
I know how policies are made in my local area

For the purpose of this document, we have chosen to present the distribution on whether participants believe they can make a difference in their local area. Figure 5 shows that 63% of the participants believed they could do so.



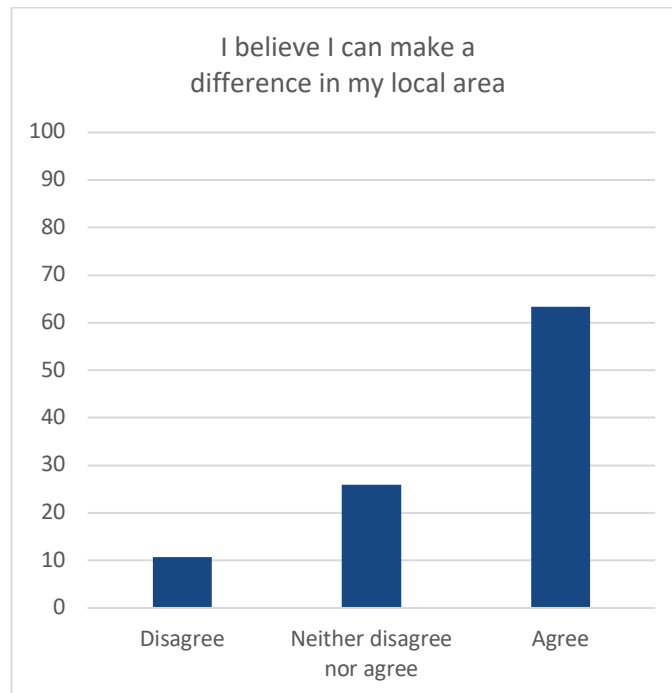


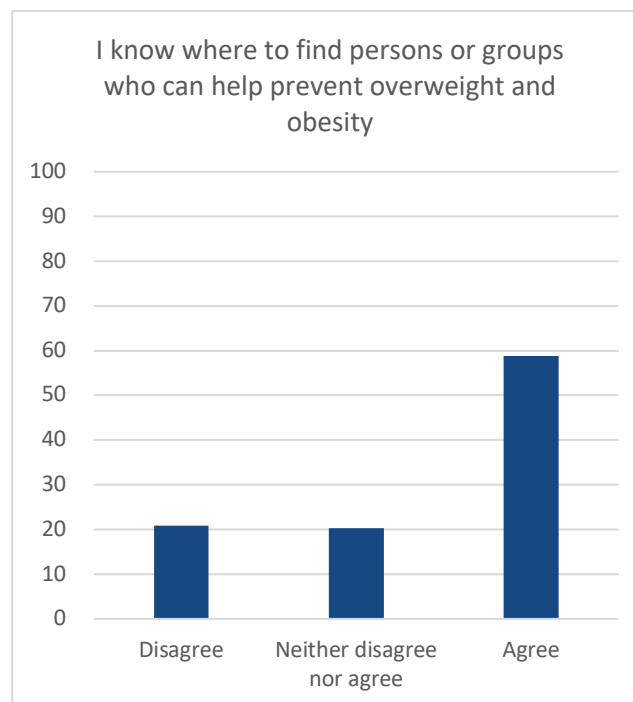
Figure 5. Percentage of participants reporting to believe they can make a difference in their local area

The fourth and last topic in *Readiness for action* is knowledge about resources on how to tackle obesity. The participants were to agree or disagree with whether they knew where to find trustworthy knowledge or resources that could help them with information on how to deal with a list of topics addressing overweight and obesity. See table 7 for the statements they were to evaluate.

Table 7. Items measuring the subcategory “Knowledge about resources and behaviours to tackle obesity” in the *Readiness to Action* topic

<b>Knowledge about resources and behaviors to tackle obesity</b>
I know where to find trustworthy information about overweight and obesity
I know where to find persons or groups who can help prevent overweight and obesity
I know where to find persons or groups who can help promote healthy diet
I know where to find persons or groups who can help promote physical activity

The chosen item to present from this subcategory is the statement on whether they knew where to find persons or groups who can help prevent overweight and obesity. Figure 6 shows that 59% of the participants agreed that they knew how to find persons or groups who can help to prevent overweight and obesity. The lowest certainty was found among Norwegian participants where only 11 out of 29 participants agreed and the highest certainty was found in Poland where 43 out of 58 agreed.



*Figure 6. Percentage of participants reporting to know where to find persons or groups who can help prevent overweight and obesity*

## 2.4 Attitudes to policies preventing obesity in society

The final topic in the questionnaire represents the participants' attitudes to policies and who has a role in and what could be done to prevent obesity in society. This topic is divided into two subtopics; responsibility (individual and collective) and drivers of lifestyle change (internal and external). The items build on previous research and measures adapted for the Co-CreatE project (Deanna M Hoelscher, 2013; NHS Health Scotland, 2017; The Associated Press - NORC Center for Public Affairs Research, 2016).

## Responsibility

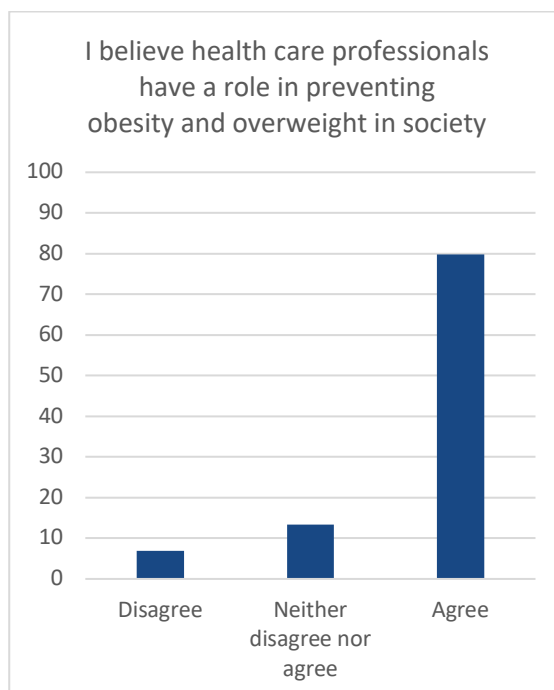
Table 8 shows the measures on responsibility in preventing overweight and obesity split into individual and collective levels. The individual level refers to different individuals' responsibility towards preventing obesity and overweight. The individuals referred to vary from the individual itself, through family and friends, health care professionals, employers and farmers. Responsibility at collective level refers to addressing the population as such rather than each individual. Here the list of responsible referred to is longer, including schools, the media, supermarkets and governments at different levels. Response categories for all items were: "Strongly disagree", "Somewhat disagree", "Neither disagree or agree", "Somewhat agree" and "Strongly agree".

*Table 8. Items measuring the subcategory "Responsibility" within the topic Attitudes to policies preventing obesity in society*

<b>Do you agree or disagree that the following have a role in preventing overweight and obesity?</b>	
<b>Responsibility - individual</b>	<b>Responsibility - collective</b>
Each individual	Schools
Family and friends	The media
Health care professionals	Gyms/Leisure centres
Employers	Companies that help people diet
Farmers	Food and drink manufacturers
	Supermarkets
	Restaurants
	Transportation companies
	Town and city planners
	The government (national level)
	The government (regional level)
	The government (local level)

### *Individual*

For the purpose of this document, we have decided to display the participants' evaluation of the role of health care professional to prevent overweight and obesity at individual level. Figure 7 illustrates that 80% of the participants agree that health care professional has such responsibility, and there is little variation across countries as to how the participants respond on this item.



*Figure 7. Percentage of participants that believe health care professionals have a role in preventing obesity and overweight in society.*

### *Collective*

As there were more items included for the collective level, we have decided to report on the participants' evaluations of two items; the role of the media and the manufacturers. Figure 8 shows the result for these two items, where 72% of the participants agreed that media has a responsibility in preventing obesity and overweight, and 52% said that the same applied for the manufacturers. There are quite large differences across countries for the perceived responsibility of the media. While in Norway all but one respondent agreed that the media had responsibility, the proportion is just above half of the respondents in the Netherlands, Poland, and Portugal. Also, for the responsibility of the manufacturers a substantial larger proportion of the Norwegian participants (25 of 29) agreed to their role compared to the participants from the other countries. The lowest proportion was reported from the Polish participants where 22 of 58 respondents agreed to the responsibility of the manufacturers.

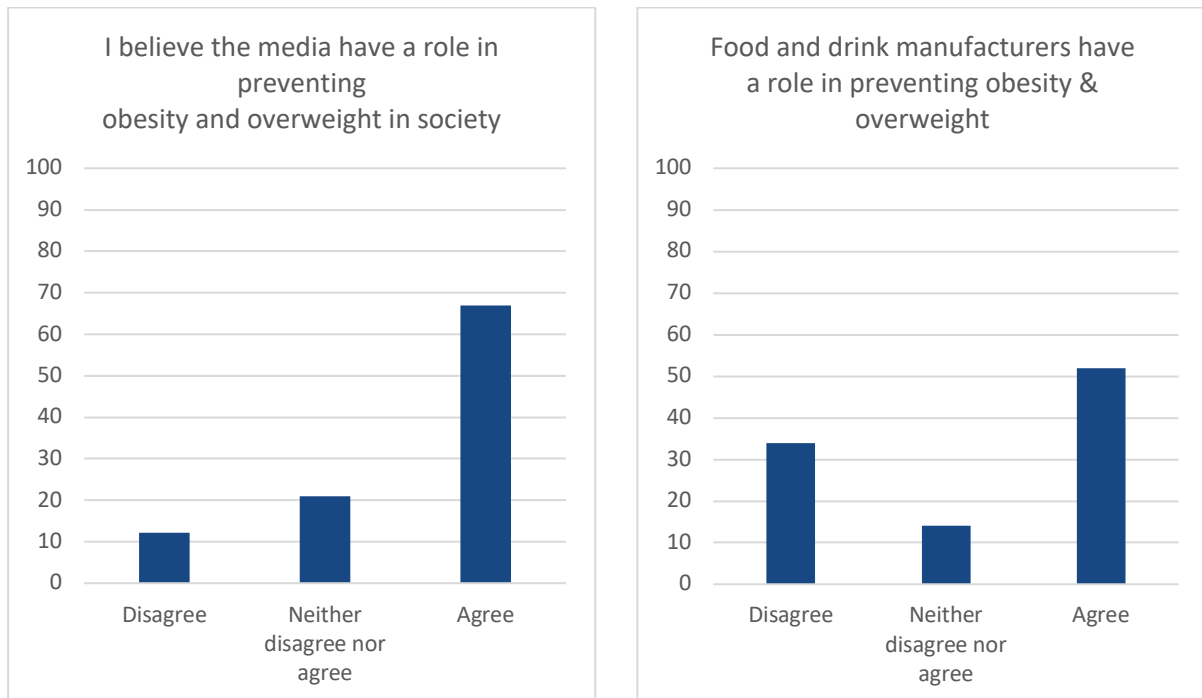


Figure 8a & 8b. Percentage of participants that believe that the media and food and drink manufacturers have a role in preventing obesity and overweight in society.

### Drivers of lifestyle change

The *Drivers of lifestyle change* build on previous and adapted measures (European Association for the Study of Obesity, 2014; The Associated Press - NORC Center for Public Affairs Research, 2016). For more details see D7.7. The concept is divided into internal and external factors that influence lifestyle choices to prevent overweight and obesity. Table 9 presents the items included in the internal and external categories. The internal category includes eight items covering aspects like biological, perceptual, and knowledge factors. The external factors included nine items covering access to healthy/unhealthy food or physical activity, high prices on healthy options and lack of policies. Response categories for all items were: “Strongly disagree”, “Somewhat disagree”, “Neither disagree or agree”, “Somewhat agree” and “Strongly agree”.

Table 9. Items measuring the subcategory “Drivers of lifestyle choices” within the topic Attitudes to policies preventing obesity in society

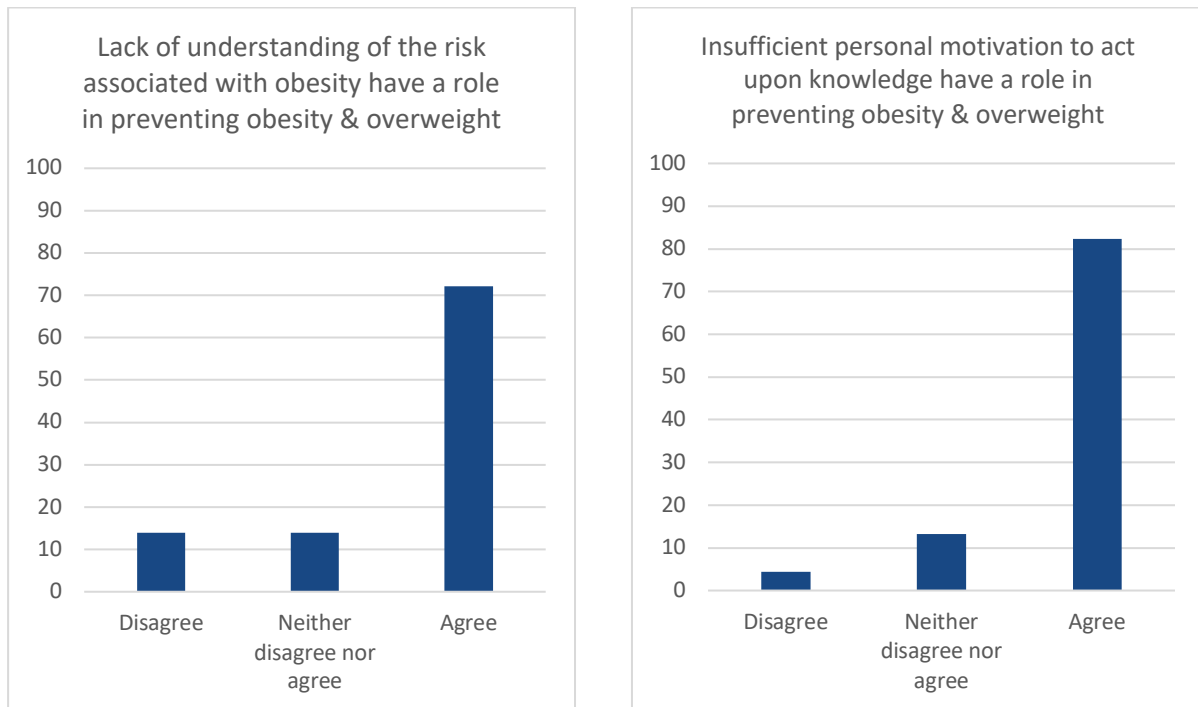
Do you agree or disagree that the following have a role in preventing overweight and obesity in “country”?	Do you agree or disagree that the following factors are causes of an unhealthy lifestyle?
<b>Lifestyle choices – internal</b>	<b>Lifestyle choices - external</b>
Increased use of motorised transportation	High access to unhealthy food
Being overweight is the new normal	Limited access to healthy food
Biological factors	Marketing of unhealthy food
Lack of knowledge about risk of obesity due to lifestyle choices	Limited access to physical activity opportunities
Lack of understanding of the risk associated with obesity	Limited financial resources
Insufficient personal motivation to act upon knowledge	The lack of policies on preventing overweight and obesity
Lack of time to lead a healthy lifestyle	Unhealthy food is cheap
Unhealthy coping strategies to stress	Influence from social media
	Lack of focus on healthy lifestyle among friends and family

For the purpose of illustrating the two categories, we have decided to present two items for each of the categories (see figure 9a & 9b and 10a & 10b). In the analyses, the five response categories were collated into three: “Disagree”, “Neither disagree or agree”, and “Strongly disagree”, where “Strongly disagree” and “Somewhat disagree” were collated into “Disagree”, and “Strongly agree” and “Somewhat agree” were collated into “Agree”.

#### *Lifestyle choices – internal*

For the internal lifestyle choices, we have selected lack of understanding of the risk associated with overweight and obesity and lack of motivation to act upon knowledge on the part of the individual. Figure 9a shows that 71% of the participants agreed that lack of understanding of the risk associated with overweight and obesity could explain lifestyle choices. The Norwegian, Polish and Portuguese participants had the highest proportion of agreement in that 23 of 29 Norwegian participants, 47 of 58 Polish responds, and finally 16 of 21 Portuguese participants agreed to this statement.

When it comes to lack of motivation to act upon knowledge 81% of the participants agreed to this statement. The highest proportion of agreement was observed in Polish and Portuguese participants with respectively 58 of 58 and 19 of 21 respondents agreed to the statement.

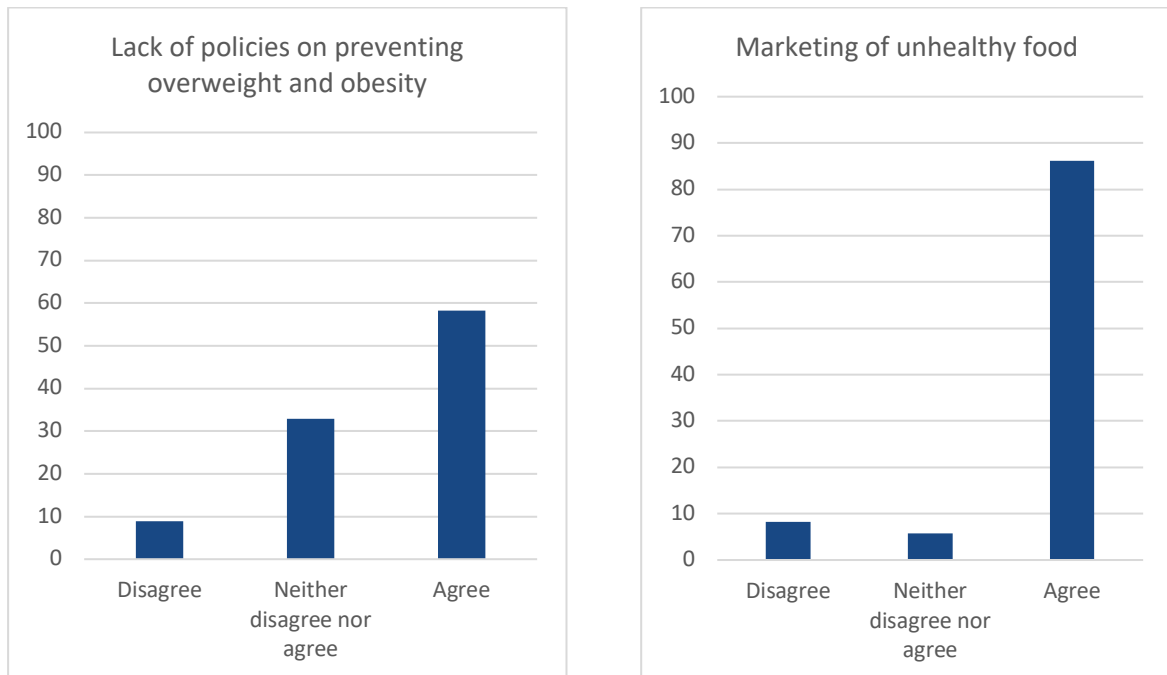


*Figure 9a & 9b. Percentage of participants that believe the lack of understanding of the risk associated with obesity and insufficient personal motivation to act upon knowledge have a role in preventing obesity and overweight in society*

#### *Lifestyle choices – external*

To illustrate external influences on lifestyle choices related to overweight and obesity we have chosen marketing of unhealthy foods and lack of policies.

Figure 10a shows that 59% of the respondents agree that lack of policies is an external factor that influences on lifestyle choices important for overweight and obesity. The proportion of agreement across countries is quite stable with a slightly higher proportion in Portugal where 14 of 21 agreed, and a slightly lower proportion in the Netherlands where 18 of 35 participants agreed. Figure 10b indicate that a high proportion, a total of 86% percent of the participants, agree that the marketing of unhealthy food causes an unhealthy lifestyle. The data from Poland shows that a very high number of participants agree with this statement, as a total of 56 out of 58 participants agreed, and a similar trend can be seen across the other 4 countries.



*Figure 10a & 10b. Percentage of participants that believe the lack of policies on preventing overweight and obesity and marketing of unhealthy food cause an unhealthy lifestyle.*

## Conclusions

The cleaned international datafile include responses from 159 participants in the youth alliances in the Co-Create project. The participants come from England, the Netherlands, Norway, Poland, and Portugal. The file includes responses to 73 variables covering demographics, “political/civic engagement”, “readiness to action” and “thoughts relating to preventing obesity in society”.

In the coming months the cleaned datafile will be supported by metadata on recruitment, data collection, survey ethics and other relevant variables to describe the survey so that it can be used by researchers external to the Co-Create project. In month 55 (November 2022) the documented datafile will be published online with open access as deliverable D8.4 – *Open access survey datafile with documentation*.



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