













Baseline Data (n=250)	
Women, Pre-menopausal	
Age (yr) Weight (kg) Height (m)	$37.6 \pm 7.1$ $82.3 \pm 12.1$ $1.61 \pm 0.1$
<ul> <li>BMI (kg/m<sup>2</sup>) 31.6 ± 4.1</li> <li>34% Overweight, 63% Obese (class I, II)</li> </ul>	
<ul> <li>Mostly Sedentary</li> <li>55% Married</li> <li>66% with Some College Education</li> </ul>	





# Intervention

- Covering physical activity, eating/nutrition, body image, and other cognitive and behavioral contents
- Tutorial, interactive, discussion, and small group activities



# SDI Based Intervention

### Promote Intrinsic Motivation, Autonomy

- No exercise prescription!
- Giving options, active experimentation
- Include <u>challenging</u> PA opportunities
- Promote <u>personally-meaningful</u> activities
- Ask for <u>autonomy</u> in organizing
- Three-month <u>dance</u> curriculum
- Safety, skills, Monitoring (walking/pedometers)...













### Lifestyle PA Index

#### Partial Mediation:

- Exercise Intrinsic Motivation (Enjoyment, interest)
- Exercise Autonomous Self-Regulation (Identification, Integration
- Exercise Internal Locus of Causality
- Exercise Psychological Motives (Challenge, fun, energy)

#### TREATMENT AFFECTED THE LIFESTYLE PA IN PART BY THE CHANGES IT INDUCED IN THE PROPOSED SDT MEDIATORS





## Summary: Intervention Effects Significantly changed all proposed SDT mediators (p<0.001) and significantly Increased PA (p<0.001) Total effects on Moderate+Vigorous PA and Lifestyle PA were reduced by the proposed SDT mediators, suggesting partial mediation. For number of Steps, few mediators were identified (Exercise Internal Locus of Causality; Psychological Motives)







Results consistent with autonomous self-regulation and intrinsic motivation resting within the causal path of exercise adherence during weight control.

*SDT: promising theoretical framework to promote health behavior change!* 



