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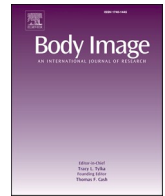
Making it relevant: A codesign and cultural acceptability study of Be Real's BodyKind Ireland body image programme for older adolescents

This is the Published version of the following publication

Mahon, Ciara, Hamburger, Denise, Yager, Zali, O'Dowd, Orlagh, Webb, Jennifer B and Fitzgerald, Amanda (2024) Making it relevant: A codesign and cultural acceptability study of Be Real's BodyKind Ireland body image programme for older adolescents. *Body Image*, 49. ISSN 1740-1445

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Brief research report

Making it relevant: A codesign and cultural acceptability study of Be Real's BodyKind Ireland body image programme for older adolescents

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ARTICLE INFO

Keywords:

Body image
Universal intervention
Adolescents
Cultural adaptation
Codesign
School-based

ABSTRACT

Body image is an established public health concern and there is a pressing need for evidence-informed universal programmes for older adolescents. To ensure high standard, quality programmes, there have been calls to adapt existing programmes to different contexts in ways that ensure materials are relevant, but still aligned with their theoretical foundations. This study outlines the cultural adaptation of the BodyKind programme in Ireland, which was initially developed in the USA, to address an unmet need to provide an inclusive, strengths-focused, school-based body image intervention for older adolescents. After receiving BodyKind, codesign workshops were conducted with 12 adolescents aged 15–16 years, who provided feedback and designed content (examples/scenarios) to increase the programme's relevance for adolescents. Feedback on cultural appropriateness of programme materials were obtained via interviews with six female post-primary teachers and one mental health clinician. Qualitative data were analysed using thematic analysis. BodyKind was perceived as highly acceptable by stakeholders who offered suggestions for programme refinement. Themes included 1.) Programme acceptability, 2.) Implementation considerations, 3.) Programme refinement. This study used multi-stakeholder feedback to engage in cultural adaptation of BodyKind prior to further evaluation, thereby informing efforts to implement sustainable and scalable programmes in schools.

1. Introduction

Body dissatisfaction is prevalent among adolescents, with less than half of adolescents in Ireland reporting satisfaction with their appearance (Dooley, O'Connor, Fitzgerald, & O'Reilly, 2019). Globally, there has been a rise in young people's body image concerns (Milton et al., 2021), particularly since the Covid-19 pandemic (Lin et al., 2021). Body dissatisfaction is associated with a host of negative outcomes including eating disorders and psychological distress (Stice & Shaw, 2002). Thus, there is a pressing need to address this growing public health concern, particularly in the Irish context, where there is a lack of evidence-informed universal programmes for older adolescents.

To date, a small number of universal school-based body image

interventions for older adolescents have been developed and have been shown to improve adolescent body image (Kusina & Exline, 2019; Yager et al., 2013). Given calls to replicate existing efficacious programs rather than create new ones, to ensure high standard, quality programmes rather than ad-hoc ones and to avoid duplicating efforts, it important to adapt these programmes to other countries in ways that ensure their relevance to other cultural contexts, while still aligning with theoretical foundations of the intervention (Yager et al., 2013). This current study describes the cultural adaptation of Be Real's Body Kind to the Irish context.

BodyKind is a four-session, teacher-led multicomponent programme, which was developed by an international team of body image researchers in partnership with the Be Real Foundation USA (<http://www.be-real.org>)

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ps://berealusa.org/), to address an unmet need to provide an inclusive, strengths-focused, school-based body image intervention for older adolescents (14 + years) in the USA. BodyKind's structure and contents are outlined in [Supplementary Materials](#), and are described in detail elsewhere (Mahon et al., 2023).

Preliminary findings from pilot trials in the USA support the acceptability of this programme (Mahon et al., 2023), and gains in body esteem and self-compassion were observed among BodyKind completers (In Press). BodyKind may support body image in adolescents in other contexts too; however, there is growing recognition that interventions need to be contextualised and adapted across cultures, as not 'one size fits all' (Garbett et al., 2021). Cultural adaptation is particularly important in the context of body image interventions, where cultural influences on body image (e.g., norms/ideals related to skin, hair, gender identity) have been well-documented (Levine & Smolak, 2017), and country grouping (i.e., continent in which studies have been conducted; Asia/Australia/Europe/North America) has been found to moderate body image effects (Saiphoo & Vahedi, 2019). Ireland constitutes a unique and increasingly multicultural context, that is likely shaped by both American and European influences (O'Toole, 2002), and its own distinct appearance stereotypes (e.g., pale skin), beauty practices (e.g., tanning skin) and pressures (e.g., aesthetics associated with national sports; Duffy, 2021; Noonan, 2021; Reynolds, 2012; Shafik et al., 2022).

Codesign is a participatory research method, that involves active collaboration between researchers and users as 'experts of their own experiences' to gain user perspectives (Sanders & Stappers, 2008). Codesign can help to ensure that interventions are acceptable to both target recipients and facilitators of an intervention, which is crucial for ensuring intervention effectiveness. While codesign is increasingly used in body image intervention development (Beilharz et al., 2021; Matheson et al., 2023), fewer studies have employed this approach to culturally adapt existing body image interventions.

Using a multistakeholder partnership with post-primary students, teachers, a mental health clinician, community partners (Irish Secondary Schools Unions Ireland, ISSU; Ireland's national umbrella body for second-level students working through the student council networks) and enterprise partners (Jigsaw, The National Centre for Youth Mental Health, Ireland and The Be Real Foundation, USA), the present study sought to culturally adapt the BodyKind programme and ensure its acceptability and feasibility in the Irish school context, prior to broader evaluation in a cluster randomised control trial (cRCT). This study also sought to develop a localisation toolkit to accompany the BodyKind intervention and facilitate its adaptation to other cultural contexts. To this end, codesign workshops with post-primary students and interviews with teachers and a mental health clinician, were conducted to gain feedback on programme acceptability and feasibility and to co-create culturally relevant materials for the Irish context.

2. Method

2.1. Participants

Four student members of the Irish Secondary Schools Unions Ireland (ISSU) were informally recruited to pilot codesign workshop materials. Two co-educational post-primary schools in the Republic of Ireland were recruited via research partner's (Jigsaw, The National Centre for Youth Mental Health) school mailing lists. In line with Braun and Clarke (2021) for this small qualitative project, twelve students (6 boys, 5 girls, 1 gender minority) aged 15–16 years, $M = 15.75$, $SD = .45$ in 4th year were selected by teachers to reflect a range of abilities and backgrounds, with 6 students in each school group. Six female teachers (3 per school) with between 5–30 years of teaching experience participated, four of whom taught social physical and health education (SPHE) while two had backgrounds in other subjects (e.g., science). One female Clinical Education Lead at Jigsaw with special interest/expertise in body image and

eating disorders was recruited internally through the organisation's internal communication channels.

2.2. Procedure

This study received ethics approval from University College Dublin: HS-22–66. Informed active consent from school principals, parents and students was obtained prior to study commencement.

- 1) In this qualitative study we firstly piloted facilitator guides for codesign workshops (which were based on work by Dowling et al., 2016) with ISSU student members to ensure activities and question prompts in codesign workshops were easily understood and accessible. Student members reviewed the guide (including codesign workshop activities, instructions and question prompts) and engaged in a 30-minute informal discussion over zoom with two researchers (CM, OOD), who noted student feedback but did not record the discussion. The guide was considered clear and comprehensible and was modified where possible by the primary researcher, to reflect ISSU student feedback; for example, a broader range of activities involving public and private feedback were included and activity instructions were simplified.
- 2) Then the BodyKind programme was delivered over a 4-week period by the primary researcher (CM; BodyKind curriculum writer and body image researcher) to post-primary student groups. Although delivery was to occur at a rate of one lesson a week for four consecutive weeks, due to timetable constraints at both schools', lessons 3 and 4 were delivered in a single session on week 4. On average, students attended 85% (range 50–100%) of sessions.
- 3) Students then engaged in an interactive codesign workshop conducted by two researchers (CM, OOD) with students (6 students per workshop) where they were asked to provide feedback and to design materials for the programme. Table 1 outlines the key activities and research questions used in codesign workshops, while Fig. 1 highlights some worksheet activities completed by students, which students were asked to elaborate on in workshop discussions.
- 4) Student feedback was used to refine the programme, and a second workshop was held with students to get feedback on these changes and other suggested improvements. Of the 12 students, 11 took part in Workshop 1, and 9 in Workshop 2, with absences due to illness or extra-curricular activities. Student demographic data (age, ethnicity, gender identity, sexual orientation) were recorded. On completion of workshops, students received a full debrief and €60 One-For-All Vouchers in line with National Institute of Health Research (NIHR; 2022) payment guidelines.
- 5) Second-level teachers and a mental health clinician reviewed programme materials (i.e., Teacher toolkit, PowerPoint slide deck) after it was codesigned with students. Using a semi-structured interview derived from existing protocols (e.g., Yager, Doley, McLean, & Griffiths, 2023), six 1-1 semi-structured interviews with teachers and one interview with a clinician were conducted by (CM, OOD) to gain insights on programme acceptability and feasibility. Interviews lasted between 19 and 42 min, participants were fully debriefed and were not financially compensated for participation.
- 6) Recommended alterations to the programme were recorded and, following this, expert collaborative input from an international panel of body image researchers was sought to confirm adaptations prior to implementation. This expert panel consisted of the primary researcher (CM), senior body image researchers from the USA (JWB) and Australia (ZY) and body confident schools facilitator and curriculum writer (DH, USA). Similar to other studies (e.g., Matheson et al., 2023), a combination approach (O'Cathain and Thomas, 2019) was used to adapt the programme. This meant that both input from literature, expert opinion and stakeholders were used to adapt the programme.

Table 1
Codesign workshop activities, timings, question prompts and instructions.

Activity	Instruction	Timing	Question prompt
Workshop 1 Introduction & Ice breaker	Facilitators explain the purpose of the workshop. Warm up exercise: in pairs, responding to each other by starting each sentence with prompts "No, but"	10	
Flash thinking challenge	Students worked in pairs, one wrote down responses to question prompts, the other reported these back to class	10	<ol style="list-style-type: none"> 1. What aspects of the programme did you like? Why? 2. What aspects of the programme did you not like? Why? 3. Do you think the BodyKind content is relevant for adolescents in Ireland? Why/Why not?
Brainstorming activity	Students wrote responses to question prompts on sticky notes and added them to a large worksheet (where questions and prompts were printed)	15	<ol style="list-style-type: none"> 1. What content would you like to see added to the BodyKind programme (prompt: relevant issues/scenarios)? 2. What recommendations would you suggest to improve the BodyKind programme (prompt: language/activities/content/timing)?
Comfort break		5	
Problem solving design thinking activity	Students worked in pairs where they were tasked with designing BodyKind content to make it more relatable and engaging for young people in Ireland. Student pairs used a spider diagram worksheet to write down solutions, then shared proposed solutions with another pair who helped to refine their ideas by asking questions/providing suggestions	15	<ol style="list-style-type: none"> 1. How would you design the programme to address body image concerns of young people in Ireland?
Body Story Creation activity	Students then worked individually to create a body story like those used in lesson 1 for the programme and were encouraged to create a story that is relatable for young people in Ireland; students engaged in group discussion to identify key themes related to Irish appearance pressures that would be important to include in these stories	12	<ol style="list-style-type: none"> 1. Can you write a sample body story that might capture body image issues of a person in Ireland? 2. Or can you think of some suggestions that could help us make the body stories more relevant to young people in Ireland? After creating stories... 3. What kinds of suggestions made the stories more relatable? 4. What aspects of the stories did you resonate most with?
Three corners activity	Students completed a worksheet where they indicated their response (agree/disagree/neutral) to statements about the programme's	10	<ol style="list-style-type: none"> Respond (agree, neutral, disagree) to the following statements: <ol style="list-style-type: none"> 1. I enjoyed the lessons 2. I understood what was being taught in the lessons

Table 1 (continued)

Activity	Instruction	Timing	Question prompt
	enjoyability, helpfulness, relatability, importance etc. A three corners activity followed, where students then could move to three positions in the room that reflected their opinions to the statements and explained their response		<ol style="list-style-type: none"> 3. I felt comfortable discussing the issues in a group with my classmates 4. The lessons helped me feel better about myself 5. I would recommend these lessons to a friend 6. It is important for young people to learn about body confidence 7. I could relate to the characters in the body stories (e.g., how they think or their experiences)
Anonymous post-it	Students write down any other thoughts/suggestions about the programme and place it in an envelope.	2-3	<ol style="list-style-type: none"> 1. Do you have any other comments/suggestions about the programme that you would like to share?
Check-in & conclusion	Check in with students and thank them for their participation.	1-2	<ol style="list-style-type: none"> 1. How are you feeling? 2. How did you find the workshop? 3. Do you have any questions before we finish up?
Workshop 2 Introduction	Facilitators explain the purpose of the workshop	1-2	
Review Changes	Researcher presented changes to students and students engaged in newly created activities (i.e., myth busting activity, revision bingo)	15	
Pair share	Students then worked in pairs to provide feedback on changes which they reported back to the group	10	<ol style="list-style-type: none"> 1. Do you think your recommendations were implemented correctly? Why/Why not? 2. Are you happy with the programme in its current form? Why/Why not? 3. What actions, if any are needed to bring the programme more in line with your recommendations? 4. Is there anything you would like to add? Are there any other issues in relation to body image or that you feel need to be addressed/discussed?
Ranking Body Stories		10	<ol style="list-style-type: none"> 1. What did you think of the new Body Stories? 2. Would you change anything about these Body Stories? 3. These Body Stories accurately reflect the suggestions for Body Stories that were provided in workshop 4. I think these Body Stories are relatable for young people in Ireland 5. Rank the Body Stories: 1 = most relatable, 2 = middle, 3 = least relatable
Check-in & conclusion	Check in with students and thank them for their participation.	1-2	<ol style="list-style-type: none"> 1. How are you feeling? 2. How did you find the workshop? 3. Do you have any questions before we finish up?

(a)

Worksheet 1

- 1 Please write out your responses to each of these boxes. You have 2 minutes for each question.
- 2 One person will report your responses to the class. This handout will be collected at the end of class.

What aspects of the programme did you like and why?

Add your thoughts here

What aspects of the programme did you not like? Why?

Add your thoughts here

Do you think the BodyKind Programme is relatable for young people in Ireland? Why/Why not?

Add your thoughts here

(b)

Design Thinking Activity

Let's find solutions to the key issues you identified

1

Add a solution

2

Flesh it out more

How would you design the programme to address body image concerns of young people in Ireland?

3

Add Notes or Comments

Add Notes or Comments

Next Steps

Let's end the session with action items.

Action Item	Description
Write an action item here.	Describe what needs to be done.

(c)

Body Story Creation

Remember in the Gallery Walk in Lesson 1 of BodyKind we read lots of stories where people described their thoughts/feelings around body image?

Create a story about student body image in schools that is relatable for young people in Ireland

- We are now going to create a body story for the programme
- Think about the body image issues that young people in Ireland face (they don't have to be personal to you, but for your age in general)
- You can use body stories from lesson 1 to help you
- You can write/sketch/draw your body story here

Fig. 1. Screenshots of interactive codesign workshop worksheets that (a), ask participants about perceptions of the programme and its relevance to Irish adolescents, (b) design thinking activity in which students design content to increase the programme's relevance for the Irish context and (c) activity where students create their own Irish Body Story activity.

2.3. Data analysis

Workshop and interview audio transcriptions were analysed separately using reflexive thematic analysis (Braun & Clarke, 2021). After data familiarisation, a coding frame was developed and used to code the data. While student, teacher and clinician data were coded independently, data were merged and analysed simultaneously due to the similarity of the codes (Garbett et al., 2021). Researchers (CM & OOD) engaged in reflexive analysis and codes were compared and adjusted as necessary to reflect both analyses of the data. To establish interrater reliability, a second coder (OOD) independently coded 20% of interview (i.e., one full teacher interview) and 20% of codesign workshop (i.e., one full workshop) data (O'Connor & Joffe, 2020), which was $K = .76$ for student workshops and $K = .85$ for teacher interviews. Themes and subthemes were named and finalised. Students also provided data through completing worksheets (private, anonymous responses), however, due to similarity in codes in worksheet data and group discussion, we opted to report on public responses (i.e., codesign workshop discussion) to avoid duplication of student data. In terms of reflexivity, coders were women in their 20s who were born and living in Ireland, and acknowledged that their adult and female status may have influenced adolescents' interactions and the ways information was disclosed/ interpreted.

3. Results

Codesign workshop data (transcriptions of audio recordings; worksheet responses) and interviews with teachers and the clinician were analysed and three themes, and several subthemes were identified. Themes included; 1.) Programme acceptability, 2.) Implementation considerations, 3.) Programme refinement.

3.1. Programme Acceptability

Students demonstrated high acceptability for BodyKind, describing it as "enjoyable" ($n = 9$) "easy to understand" ($n = 9$), something that helped them feel better about themselves ($n = 5$) and "different from what [they] usually do in the classroom and [something] [they] would use in [their] life" [Male 1]. Students mostly felt comfortable engaging in classroom discussions ($n = 10$) and would recommend the programme to a friend ($n = 8$). Similarly, teachers and the clinician viewed the BodyKind programme and teacher manual as accessible and useful, and felt that the "resources ... they just touch on everything that's coming up as being problematic" [Teacher 3]. However, some students felt aspects of the delivery were preachy or repetitive, and teachers felt some activity instructions/concepts were unclear/abstract (e.g., viewing your body as an instrument rather than an ornament). Teachers, students and the clinician offered several recommendations to improve programme acceptability (see section 3.4.1).

3.1.1. Cultural relevance of BodyKind

BodyKind was considered by students and teachers to be highly relevant and inclusive of diverse body image concerns in Ireland's multicultural society. The Body Stories were a key aspect that made the programme relatable – yet, when asked, students had not initially noticed that there weren't Irish-specific references in the Body Stories. Some students did not view this as an issue and felt the stories had a universal appeal, while others could not relate to the stories and felt they needed to be made more relevant to young people in Ireland. Ensuring content was suited to the Irish cultural context was considered by teachers to be important as because "sometimes we can have our own bias with American stuff that comes at us." [Teacher 5].

3.2. Implementation considerations

Teachers identified several factors potentially affecting programme

implementation, including difficulties in challenging their own and students' habitual behaviours (e.g., commenting on appearance) and societally ingrained ideas of body image, observing that "it might be difficult for all students to access or engage with the programme" because "a lot of kids mask an awful lot of stuff" [Teacher 3]. Additionally, while the importance of creating a safe space to facilitate discussion on body image was emphasised, one teacher noted challenges in supporting engagement when students felt judged or self-conscious of each other, while another shared concerns about unintentionally singling out students if addressing certain BodyKind topics (e.g., racism) in less diverse classrooms in Ireland. Teachers acknowledged that body image "it's a hard thing to teach" [Teacher 6] and cautioned that "one of the biggest challenges" was ensuring the teacher manuals were easy to interpret by teachers who did not have a background in wellbeing. Teachers felt that having training was important, given that they felt many organisations just handed over PowerPoints or videos to teachers without appropriate supports to facilitate delivery.

3.3. Programme Refinement

The programme was refined by the primary researcher in consultation with the expert panel based on salient themes from qualitative analysis. While cultural adaptation was the primary focus, as BodyKind was still in pilot development phases internationally, the programme and teacher toolkit were revised more generally along with culture specific adaptations. Programme modifications are further outlined in Table 2, while examples of BodyKind modifications are outlined in Fig. 2.

3.3.1. General programme refinements

In line with student suggestions, we included more interactive and discussion-led activities, along with "inspirational videos of people talking from [their] experience" [Female 5] of overcoming body image concerns. We included flexible lesson plans to cater for variable class durations in Ireland (ranging from 40–60 min), condensed the teacher manual, and included further resources/information on eating disorders and classroom management strategies in line with teacher recommendations. The clinician advised that teachers should set boundaries for students before programme commencement i.e., reminding them this is not therapy/clinical session and outlining pathways for students to access further support if needed; these safeguarding checks were incorporated in the teacher toolkit and slides.

3.3.2. Cultural Modifications

Students engaged in design thinking ideas to generate stories/scenarios relevant to the Irish context. When creating Body Stories, students identified a range of general body image issues (e.g., weight teasing, body-concealment practices, gender identity concerns, social media pressures) that they perceived as relatable to young people in Ireland; however, students had not specifically contextualised these within the Irish context. To increase cultural specificity, researchers decided to frame some student-developed stories in line culture-specific references, as well as appearance concerns highlighted in local media. For example, weight teasing in sports was framed in the context of Ireland's National Gaelic Athletic Association; GAA' Sports, such that weight teasing and body-concealment occurred in relation to wearing 'tight-fit' jerseys when playing these sports. Other appearance concerns as indicated by the literature and popular media and culture as relevant to the Irish context, but not identified by students (e.g., ginger hair, pale skin, having a skin condition) were also developed into stories by the research team for students to review. Some of these research-developed stories were based on real people's lived experiences, but details were modified such that ideas/messages were retained, but identifying information was removed. These stories follow protocols used to develop initial Body Stories and teacher recommendations to include people's lived experience in the Irish context to increase programme relatability.

Table 2

Changes made to the BodyKind programme and teacher toolkit based on co-design/cultural adaptations.

What worked	What did not work	Changes made
Lesson 1		
<ul style="list-style-type: none"> Body Story Gallery walk (awareness of other people's experiences & sharing reflections)^{1 2 3}, Tips for body confidence^{1 2 3} 	<ul style="list-style-type: none"> Some Body Stories in Gallery walk were not relatable^{1 2} Tips for body confidence unclear^{1, 2} Too much writing & not enough discussion¹ 	<ul style="list-style-type: none"> Students codesigned six Body Stories to reflect appearance concerns in Ireland Simplified worksheet and slides on tips for body confidence Moved 'letter to a friend' activity to lesson 3, introduced discussion on tips for body confidence³
Lesson 2		
<ul style="list-style-type: none"> How to deal with comparisons with compassion^{1 2 3} Learning about the inner critic^{1 2 3}, Meditation (relaxing)^{1 2} 	<ul style="list-style-type: none"> Wanted more detail on inner critic [why reframing critical thoughts can be helpful]¹ Unclear instruction for students/teachers on Compassionate jigsaw Exercise Meditation (boring/hard)¹ 	<ul style="list-style-type: none"> Included slides on costs of criticism & removed compassionate coach analogy Clearer instruction on compassionate jigsaw exercise for students & teachers -Meditation included as optional add in
Lesson 3		
<ul style="list-style-type: none"> Compassion for others^{2 3} Discussion on unhelpful societal messages on appearance (*prompted by slides, but originally not part of this lesson)¹ 	<ul style="list-style-type: none"> Not interactive enough¹ Students not able to relate to 'body talk' – needed more description¹ Repetitive of lesson four¹ Instructions on activities around creating kinder environment was not clear¹ Not enough discussion of gender/disability¹ 	<ul style="list-style-type: none"> Included 'Myth busting activity' to encourage students to think critically about diet myths via an interactive walking debate Body talk examples provided & described Introduced videos of where young people shared their experiences of moving from negative to positive body image [role model positive body image; including gender/disability journeys *modelled from Irish Body Stories]
Lesson 4		
<ul style="list-style-type: none"> -Social action project (engaging, fun)^{1 2 3} 	<ul style="list-style-type: none"> Instructions unclear¹ Project more process vs outcome focused [not engaging]^{1 2} - Too much PowerPoint; wanted games/quizzes/creative/artistic endeavours¹ 	<ul style="list-style-type: none"> Focus shifted from going through a process action plan to teach back of lessons learned via project Roadmap for action simplified & gamified – students to produce a creative expression Bingo game to revise key concepts
<ul style="list-style-type: none"> Teacher toolkit -One resource all information² Easy to follow^{2, 3} Accessible^{2, 3} 	<ul style="list-style-type: none"> Length – too long² Need clear instruction for teachers not familiar teaching health/wellbeing & more information on managing teacher expectations^{2, 3} Visible links to local resources/organisations required for students & teachers^{2 3} More activities needed for less talkative classes 	<ul style="list-style-type: none"> Included a programme outline with key concepts and timings on one page. Timing considerations for 40–60-minute class durations included. Included detail on classroom management for teachers (14 things that will happen in class, and what you can do about it).

Table 2 (continued)

What worked	What did not work	Changes made
	<ul style="list-style-type: none"> or longer class durations² Slides too text heavy/busy or imagery not consistent² Phrasing of instructions/prompts needed to be more sensitive in parts³ 	<ul style="list-style-type: none"> Clearer teacher instruction for class activities Boundary setting for teachers & local helpline links included on slides. Additional activities for lessons Slides aesthetically adjusted

1 = student suggestion, 2 = teacher suggestion, 3 = clinician suggestion. Irish cultural adaptations italicised.

In Workshop 2, students were presented with six stories and voted on the top three Body Stories that they felt were most relevant to young people in Ireland. These included 1) male body image pressures to look muscular and lean to avoid teasing and to be picked on teams for national sports; 2) insecurities around having ginger hair and pale skin; 3) feeling body image pressures from social media despite never receiving negative appearance comments. Other stories, including females concerns about having 'chunkier' legs due to participation in national sports, being misgendered and having a skin condition, were included in the cultural adaptation, as they were considered by the research team to reflect relevant body image concerns for young people in Ireland.

The language throughout the programme was also revised to ensure it was culturally sensitive (e.g., 'secondary school', instead of 'high school'). Links to local resources and organisations (helplines) and descriptions of BodyKind's fit with Irish education standards were included.

3.3.3. Student Response to Adaptations

In Workshop 2, students were shown the key changes to the programme, tested the new activities and provided feedback on modifications to the programme. Students were satisfied with programme modifications and pleased that their recommendations were followed "I really think it is a great programme and it is good that students go to help shape the programme as well" [Male 4].

4. Discussion

This study shows the acceptability of the theoretically driven BodyKind programme among mid-late adolescents in Ireland, where body image is a key concern needing early intervention (Diedrichs et al., 2021). Overall, adolescents, teachers and a mental health clinician found the programme acceptable and relevant for young people, which aligns with pilot findings in the USA (Mahon et al., 2023). Modifications were recommended to the programme in a codesign approach, including the development of stories/scenarios that captured appearance concerns in the Irish context. Participants provided recommendations to improve programme acceptability through additional interactive activities and content which were reviewed by a panel of experts prior to programme modification.

Several, cultural modifications were made to the BodyKind programme, which were relatively minor and easy to implement. These were contained within a localisation toolkit designed to accompany the intervention and guide future adaptations of BodyKind (see [Supplementary Materials](#)). Cultural adaptations to the programme based on teacher and clinician feedback, included adjusting the language to suit the Irish context (e.g., using terms such as 'secondary school', not 'high school'). Several body image stories/scenarios that most reflected body image concerns affecting students in Ireland were codeveloped collaboratively by students and researchers, including; weight-teasing and self-concealment in the context of national sports in Ireland, concerns



Fig. 2. Screenshots of the Culturally Adapted BodyKind materials including (a) the teacher's toolkit, (b) bingo activity student worksheet, and (c) Irish Body Stories.

about ginger hair and pale skin, female body image concerns related to participation in local activities (e.g., football/rugby) (Duffy, 2021; Noonan, 2021; Reynolds, 2012; Shafik et al., 2022). Students felt that the programme was more relatable when stories had been developed to include body image concerns specific to the Irish context, indicating the value in cultural adaptation (Garbett et al., 2021).

BodyKind was also modified in line with participant feedback to include additional, interactive activities and games (walking debates, bingo) that provided more tangible ways to build body confidence (e.g., modelling ways to improve body image). Programme changes were reviewed by students who indicated their satisfaction with modifications. In line with (Garbett et al., 2021), the teacher toolkit was condensed and made more user friendly, lesson plan timings were provided to accommodate classes ranging from 40–60 min, with core activities highlighted as important to prioritise versus optional content/activities. Resources to assist teachers with potential challenges with implementation (e.g., resistance to changing body image perceptions; challenges of creating a safe space) and safeguards for protecting students (e.g., boundary setting; signposting resources, highlighting that teachers who have previously had an eating disorder, should be at least two years in recovery, before delivering the programme) were included (Doley et al., 2021). Furthermore, in person training, supplemented with online training videos and resources will be provided to teachers prior to BodyKind programme delivery as part of a cRCT in Ireland.

4.1. Strengths & Limitations

Strengths of this study include the codesign approach, which was iteratively used to refine content/activities for adolescents in Ireland and the triangulation of both public (interview/codesign workshop) and private (student worksheets) multistakeholder perspectives on BodyKind from teachers, students and a clinician. Additionally, codesign workshops were piloted with students prior to administration of the programme to maximise their utility.

Participant recruitment may have been influenced by selection bias or opportunity sampling and generalisability of findings may be limited. Furthermore, while BodyKind was intended to be delivered at a rate of one session per week over four weeks, due to timetabling constraints lessons 3 and 4 were delivered together in both schools; this, along with student absences across programme delivery and workshops (challenges of real-world trials), and that teachers reviewed the programme but did not deliver it in full may have limited study findings. While there are clear advantages to codesign processes, students may not have been able to provide the kind of specific level of input that was required to fully inform nuanced cultural adaptations. For example, students' contributions to the development of body stories were supplemented with expert researcher input to adequately reflect appearance norms/stereotypes in the Irish context. Additionally, it would have been preferable to have more than one clinician involved in the process, in keeping with codesign principles.

4.2. Conclusion

In line with goals to implement BodyKind more globally beyond the USA, this study was the first to culturally adapt the BodyKind programme and ensure its suitability for delivery in the Irish cultural context. This study used a codesign approach, which is recognised as key to the advancement of the field of body image intervention (Doley et al., 2021) and the protocol described in this study may be used to adapt this (and potentially other) interventions to various contexts. BodyKind was considered acceptable by students, teachers and a mental health clinician who shared recommendations to further optimise the programme. This modified version of BodyKind with the cultural adaptations addresses a need to provide an evidence-informed, gender inclusive, strengths-focused, universal body image interventions for older adolescents. The culturally adapted BodyKind programme will be evaluated

in a cRCT and if found effective, may represent a valuable resource for teachers to support student body image.

Declaration of Competing Interest

This research was conducted in a partnership between Jigsaw, The National Centre for Youth Mental Health and University College Dublin. This study was funded by the Irish Research Council, grant number: EPSPD_2022_147.

Data Availability

Data will be made available on request.

Appendix A. Supporting information

Supplementary data associated with this article can be found in the online version at [doi:10.1016/j.bodyim.2024.101716](https://doi.org/10.1016/j.bodyim.2024.101716).

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