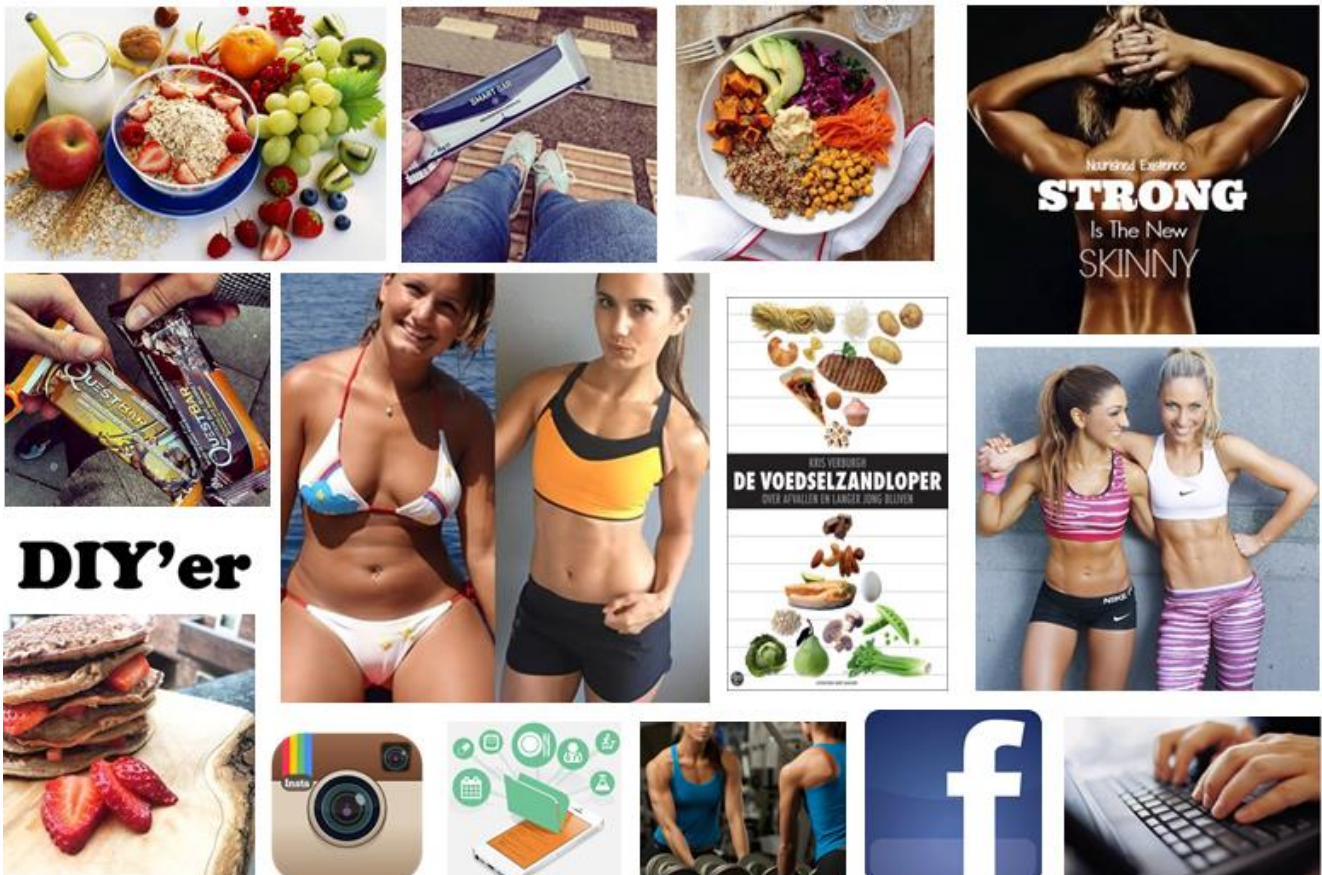


The influence of the DIY-health lifestyle on leisure & health perceptions

A qualitative study on healthy lifestyles of Dutch women and their perceptions of leisure and health



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of leisure and health*

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Preface

‘Finally, I have done this!’ was one of my first thought when I finished writing this master thesis. Although I really enjoyed this research, even much more than I could ever imagine, I am glad I finished writing this report. That this research should cover a combination of health, leisure and a link with sports was already clear at the beginning of this Master. For me, health and sports are two of the most important aspects of live. ‘Oh that’s really you’ was one of the reactions I received from others after explaining my thesis topic. In here, I also found one of my stumbling blocks. In my opinion, everything I found was interesting and should be taken into account during this research. I experienced troubles concerning research boundaries.

During the pre-master and master Leisure Studies I have gained much more knowledge about leisure. Much new insights have passed and made me think of leisure in a different way. This research has also contributed to a large extend to my perceptions of leisure. Furthermore, I also learned more about my own ‘DIY-health lifestyle’ and came in contact with so many women with interesting stories which provided me with new insights which I use in maintaining my lifestyle. Furthermore, for this research I created an Instagram account in order to be able to carry out the netnography. In the beginning I was not familiar with this social media tool. In an attempt to make my account a bit more interesting for other users I started with sharing pictures of my breakfast, lunch, snacks and dinner. Since I have different food intolerances I always prepare all my meals from breakfast till dinner and snacks from scratch only using fresh and natural ingredients. I soon got a lot of followers who considered my food creations as inspirational.

I could have never done this research and written this report without professional help. Therefore I would like to thank the persons who have supported me during this research. First of all I would like to thank my supervisor Marco van Leeuwen and second assessor Bertine Bargeman for their tips, advice and support during this research.

Secondly, the women who were of great help by participating in an interview deserve also a huge word of thanks! All of them were so kind and enthusiastic which motivated me even more. I really enjoyed conducting the interviews and the talks we had afterwards. With some of them I am still in contact.

I hope you like enjoy reading this report as much as I enjoyed doing this research!

Jessica Harthoorn,
Breda, August 2015

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Abstract

Nowadays the increasing awareness concerning health and living health has caught the attention of many Dutch women. Although health has been already an important aspect of life for many years (Kleiber, Walker, & Mannell, 2011), it seems that within the current Dutch society new developments concerning this health awareness arise. Where health still a few years ago was placed in a healthcare domain or medical world context, it can be argued that nowadays aspects of health become more and more drawn into the leisure domain. It can be argued this development has partly changed the way in which professionals within the medical world are respected nowadays. The increased use of the online environment enables people to search for health-related information by themselves. Besides the increased use of the online environment and the growing health concern another trend can be recognized and hold responsible for the fact that health becomes more integrated within the leisure domain, the DIY-phenomenon. Together with the increased use of the online environment and the growing health concern, this DIY-phenomenon constitutes a relatively new kind of lifestyle, the DIY-health lifestyle. This lifestyle can be defined as:

“a lifestyle whereby one aims for improving and maintaining its own personal health condition and well-being by itself by looking for ways, both online and offline, in order to achieve their values”.

According to van der Poel (2004) lifestyles are constituted by various activities, routines and spheres of interest which form together a certain main practice. The main practice of the DIY-health lifestyle is formulated as:

“Looking for ways for improving and maintaining one’s personal health in order to achieve one’s values, both online as well as offline”.

During this research this DIY-health lifestyle is investigated using the Leisure Practice Approach (LPA), which is developed by van der Poel (2004). The choice for this approach lies in the fact that the DIY-health lifestyle can be investigated as a practice as such. Furthermore, it takes into account both the actor and context of the DIY-health lifestyle.

“How do Dutch women with a DIY-health lifestyle integrate this lifestyle in their leisure time and how does this lifestyle influence their perceptions of leisure and health?”

Introduction

Although the importance of health has been around much longer (Kleiber, Walker, & Mannell, 2011), nowadays more and more products and services related to health emerge and become more popular. Where a few years ago the existence of superfoods, chia seeds, goji berries and quinoa was relatively unknown, today almost all supermarkets are equipped with a special superfoods shelf. Cooking books with healthy recipes as 'Powerfood' by Rens Kroes, 'Good Food' by Laurianne Ruhe and 'De voedselzandloper' written by Kris Verburgh are all focused on health, healthy nourishment, slowing down the aging process of the body and losing weight. Furthermore, fitness centres pop up like daisies and in many cities diverse HIIT (High Intensity Interval Training), cross-fit or bootcamp training sessions are provided. Brands as Nike and Reebok have expanded their range of sportswear by clothing, shoes and accessories for those HIIT, cross-fit and bootcamp activities. An increase in lifestyle magazines concerning health as Women's Health, Men's Health, GezondNu, Happinez can be witnessed and increase in popularity (Kooiker, Den Draak, & Van Campen, 2006). Mobile applications as 'My Fitness Pal' and 'Caloriechecker' for smartphones and other electronic devices, which enables people check their nutritional intake, appears to be a stimulating application in losing weight. Furthermore, television programmes, reports and blogs concerning those issues become more popular and discussed in the media as well (van Campen & Versantvoort, 2014). A growing health concern can be witnessed which indicates that health is an important part of people's lives.

Furthermore the 'online environment' tend to play an important role as well in the increasing popularity concerning health and living healthy. Many people use the internet and social media in order to obtain knowledge about health and the therein occurring or new developments (Kooiker & Van der Velden, 2007; Pálsdóttir, 2014; Lagoe & Atkin, 2015). Looking up information concerning health seem to be not the only purposes of this environment. Personal blogs, websites, social media accounts and profiles are also used to share personal experiences, stories and tips about different aspects of health (Savolainen, 2010; Kontos, Emmons, Puleo, & Viswanath, 2010). Blogs, social media and social networking sites contain personal stories, advise, tips and guidelines for a healthy lifestyle. Pálsdóttir (2014) describes in her research into the use of social media in healthy lifestyles in Iceland that social media increase the accessibility of information about health and living healthy (Pálsdóttir, 2014).

A few decades ago doctors, physicians or other professionals were visited for medical advice. Nowadays people tend to rather consult the online environment for information concerning health. Writers of personal blogs and other social media, also called bloggers, are not all necessarily educated in those fields, but share their own experiences, opinions and knowledge concerning those issues with their 'followers', those people who read those stories. Therefore the reliability of the information can be considered questionable (Moorhead, 2013). Both bloggers and followers interested in those issues provide each other with questions and answers based on own experiences (Hill, Dean, & Murphy, 2014). According to Scamfeld et al. (2010) people influence each other's health behaviour by sharing thoughts and advice.

Furthermore, it is argued that social media provide people with emotional support (Savolainen, 2010).

It can be argued that health becomes more and more integrated in our daily lives. In their research report about the healthcare trends in 2015 research and consulting firm PricewaterhouseCoopers indicate that the 'do-it-yourself healthcare' including mobile apps and consumer medical devices, is appointed to be the top healthcare trend of 2015. PwC's Health Research Institute found in their studies several reasons for adopting this trend. They state that by the combination of different facts as technological maturity, consumer eagerness to use mobile applications and devices, and physician willingness to work with the data, it can be expected that DIY home health care becomes a major trend. One can think of devices and applications that monitor vital signs, analyse blood and urine and track medication adherence. This do-it-yourself-healthcare trend is predicted as one of the top trends in the healthcare domain (PwC, 2014).

It can be argued that this do-it-yourself-healthcare trend will not be restricted to only the healthcare domain, but it is expected that working on ones' health becomes an issue in the leisure domain as well since people tend to use their leisure time to maintain their health. The DIY-phenomenon is not new. The rise of hardware stores during the late 60's and early 70's has made home improvement and DIY chores popular, as for instance chores surrounding house and garden (van der Poel, Tijd voor vrijheid, 2004). Another example of the DIY phenomenon are the DIY holiday packages (Roberts, 2004). It can be argued that the DIY-phenomenon becomes more popular in various subjects. People have the ability to access the required information concerning 'DIY-projects' or chores both online as well as offline in order to be able to fulfil their needs. It can be argued that the do-it-yourself (DIY) consumer behaviour is a specific form of prosumption (Wolf & McQuitty, 2011). Prosumption is derived from the recognition of the importance of consumer involvement in value co-creation (Vargo & Lusch, 2004; Lusch & Vargo, 2006) and can be labelled as consumers producing products for their own consumption (Xie, Bagozzi, & Troye, 2008). The do-it-yourself consumer behaviour can be defined as '*activities in which individuals engage raw and semi-raw materials and component parts to produce, transform, or reconstruct material possessions, including those drawn from the natural environment*' (Wolf & McQuitty, 2011, p. 1). Due to the rise of the internet and social media and its advantages earlier discussed, it is expected that both internet and social media have reinforced and accelerated the development of various DIY-aspects. It can be considered that nowadays people dependent less on information via professionals and that they become more self-sufficient concerning obtaining information.

"Whatever the source of ideas about health and happiness, the answers have often taken of a prescription for a particular way of living. Today these prescriptions are packaged as 'lifestyle', and individuals are bombarded from all sides with suggestions for the best way to juggle and balance the various aspects of their lives" (Kleiber, Walker, & Mannell, 2011, p. 4). The above mentioned societal developments as the increasing health and well-being concern, the increasing use of the online environment and the DIY phenomenon can be

captured in a much bigger development and perspective which brings along a new certain kind of lifestyle, the 'DIY-health lifestyle'. Giddens describes the term lifestyle as '*a set of activities, habits and fields of interest, where the coherence is made by people themselves as they tell their 'life stories', when they tell who they (have) become and why and what they do. Thereby, on the one hand they will both legitimize the presence of certain activities in their lifestyle because of their usefulness and the need for compliance with certain basic needs, and on the other hand because of their contribution to the realization and maintenance of self-identity*' (see Giddens 1991, p. 80 in van der Poel, 2004). Giddens refers to lifestyle as a set of particular practices in which people participate and that those activities constitute their identity and behaviour. People form their identity and constitute their behaviour during their leisure time. According to Roberts (2004) leisure can be regarded an alternative or complementary source of identities. Leisure is about desires, and "enables consumers to be recognized as, and to feel like, particular kinds of people as a result of what they wear, eat, drink what they listen to and watch, and where they are seen and who they are seen with" (Roberts, 2004, p. 2). Authenticity and self-actualization tend to be very important aspects in identity building these days and are therefore considered worth pursuing. Leisure should no longer be valued in terms of money (Blackshaw, 2010), but should rather be valued by its meaning since leisure time enables people to live authentic lives and devote themselves to meaningful activities. People want to distinguish their selves from others by their 'own story' or 'script' (Richards, 2011).

Although there is not much written about the DIY-health lifestyle in the academic literature, it can be argued that magazines, personal blogs and other media concerning health behaviour contain valuable information about specific themes and topics that constitutes this behaviour largely. Preliminary research has pointed out that magazines as Women's Health, Men's Health, FIT, Healthy You and GezondNu contain similar themes and topics as food and nourishment, sportswear, (healthy) food and recipes, special diets, food and training schedules and health and bodily care. Thus, it can be argued that people with a DIY-health lifestyle are interested in those topics and that those topics are an important part of this lifestyle. Research into the use of social media in healthy lifestyles in Iceland by Pálsdóttir (2014) indicated topics as physical exercise and healthy diets as important factors as well. One might ask whether this holds true for both men and women to the same extent. Research pointed out that women, and in particular young women, are more likely to seek health-related information online (Lagoë & Atkin, 2015) and are more likely to use social media compared to men or compared to older individuals (Pálsdóttir, 2014). Women tend to be more likely to use the online environment for health-related information and fit therefore this research perfectly. Therefore Dutch women are taken as focus group during this study. Furthermore, during preliminary research it was found that Dutch young women with a healthy lifestyle express themselves as 'fitgirls'. The results of this research indicate that those women who consider themselves as fitgirls seem to maintain this DIY-health lifestyle. It can be argued that this DIY-health lifestyle is relatively new in the Netherlands since there is not much (academic) literature available or previous researches done into this lifestyle or related topics. Likewise the DIY-health lifestyle, this fitgirl-phenomenon is relatively new and therefore literature concerning this kind of lifestyle does not exist. It should be taken into

account that not all women with a DIY-health lifestyle consider themselves as a fitgirl. Therefore, during this research, the focus will be set on Dutch women in general with a DIY-health lifestyle. It might be the case that by taking the fitgirls-phenomenon into consideration, this research will pass out on relevant information concerning Dutch women in general.

Research problem and question

Improving personal health and well-being tends to be a worth pursuing aim (Godbey, 2008). As discussed, the DIY-health lifestyle is concerned with health. Health is usually placed in a health and care context and associated with doctors and professionals and the medical world instead of a leisure context. It can be argued that health is no longer only a matter of personal care, it becomes more often integrated in peoples lifestyles and thus leisure. People are looking for new ways concerning health improvement. The online environment, and in particular social media, are used more often as information sources for health improvement (Kontos, Emmons, Puleo, & Viswanath, 2010; Pálsdóttir, 2014; Lagoe & Atkin, 2015). The fact that women can search for the required information 24-hours a day via social media, blogs and other online information resources enables them to constitute their lifestyles each moment **in time**, and in particular during their leisure time. Thus, women with a DIY-health lifestyle integrate their health behaviour during their leisure time. The aim of this research is to get a better understanding of and academic grip on this DIY-healthy lifestyle which becomes more drawn into the leisure domain. It can be argued that the perceptions of both the leisure and health domain will change over time as well. It is interesting to see how women with this particular DIY-health lifestyle perceive leisure and health. Therefore the research question of this study is formulated as following:

'How does the DIY-health lifestyle influence leisure perceptions and health perceptions?'

One's lifestyle can be described as a set of different activities and situated actions (see Giddens 1991, p. 80 in van der Poel, 2004) and can be conceptualized as practices (Bargeman, 2014). During this research, the DIY-healthy lifestyle is regarded as a practice. To be able to investigate such a practice as the DIY-health lifestyle, a practice approach is required. Experts in the fields of leisure at the University of Tilburg have developed the Leisure Practice Approach. The theory and model of this Leisure Practice Approach will be used during this study. This model is developed by van der Poel (2004) and is based on the Structuration theory by Giddens. During this research, the leisure practices and perceptions of women with a DIY-health lifestyle will be investigated and therefore the DIY-health lifestyle will be taken as central practice. One's lifestyle can be considered a dynamic and multidimensional process which is continuously influenced by a reciprocal relationship of internal (actor) and external (context) factors (Staempfli, 2007). One's action is determined by interactions between their individual traits and environmental factors (Staempfli, 2007; Kleiber, Walker, & Mannell, 2011). In order to come about, actions regarding the constitution of this DIY-health lifestyle require an actor and take place in a particular context (Bargeman, 2014). It can be argued that in understanding human behaviour, and thus the DIY-health lifestyle, both the actors as well as the context in which their actions take place should be taken into account. This Leisure

Practice Approach takes both the actor and context side in consideration and positions the practice, thus the DIY-health lifestyle and the associated (leisure) practices, at the centre. A centre position is preferred to get a thorough understanding of this health behaviour and associated (leisure) practices (van der Poel, 2004).

Research relevance

As indicated earlier, there is limited academic information available concerning the DIY-health lifestyle since this lifestyle is relatively new and is still in process. The aim of this research is to get more academic grip on the DIY-health lifestyle of Dutch women and their perceptions of leisure and health. According to different researches, the relationship between leisure and health is an increasingly interesting area regarding leisure theory development (Kleiber, Walker, & Mannell, 2011). By this research, academic insight on women with a DIY-health lifestyle and their perceptions of leisure and health will be provided. Therefore, this research can be considered academically relevant. Furthermore, according to Kleiber et al. *“the role of leisure in meeting the health and lifestyle needs of people (...) is of continuing and growing interest”* (Kleiber, Walker, & Mannell, 2011, p. 10).

Another point which increases the academic relevancy of this research is that the theory and model of the Leisure Practice Approach as designed by van der Poel (2004) will be used in a leisure-health context. As far as the literature is concerned, this model has not been used before in the same way as it will be used during this research. This research extends the usability of this model and therefore this research can be considered academically relevant.

Besides the academic relevancy, this research can be considered societally relevant as well. Godbey (2008) argues that people's health is determined to a large extent by external factors as for instance the environment in which people live, the relationships with both friends and enemies, social status, the level and quality of education and the perception of oneself. Thus, it can be argued that people's health will be mostly determined by way they live their everyday lives and their behaviours. *“What are most important are our own personal habits and our collective societal actions. It also helps to have the right parents and ancestors. “If all forms of cancer were cured immediately, our life expectancy would go up an average of only two years”* (Godbey, 2008.), but *“if good nutrition, exercise and good health habits were followed, average life expectancy would increase by seven years”* (see Orstein & Erlich, 1987 in Godbey, 2008, p.). This indicates that living healthy and taking good nutrition, exercising and health habits more seriously could increase people's life expectancy. It is generally expected that welfare diseases will decrease as people start living healthier. More knowledge, and thus awareness, concerning this DIY-health lifestyle and living healthy could lead to a more healthy society.

Report outline

This report consists of this introduction chapter and three subsequent chapters. The second chapter contains the theoretical framework that constitutes and substantiates this research. In

this chapter, the term leisure time will be defined, the Leisure Practice Approach will be discussed and the conceptual research model with its associated specific research questions will be described. Chapter three describes the methodology and data analysis of this research. In this chapter the research design and model, the operationalization of the specific research questions, the data collection and data analysis will be explained. In the fourth chapter the analysed data will be discussed. The specific research questions and central research question will be discussed and answered in the fifth chapter.

2. Theoretical framework

In this chapter, the theoretical framework and literature used to substantiate this research will be discussed. This research is focused on the influence of a growing health concern, thus the DIY-health lifestyle, upon people's perceptions of leisure and health. In order to answer the research question it is useful to take a theory or model as guidance through the research (Bryman A. , 2012). Although there exist many different research models and approaches for investigating lifestyles, leisure practices and perceptions, the Leisure Practice Approach (LPA) has been applied during this research. The first paragraph discusses the motivations for approaching the LPA relative to other models and approaches. Furthermore the usage of the LPA and its associated variables will be discussed. The actual research model is displayed and described in the second chapter. The third and last paragraph contains the specific research questions which are formulated in order to be able to answer the central research question.

2.1 Leisure Practice Approach

As mentioned above, in this paragraph different models and approaches are compared and discussed relative to the LPA. A widely used model for researches concerning health behaviour is the Health Belief Model (HBM) which is originally developed by the researchers Becker, Rosenstock and Strecher during the 50's for explaining change and maintenance of health-related behaviour. According to Rosenstock et al. (1988) health-related action can be determined if the following three factors simultaneously occur: *“(1)The existence of sufficient motivation (or health concern) to make health issues salient or relevant. (2) The belief that one is susceptible (vulnerable) to a serious health problem or to the sequelae of that illness or condition. (3) The belief that following a particular health recommendation would be beneficial in reducing the perceived threat, and at a subjectively-acceptable cost.* (Rosenstock et al, 1988, :177). Although the HBM has been applied successfully in many different researches (Lee, Jin, & Kim, 2013), during this research another approach is preferred. The HBM does not take into account factors other than health beliefs which might influence health-related actions and behaviour practices as well.

It can be argued that maintaining a particular lifestyle requires certain motivations that actually move people towards action, thus towards activities to constitute their particular lifestyle (Kleiber, Walker, & Mannell, 2011). There are different theories and approaches that can be used in order to investigate one's motivations for certain actions, for instance the Self-Determination Theory developed by Ryan and Deci (2000). This theory consists of three mini-theories, a basic needs theory, organismic integration theory and cognitive evaluation theory. Those theories together can be used for measuring motivations on three different levels, intrinsic, extrinsic and a-motivation (Ryan & Deci, 2000). In contrast with the HBM, this theory takes into account external factor which can be of influence on people's motivation. Although motivation is considered an important aspect for participation in activities and for maintaining a lifestyle, an approach focused more upon lifestyles and behaviour is preferred looking at the aim of this research.

Another widely used theory which can be taken into account concerning behaviour research is the Theory of Planned Behaviour (TPB) developed by Ajzen (1991). This theory holds that a person's behaviour is determined to a large extent by “(1) *the person's attitudes toward the behaviour* (2) *the subjective norms he or she believes significant other have concerning the behaviour* and (3) *his or her perception of whether the behaviour can be performed both in terms of self-efficacy* (Kleiber, Walker, & Mannell, 2011, p. 177). The TPB has been used in various researches explaining people's participation in leisure activities, as for instance hunting, dancing and boating, biking, climbing, jogging, and beach activities (Kleiber, Walker, & Mannell, 2011)

All above mentioned theories and models, HBM, SDT and TPB, are applicable during studies investigating human behaviour. Despite the fact that this research is concerned with health behaviour during leisure time and the results of this behaviour in terms of perceptions of leisure and health, an approach focused also upon those perceptions (consequences) of this is preferred. The researcher is convinced that the DIY-health lifestyle should be investigated as a central practice in order to get a thorough understanding of this lifestyle and to be able to discover the changes in perceptions concerning leisure and health (van der Poel, 2004). Therefore the Leisure Practice Approach will be used since it is preferred to take the DIY-health lifestyle as central research subject, thus as central practice.

This approach is developed by van der Poel (2004) and is based on the structuration theory by Giddens (see van der Poel, 2004). The structuration theory is an action-theory and enables researchers to include other mono-disciplines as psychology, time-geography and sociology as well. In this case, this approach enables the researcher to investigate the DIY-health lifestyle and the perceptions of health and leisure of women with a DIY-health lifestyle on different contextual conditions, as material-physical, time-spatial and structural conditions. Giddens's structuration theory has been used by many researchers, in the Netherlands, as theoretic fundamental principle for studies in the fields of leisure and leisure practices by (Bargeman, 2001; Verbeek & Mommaas, 2008; Verbeek D. , 2009). During this research, the leisure practices that constitute the DIY-health lifestyle of people with this lifestyle and their perceptions of leisure and health are investigated and therefore the DIY-health lifestyle is taken as central practice. According to van der Poel (2004) the Leisure Practice Approach takes both the actor and context side in consideration and positions the practice at the centre which is preferred to be able to investigate the DIY-health lifestyle and perceptions of leisure and health thoroughly (van der Poel, 2004). Another feature of the Leisure Practice Approach is that it has an actor-context perspective. Such a perspective takes into account different aspects concerning human activity and behaviour is required in order to be able to understand the practices and perceptions of people with a DIY-health lifestyle. When investigating those practices and perceptions it is important to not only focus on people with that lifestyle (actor side), but also take into consideration other factors that influence their actions (context side). The actor side is about the background characteristics and motivations that people with this DIY-health lifestyle have, but does not take into account the influencing role of environmental factors. The context side on the other hand is only focused on material/physical conditions as the environment , on time-spatial conditions as settings in time and space and

structural conditions as culture and rules, and misses out on the significance of the actor side. By taking both sides into account, an mono-disciplinary perspective can be avoided (van der Poel, 2004).

2.1.1 Practice: DIY-health lifestyle

The central practice which derives from the actions of women (actor side) in a particular context (context side), thus in this case the DIY-health lifestyle as a practice, will be discussed in this paragraph. In the introduction it is discussed that three main elements can be distinguished concerning the DIY-health lifestyle, namely the DIY-phenomenon, growing health concern and the increased use of the online environment.. Looking at the DIY-component, it can be argued that people with a DIY-health lifestyle are interested in health and improving their health in such a manner that they are looking for ways to improve and maintain their health by themselves. The aspect of the online environment suggests that the required information concerning this lifestyle will be mainly gathered and distributed via this environment. Due to the fact that this DIY-health lifestyle is designed based upon current developments and previous research concerning this topic is limited, a description of the DIY-health lifestyle is made in order to draw a clear definition and avoid misconceptions. This definition is based upon the three main aspects and reads as follow:

“a lifestyle whereby one aims for improving and maintaining its own personal health condition and well-being by itself by looking for ways, both online and offline, in order to achieve their values”.

By now, the definition of the DIY-health lifestyle is much more clear and thus a better understanding of the DIY-health lifestyle as a practice can be designed. It can be argued that this lifestyle consists of a main practice. This main practices can be described as

“Looking for ways for improving and maintaining one’s personal health in order to achieve one’s values, both online as well as offline”.

It is expected that this main practice results in different activities and that women maintaining this lifestyle undertake activities that contribute to their health. During this research those activities are termed lifestyle-related activities. Although leisure is often referred to as freedom, it turns out that people use this relative freedom to perform in and stick to routines. Van der Poel (2004) argues that activities, routines and spheres of interest are important aspects of lifestyles as well. In his opinion, a combination between routines, spheres of interest and activities constitute a lifestyle. It can be expected that the activities and practices women undertake already for several weeks, will be carried out next week as well (Roberts, 2013). Thus it is plausible that those lifestyle-related activities occur in routines. But what exactly are health-related activities? Is it possible to simply state that a certain activity is healthier compared to another one? And if so, what activities are considered health-related? Can certain activities also be appointed as unhealthy? Running for instance can be considered an activity that provides health benefits. But is running 10 miles or a marathon healthy for each person? How many times a week should one undertake a running activity? It tends to be

rather difficult to define whether an activity can be considered a healthy activity (Godbey, 2008). According to Ornstein and Sobel, enjoyment is an important aspect of health. *“Doing what feels right and feeling good are beneficial for health and the survival of the species”* (Ornstein & Sobel, 1987: 3 in Godbey (2008)).

Since previous research concerning this topic is limited, preliminary research is carried out in order to be able to form a research starting point. This research consisted of different information resources both online and offline, as for instance magazines, social media and online personal blogs. By this preliminary research, a better impression of this DIY-health lifestyle is created. It has given more insight in certain themes and topics which occurred frequently in both online and offline information resources. Certain themes as food and nourishment, (healthy) recipes, training and food schedules and physical exercises are used on many different blogs, websites and social media and in lifestyle magazines and books concerning health. Furthermore, it seems that personal blogs, websites and social media are used in order to gather the required information, to share experiences and tips. All those findings by preliminary research are in line with the results of research into the use of social media in health-related lifestyles by Pálsdóttir (2014). In her research she found that topics as sports, physical exercises and food were much discussed on social media, personal blogs and other online communication tools. Furthermore, research by Savolainen (2010) that food and dieting are the most discussed health-related topics on social media and blogs.

Thus, it can be expected that activities concerning sports & physical exercises and food & nourishment are activities resulting from the main practice of the DIY-health lifestyle. But what type of women maintain this lifestyle? And what kind of resources are required and how does the context look like in which those activities and practices take place? Those questions will be discussed in the following paragraphs.

2.1.2 Actor-side

Since this research investigates health behaviour of women with a DIY-health lifestyle, the actor-side of the Leisure Practice Approach comprises women with a DIY-health lifestyle. To ensure that the accurate audience participates during this research, it is advisable to describe this group. In order to do so, aspects as background characteristics and motivations of those women will be used to define the sample group (van der Poel, 2004). It can be argued that people actual move toward action by their motivations (Kleiber, Walker, & Mannell, 2011). Both aspects are described in this paragraph. Due to the fact that the academic literature concerning background characteristics for this DIY-health lifestyle is limited, general characteristics that might have an influence on the DIY-health lifestyle are discussed in this paragraph. It can be expected that women have many different motivations for maintaining a DIY-health lifestyle. The motivations resulted from the preliminary research will be discussed in this paragraph.

Background characteristics

In general, background characteristics are used to indicate and describe a certain type or profile. It is expected that not all existing background characteristics are important to the same extent to identify the DIY-health lifestyle. Because of research limitations it is decided to focus upon a specific study sample during this research. The researcher decided to take Dutch women in the age of 18 till 35 as sample group. Background characteristics as age, gender and culture are considered individual factors that *'interact with situational influences to influence behaviour and experience'* (Kleiber, Walker, & Mannell, 2011, p. 46). Characteristics as education, skills and knowledge are considered important as well regarding the DIY-aspect of this lifestyle. As earlier discussed, this DIY-aspect entails that people, in this context Dutch women in the age of 18 till 35, search for ways in order to be able to maintain this DIY-health lifestyle. It can be expected that particular skills and knowledge are required in order to be able to maintain this lifestyle and perform the associated activities. It is argued that many of those lifestyle-related (leisure) activities require skills and knowledge are gathered by formal education (Godbey, 2008). Although comparisons in terms of culture, gender and age will not be made, this paragraph contains the rationale for the choice of the study sample.

Culture

The introduction already discussed the fact that leisure is continuously changing by various societal developments. Garry Chick (2006) argues that cultural changes should be considered responsible for changes within leisure as well. It can be argued that culture in itself is an interesting aspect to take into consideration as well during this research. Although culture does only exist or becomes more clear in comparison (Hofstede, 2015), it is still interesting to take into account the cultural dimensions developed by Hofstede, concerning the Dutch culture. According to Hofstede, countries can be defined and compared on the basis of six different cultural dimensions. In this research context, the power, individual, masculinity, long-term orientation and indulgence dimensions are interesting to take into consideration and therefore only those five dimensions will be discussed. Looking at the Dutch culture in general it turns out that the power dimension is considerable low and indicates that Dutch people feel more independent, have a direct way of communicating and experience a decentralized power distance in both social as work-related environments. The high level of individualism argues that Dutch people tend to be individualistic and thus, are more focused upon and look after their selves. The extreme low score on the masculinity dimension indicates that the Netherlands is a more feminine society which means that the quality of life reflects people's success rather than competition. A work-life balance seems to be important as well. Furthermore, in feminine societies women do have more or even have equal rights and prestige like men. The somewhat high score on long-term orientation entails that the Dutch society has a pragmatic orientation. This means that in general Dutch people are adaptive to changes and changing conditions. Furthermore, they do not believe in just one truth, but they consider the existence of multiple truths depending on situation, context and time. The average till high score on indulgence indicates that Dutch people do have an optimistic mind set, perceive leisure as highly important and that they do have the willingness to achieve their goals concerning life enjoyment and fun (Hofstede, 2015). It can be argued that the scores on the cultural dimensions by Hofstede in a certain sense match with and

contribute to the DIY-health lifestyle in terms of individualism, feminism, pragmatic orientation and indulgence. The fact that the DIY-health lifestyle matches the Dutch culture is by no means strange since this lifestyle is emerging in the Netherlands. It should be taken into account that the scores on Hofstede's cultural dimensions are general scores and not gender specific, although there are not that many noteworthy difference concerning cultural rules between men and women living feminine societies.

Gender

As already indicated, women are more likely to use social media in health-related lifestyles (Pálsdóttir, 2014), and Dutch women with a DIY-health lifestyle are taken as sample group. Therefore it is not possible to distinguish in gender during this research. Although it should be taken into account that gender, thus being female, can be of influence on the DIY-health lifestyle. According to Henderson (2013) various researches has been carried out concerning the aspect of gender in leisure practices during the past decades. Women tend to have a less clear distinction between work and non-work compared to men. Aspects as women's caregiving roles and family responsibilities can be considered responsible for those blurred distinctions (Harrington, 2006; Henderson K. , 2013). Kleiber et al. (2011) also indicate that differences in terms of gender can be recognized concerning (leisure) activities and that there is even a difference in terms of experiences among men and women for the same activities. Furthermore, it seems that besides leisure activities and behaviour, gender relates to experiences and meaning of leisure in every life as well (Best, 2010; Henderson K. , 2013). Men and women can experience the same activities in a different manner. Does this difference in experience affect their lifestyle as well? It can be argued that men and women take up different care tasks in households which might influence their leisure and thus their lifestyle. Given the fact that women might experience their leisure differently, it can be argued that women do have different needs concerning leisure and their lifestyle. As discussed, only women belong to the sample group, therefore a comparison between men and women cannot be made. Although it should be taken into account that caregiving roles and household tasks might blur the distinctions between work, care giving, household and (leisure) lifestyle-related activities.

Furthermore, in her article Henderson describes that compared to a few decades ago, the difference in gender concerning (leisure) activities nowadays has reduced. Years ago certain activities, for instance sports activities as football, were in general only practiced by men. Nowadays women football is getting more and more attention. Shaun Best (2010) speaks about certain participation barriers that women tend to face compared to men which indicate a lack of equal rights and opportunities for women (Best, 2010). It can be argued that some activities are concerned with a certain level of social acceptance for particular activities. Although the level of social acceptance has been reduced the past years for some activities, depending on culture, it should be taken into account that women might feel pressured to perform certain activities (Best, 2010; Henderson K. , 2013).

Thus, it is expected that women might experience a blurring of distinctions between work, care giving, household and leisure-related activities. Furthermore, is can be expected that

women who maintain a DIY-health lifestyle might feel pressured to participate in particular leisure or and lifestyle-related activities, for instance sports activities (Best, 2010), if participation by women is not generally social accepted. Due to research boundaries, the latter aspect will not be investigated during this research explicitly. However, when it occurs, this aspect of social acceptance can be taken into account.

Age

It can be argued that there is no limitation in terms of age concerning health behaviour. It is expected that people of all ages, excluded (little) children, can have the willingness to maintain a healthy lifestyle and therefore, there are no limitations in terms of age for people with a DIY-health lifestyle. On the contrary, leisure is to a very large extent age dependent. According to Roberts (2013) people's leisure differentiates per generation and thus leisure is often argued generation-dependent. By generation he refers to birth cohorts instead of categories as children, adolescents, elderly etc. The difference in here is that each generation in terms of birth cohort differs from the its predecessors. Those differences can be distinguished by the means of for instance the incomes and earning. In general, people belonging to the post baby-boom generation are able to earn more money compared to their parents and grandparents (Roberts, 2013). Research by Kontos et al. (2010) indicated that, in terms of using social media for information concerning health, this searching for information decreases when one's age increases. As earlier discussed, during this research Dutch women are taken into account due to research time-frame restrictions. Research by Statistics Iceland (2012) showed that women and younger people tend to be the most active social media users. In terms of age, this audience group is further restricted to women between 18 and 35 years old. This age category is often referred to as the 'Millennial Generation', 'Internet Generation', 'Nexters' and 'Generation Y'. The generation in which people are born is important to take into consideration in understanding leisure and behaviour, since each generation is shaped by different events and circumstances which constitute behaviour. This Millennial Generation is the first generation grown up with the technological interventions as internet (Godbey, 2008). The online environment is considered one of the main aspects of the DIY-health lifestyle and therefore this age category is chosen. Thus, it can be argued that Dutch women in the age of 18 till 35 years with a DIY-health lifestyle fit the aim of this research.

Education, knowledge and skills

Since education is mostly associated with obligations, rules and schools and less often with leisure time, education and leisure are often considered to be two contradicting domains. If we take the concept of education much broader, take into account tertiary education, we can argue that both education and leisure contribute to personal development (Sivan, 2006). In this research context, it is expected that knowledge and skills concerning health and living healthy are obtained via tertiary education, for instances via studies, course of workshops in fields related to health and well-being, food and nourishment or sports. Though looking at the main aspects, the use of the online environment and the DIY-aspect, of this lifestyle, it should be taken into account that not everyone with a DIY-health lifestyle follows of has done any form of tertiary education in those fields. Looking for information or other ways to maintain

this lifestyle can also be done regardless of any tertiary education. Furthermore, it is also expected that skills and knowledge increase when activities are undertaken on a regular basis (Gratton, 2013). Although it is questionable whether this holds true for all kinds of activities to the same extent. It can be argued that low-skill activities might be fun during the first moments of practice, but it can become boring after several repetitions. Furthermore, activities that require higher consumption skills are stimulating on a continuous level since increased consumer skills leads to changes concerning the enjoyment of that particular activity. Thus, consumption does not only require a certain amount of time for the act itself, it also requires additional input, thus time invested in developing consumption skills in order to be able to obtain maximum satisfaction during that particular leisure activity. In here, the practice of lifestyle-related activities is referred to as consumption and lifestyle-related skills are termed as consumer skills. *“In order to really enjoy our leisure, we have to ‘work’ at it”* (Gratton, 2013, p. 59). *“Skilled leisure consumption can provide the stimulation that generates high levels of satisfaction and well-being”* (Gratton, 2013, p. 60). According to research by Lee et al. (2013) knowledge tends to be an important influencing factor in people’s consumer behaviour and health. In their study they found that knowledge concerning healthy food effected behavioural intention in a positive way (see Cason & Wenrich, 2002; Grainger, Senauer, & Runge, 2007; Trepka et al., 2006 in Gratton, 2013). Other researches (see Bogue, Coleman, & Sorenson, 2005; Kim, Nayga, & Capps, 2000 in Gratton, 2013.) indicated that people use their knowledge for improving their diets and behaviours.

Preliminary research indicated that food and nourishment are important topics in the DIY-health lifestyle and thus, it can be argued that knowledge about these topics are preferred or required. Besides food and nourishment, preliminary research also indicated other topics as sports, exercises, training and food schedules etc. It is expected that knowledge and skills concerning those topics are preferred or required as well. It is interesting to see how people with a DIY-health lifestyle develop their skills and knowledge in order to be able to maintain their lifestyle. It can be expected that those skills and knowledge improve as the frequency of the activity increases and that this might lead to new activities, and till new or more skills and knowledge.

Furthermore, Godbey (2008) argues that higher levels of education seem to stimulate and encourage participation in leisure activities. Studies have indicated that people with a higher level of education are more likely to undertake outdoor recreation activities, sports activities, activities concerning high culture, tourism, reading and volunteering and they seem to be more likely to continue education (Godbey, 2008). Due to research limitations the relation between the level of education and the activities undertaken will not be investigated in detail during this research and will therefore not be extensively discussed. Though it is important to mention this characteristic when further or follow-up research will be carried out.

Motivational factors

As already discussed, people with a DIY-health lifestyle are likely to have certain needs for living healthy or improving of maintaining their lifestyle in a healthy manner. The question of

how those needs concerning health result in action might arise. Kleiber et al. (2011) argue that motivation can be considered an intervening factor in the process from needs to actual participation. The aspect of actor-related motivations is also taken up by van der Poel (2004) in the model of the Leisure Practice Approach. During this research, role models, social networks, weight loss and technological devices with internet access are discussed and taken into account as possible motivational factors for women with a DIY-health lifestyle. It must be taken into account as well that motivations related to particular activities can change over time (Kleiber, Walker, & Mannell, 2011).

Role models

Research has indicated that during childhood people already create their own perception of leisure time and how to use this time wisely. As with other learning processes, role models tend to be very important in this process as well. The perceptions of role models regarding leisure time have are of large influence on a child's perception of leisure time (Godbey, 2008; Kleiber, Walker, & Mannell, 2011). One might argue that, when people grow up, they gradually develop their own perceptions, and that the influence of the role models during their childhood will decrease. It can be expected that people are looking for new or other role models. *"People look to others for information about themselves, especially when they are unsure how to behave"* (ibid. p. 274). *"We are impressed by experts and those who clearly enjoy what they are doing"* (ibid. p. 271). This can be seen as a part of social comparison. Factors as competence, physical appearance, the extent to which people can compare themselves with a role model and the model's apparent enjoyment are considered important factors for a role model. Social comparison can be roughly divided into downward social comparison and upward social comparison. The former is concerned with looking at persons who can be considered worse compared to oneself which provides a better feelings. By the latter persons compares itself with those who are at a level of which we aim for (see Fiske (2004) in Kleiber et al. (2011)). Fredrick, Havitz and Shaw (1994) see Kleiber et al. (2011)) found during their research into aerobic exercise participants that people who are trying to improve their selves physically only look at those who are in better shape or slightly stronger and/or faster rather than people who are considered weaker or slower. It is expected that people with a DIY-health lifestyle have certain role models as well for maintaining this lifestyle and that those role models have an influence on their practices and the choices for particular practices. Therefore, not only the role models during people's childhood should be taken into account, it is expected that people have role models during later life as well. It is interesting to see how people with a DIY-health lifestyle make use of role models. During this research only the current role models concerning the DIY-health lifestyle are investigated. Role models from childhood are not taken into account unless their importance is explicitly stressed. Furthermore, knowledge is considered important as well. Therefore it can be expected that people who have knowledge about aspects of the DIY-health lifestyle or the so-called 'health gurus' might function as role models as well.

Social networks

Although the individualistic character of leisure and its associated aspects as freedom and personal self-expression are often recognized, leisure activities can be argued to be subjected

to social influence as well, a “*product of social influence*” (Kleiber, Walker, & Mannell, 2011, p. 272). It can be argued that social networks are the main source of social influence. It is commonly known that one’s social network is of influence on one’s (health) behaviour (ibid.) and Scanfeld et al. (2010) found that people influence each other’s health behaviour by sharing thoughts and advice. Therefore, social networks are considered a motivational factor for the DIY-health lifestyle. Social networks differ in values, thoughts and opinions and it is expected that all people belonging to a particular social network act on those values, thoughts and opinions. During this research a difference is made between freely chosen and obligatory chosen social networks. Usually, freely chosen social networks contain values which are the same or similar to a person’s own values. Other said, a person chooses a such a freely chosen social network since it meets his or her values. Coleman and Iso Ahola (1993) (see Best, 2010) find during their study that social contact, partners and companionships or friendships during (leisure) activities are beneficial for one’s health.

By obligatory social networks, one can think of certain family-related networks to which a person is deemed to belong to. In general, lifestyle-related activities are taken very seriously and require a certain level of commitment. Not all social networks a person belongs to consist of the same particular lifestyle. The practices and activities one undertakes or the values one has, might not be understood or accepted by all social networks one belongs to. It can be argued that lifestyle-related activities might have a negative effect one’s social networks if certain associated values are not recognized. It is interesting to see how women with a DIY-health lifestyle chose their social networks and the reasons behind. Of what kind of social networks are those women part? What is the influence of those social networks, both freely chosen as well as compulsory networks, on their lifestyle? It can be argued that it becomes difficult to maintain one’s lifestyle within (compulsory) social networks which differs in values. How do those women deal with those compulsory networks and do they feel any constraints?

Physical appearance and weight loss

Preliminary research has indicated that people with a DIY-health lifestyle are concerned with subjects related to physical appearance and weight loss. Posts and blogs related to body image occurred frequently and a noteworthy amount of women with a post ‘before-and-after’ photos of their physic. Physical appearance is perceived an important issue in the current society (Best, 2010). According to research by the SCP (Sociaal Cultureel Planbureau) indicated that there is a misfit between the real and the preferred body image which might lead to concerns and dissatisfaction about physical appearance. Dutch women tend to be more sensitive when it comes to their physical appearance and invest more time and money on this compared to Dutch men. This results often in reasons for physical exercises and activities, diets and mental relaxation exercises. ‘Verschil in Nederland’ (2014b). Research by Story et al. (2002) (see Lee, Jin & Kim, 2013) indicated that body image and health concerns influenced their food intake and eating behaviour significantly. Furthermore, Best (2010) argues that concerns about their physical appearance can lead to various constraints, for instance in activity participation. But why do women experience high concerns about their physical appearance? Author of ‘The Beauty Myth’ Naomi Wolf (1990) (see Best, 2010) is convinced that women

are forced to feel pressured or concerned about their physical appearance in an attempt to control the power of women since the feminism movements during the 1970s and 1980s. *“Women are made to feel a permanent sense of insecurity over becoming fat and ugly”* (Best, 2010, p. 71). Women who are insecure about their physical appearance tend to be less confident which can result in lower activity participation and lower enjoyment of leisure (Best, 2010). It can be expected that it leads to higher levels of stress and depression as well which are considered bad influences for one’s health. It is expected that for many women, physical appearance and weight loss are motivational factors to start living healthier in an attempt to lose weight and become more satisfied with their physical appearance. Furthermore, it is common knowledge that, within the current society, the number of overweighed people increases steadily. It is expected that for many women with a DIY-health lifestyle physical appearance and/or weight loss are important motivational factors.

Electronic devices with internet access

Due to the fact that the online environment is one of the fundamental aspects of the DIY-health lifestyle, the availability or possession of electronic devices with internet access can be assumed important as well since electronic devices as smartphones, laptops, computers and tablets with access to the internet enable people to use the online environment. As earlier discussed, applications for mobile phones as ‘My Fitness Pal’ and ‘Calorie checker’ tend to be very popular. Those applications need to be filled in on a daily basis and probably also during the day. Preliminary research indicated that Instagram, which is focused upon sharing ‘at this moment’ posts, is a frequently used social media tool consulted during the day as well. Furthermore, the DIY-health lifestyle seems to be concerned with looking up information via the online environment and thus, it is expected that internet and personal blogs are used to approximately the same frequency. Therefore the availability and possession of electronic devices with internet access are considered important for people with the DIY-health lifestyle in order to be able to maintain this lifestyle. As discussed, the women between 18-35 years old belong to the generation that makes use of internet, the so-called ‘Internet Generation’ or ‘Millennial Generation’ (Godbey, 2008). Thus, it is expected that electronic devices with internet access are used to a large extent by those women. But how do these women use those electronic devices regarding their DIY-health lifestyle? And what is the added value of those devices for those women?

2.1.2 Context-side

Human action is always situated in a particular context. The context-side of the Leisure Practice Approach is concerned with the context in which the actors, thus women with a DIY-health lifestyle, act and undertake practices. The contextuality of action can be divided into three conditions, namely a material-physical condition, a time-spatial condition and a structural condition (van der Poel, 2004). This paragraph describes those three conditions in more detail.

Material-physical condition

Material-physical conditions are considered conditions that embody humans and human actions, the material world in which people live in (Bargeman, 2014). Preliminary research

has pointed out that subjects as physical exercises, food and nourishment and the online environment are frequently occurring themes and thus can be considered important themes. During this paragraph, weather conditions, food/nourishment and physical exercise facilities are discussed in more detail regarding the DIY-health lifestyle.

Weather conditions

It can be expected that weather conditions and climate have a huge influence on outdoor recreation activities. However, academic literature concerning the relation between weather conditions and (outdoor) activity participation tends to be limited (De Freitas, 2001; Scott, McBoyle, & Mills, 2003; Shih & Nicholls, 2012) which is considered strange according to Higham & Hall (2005) (cited in Shih & Nicholls, 2012) since climate change is “*one of the more important, complex and challenging issues facing the contemporary tourism and recreation industries*” (Shih & Nicholls, 2012, p. 432). As earlier mentioned, frequently occurring themes concerning the DIY-health lifestyle are sports and exercising. The associated activities can be carried out both indoor and outdoor. The coastal climate in the Netherlands can have an influence on the outdoor activities. Due to this coastal climate, the weather conditions are different for all for seasons with cold winters, warm temperatures during the summer season and average temperature during the spring and autumn. It is expected that indoor activities, as for instance indoor tennis or basketball, are not influenced directly by the weather conditions since those activities can be performed indoor as well. Therefore, it is expected that the influence of weather conditions on the DIY-health lifestyle is less strong when the lifestyle-related practices and activities can be performed indoor as well. Furthermore, it is expected that lifestyle-related practices and activities which can only be performed outdoor are influenced by the weather conditions. As earlier mentioned, lifestyle-related activities can become routine driven and performed on a frequent base, and therefore it is also expected that some lifestyle-related activities are hardly or not performed during a particular time throughout the year. How do those women with a DIY-health lifestyle deal with the Dutch weather conditions in relation to their lifestyle and associated activities? Do those weather conditions influence their lifestyle? Does this influence their overall mood as well?

Food and nourishment

Preliminary research into the DIY-health lifestyle indicated that food, nourishment, super foods and recipes are themes that occur in many magazines, on websites and social media. Many women with a DIY-health lifestyle devote a relative large amount of their time to food and nourishment and some even maintain food schedules. According to Lee et al. (2013) health behaviour and the choices people make concerning eating healthy food appear to be trending topics in the current society. Although eating, like sleeping, can be considered a basic need since a human body needs food to be able to continue, eating can also be regarded as pleasurable as well (Godbey, 2008). Going out for dinner and hobby cooking as are activities that people can choose freely. It is expected that food and nourishment are important factors for maintaining this DIY-health lifestyle. Terms as food schedules and super foods might indicate that women maintaining the DIY-health lifestyle have particular food restrictions or special diets associated with their lifestyle. It should be taken into account that

this importance on food and nourishment might not apply in the same extend to everyone belonging to this DIY-health lifestyle. The availability of the 'required' food and schedules are considered an important external factor and it is expected that the availability might influence the practices or activities concerning food and schedules. How do those women with a DIY-health lifestyle deal with food and nourishment? What is the importance of food and nourishment for them? What lifestyle-related activities do they undertake regarding their lifestyle? As said before, having dinner and eating out are considered more and more leisurely activities (Godbey, 2008). In general, such activities are undertaken within social networks. It is interesting to see how those women deal with having dinner or eating out within both freely chosen as well compulsory networks.

Physical exercise facilities

Physical exercise tends to be important for this DIY-health lifestyle as well. Preliminary research indicated that on various different websites, personal blogs and other social media account tips and information concerning physical exercises are shared. It is commonly known that physical exercise is good for one's health and a lack of it is considered bad. Research by Reed & Ones (2006) has indicated that physical activities taking place during a person's leisure time increases one's health and wellbeing (Reed & Ones, 2006; De Bloom, 2012). During the past decades people have become less physical active by for instance the increased use of automobiles, the invention labour-saving devices as washing machines and the increase in televisions and computers, and therefore many people have a more sedentary daily life. Therefore the need for physical exercise activities increases. As discussed, women tend to be more sensitive when it comes to physical appearance. Weight loss is considered a frequently occurring motivational factor, and is in general associated with physical exercising and sports. Thus it is expected that physical exercising and sports are important aspects for women with a DIY-health lifestyle. Both aspects can be undertaken on various ways and on many different levels, both indoor as well as outdoor. One can think of sport and fitness centres and outdoor recreation or nature parks. What role do physical exercising and sports play for women with a DIY-health lifestyle? What are the benefits of those aspects for them? How are those aspects integrated in their lifestyle? The availability of sports and other physical exercise facilities can be considered important factors in maintaining the DIY-health lifestyle. Physical exercise cannot be stored up and need to be carried out regularly (Godbey, 2008). Therefore it is expected that physical exercises are routine driven activities that might occur in a fixed sequence having regard to certain training schedules. When people do not have the required facilities for undertaking physical exercise activities, it can be difficult to maintain this aspect of their lifestyle. Furthermore, it is expected that that the availability of physical exercise and sport facilities is important for people with a DIY-health lifestyle in order to be able to maintain this lifestyle. Availability is considered a time-spatial condition, and is therefore discussed in the upcoming paragraph.

Time-spatial condition

The time-spatial condition refers to the situation in time and space. One can think of time order in terms of seasons. As already discussed, the main practice of the DIY-health lifestyle consists of varies activities, routines and spheres of interest (van der Poel, 2004) which

together constitute this lifestyle. It is expected that the accessibility and mobility (Bargeman, 2014) of those activities are important influencing factors for women to be able to maintain their lifestyle.

Seasons

As discussed during the material aspect weather conditions, the literature concerning topics related to seasons and weather conditions in relation to healthy lifestyles are limited. The Dutch seasons all have different weather conditions. The winters are cold and the summers are relatively warm and the autumn and spring seasons are in-between both. Those differences in weather conditions and temperature influence human actions. As earlier mentioned, food, nourishment and physical activity are considered important aspects of the DIY-health lifestyle. It can be expected that those aspects will be influenced by the different seasons. Fresh fruit, vegetables and other products are generally considered seasonal products and thus might be not available during all seasons. As earlier mentioned, physical activities are influenced by weather conditions (De Freitas, 2001; Scott, McBoyle, & Mills, 2003; Shih & Nicholls, 2012) which indicates that seasonal physical activities can only be performed during certain seasons. Therefore, it is expected that the difference in seasons have an influence on the DIY-health lifestyle. Although there is no academic research available concerning the availability of fresh fruits, vegetables etc. it can be still expected that women do encounter differences concerning food during the different seasons which influences their lifestyles. It is interesting to see how those women deal with the seasonal differences in general, in terms of food & nourishment and in terms of sports & physical exercising.

Accessibility & mobility

The accessibility of for instance fitness centres, super markets and other important facilities concerning the DIY-health lifestyle can be seen as an important external factor. One can think of opening hours and contact options of those facilities. It can be argued that when a particular activity is not accessible, for instance a fitness centre is closed, people might encounter difficulties concerning lifestyle related practices. It can also be expected that people need to take into account the time table of group lessons or other scheduled activities and that need to align or coordinate into their own daily planning. Furthermore, the mobility is considered important as well. Mobility can be regarded in terms of distance to supply and setting or location (Bargeman, 2014). It can be expected that when the mobility of the fitness centre will decrease by for instance road works or diversions, people need to reschedule their planning. Thus, it is expected that the accessibility and mobility are important external factors which should be taken into account during this research since it will have an influence on the DIY-health lifestyle.

Structural condition

Structures are considered virtual entities since their existence are implied by their effect in the constitution of the action (van der Poel, 2004). This structural condition can be divided into two dimensions, 'rules of action' and the 'resources for action'. Due to limited academic literature concerning the DIY-health lifestyle it is difficult to formulate specific rules concerning this lifestyle. Though it can be argued that availability of information functions as a certain kind of rule within this research context, since information about living healthy are

considered guidelines. The online environment, and social media in particular, play an important role in terms of resources for action in order to be able to gather the required information related to the DIY-health lifestyle. One might argue that the online environment should not be considered a structural condition since this aspect is one of the main elements of the DIY-health lifestyle. This holds true in that the focus in this main elements is put on the increased use of this environment and not on the online environment as a whole. The online environment (Kontos, Emmons, Puleo, & Viswanath, 2010; Pálsdóttir, 2014), and in particular social media (Pálsdóttir, 2014), can be considered the main source for health-related information. In this paragraph, those three aspects are discussed as structural condition.

Online environment

Although, activities requires a certain time and place, it is argued that nowadays ‘place’ becomes less important. In his book ‘The Network Society’ Manuel Castells (2010) talks about the changing relationship between the space of flows and the space of places. By this he means that physical places become less dependent by developments as globalization and digitalization. Those developments have accelerated the way people communicate with each other. Searching for information, sharing experiences and telling stories online are considered ways of communication via the internet . The internet has made the world more transparent and enables people to communicate with others from all over world and access information 24-hours a day online. People do not necessarily have to be in the same place to have a conversation. As already discussed, women with a DIY-health lifestyle use the online environment in order to be able to constitute a healthy lifestyle. It is interesting to see to what extent this online environment influences women with a DIY-health lifestyle. Furthermore, the function of the web has moved rapidly in the direction of user-driven technologies such as blogs, social networks and video-sharing platforms (Smith, 2009). As discussed, social media are considered important as well. During this research, a distinction is made between the online environment and social media. Social media differs from ordinary websites because of interactive, discussion and sharing components. The difference in here is the interaction and the consumer becoming the creator of content via music, blogs, videos, texts or photos (Hill, Dean, & Murphy, 2014).

Social media

As discussed, social media are considered important tools for women with a DIY-health lifestyle to gather the required information concerning their lifestyle (Kontos, Emmons, Puleo, & Viswanath, 2010; Pálsdóttir, 2014). It must be taken into account that social media are not a prerequisite. Information can be obtained via blogs, internet websites, forums etc. as well, although Pálsdóttir (2014) describes in her research into the use of social media in healthy lifestyles in Iceland that social media increase the accessibility of information about health and living healthy. But what exactly does this term mean? Social media is composed of two other terms, social and media. Social, in this context, can be thought of as a manner of interaction between people. The term media refers to tools or materials which deliver text, images and sound, like books, movies, radio, mail and telephone (Hill, Dean, & Murphy, 2014). Social media can be defined as *‘the set of web-based broadcast technologies that enable the democratization of content, giving people the ability to emerge from consumer of*

content to publishers' (Scott & Jacka, 2011, p. 5). Furthermore, it is argued that social support derives from social media (Savolainen, 2010). Preliminary research already indicated that many women with a DIY-health lifestyle make use of one or more social media tools whereby those women share their own stories, thoughts and experiences. According to Scafèld et al. (2010) people influence each other's health behaviour by sharing stories, thoughts, experiences and advice. Thus it is clear that social media are used. During this research, the focus will be put on Facebook and Instagram. Preliminary research indicated that those two social media tools occurred most frequently concerning health and healthy lifestyles. It is interesting to find out to what extent those social media are of influence on women with a DIY-health lifestyle.

Availability of information

Information concerning living healthy is considered important for women with a DIY-health lifestyle in order to be able to maintain their lifestyle (Pálsdóttir, 2014). Castells (2010) considers information as the raw material within this current network society, likewise steam and gas were the fundamental materials during the industrial times. Due to the variety of information and resources available it is expected that women use one or more information sources or even create the information their selves. However, if everyone is able to create information (Moorhead, 2013), how do those women determine and assess the reliability of the obtained information? It is interesting to see what influence the availability of health-related information has on those women in maintaining their lifestyle in general. How do those women deal with health-related information? What kind of information sources do they use?

2.1.4 Consequences: perceptions of leisure and health

The DIY-health lifestyle logically leads to certain consequences for both the actor as well as the context side and have, in general, intended as well as unintended consequences for both sides (van der Poel, 2004). Due to research restrictions, only the consequence of the actor side are investigated, thus the perceptions of leisure and health of Dutch women in the age of 18 till 35 with a DIY-health lifestyle. The consequences for the context side are not taken into account.

Perceptions of leisure

According to van der Poel (2006) perceptions about leisure have changed the past decades. Research by Beckers & Mommaas (1996) and Cross (1993) (see van der Poel, 2006) indicated that people started to use their free time for rest and new forms of consumption, for instance doing sports and going to the cinema. From that period onwards different societal developments and changes as globalization, digitalization, network formations, time-space compression and individualization are all considered partly responsible for the continuously changing perspectives within and perceptions (van der Poel, 2006) and experiences of leisure (Chick, 2006). According to Rojek (1995) (see van der Poel, 2006) during this period of time, the distinctions between labour and leisure have become more blurred. Nowadays, due to

activities as working at home, work-related voluntary work and going out with business relations, a certain grey area between labour and leisure can be witnessed.

Furthermore, leisure has a virtual existence instead of a material existence which means that leisure can only be witnessed by its effects, for instance what people think and what people do. Thus it can be argued that leisure and thus perceptions about leisure change over time. According to Blackshaw (2010) leisure is rather a dynamic and fluid process than a thing. In his concept of liquid leisure he argues that people are continuously looking for meaning and authenticity. In his opinion, the leisure domain can be considered more a *'facilitator of meaning and a domain of individual freedom'* (Bouwer & van Leeuwen, 2013:351). Furthermore, Shaun Best stated that *"leisure can become an instrument for personal change"* (Best, 2010, p. 13). In both, the cultural aspects of individualism and importance of leisure (see Culture) can be recognized. It can be argued that the Dutch culture plays an important role in the continuously changing character of the leisure sector. Therefore it can be argued as well that health-related trends as the growing health concern are easily adapted by the society and its citizens. As earlier discussed, health becomes more and more drawn into the leisure domain. Roberts (2004) argues that throughout the years, aspects of personal care as beauty and fashion, also referred to as grooming, have become more and more intertwined within people's leisure. But what are the effects of this integration of health in leisure? How do Dutch women with a DIY-health lifestyle perceive leisure when they are more and more focusing on health during their leisure? A lifestyle is based upon different activities, routines and spheres of interest (van der Poel, Tijd voor vrijheid, 2004). As earlier mentioned, it is expected that lifestyle-related activities, thus health-related activities, are undertaken by those women during their leisure time. Since this trend is relatively new, it can be argued that a few years ago, those women's leisure time looked different compared to their leisure time nowadays. It is expected that those women undertake other activities or activities differently compared to a few years ago. What kind of activities do they undertake now during their current DIY-health lifestyle and which activities are not undertaken any longer? Does the integration of health and their DIY-health lifestyle changes their leisure time? How do those women experience and perceive their leisure time?

Perceptions of health

Health is usually placed in a health and care context and associated with the doctors and professionals within the medical world instead of a leisure context. As discussed, health is no longer only a matter of personal care, it becomes more often integrated in peoples lifestyles. The online environment can be considered partly responsible for a change in how people nowadays respect and perceive advice provided by doctors, physicians and other professionals. A few decades ago, when internet was not yet accessible for everyone, it was not possible to search for information online and people relied mostly on doctors, physicians and other professionals. Nowadays searching for and obtaining information can be performed both online via the internet as well as offline by reading books and asking professionals. It can be argued that those changes in power structure have also led to changes in dealing with and the respect and dignity towards various professionals or occupations. Furthermore, in his book

'Leisure in your life, new perspectives' Geoffrey Godbey (2008) argues that the relationship between health and the medical profession is not that strong as many think it is, and in fact, this relationship tends to be weak. He states that there is a common believed perception of health provided by medical professionals as some sort of 'service'. *"In reality, the rise of the medical profession has had little to do with improvements in our health. We live only four or five years longer than those a century ago, and most of this advance in longevity has been due to advances in sanitation, such as water purification, better sewage systems, and improved hygiene"* (ibid., p. 341-342). It is interesting to see how Dutch women with a DIY-health lifestyle deal with medical advice provided by doctors, physicians and other professional in the medical world. And what is the influence of their lifestyle upon this given?

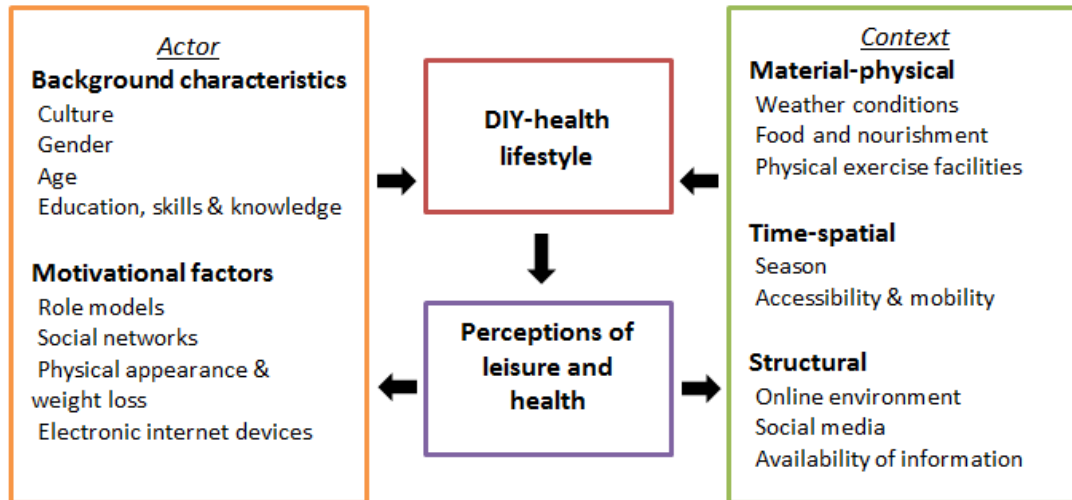
Furthermore, Godbey (2008) argues that people's health is determined to a large extent by external factors as the environment in which people live, the relationships with friends but also with enemies, social status, the level and quality of education and the perception of oneself. Thus, it can be argued that people's health will be mostly determined by way they live their everyday lives, their behaviours and emotions and in some cases luck can be considered a determinant as well. *"What are most important are our own personal habits and our collective societal actions. It also helps to have the right parents and ancestors. "If all forms of cancer were cured immediately, our life expectancy would go up an average of only two years"* (Godbey, 2008), but *"if good nutrition, exercise and good health habits were followed, average life expectancy would increase by seven years"* (see Orstein & Erlich, 1987 in Godbey, 2008, p.).

It is difficult to indicate whether an activity is considered healthy. According to Godbey (2008), an activity can be regarded healthy for one person and might be harmful for the other. Therefore he argues that activities can be considered healthy or health improving if the person itself is convinced of this belief and if it 'feels' right for him or her (Godbey, 2008). It is interesting to investigate the opinions of those women with a DIY-health lifestyle regarding healthy and less healthy activities.

2.2 Conceptual research model

The conceptual research model of this study is based upon the above discussed literature. This model is displayed in figure 1 and functions as a structure through the research and can be considered a schematic representation of this research.

Figure 1. Conceptual research model



Based on van der Poel (2004)

As earlier mentioned, during this research both the actor and context side are taken into consideration in order to investigate the DIY-health lifestyle. Considering the research boundaries, it is decided to only take into account the influences of this lifestyle and perceptions of the actor side. Although this model indicates that one's perceptions of leisure and health can influence the actor side, it can be argued that those perceptions are not of influence on one's gender and age as such. Though it might be that gender and age correlate with certain aspects of this lifestyle or perceptions. One can think for instance of particular practices that are significantly more often undertaken by women compared to men. Although given the research boundaries, differences between men and women will not be investigated.

2.3 Research questions

This paragraph contains the specific research questions derived from the literature and conceptual research mode. Those questions are formulated in order to be able to answer the central research question. First a main research question *"How does the DIY-health lifestyle influence leisure perceptions and health perceptions?"* has been used as a basic work question at the start of this study. By means of the literature and the conceptual research model described and discussed in this chapter, the basic work question can be adjusted into a more specified research question. This central research question reads as following: *"How do Dutch women with a DIY-health lifestyle integrate this lifestyle in their leisure time and how does this lifestyle influence their perceptions of leisure and health?"* In order to be able to answer this question, specific research questions are formulated.

1. How are the three fundamental aspects, the DIY-phenomenon, the growing health concern and the increased use of the online environment related and what and to what extent do other activities, routines or spheres of interest constitute the DIY-health lifestyle?
2. To what extent play internal factors of Dutch women in terms of background characteristics and motivations a role in the constitution of the DIY-health lifestyle?
3. To what extent play contextual factors in terms of material-physical, time-spatial and structural conditions a role in the constitution of the DIY-health lifestyle for Dutch women?
4. How do Dutch women perceive leisure and to what extent are those perceptions influenced by their lifestyle?
5. How do Dutch women perceive health and to what extent are those perceptions influenced by their lifestyle?

3. Methodology & Data Analysis

This third chapter contains the methodology and data analysis of this research. The first paragraph explains the research design. The second paragraph discusses how the methods concerning data collection have been applied. The operationalization of the specific research questions is described in the third paragraph. The fourth paragraph entails an description of the way in which the collected data has been analysed.

3.1 Research design

The aim of this study was to investigate the influence of the increasing health concern, thus DIY-health lifestyle, upon the perceptions of leisure and health of Dutch women. Since there was hardly any related previous research or existing studies available concerning this topic, a deeper understanding of the DIY-health lifestyle and the influences upon leisure and health perceptions was required. Getting to know ‘how’ this DIY-health lifestyle is constituted, ‘why’ people are making those choices and ‘how’ this lifestyle influences perceptions of leisure and health asks for a qualitative research strategy with an explorative research design (Bryman, 2012). When a deeper and more detailed understanding of a social phenomenon is required, qualitative research can be considered valuable (Ritchie & Lewis, 2003). Qualitative research is concerned with words, meaning and interpretations where quantitative research is concerned with numerical data and involves in general hypothesis-testing. Furthermore, qualitative research is about answers specific questions or expectations rather than hypothesis. Thoughts, meanings and perceptions concerning health behaviour and leisure were investigated. According to Ritchie *‘a major feature of qualitative methods is their facility to describe and display phenomena as experienced by the study population, in fine-tuned detail and in the study participants’ own terms’* (Ritchie & Lewis, 2003,p. 27). The perceptions concerning leisure and health and the integration of health behaviour in leisure might contain ‘own terms’. Therefore this research has approached a qualitative research method.

3.2 Data collection

As already briefly mentioned in the introduction of this chapter, two different qualitative research methods are used in order to collect the required data. During the first part of this research a netnography is carried out to collect data to be able to formulate a sound answer on the first specific research question. Furthermore, this data was also required to get a better understanding of the DIY-health lifestyle and for structuring and designing the semi-structured interviews which have been conducted during the second part of this research.

3.2.1 Netnography

As discussed, social media is considered a fast growing phenomenon. The importance of the use of social media in health-related lifestyles is acknowledged by different researchers (Kontos, Emmons, Puleo, & Viswanath, 2010; Savolainen, 2010; Moorhead, 2013; Pálsdóttir, 2014). New research methods as for instance netnography are designed in order to be able to capture the large stream of information which will be communicated the whole day via social media and the online environment (Kozinets, 2010). To be able to follow up all the changing dynamics within societies, people’s digital and online social activities, behaviours, actions and encounters need to be investigated. Netnography is a widely accepted research method for consumer research and this approach has already been applied in various fields and studies

concerning identity, creativity and social relations (Kozinets, 2010). Netnography can be defined as *'a specialized form of ethnography adapted to the unique computer mediated contingencies of today's social worlds'* (ibid., p.1). During a netnography, different online resources are applied to collect the required information. A netnography fits this research perfectly since one of the main aspects of the DIY-health lifestyle comprises the online environment. Social media (Instagram and Facebook) and personal blogs were used as information sources during the netnography. Therefore the following definition was used to draw a clear understanding of the term social media as how it was applied in in this study. *'Social media is the collection of websites and web-based systems that allow for mass interaction, conversation and sharing among members of a network'* (see Health Research Institute, 2012 in Hill et al., 2014, p.7). The advantage of social media channels as Instagram and Facebook was that those channels contain search engines which enabled the researcher to search for specific terms and directions. The researcher created an Instagram account in order to be able to capture the data and follow other Instagram users. Bloglovin can be considered a platform for personal blogs and were used to search for personal blogs. Topics and terms related to the DIY-health lifestyle were entered in the search engine. Bloglovin enabled the researcher to search for specific blogs. Furthermore, Instagram and Facebook pages were often linked to personal blogs as well.

'Hashtracking', which is also used for Twitter, is a feature of Instagram which enables users to use a hashtag (#) in front of a term in comments. In this manner the photo will be detected when searching for that particular hashtag. Hashtracking was used to search for the users and posts related to the DIY-health lifestyle by a topic-related hashtag. Although Facebook does not have a hashtracking option, search terms were filled into the search engine to search for posts, profiles, photos, videos, statements and for participating in online communities (Hill, Dean, & Murphy, 2014). The following search terms were used as starting point: 'gezond' (healthy), 'gezond eten' (healthy food), 'gezond leven' (healthy living), 'DIY gezond' (DIY health) and 'gezonde levensstijl' (healthy lifestyle). Both the Dutch and English translations of the terms were used since English terms are common in Dutch language. The data collected via those English terms is checked upon whether or not the information was provided by a Dutch person. The difference between cultural beliefs and conceptions should be taken into account when researching a specific target audience, therefore only information provided by Dutch persons was collected as data. The overview of personal blogs and Facebook pages used during this research are enclosed in Appendix 1.

All data was saved by creating screenshots of the posts and other important information. The screenshots were stored in Word documents. Each screenshot was categorized by its code term or hashtag. An index was made of all different categories. In this manner, the researcher could easily go over the collected data. The additional notes were typed under the screenshot itself in case additional information was required. The netnography was carried out extensively during the first three weeks of this research. On forehand it was decided to stop after those three weeks or earlier in case the saturation point has been reached earlier(Kozinets, 2010). Due to the fact that this DIY-health lifestyle is a trending topic nowadays and each day new developments occurred, the researcher decided to keep on going

with the netnography till the end of this research to remain up-dated about new developments, but in a less extensive manner.

3.2.2 Semi-structured interviews

In-depth information concerning the DIY-health lifestyles and perceptions of leisure and health of women with a DIY-health lifestyle was required and therefore semi-structured interviews were conducted. The advantage of semi-structured interviews lies in the fact that all interviews conducted were structured in the same way which enabled the research to make comparisons. Furthermore, the researcher was free in asking follow-up questions when the feeling occurs that more information is required (Bryman, 2012). Ritchie and Lewis (2003) argue that semi-structured interviews contribute positively towards data validity compared to methods as observations or structured interviews since semi-structured interviews leave room for explanation by respondents.

Due to the fact that this research has a strict time-frame, it was decided to conduct 15 interviews with a specific study sample, since not all Dutch women with a DIY-health lifestyle between 18-35 years old could be interviewed within this time-frame. It can be argued that the more specific a study sample, the faster the data saturation point occurs. It was decided on forehand that more interviews will be conducted in case the saturation point has not occurred after conducting 15 interviews. After the initial 15 interviews a data saturation point was met.

In order to find 15 respondents willing to participate in an interview, the snowball or chain sampling method was used which implies that the researcher first has selected three possible respondents who meet the criteria (Dutch women, 18-35 years old) for an interview (Bryman A. , 2008). After the interviews were conducted, the researcher asked the respondent to name one other person of who she knows or considers a role model and who meets the same criteria. The researcher asked those appointed persons whether they thought they fit the criteria for participating in an interview and made an appointment if so. In general, after those 'second round' interviews , the method of the snowball sampling method continues once more. Although in this case it was not necessary. Besides this snowball sample method, the researcher used Instagram as well to find possible respondents by posting an appeal. This appeal contained a request for respondents and a short summary concerning the research and the associated respondent criteria. Within a few days the researcher already had more than 15 respondents willing to participate in an interview via this appeal. Based on the Instagram accounts and personal background information received via email nine respondents were selected for an interview. The list of respondents is attached in Appendix 2.

The interviews varied between 30-75 minutes and were conducted at a location chosen by the respondent to make the respondent feel at ease. Although 30 minutes might sound a little short for an interview, the required information was gathered. Most interviews lasted around 45 till 50 minutes. Due to travel issues, one interview was conducted via Skype, a video call via the internet. The topic list for the interviews is attached in Appendix 3. The interviews were recorded by an audio voice recorder and notes were made during the interview. The

advantage of taking notes enabled the researcher to not only stress important quotes and thoughts, non-verbal behaviour, environmental aspects or other remarks or possible influences were noted. The audio files and associated notes were transcribed within a maximum four days. This was done so that the interview was still fresh in the researchers' memory and to reduce the loss of information. Since the information contains to a large extent the motivations, thoughts and meanings of the respondents, it is more difficult to recall the essence of the collected data (Bryman A. , 2012).

Furthermore, the non-recorded conversations with the respondents after the interviews were conducted, except for the one conducted via skype, are just as interesting as the interviews themselves. A summary with the interesting touch points is enclosed at the end of each interview transcript. The transcripts are not included in the appendix. Due to the fact that the researcher turned off the recorder as soon as the interview was conducted, those conversations are not recorded and can therefore not be transcribed and are based on the notes the researcher has made and the interpretation and empathy of the researcher. This must be taken into account when looking at the reliability of this data.

3.3 Operationalization

This paragraph indicates for each specific research question how the required data is collected and operationalised in order to be able to answer those questions.

1. How are the three fundamental aspects, the DIY-phenomenon, the growing health concern and the increased use of the online environment related and what and to what extent do other activities, routines or spheres of interest constitute the DIY-health lifestyle?

This question is investigated via both a netnography and interviews. The aim of this question was to get a better understanding of the DIY-health lifestyle. The relationship between the three main aspects of this lifestyle is investigated in order to be able to see how Dutch women constitute this particular lifestyle. The frequently occurring themes obtained via preliminary research as sports, exercising, food and relaxation, are be taken into account as well since those themes are expected to be an important part of this DIY-health lifestyle. During the netnography, search terms as explained in the previous paragraph have been used for Instagram and Facebook. As earlier described Bloglovin is used to search for personal blogs concerning the DIY-health lifestyle. The activities undertaken by the users of Instagram and Facebook and authors of personal blogs were obtained.

During the interviews the respondents are first explained what is meant by the term DIY-health lifestyle within this context. The respondents are asked to explain how they approach this DIY phenomenon. The role of and importance of the online environment for them regarding their lifestyle is discussed. Questions concerning health were asked in order to see how the respondents think of health and what activities they undertake to maintain their lifestyle.

2. To what extent play internal factors of Dutch women in terms of background characteristics and motivational factors a role in the constitution of the DIY-health lifestyle?

The respondents were asked questions about their educational background and why they have chosen for particular educations. What knowledge they consider important and what skills are required related to maintaining their lifestyle, what skills and knowledge they had to develop in order to be able to constitute their lifestyle and how they look upon their improvement in terms of skills and knowledge resulted from and related to their lifestyle. Furthermore, questions concerning their motivations for maintaining their lifestyle were asked. Those motivational topics correspond with the motivational topics used in the conceptual research model. Questions were asked as . ‘Can you describe the importance of others with the same lifestyle for maintaining your own lifestyle?’, ‘Do you have certain ‘role models’ or people you think are inspiring?’, ‘Do you consider yourself as a role model for others and explain why of why not?’, ‘Can you describe the social networks which you are part of and explain whether those networks are freely chosen or compulsory?’ ‘How do you deal with cases in which your social network or surrounding does not understand your lifestyle?’, ‘How do you deal with those network influences?’, ‘What type of electronic devices do you use?’, ‘How and why do you use electronic devices related to your lifestyle?’ Furthermore, the respondents were also asked to explain further motivations which are important or are considered fundamental aspects for their lifestyle.

3. To what extent play contextual factors in terms of material-physical, time-spatial and structural conditions a role in the constitution of the DIY-health lifestyle for Dutch women?

The aim of this question was to get a better understanding of the contextual (external) factors which can be of influence on the DIY-health lifestyle. Questions were asked as ‘Can you describe how the weather your lifestyle in terms of practices or other aspects?’ ‘Do you consider certain weather conditions as a constraint or beneficial, and if so, can you explain this by using examples?’, ‘How do you deal with food and nourishment?’ What practices related to food and nourishment do you undertake?’, ‘How do you integrate sports, physical exercises and food-related activities during your daily life in terms of types of practices and frequency?’, ‘Do you consider the different seasons as influential aspect in maintaining your lifestyle and can you explain this in more detail?’ ‘How important do you consider the accessibility and mobility of products/services/activities related to your lifestyle?’, ‘Do you encounter constrains when one or both aspects tend to decrease and how does this influence the maintenance of your lifestyle?’ ‘How do you use the online environment and social media in maintaining your lifestyle and looking up information?’ ‘Can you describe the importance of those aspects for your lifestyle and how you consider this aspect as element in your lifestyle?’, ‘How do you deal with and determine the reliability of obtained information?’, ‘How do you use the obtained information?’ and ‘What kind of information sources do you use?’

4. How do Dutch women perceive leisure and to what extent are those perceptions influenced by their lifestyle?

By this question the respondent's perceptions of leisure were investigated and how their lifestyle influenced those perceptions. Questions as 'How do you perceive leisure?', 'What does leisure mean to you?', 'What do you think is important during leisure time?', 'Can you and how would you describe the influence of your lifestyle on your perceptions of leisure?', 'Are your perceptions concerning leisure changed by your lifestyle?'

5. How do Dutch women perceive health and to what extent are those perceptions influenced by their lifestyle?

Where the previous questions investigated the perceptions of leisure and the influence of their lifestyle on those perceptions, this questions was concerned with investigating the perceptions of health. The respondents were asked questions as 'How do you perceive health?', 'What does health mean to you?', 'Can you and how would you describe the influence of your lifestyle on your perceptions of health?', 'Are your perceptions concerning health changed by your lifestyle?'

3.4 Data analysis

The transcriptions of the semi-structured interviews and the data results from the netnography were used as starting point for the data analysis. For both data collection methods thematic coding was used (Gibbs, 2007). Figure 1 contains an example of this coding method for both methods.

Figure 1. Thematic coding

| A | B | C |
|--------------|---|---|
| Respondent 1 | Wat houdt gezond leven voor jou in? Ik denk dat gezondheid vooral voor mij inhoudt dat is dat je goed in je wel zit, zowel lichamelijk als geestelijk, want ik denk je kan zowel want dat heb ik aan de lijve ondervonden, je kan wel heel slank zijn en er misschien prachtig uitzien voor de buitenwereld, maar als jij je rot voelt ben je als nog niet gezond. Dus het is wel de balans tussen lichamelijk en geestelijk. Oké . Dat vind ik wel echt gezondheid. | Keywords Goed in je vel zitten. Balans. Geestelijk en lichamelijk in balans |

| Used # | Result | Code term |
|---------|---|------------------------------|
| #gezond |  | Food Healthy looking food |

3.4.1 Netnography

The data gathered by netnography were saved by creating screenshots and taking notes. As already explained, this approach was used to get a better understanding of the DIY-health lifestyle and was therefore analysed by using a thematic analysis approach. This approach is concerned with the context of the collected data, thus what is actually said, meant or visualised instead of the way it is said (Riessman, 2005). The analysed data were translated in code terms by coding (Gibbs, 2007). The code terms used for this coding are the same as the items of the conceptual model. Furthermore, new code terms were created in case the pre-formulated code terms did not capture the particular content.

3.4.2 Semi-structured interviews

As earlier described, the interviews have been recorded and transcribed. It is argued that transcribing interviews creates a more thorough understanding of what is said and meant by the respondent (Bryman, 2012). The transcriptions are analysed by using the method of coding (Gibbs, 2007). The advantage of coding is that the important information could be more easily noticed and used to answer the research questions. After the coding are carried out, the data has been processed into a data-matrix which enabled the researcher to store the coded information per respondent and code term. This method is considered a thematic-analysis method. By using this method, the data of all respondents could be easily compared in a clear and efficient manner per theme (Richie & Lewis, 2003). An example of this matrix is displayed in Figure 2.

Figure 2. Data-matrix interviews

| | Studie | Extra opleidingen | Beroep | Nevenactiviteiten | Toekomst |
|--------------|------------------------------------|--|--|--|--|
| Respondent 1 | Docent opleiding | yoga opleiding specifiek op tieners | Docent Mode & Commercie middelbare school | yogales verzorgen op school, shifts meedraaien | Combinatie kinderen yoga en gezondheid |
| Respondent 2 | Fysiotherapie | myofasciale triggerpoints en dry needling, voedingsdeskundig | Fysiotherapeut | Blog my clean recipes, Fitgirls | Combinatie fysio en voeding |
| Respondent 3 | Persuasive communication | Communicatie wetenschappen | bijbaan lunchroom | Fitgirls online editor | Fitgirl |
| Respondent 4 | Psycholoog/primatoloog | x | x | stages en vrijwilligers werk | misschien grafisch vormgever |
| Respondent 5 | studie in business administration | thuisstudie voedingsdeskundige | was recruiter/arbeidsbemiddeling nu bij CZ klantenservice | x | Obese mensen aanpakken, met kinderen werken aan hun |
| Respondent 6 | Evenementen | Had graag een opleiding richting voeding en gezondheid willen doen | freelancer, 4x4 reizen organiseren, car-manager betonafdichting, evenementenbureau | Website Getoutofyourfatsuit | x |
| Respondent 7 | International business & languages | x | bijbaan makelaarskantoor | x | Internationale handel en sport en gezondheid combineren, in het buitenland |
| Respondent 8 | Communicatie | Cios | Stage GGD, bijbaan Motoport | x | Communicatie adviseur online mediabureau |
| | | Jenaplan opleiding | | | Op de PABO willen werken vanwege het gat dat ze ziet in |

4. Results

The methodology section already indicated that during this research two different data collection methods were used, namely netnography and semi-structured interviews. The transcripts of the semi-structured interviews also contain a summary of the interesting touch points mentioned by the respondents during the interview-meeting. The data gathered by all three resources are analysed and will be discussed in this chapter. During the interviews and the netnography an item list was used in order to collect the required information per item. Those items correspond with the items used to constitute the research model and are discussed in the literature review. Therefore the analysed data will be discussed on the basis of those items. The interviews were conducted in Dutch, therefore the quotes in this chapter are translated in English.. Furthermore, it must be mentioned that not all items can be discussed by both the data of the netnography and interviews. Due to the fact that during the netnography the researcher was not able to ask questions, the results only contain the researcher's interpretation. The DIY-lifestyle is taken as central practice in this research using the LPA and will therefore be discussed as first

4.1 DIY-health lifestyle

As expected, a combination of all three main aspects of this lifestyle, the DIY-phenomenon, the growing health concern and the increased use of the online environment, is recognized during this study, thus among Dutch women in the age of 18 till 35 with a DIY-health lifestyle. First it must be taken into account that during this research the DIY-health lifestyle is taken as central practice in order to be able to investigate this lifestyle thoroughly via the LPA. This should not be mistaken with the main practice of the DIY-health lifestyle which is described as looking for ways for improving and maintaining one's personal health in order to achieve one's values, both online as well as offline. The data gathered by netnography indicated that women with a DIY-health lifestyle refer most of the times to a 'health journey' when it comes to forming and maintaining a healthy lifestyle. A health journey is considered the proverbial journey which describes the process and progress that has been made from the moment a person decided to start living healthier till now or another specific moment. Some of the respondents used the term health journey as well.

Furthermore, in this context the main practice of this lifestyle implies searching for ways and information in order to be able to form and maintain this particular healthy lifestyle. All respondents look up information on a regular basis, some even search for information on a daily basis. They prefer a combination of different information sources, for instance internet, social media, books and professionals, like sport or lifestyle coaches. Besides searching for information and content, almost all respondents use Instagram for sharing recipes, tips and ideas and even a few respondents create information content via their own website or personal blog. Almost all respondents look for inspiration which keeps them motivated and provides them with new insights for constituting their lifestyle. Almost half of the respondents want to inspire others by their own stories and experiences. Another respondent participates in workshops, attends book dinners and has a side job in a vegan lunchroom in order to learn more about nourishment and to keep herself updated concerning new trends. Furthermore, one

respondent has written herself a kind of guidebook with guidelines regarding food and nourishment and how she reacts upon different nutrients. *“I was often sick and a certain point a started looking up more about it and found that many of my symptoms could be solved by leaving out particular things and I have written myself a kind of guideline about those findings”* (Respondent 3).

As discussed in chapter 2, it was expected that the DIY-health lifestyle consists of various activities, routines and spheres of interest (van der Poel, 2004) which together result in the main practice of this DIY-health lifestyle, looking for ways for improving and maintaining one’s personal health in order to achieve one’s values, both online as well as offline. It was also expected that those DIY-health lifestyle-related activities are to a very large extent related to health and are performed on a frequent basis. During both the netnography and interviews, many different DIY-health lifestyle-related activities were distinguished. The most occurring activities can be roughly categorized under sports & physical exercises and food & nourishment. Those categories correspond to a large extent to the frequently occurring topics obtained during preliminary research ahead of this study and are in line with other related researches (Kontos, Emmons, Puleo, & Viswanath, 2010; Savolainen, 2010; Pálsdóttir, 2014; Lagoe & Atkin, 2015). Those activities will be discussed later in this chapter. We will first continue with the actor side, thus Dutch women in the age of 18 till 35 with a DIY-health lifestyle.

4.2 Actors: Dutch women

As discussed, only Dutch women in the age of 18 till 35 are taken into account during this research. Therefore sound comparisons cannot be made in terms of culture, gender and age. On forehand it was decided that those three aspects will not be investigated. Though the data resulted from the netnography indicated interesting facts. Those facts will be discussed based upon the netnography results. The interviews did not contain questions concerning those aspects. Although some aspects came to front as well and will be discussed.

Culture

The Dutch culture is discussed in the literature section using Hofstede’s Cultural Dimensions (Hofstede, 2015). According to those dimensions, Dutch people are amongst others optimistic, adaptive to changes, individualistic, find leisure highly important, believe not just one but multiple truths, have the willingness to achieve their goals concerning life enjoyment and fun (Hofstede, 2015). During the netnography all those aspects were recognized. For instance, many posts and blogs contain stories or images indicating women aim to achieve their goals, are happy with their progression and results, use and discuss different sources of information and methods and indicate that leisure time is important to undertake activities which provide happiness.

The interviews did not contain questions concerning the aspects of the Cultural Dimensions. Though those aspects emerged clearly out of the interview transcripts. All respondents consider leisure time important for doing the thing they want to do. The aspect of

individualism is recognized in that almost all respondents try to arrange first their lifestyle-related activities before other activities. Some even prefer going to the gym over going for a drink with friends. This also reflects the willingness to achieve their goals. Furthermore, all respondents use different information sources and do not believe just on truth when it comes to health and living healthy. Besides, most of them already approached different methods concerning for instance physical exercising and food.

Gender

In the second chapter it is discussed that due to work, care giving and household tasks the distinctions between work, non-work and leisure time become more blurred (Harrington, 2006; Kleiber, Walker, & Mannell, 2011; Henderson K. , 2013). During both the netnography and interviews blurred distinctions occurred in almost all cases only when women have children. In general, feelings of less time available for leisure and thus for lifestyle-related activities was the main factor. Only one respondent has a daughter of 3 years old. She is glad that her gym has a day-care where she can bring her daughter while during her gym visit. Although she sometimes feels guilty when she brings her child over there, cause she could also used that time to do something fun with her daughter. Women without children did not experience blurred distinctions between work, non-work and leisure time. Furthermore, the netnography indicated that

Age

Although age was a criteria for the respondents as well, it is possible to divide into three parts, young, average and older. Thus differences between 18 till 24, 25 till 29 and 30 till 35 years old will be analysed. Where the age of the authors of personal blogs was easily to identify, the age of people using Instagram and Facebook was more difficult to identify since not all persons indicated their age on their accounts. In general, there are not much differences noticed related to age in terms of posts and blogs. The only to noteworthy differences found during the netnography in terms of age are about education and 'healthy hotspots'. When looking at the fields of study amongst Instagram users, the impression arises that younger users (18-24 years) relatively more often study or have studied within the fields of health, sports or nourishment compared to the older (30-35 years) users. Furthermore, younger users seem to be more interested in events as Women's' Health Fit For Summer event, running events and other health related events. Younger users also post more photos regarding 'healthy hotspots' as for instance Yogurt Barn and Bagels & Beans compared to older users. The respondents' age varies between 18 and 33 years old. The data collected by the semi-structured interviews indicated that most of the younger respondents do have an educational background into the fields of health, sports or nourishment. This is in line with the findings obtained via netnography. A difference in age and healthy hotspots among the respondents cannot be analysed. However, there was no questions asked about those hotspots. Only one respondent is convinced that age does matter a lot regarding a healthy lifestyle. She thinks that she knows more about health compared to her younger classmates and she is thinks of this lack of knowledge as ignorance which will decrease as they grow older. *"I'm 21 and my classmates are on average 18 years. If I compare myself with them, they are very ignorant concerning the effects of food. They eat chips as snack while I'm eating raw nuts"* (Respondent 7).

Education, knowledge and skills

Nowadays with the growing health concern, more studies and other educational programs in the fields of health, sports or nourishment emerge. On average, authors of personal blogs and Facebook accounts have studied or are studying often in the fields of health, sports or nourishment. Many of those authors of blogs and Facebook accounts started their blog or account to share their experiences and view upon health or other subjects related to health by and based upon their studies. Studies within those fields tend to be very popular as additional or home study. Furthermore, during the netnography it was difficult to capture the thoughts and opinions concerning skills and knowledge, especially via Instagram. Therefore, the netnography was used to get a better impression of the educational backgrounds of those women.

The interviews contained questions about the respondent's educational background, knowledge and skills regarding their lifestyle. Almost half of the respondents are studying or have studied in the fields of health, sports or nourishment. Some of those respondents did not start with a study in those fields, but decided to follow an additional study as nutritionist, nutrition and sports coach and yoga teacher out of interest. One respondent thinks it is a pity she does not have a degree in those fields, because now it has her interest in such a way that she would like to work in those fields. Another respondent had the same thoughts and decided to change her life completely, because she was very unhappy in her job as recruiter in placement services. She quit her job and started with an home study in order to become a nutritionist.. *“Work was not fun anymore and I said to myself you are 26 and doing things you do not like, go and do something which makes your happy“* (Respondent 5).

Compared with the netnography, the interviews contained much more detailed information concerning knowledge and skills, because the researcher was able to ask specific questions and follow up questions. All respondents indicated that their lifestyle requires knowledge and in almost all cases skills as well. They stressed the importance of those knowledge and skills in order to be able to maintain their lifestyle. A few respondents think it is important to be able to clearly underpin their reasons for maintaining their lifestyle towards others. *“To be able to support my thoughts and opinions in case people ask about for it”* (Respondent 3). The respondents indicated that, at the start of their health journey, they did not had enough or required information or skills. They developed those skills and knowledge during their health journey by reading books or articles written by professors, nutritionists, doctors, reading magazines as Women's Health, using the internet (websites and personal blogs), using social media like Instagram, Pinterest and Facebook and by asking professionals as sport coaches and nutrition coaches, looking at the experiences of others and by self-experimentation. In their search for information, the vast majority takes into account the reliability of the collected information by looking at the sources, the expertise in terms of educational and occupational background of the authors, whether or not the information is based upon scientific research, whether or not the information is plausible and the frequency of occurring. A few respondents compare in most cases different theories or pieces of information and composed their own theory based on different sources since they believe that there is not just one truth but that each and every individual needs an personal 'method'. Only a few respondents do not check

the reliability of the information in terms of sources or scientific underpinned arguments, they trust on their gut feelings. Furthermore almost all respondents still want to gain more knowledge about different subjects as the effects of nutrients in a human body, micronutrients, muscle building and nourishment in general. A few respondents think that they now have a certain basic knowledge by which they can design their own lifestyle in order to reach their goals and by which they can underpin their choices with sound arguments.

Role models

As expected, proved to be important motivational factors for the DIY-health lifestyle. In the second chapter, a distinction was discussed between upward and downward social comparison (Kleiber, Walker, & Mannell, 2011). Likewise research by Fredrick, Havitz and Shaw (1994) (see Kleiber et al. ,2011)it was expected that Dutch women with a DIY-health lifestyle rather compare their selves with other who are already at the level or goal one is aiming for. During both the netnography and the interviews the importance of role models and the aspect of upward social comparison were stressed clearly. Many Instagram and Facebook accounts contain posts about ‘dream bodies’ or ‘goals’ set by the account-user. The persons on those posts in question can be considered role models. It can be argued that those women aim for a so-called aesthetic ideal (Best, 2010), which is in line with the motivational factor physical appearance and weight loss.

During the interviews, the question whether the respondent has role models was answered by all respondents positively, indicating that all respondents have at least one or more role models. Those role models vary from familiar to the respondent to well-known health gurus. In most cases knowledge, reached goals or particular methods were mentioned as criteria for having a particular role model. All respondents argued that role models motivate them, inform them and sometimes inspire them to maintain the DIY-health lifestyle. *“Yes I have more than one, although Fannetiek is a women I’m loyal to because I think her achievements and performance are very cool and I like her writing style. Furthermore, I search for recipes via healthyfans”*(Respondent 6). However, the aspect of downward social comparison was mentioned by a vast majority as well. In most cases, the respondents are convinced that they live healthier, look better and healthier, have more energy, have a more optimistic view and that they are less likely to be sick or have aches compared to others in their surrounding who do not maintain a healthy lifestyle. *“If I compare myself with others who visit McDonalds once a week I think I am healthier. Those others get earlier tired, don’t feel like doing a lot or have a bad skin condition. (...) They often think in negative way while I always have a positive view”* (Respondent 7). Furthermore this respondent, a student, argued that she is the only one in her class with a healthy lifestyle. She is convinced that besides role models, one’s surroundings as for instance social networks are important motivational factors as well in maintaining a DIY-health lifestyle.

Social networks

As explained earlier, social networks are roughly divided into obligatory networks and freely chosen networks. During the netnography using Instagram it was difficult to capture the influence of the social networks in which the person in question is situated. Personal blogs

and Facebook accounts contain more often stories or posts in which it becomes clear that both obligatory and freely chosen networks have an influence on forming and maintaining this DIY-health lifestyle. The general presumption occurred that, within both types of social networks, authors of blogs and Facebook pages and users of Instagram receive and experience positive as well as negative reactions upon their lifestyle. The large number of blogs and posts concerning negative reactions compared to positive reactions might indicate that, in general, people with a DIY-health lifestyle experience more negative reactions. Many personal blog authors invite guest bloggers to share their personal story or health journey. In the comments of those stories, the guest bloggers receive both positive and negative reactions about their story, even without knowing those people personally.

All respondents receive negative comments and reactions from people within both their obligatory and freely chosen networks. Those reactions vary from *“you're already thin enough”*, *“why do you do those things? why don't you just eat normal?”*, *“what are you eating now?”*, *“oh you cannot probably eat over here”*. In general, those are reactions on the respondent's dietary habits, but also sports or exercise activities and habits evoke reactions. The respondents experience a lot of incomprehension, are repetitively asked questions about their lifestyle and have the feeling that they constantly need to account for the choices they make and the things they do. Furthermore, a few respondents avoid certain social occasions or events in order to prevent questions, negative comments and reactions and to avoid a certain social pressure.

It is not possible to indicate whether the respondents feel more comfortable in, terms of lifestyle maintenance, within their obligatory or within their freely chosen networks. The vast majority finds it easier to maintain their dietary habits when they are with their family compared to when they are at work or with friends who do not have the same kind of lifestyle. One respondent, a high school teacher, said that she eats her lunch in her class room instead of in the staff room with her colleagues to avoid negative reactions. *“How my colleagues react upon food is a nightmare. They all take their sandwiches with cheese, totally fine, but if another walks in with something different then they react very negative, for instance, “what kind of dog or cat food have your brought?”* (Respondent 1). Another respondents argues that her colleagues are one of the few persons who do understand her choices and are interested in health as well. Both colleagues and family are categorized as obligatory network which makes it difficult to formulate one general remark about the obligatory network of the respondents.

Looking at the freely chosen networks, a few respondents have one or two friends who in a certain sense maintain the same lifestyle or are also interested in health. The vast majority experience the feeling that they cannot talk with their friends about their lifestyle. They witness a certain kind of gap between their friends and their own interests. *“I can talk with them about my interests, cause we are friends, although till a certain level, cause they do not share my interests, so there exists a gap in between”* (Respondent 4). Many respondents indicate that this has consequences for their friendships and some respondents even stopped seeing friends because of those feelings and the lack of understanding of both sides. Another respondent was no longer invited to dinner parties by her friends, because her dietary habits

did not match those of her friends. She did not understand why she was no longer invited. In her opinion eating together with friends is not only based upon the food itself, but is also focused upon having a nice time together. Another respondent sometimes refuses invitations or uses excuses to avoid all-you-can-eat dinners or high tea parties with friends, because of her dietary habits. She thinks it is a pity that during social events with friends most of the times involve food or eating out. She would rather undertake other activities and still have a nice time. *“Like friends who don’t care about health and want to go someplace to for all-you-can-eat sushi. That doesn’t work for me, both not mental as physical. I would rather do something fun without having to eat a lot”* (Respondent 4).

When respondents are with like-minded people they feel much better understood, they do not have to explain or account for their behaviour, dietary habits or other lifestyle-related activities. *“It really is so nice to be with those who maintain the same lifestyle, to talk about the same interests and share experiences”* (Respondent 8). A few respondents made new friends at the gym or at bootcamp or sports clubs. Some even experience going to the gym more and more as a social occasion.

Thus, it can be argued that social networks do have an impact or influence on this DIY-health lifestyle for women. Therefore one’s social networks are considered an important motivational factor in maintaining this particular lifestyle. One of the most occurring reactions are related to weight loss. Therefore it can be argued that people without a DIY-health lifestyle link this lifestyle with weight loss, but is weight loss really a frequently occurring motivational factor for maintaining this DIY-health lifestyle?

Physical appearance and weight loss

The data gathered by the netnography indicated that weight loss is considered a very important factor or motivation for living healthier. A vast majority of the authors of personal blogs and Facebook accounts used during the netnography started their health journey to lose weight. This also applies for Instagram users. Personal blogs and Facebook contain stories about those health journeys with most of the times losing weight as main motivation to start this journey. After having reached a certain weight goal, the motivation of losing weight decreases and other motivations tend to become more important, for instance growing muscles. Posts on Instagram regarding weight loss contain for instance ‘before and after’ photos of users standing on scales or in underwear to show how much weight they lost. Posts of food as for instance salads, smoothies and other healthy-looking meals or snacks contain sometimes captions referring to weight loss.

For half of the respondents weight loss was the one of the reasons to change their lifestyle and start living healthy. Two respondents have made a huge transformation and lost around 39 kilo and 17 kilo. Other respondents lost a few kilos. The respondents who did not start living healthier in an attempt to lose weight indicated that they are happy with their bodies and that they want to stay that way. Only a few respondents rather want to gain a bit more weight in order to build up muscles and become stronger.

One respondent indicated that weight loss was never a reason for living healthier until she got an Instagram-account. Viewing pictures of other girls on Instagram who were skinnier or had her 'dream body' has made her unsure about her own body. Therefore she stopped using Instagram for a while until she was able to accept her own body and until she was not intimidated by others any longer. *"I wasn't busy with losing weight until I looked upon Instagram and became brain-washed by all those models. I started to want a body like them and noticed that it didn't work for me at all and therefore I unfollowed all those accounts. I want look good but I also want to stay healthy and not only focus on the physical appearance aspect"* (Respondent 3). Another respondent who indicated that weight loss is one of her reasons for her health journey argued that she decided to stop following Instagram users who are losing weight in an, in her opinion, irresponsible and unhealthy manner, because she sometimes feels intimidated by those posts.

Furthermore, three respondents defeated their eating disorder by gaining more knowledge about food and eating healthy in the way they are doing now. All three argued that starting with their current healthy lifestyle has been their rescue. *"When I was 16 or 17 I had an eating disorder. Focusing on food, nourishment and health has been my rescue"* (Respondent 1). One respondent considers this growing health concern as an influencing trend. A few years ago she was influenced by the trend that women should be as skinny. Therefore she thought of skinny as beautiful. Now she considers the whole health and fit trend and being more muscled as beautiful. In here, the thoughts of Naomi Wolf (Best, 2010) can be recognized regarding 'The Beauty Myth'.

Technological devices with internet access

In the introduction and second chapter the increased use of technological devices is discussed. Within this research context, the emphasis is put to a large extent on the use of smart phones. It can be assumed that people nowadays almost all carry a mobile phone or other technological device with them during the day. By the data collected by the netnography, this increasing use of those devices among the target audience can be recognized. Although it is difficult to investigate whether or not authors of blogs, Facebook pages and Instagram accounts used a computer or a smart phone to post their message, it can be considered that Instagram posts are posted via a smartphone since those posts mainly consist of an image or photo with a small subscription. Furthermore, posts on personal blogs or Facebook contain often more text which makes using a computer more attractive. As earlier discussed, mobile applications are often used in order to track nutrients and one's daily intakes, but also for tracking sports activities. The use of those mobile applications is to a large extent recognized by Instagram users.

Already during the phase of planning the interviews, the researcher knew that all respondents do have a mobile phone with internet access considering the way that contact between the respondents and the researcher has occurred. Almost all respondents indicated to use or have used the mobile application My Fitness Pal. Furthermore, almost all respondents indicate that they use Instagram and Facebook applications on their mobile phone. The respondents argue

that they devote a considerable time to using those applications and keeping their selves up to date concerning health related issues.

4.3 Context

As discussed, the main practice of the DIY-health lifestyle consists of different activities, routines and spheres of interest (van der Poel, 2004) which can be categorized in sports & physical exercising and food & nourishment.

Sports and physical exercising

As discussed in the introduction and the second chapter, sport and exercising tend to be important aspects associated with the DIY-health lifestyle. Therefore the role and importance of sports and exercise facilities is taken in consideration during this research in more detail. There is a distinction made between sports and exercising as activities deriving from the main practice of the DIY-health lifestyle and sports and exercise facilities as a material condition.

The results from the netnography indicate that sport is a very important aspect of this DIY-health lifestyle. Almost all personal blogs contain a sport or exercise column with different elements as for instance sport schedules, exercise instructions, instruction videos and general sport facts and information. Facebook accounts also contain articles about sports, instruction videos and other information related to sports. Instagram posts about sports contain similar aspects of sports, but most of the times posts are for instance about snapshots of a particular training, screenshots of mobile applications for tracking sport activities, photos of WOD-boards and instruction videos. Frequently used mobile applications for tracking activities are Runkeeper and Nike+ Running. Posts of photos of the entrance of the gym are often posted as well to indicate that the user is visiting or has visited the gym.

Furthermore, there is a clear distinction recognizable between cardio training, weight training and bootcamp, crossfit and HIIT training. Most of the times users are combining two or all three different training methods, although there are also persons who apply only one training method. In general, cardio training is mostly used by persons who are trying to lose weight or who are that the start of their health journey. It can be argued that cardio is a training method which requires less skills and knowledge compared to the other two training methods. Weight training is mostly applied when persons want to build up muscles and become stronger. Cardio and weight training can be considered opposite methods in terms of body and muscle usage. It seems to be that a few years ago a certain kind of tension between both methods could be witnessed which becomes more blurred nowadays with the rise of bootcamp, crossfit and HIIT training methods. Those training methods combine cardio and weight. Furthermore, it can be argued that those bootcamp and crossfit training methods emerged in America and are relatively new in the Netherlands and still have an American character due to the American terms.

The netnography indicated that information about weight training is mostly based upon the male body and cardio training is most often associated with women. Furthermore, blogs and

posts stress the importance of weight training for women more and more. It is argued that during the past years a shift has occurred which has led to more women doing weight training. Citations as 'strong is the new skinny' and 'strong is the new sexy' indicate that women are expected to have muscles instead of being skinny. In here, the gender aspect of social acceptance can be recognized. Furthermore, many posts and associated descriptions indicate a proud feeling after a heavy weight training work-out or other sports activity is done, when those women improved their personal record and even when they experience myalgia.

During the interviews a few questions concerning sports and physical exercising are asked focused upon role and importance, the activities itself and the way in which those activities are combined with daily life. All respondents consider sports activities and physical exercising as healthy and lifestyle-related activities and as an important part of their lives, although some more than others. Many of them explained the role of sport by using more than one argument. Arguments as for instance relaxation by exertion, searching for boundaries, gaining more confidence and opposing thoughts are mentioned often in combination. Many respondents argue that sports works for them as a kind of outlet. *"It's my outlet, I if encounter problems or if I'm upset or not feeling well I work out and then it's such a different world"* (Respondent 2). One respondent even argues that sport has become so important to her that she considers to buy a car for driving to work instead of going by train since going by car saves her time in the morning and that time she wants to spend on sports. *"I prefer working out in the morning till such an extent that I consider to buy a car so I can work out in the morning instead of travelling longer by train then necessary"* (Respondent 5).

The activities undertaken by the respondents vary between all three training methods and in most cases combinations of those training methods. A large majority practices weight training or bootcamp and crossfit or a combination of both. Only a few respondents do cardio training sessions and a few other respondents consider performing cardio training when their injury is over. Some of the respondents who practice weight training started with cardio and thought of weight training as a more masculine activity. This is in line with the findings of the netnography and reflect the gender aspects and social acceptance. Furthermore, it can be argued that Dutch women practicing weight training is in line with the feminine society in the Netherlands (Hofstede, 2015).

All respondents reserve a certain amount of time each week to perform their sports activities. Almost all respondents find it important to plan those activities in order to make sure that they are able to perform those. Almost half of the respondents plan their other daily activities around their sports activities. Even a few respondents try to reschedule appointments if those appointments would take up their sport moments or weigh out the benefits of those appointments against their sports activities. Although those respondents consider their selves a kind of rude, almost half of the respondents sometimes prefer their sports activities above social events as for instances meeting their friends. One respondent indicates that she when she finds herself in a situation like this, she meets up with friends and suggests active recreational activities. *"I still want to do fun things with my friends but I also want to*

undertake sports activities (...) therefore I arrange often activities in which both are combined, like swimming with friends.” (Respondent 3).

Food & nourishment

The aspect of food and nourishment tends to be extremely important for the DIY-health lifestyle. As discussed in chapter two, preliminary research already indicated that food schedules, healthy recipes and superfoods are frequently occurring terms. Furthermore, different researches indicated that food is an important topic for women who are interested in health. It tends to be a widely discussed topic on health-related websites, blogs and social media (Kontos, Emmons, Puleo, & Viswanath, 2010; Savolainen, 2010; Pálsdóttir, 2014; Lagoe & Atkin, 2015). During the netnography the importance of food and nourishment became increasingly apparent. Many posts, blogs, accounts and other sites are devoted to this subject. Healthy food is mostly associated with lean meat, fish, vegetables, fruits, whole-wheat products, raw nuts, low-fat quark, yogurt, oats and coconut oil. Food schedules are used to see how much of each product can be consumed in order to meet the daily macro and calorie intake. ‘Macros’ seems to be a term used as a jargon which is the abbreviation for macronutrients. All food products are composed of three macronutrients, namely carbs, proteins and fats. When people use this abbreviation they most of the times refer to the ratios between the macronutrients. Those ratios can be calculated and maintained by food schedules.

Those posts, blogs and accounts are not only about healthy-looking food. Pictures of cakes, chocolate, chips, French fries and other less healthy-looking food are displayed as well, but in very small amounts. Those posts or blogs are mostly accompanied with the text ‘if it fits your macros’ or its’ abbreviation ‘IIFYM’, which turns out to be a kind of guideline or method that indicates whether a particular nutrient meets one’s diet criteria or nutrition plan. If this ‘fits’ one’s plan and does not leads to a surplus, this abbreviation can be used. When pictures or posts concerning less healthy-looking food has been shared with heading as for instance ‘cheat’, ‘cheat meal’ and ‘it doesn’t fit my macro’s’, the person in question has passed the daily macro or calorie intake. Passing those intakes is not always considered bad. There tends to be a kind of rule when it comes to those daily intakes, namely a certain 80/20 rule. This rule entails that 80% of the time people are eating healthy and that the 20% left can be filled in with unhealthy or less healthy food. Many posts and blogs contain recipes for healthy meals. Those recipes vary from breakfast, lunch and dinner till desserts, pastries and snacks. Recipes regarding special diets, allergies, intolerances and other eating habits are posted in large numbers as well. Very popular are the recipes in which vegetables, fruits or other healthy nutrients are used instead of less healthy nutrients as flour, sugar and butter. Examples of those recipes are for instance carrot cake, black bean brownies, banana ice cream, cauliflower pizza crusts and banana-egg pancakes.

Furthermore, activities concerning food and nourishment as for instance meal-prepping are very common and occur frequently. Meal-prepping implies that the a person prepares on a given moment already partly or all the meals for a certain number of days ahead. The prepared meals are be taken to work, school, internships or other out-home situations. This

meal-prepping is usually done in order to ensure that the person involved is able to meet the daily intakes and does not become tempted to eat unhealthy food or food that might lead to a surplus of the daily intakes.

During both the netnography and preliminary research it became clear that food can be considered an important topic and thus aspect for this DIY-healthy lifestyle. Therefore, during the interviews, the role/importance of this item was questioned. The data gathered by the netnography concerning food and nourishment were used to structure the questions regarding this item. Questions regarding the role and importance of food, activities concerning food and the use of food schedules were asked.

For all respondents food plays a very important role within their lifestyle and their daily lives. Some of them experience a great difference in terms of energy level since they pay more attention to and eat more healthy food. Healthy food gives them more energy compared to less healthy food. All respondents are busy with food almost the whole day. Many of them consider preparing healthy meals or baking healthy cakes or other healthy snacks as leisure activity. A few respondents became more engaged with healthy cooking since they developed their skills and knowledge concerning healthy food. One respondent uses a car as metaphor for describing the importance of healthy food. She argues that a car engine needs good petrol to be able to drive and that it does not work when you put the wrong petrol in. Another respondent who is diagnosed fibromyalgia has to pay close attention to the food she eats since her body condition, and thus overall health state, depends heavenly on her food intake. She cannot just simply eat everything she wants, not physically and mentally. The respondents who have had an eating disorder still encounter difficulties, mentally speaking, when it comes to food and eating. Furthermore, a vast majority feels oneself much more healthy after eating a healthy meal or snack compared to their mood after eating unhealthy or less healthy food.

Almost all respondents take their lunch, snacks and food for other mealtimes with them to work, school, internships or even during a day out. *“I always make sure I have some nuts with me or another healthy snack to avoid that I want to snack something unhealthy”*. (Respondent 5). Not all respondents agree on the term meal-prepping. A few respondents do not make their meals for a few days ahead, but only the night before or even the same morning and do not consider their preparations as meal-prepping. Some respondents do not think it is strange to they take their food with them, since people without a DIY-health lifestyle do take their sandwiches or other meals with them as well.

All respondents do not use any particular food schedule, although a some respondents indicate to track their food and nutrients each day via the mobile application My Fitness Pal. They do not consider this application as a food schedule, but due to the fact that they mention the use of this application at the same question, this application is considered a certain guidance or structure for their daily intakes. Furthermore, many respondents have by now reached a certain level of knowledge about food which enables them to compose their meals based on their gut feelings concerning nutrients. Other respondents find it difficult to hold on to a fixed

schedule. They rather want to decide what they want to eat at the same day instead of a few days ahead.

Online environment and social media

Although both the online environment and social media are discussed separated in the literature, in this chapter those aspects will be discussed together due to the large overlap found. Social media is a part of the online environment which causes this large overlap. During this research the online environment was used in two different ways, as structural condition and as research method.

During both the netnography and the interviews it became clear that the online environment is more than only a source for information, inspiration and motivation for people with a DIY-health lifestyle. By personal blogs, Facebook pages and Instagram accounts authors and users create new content and information concerning health and a healthy lifestyle based upon their own experiences and the way in which they form and maintain their DIY-health lifestyle. It can be argued that those websites and social media accounts are regarded as certain platforms where like-minded people can share their experiences, knowledge and provide each other's questions with answers

Furthermore, the data indicates that in general, personal blogs and Facebook posts are mostly about the authors' health journey or other topics concerning health and a healthy lifestyle. Those personal health journeys, often written like a diary, are most of the times about ups and downs experienced during this journey, about tips of others received by the author, tips developed by themselves, food or training schedules, transformation or progress photos and books or other information sources they used in order to gather the required knowledge to guide their journey and form and maintain their healthy lifestyle. Almost all personal blogs contain a comment option which enables visitors to leave a comment and ask questions or react upon other comments. Furthermore, posts on personal blogs and Facebook have a more informative character compared to Instagram posts. Posts on those blogs and Facebook contain, in general, tips and information about various subjects, for instance about what to eat before and after a work-out, how to build up muscles, the effects of certain nutrients in one's body, instructions for designing a food or training schedule, instructions for certain exercises and information about the combination of cardio and weight training on one's body. Instagram posts contain more or less the results of those skills and knowledge in terms of photos with a short caption rather than detailed stories. For instance work-outs, diverse (homemade) dishes, meals and other food, progress photos, sports gear and daily macro and calorie intake overviews. Those intake overviews are most of the times screenshots from My Fitness Pal made by the user in question.

All respondents indicate to read personal blogs, although the way of using those blogs differs. Almost all respondents use personal blogs as source of inspiration for recipes or as source of motivation or just reading it for fun. Only a few respondents use those blogs as source of information, the other respondents indicate to prefer scientific proven articles and information

instead of information based upon other personal blogs, magazines or other not scientific proven information sources.

Furthermore, two of the respondents are members of fitgirls.nl which is an online community platform for women interested in health and maintaining a healthy lifestyle. Both respondents write blogs for this platform about various aspects of health and healthy lifestyles. Their motivation is to share their knowledge, experiences and they argue that they experience an enormous need and demand for a platform as fitgirls.nl. Two other respondents also want to share their experiences with others by their own website and personal blog. Both respondents have lost an remarkable amount of weight and want to inspire and motivate other girls who are trying to lose weight as well. Both respondents indicate that they were first a bit scared to share their own personal health journey with others via the internet. Looking back they are glad they started their blog, because the reactions by others motivated them even more. Not all reactions were positive and that made them even stronger.

Almost all respondents use social media on a regular basis to keep their selves updated. Only one respondent does not use social media very extensively in order to maintain her lifestyle. The others use social media almost every day to search for information, to get inspired and to inspire others. Instagram tends to be one of the most used and favourite social media applications among the respondents. Facebook and Pinterest are the second and third most mentioned social media applications. The need for inspiration, motivation and information are the most common reasons for using social media. *“I prefer Instagram and just looking at photos, it motivates me. Being in the spheres of health and knowing that you’re not alone is nice. Furthermore I like to search for recipes and get inspired by others”* (Respondent 13). Although posts that were initially intended as inspiration or motivation can be considered by the author, those posts might cause negative effects. A few respondents also indicate that social media sometimes causes feelings of insecure when they look at posts by others. *“It motivates me but sometimes it makes me unsure about myself as well if others have better photos or a better looking body. Sometimes I start doubting about myself”* (Respondent 5) A few respondents indicated explicitly that they like to use social media in order to be in the same environment, although it is an online environment, with other users who also maintain the same kind of healthy lifestyle as they do, to share experiences and to read about other health journeys. They are searching for like-minded people. *“On Instagram and blogs you can find those like-minded people”* (Respondent 4).

Weather conditions & seasons

The items weather conditions and season were split apart at the start of this research. Weather conditions was captured among material/physical conditions and season was placed under time-spatial conditions. The analysed data of both the netnography and interviews of both items contain coherence and overlap and therefore the items will be discussed together. The Dutch weather conditions are different throughout the year and might affect the activities of people with a DIY-health lifestyle. The data gathered by the netnography indicates many differences in terms of the content of posts and blogs posted during the winter and summer

weather conditions. Those differences were mainly recognized by aspects as food and outdoor (sports) activities. Recipes on blogs and posts of meals on Instagram posted during the winter contained a more winter character or are associated with cold weather and the winter season, for instance split pea soup, stew dishes and hot drinks. The same holds true for posts during the summer season. Those posts and blogs concerning food contain more salads, cold juices, ice cream and other meals with a summer character. Outdoor activities as for instance running, walking or outdoor bootcamps tend to be less popular in cold and rainy weather conditions and more popular in sunny or dry weather. Furthermore, sports gear tend to be an important aspect regarding outdoor activities. Instagram posts about new winter sports gear seem to motivate the users to perform outdoor activities as for instance running also in cold or sometimes rainy weather conditions.

The interviews included also a question about weather conditions. Almost all respondents indicate that they prefer the summer season. More than half of the respondents indicate that weather conditions are of influence on their mood in general. Some respondents even experience a kind of winter depression during the winter season. A few respondents argue that their appetite is influenced by the weather. Warm weather conditions decrease their appetite or results in changing preferences concerning meals. Other respondents want to be more toned during the summer season due to the fact that then they are less covered with clothes and therefore pay more attention to their daily calorie and nutrient intake. *“During the winter your body is more covered with clothes, so it has an influence in terms of physical appearance (...) and in the summer, everyone has to go in bikini so people want to look better and start adjusting their dietary habits”* (Respondent 13).

Accessibility and mobility

The data collected by the netnography indicates that accessibility and mobility of different aspects as for instance a gym or sports centre, information and the necessary requisites as nourishment and supplements are considered important. On national holidays or other special days when gyms are closed, Instagram posts contain captions which indicate that the users in question regret the fact that the gym is closed. Some personal blogs and Facebook accounts contain tips for work-outs in case someone does not have a gym membership or is not able to visit the gym. Furthermore, people motivate and provide each other with tips and information concerning health. It tends to be that this sharing of information is appreciated by many looking at the positive reactions. In this context, this sharing of tips and information can be regarded as making knowledge more accessible for others.

The respondents were asked questions about the importance of the accessibility and mobility of various aspects as fitness centre or memberships and indicated that they would be less motivated to maintain their lifestyle without their memberships. Many respondents indicate that without for instance a gym or crossfit membership they would look for other options to meet their physical activity needs. A few respondents indicate that they sometimes perform activities at home if they do not have time to visit the gym or due to other circumstances. *“I do have weights at home, so if I cannot make it to the gym I do some work-outs at home”* (Respondent 13). Those respondents use books and guides with exercise examples or watch

instruction videos online. Furthermore when they are on holiday they still prefer to be physical active. Some respondents perform active recreational activities and others indicate that they prefer hotels with a gym included or close by the hotel.

Another aspect is the fact that they meet many like-minded people at for instance the gym or during a bootcamp. Some respondents attach value to meet the people who have become their friends at the gym and stress the fact that the social component becomes more and more important. Another respondent argues that she is rather more motivated to follow particular group lessons after a long and tough day than going for a run on her own. *“Well now the threshold is still somewhat higher I guess, cause I'm not going directly after a long hard school day for a run”* (respondent 14).

The place of living is argued to be important as well. The respondents who live in more outlying provinces or in small towns argue that they do not have a stimulating or supportive surrounding for maintaining a DIY-health lifestyle compared to bigger and more central cities as Amsterdam, Rotterdam and Utrecht. *“I think that place of living is an important factor as well. I live in Zeeland and those people over there are very narrow minded. There are no inspirational surroundings or influences or healthy hotspots. Zeeland does also not have a lot of role models, which are important for some people. Although I don't it is just Zeeland but all 'remote corners' within this country”* (Respondent 7). Another respondent, who is originally from Friesland, agrees on this as well. *The possibilities for living healthy in Friesland are far more limited compared to Amsterdam”*(Respondent 15). Furthermore she argues that many people living over there do not even know Rens Kroes, who is famous for her ‘Powerfood’ and is originally from Friesland as well. *“They only know her sister, Doutzen Kroes, but Rens they have never heard of”*(Respondent 15). Furthermore she thinks it is strange that there are so many differences between places in the same country. Another respondent who lived in America for 1 year, which is 7 years ago now, argues that the knowledge, possibilities and facilities related to a healthy lifestyle she had over there are now just in an earlier stage developing in the Netherlands. She thinks that this health concern and living health in America has spread to other countries via the internet, thus online environment.

Perceptions of leisure and health

The netnography was carried out in order to get a better impression of the DIY-health lifestyle and in particular women in the age of 18 till 35, and to be able to structure the interviews and formulating the questions. Therefore, in the former of this chapter, the analysed data is discussed per item by starting with the results from the netnography. Regarding the perceptions of leisure and health it was difficult to capture the real thoughts and opinions about leisure and health. Therefore, the following two items, thus the perception of leisure and health will be discussed based upon the data obtained via the interviews.

Perceptions of leisure

The interviews indicated that the respondents leisure has changed during the past few years. In almost all cases, those changes were caused by the fact that they started living healthier. The respondents were asked a few questions concerning their perception of leisure. The first question was about the role and importance of leisure for them. As discussed in the literature of this report, it was expected that women are looking for meaning and authenticity (Blackshaw, 2010). During the interviews, those terms were not explicitly asked to make sure the researcher did not influence the answers given by the respondents. Meaning was mentioned a few times during the interviews. Authenticity was not mentioned literally by any of the respondents, although other terms were used which are considered synonyms. Furthermore, almost all respondents indicated that they perceive leisure in a certain sense as freedom and a time frame in which they can do whatever they want to do. The terms rest and relaxation are mentioned by almost all respondents and can be considered terms associated with leisure. In here the aspect of leisure as a facilitator of meaning can be recognized, which is in line with (Bouwer & van Leeuwen, 2013).

‘How do you experience your leisure time?’ was asked secondly. Almost all respondents experience their leisure in a good or satisfying way. *“Yes good, nice. I can do what I want to do and I have the possibilities to do what I want to do, so therefore good”* (Respondent 10). Some respondents would rather have more leisure time to undertake all the activities that they would like to do. Two respondents, one who is looking for a job at the moment and one who works only two days a week a 24-hour shifts do both consider their free time not as leisure time as such. Both argue that they are convinced that they would perceive leisure time differently when they had to work 5 days a week. *“I work only two full days, thus 48 hours, thereafter I’m having 5 days off. Thus having a day of is less special to me compared to others, although I still enjoy it”* (respondent 11). Other respondents indicated that they like their job that much that they do not feel a strong desire for leisure or leisure time as such.

The third aspect related to the perception of leisure is about the influence of their lifestyle on their leisure time. Almost all respondents are busy with aspects or activities related to health and their lifestyle as for instance sports, preparing or cooking healthy meals or snacks, searching for and reading information concerning health related topics, during their leisure time. The all agree on the fact that their lifestyle has a huge influence on how they spend their leisure time. Some respondents spend almost all their leisure time on activities related to their healthy lifestyle. *“I’m very busy with food, sports and almost all my free time I devote to those things. Especially when I’m busy with fitgirls.nl, then I also spend more time on it. But I do like it so much”* (Respondent 2). One respondent spends a large amount of time on activities related to her lifestyle, but it does not obstruct her time. She argues that going to the gym takes up a considerable amount of time, but that sitting on the coach and watching series out of boredom takes up time as well as.

Almost all respondents fill in their leisure time differently compared to years ago, and based upon their lifestyle. One respondent spends almost all her leisure time on trying out new sports, searching for new information and inspiration concerning health and looking for new

ideas for fitgirl.nl. *“During my leisure time I’m always busy with searching for information and looking for ideas and inspiration for fitgirls.nl.”* (Respondent 3). She also still wants to hang out with her friends and drink wine and therefore she limits hanging out to a maximum of once a week. Before she started her health journey she barely read books, but now she prefers reading books that support her lifestyle over being in the pub until the late hours *“You just can learn so much from reading books, I’m reading so much at the moment which didn’t do before”* (Respondent 3).

Perceptions of health

First of all, it was noticed that almost all respondents started living healthier around 1 till 4 years ago regardless of their age. It can be argued that this is in line with the fact that this DIY-health lifestyle is relatively new.

Most respondents answered the question “what does health mean to you?” in a similar way. Elements as having a balance physically and mental, having a balance between healthy and less healthy nourishment, feeling comfortable in your skin, self-acceptance, having lots of energy and feeling energetic and being happy occurred many times. A few respondents took up this question differently. One respondent thinks that health becomes more and more a central issue within society. She is convinced that years ago people were healthier compared to nowadays. The growing welfare and the increased availability of unhealthy and processed food are two important developments she holds responsible for the decreasing health. She considers the increasing issue of living healthier nowadays in a certain sense as back step towards pure and basic nourishment. Another respondent thinks that some people should be more actively involved in healthy living and she is convinced that many people do not have a proper or sufficient understanding of how their unhealthy lifestyle habits might cause health problems over time. She is convinced that all the media attention towards living healthy might result in more and better provision of information or campaigns concerning health. *“I think some people should pay more attention towards living healthy. Some do not have any clue of how unhealthy they are and living unhealthy can cause it’s effects in the future”* (Respondent 13). Furthermore, one respondent becomes irritated by the fact that people think about health in a less serious way. According to her many people value health as one of the most important aspects of life, but secondly they are not taking action to actually live healthier.

In order to live healthy the respondents indicated that exercise on a regular basis, which in generally turns out to be three or more times a week. Furthermore they pay close attention to healthy food which includes amongst others eating lots of vegetables, fruits, healthy fats and enough proteins. Sleeping and taking enough rest was mentioned several times as well. A few respondents indicated that they also have a drink once in a while and participate in activities regardless of whether those drinks and activities are healthy, but in order to relax and reduce their stress. Almost all respondents consider having a good balance, being happy and satisfied and feeling energetic as being healthy.

All respondents indicate that their perception of health, thus how they consider health, has a huge influence upon their lifestyle and daily lives. Half of the respondents argued that they reduced their alcohol intake and that they are not going out that much as they did before. A few of them prefer their night sleep over going out late and drinking, because it contributes negatively to their training sessions and goals. Other respondents indicate that they now are less likely to sit on the couch and doing nothing, instead they are more eager to learn new sport activities, to search for information concerning health or to try out new recipes.

Another respondent who lived almost seven years ago for one year in America by family to recover from an eating disorder argues that the people living over there were during that period of time already further with health and living healthy. She considers the developments concerning health and healthy lifestyles in the Netherlands still in a certain initial phase. What is starting to pop up in the Netherlands was already much more elaborated in America 7 years ago. *“In America they were already much longer concerned with health, nourishment and balance. It stimulated me in such a way I decided to go on with this further over here. Over there they already had sugar-free, dairy-free and organic products. It’s funny to see how it develops here in the Netherlands”* (Respondent 2).

At the question concerning medical advice, the respondents indicated that they do not only rely on advice provided by doctors, physician or other professionals within the medical world. During the interviews it also became clear that women like to compare different information sources instead of just believing one truth. Therefore, it might be that they unconsciously take into consideration medical advice as well.

Furthermore, many respondents argue that they were first only focused upon the physical appearance, thus being skinny or having muscle definition. Along their journey they became less happier and that they did not feel healthy at all. They decided to start focusing more upon creating a certain balance for themselves and started to see health and living healthy from other perspectives. All respondents indicated in greater or lesser extent that they now approach living healthy and health by new and different perspectives since they have become more knowledgeable and well-informed. All respondents experience health now differently and feel themselves much more healthier compared to a few years ago.

5. Discussion and conclusion

This chapter contains a discussion of the analysed data from the previous chapter in relation with the specific research questions. The answers on those questions will be used to answer the central research question which will be described in the second paragraph. During this research, the researcher had to deal with certain limitations. A reflection upon the whole research process and the limitations are described in the third paragraph. Besides limitations the researcher has also found some recommendations for further research. Those recommendations are described in the fourth paragraph.

Nowadays, health becomes more important and integrated within the leisure domain. Improving personal health and well-being can be considered a worth pursuing aim and is more often integrated in peoples lifestyles (Godbey, 2008). A person's lifestyle can be regarded a set of different activities and situated actions (see Giddens, 1991 in van der Poel, 2004) and can be conceptualized as practices (Bargeman, 2014). Those practices and thus health behaviour influence peoples leisure time and might changes their perceptions of both leisure and health as well. The aim of this research was to get a better understanding of the so-called DIY-health lifestyle and the perceptions of leisure and health people with this certain health behaviour have. The central research question is formulated as follows:

“How do Dutch women with a DIY-health lifestyle integrate this lifestyle in their leisure time and how does this lifestyle influence their perceptions of leisure and health?”

During the introduction of this thesis it was already discussed that the literature concerning a DIY-health lifestyle is limited. Therefore preliminary research or other researches were not available or applicable to substitute this research given the research context. Although the Leisure Practice Approach (LPA) has not been applied earlier in research with a same or similar context, the LPA has proved to be an useful approach. Lifestyle activities and situated actions can be conceptualized as practices, and thus in this context health behaviour practices. The DIY-health lifestyle has been taken as a practice. The advantage of the LPA is that this model takes into account both the actor and contextual side of the DIY-health lifestyle, since the relationship between actor and context can be considered dialectic. In this context, actions by the actors thus women with a DIY-health lifestyle depend on the context in which they take place, and the other way around the context depends on the actions of its' actors. Both aspects depend on each other and changes within the one has consequences for the other.

5.1. Specific research questions

In this paragraph the answers on the specific research questions will be formulated and discussed.

1. How are the three fundamental aspects, the DIY-phenomenon, the growing health concern and the increased use of the online environment related and what and to what extent do other activities, routines or spheres of interest constitute the DIY-health lifestyle?

As predicted on forehand, there is a strong relation between all three main aspects. It can be argued that there exists a certain dialectic relationship between all three aspects, since in this context, all aspects depend upon each other. Although it can be argued that all three aspects take on a different role within this relationship.

First of all, it seems that the online environment plays a much bigger role within the DIY-health lifestyle than expected on forehand. It was intended that the online environment would function as a source of information, inspiration and motivation in forming and maintaining this lifestyle. From the results of both the netnography and the interviews it can be argued the DIY-health lifestyle is formed and influence by the online environment to such a large extent that it can be argued that this lifestyle consists of both an online as well as an offline part. Therefore the DIY-health lifestyle as a practice can be more or less divided into two practices, an online health related leisure practice and an offline health related leisure practice. Looking at the other items of the actor and context sides of the research model which were investigated during this research, it can be argued that some of those items are more online based where others are offline based items.

Furthermore, one of the respondents indicated that the trends concerning living health, sports as bootcamp and crossfit and healthy nourishment, thus the growing health concerning which is currently developing within the Netherlands was already 5 or 6 years ago common in USA. If we look at the analysed data as a whole one can state that this DIY-health lifestyle is still in its initial phase in the Netherlands. It can be argued that this growing health concern has been sparked by the online environment. This explains the role and importance of the online environment for this lifestyle. It can be argued that the online environment facilitates this growing health concern.

The role of the DIY-phenomenon can be understood as a method or approach for women in maintaining the DIY-health lifestyle. Without applying this approach, the DIY-health lifestyle cannot be maintained as intended. Thus, it seems that the online environment facilitates the growing health concern and requires a DIY-approach in order to come about.

Furthermore, those three aspects together form the main practice of this lifestyle, which is formulated as *'looking for ways for improving and maintaining one's personal health in order to achieve one's values, both online as well as offline'*. This main practices results in different lifestyle-related activities. This research proved that the two main categories sports & physical exercising and food & nourishment are important for the constitution of this lifestyle as well.

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| <p><i>2. To what extent play internal factors of Dutch women in terms of background characteristics and motivational factors a role in the constitution of the DIY-health lifestyle?</i></p> |
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The results of both the netnography and interviews indicated that regarding Dutch women, all internal factors mentioned in the conceptual research model play a role the constitution of the DIY-health lifestyle. Although, not all factors are considered important to the same extend.

When it comes to Dutch women in the age of 18 till 35 with a DIY-health lifestyle, the description of this lifestyle, as formulated in the second chapter, can be used as a sound definition, *“a lifestyle whereby one aims for improving and maintaining its own personal health by itself by looking for ways, both online and offline, in order to achieve their values”*.

To start with, the aspects of the Dutch culture were recognized by both netnography and during the interviews. Those aspects include individualism, optimistic, adaptive to changes, importance of leisure, believe not just one but multiple truths and the willingness to achieve goals concerning life enjoyment and fun. As discussed, comparison between gender was not possible since only women were taken into account. Therefore the aspect of gender was not investigated. However, data by the netnography indicated that there exist certain differences in sports and physical exercising for men and women. Although tendency can be witnessed whereby women become more interested in and undertake more often masculine-like activities as for instance weight training. Furthermore, the fact that Dutch women have ‘equal rights’ compared to men and live in a feminine society tend to have a positive influence on this lifestyle.

During the netnography differences in age concerning aspects as educational background and visiting ‘healthy hotspots’ were found. Younger women tend to be more interested in events or special days related to health compared to older women. Follow up research might reveal whether this has to do with other influential background characteristics. Furthermore, many women are studying or have studied within the fields of health, sports or nourishment. Some respondents did an additional study out of interest. All respondents think it is important to have proper knowledge concerning their lifestyle in order to be able to maintain their lifestyle. Some respondents consider with literature substantiated arguments regarding their lifestyle-related activities important as well. Many respondents argued that at the start of their health journey their knowledge was insufficient which for some respondents has led to cases as muscle breakdowns and malnourishment. During their journey they all gathered more information and become more knowledgeable. Most respondents prefer different (scientific) information sources, methods and opinions by so-called health gurus. They like to compare information and do not just take one truth for granted. During many interviews it turned out that after having experienced the benefits of living healthy, a certain demand for more knowledge and skills emerged.

Furthermore, role models are considered very important and vary between health gurus, friend and relatives. Data collected by netnography contain posts about dream bodies, goals or books written by health gurus and reflect the importance of those role models. Likewise, all respondents consider certain persons as their role model for maintaining their lifestyle as well (Godbey, 2008). Social networks of women with a DIY-health lifestyle are of huge influence on their lifestyle-related activities as well. Both data obtained via netnography and the interviews proved that within both types of networks, thus obligatory and freely chosen, women experience positive and negative reactions regarding their lifestyle and associated activities. Negative reactions seem to occur more compared to positive reactions. Though it must be taken into account that perhaps negative reactions are better remembered. It is

difficult to make a general statement about the type of network the respondents feel more at ease since the arguments were very diversified. Half of them argued that relatives take the respondent's dietary habits into consideration, while the others experience a certain pressure. Both netnography and interview results indicated that negative reactions and questions are experienced as very annoying. Therefore, in some cases respondents try to avoid particular events of both types of network. Most reactions and questions are related to their dietary habits or sports activities and habits. Those two categories evoke the most reactions. Furthermore, when those women are with 'like-minded' people, they never have to explain their choices. Therefore, many of the respondents argued that they made friends at the gym or other places where they meet those like-minded people.

As discussed in the literature, physical appearance is perceived important in the current society. Physical appearance and life satisfaction are interlinked. Data obtained via netnography contains many posts and blogs related to physical appearance and weight loss. Weight loss is considered one of the primary reasons for start living healthier. Other motivations as feeling good and having more energy were experienced during women's health journey. Though many respondents became more satisfied with feeling better and having more energy compared to a better physical appearance. Thus, women start living healthier, in most cases, in an attempt to lose weight and become more satisfied, although along their journey they experience feeling better and having more energy as more important.

As expected technological devices with internet access are important for this lifestyle as well. Many women search on a daily basis for information regarding health and their lifestyle via their smartphone or other devices. Mobile applications on smartphones as Facebook and Instagram keeps them updated during the day. Furthermore, mobile applications as My Fitness Pal or Run Keeper are proved to be useful in maintaining the DIY-health lifestyle, since those applications are concerned with sports and nourishment.

3. To what extent play contextual factors in terms of material-physical, time-spatial and structural conditions a role in the constitution of the DIY-health lifestyle for Dutch women?

The results proved that during this research all contextual factors used in the conceptual research model are of influence on Dutch women with a DIY-health lifestyle. It can be argued that many of those factors are interlinked. The topics weather and seasons are discussed together in the results section. The influence of both topics on this lifestyle tend to be greater than expected on forehand. Results of both the netnography and the interviews indicate that weather conditions and the Dutch seasons influence lifestyle-related activities, for instance running or going for a walk. Besides sports and physical exercises, both contextual factors do have an influence on lifestyle-related activities concerning food, training- and food schedules as well. People tend to have changing food and training preferences throughout the year, depending on the season. Some women maintain food/training schedules with bulking and cutting periods. Bulking is mostly done during the winter and the cutting periods mostly start around spring in order to have a 'bikini' body during the summer. Furthermore, some women

are less concerned about their physical appearance during colder conditions when their bodies are covered with clothes.

Furthermore, factors concerning food and physical exercising are considered important as well. Both aspects are already partly discussed in the first sub-question, and therefore only the influence as contextual factors is taken into account in answering this question. Since those influences are interlinked with the factor accessibility & mobility (time-spatial condition) all three factors are taken together. Women tend to encounter difficulties related to food during events, festivals, dinners with friends and family, on holiday or in going out for dinner. In most cases, those difficulties emerge when there are no healthy options concerning food available. In those situations, many women choose to take the most healthy option available. Some women indicated to eat against their principles, mostly to avoid odd stares and comments by others. Furthermore, the accessibility and mobility of 'healthy hotspots' or other restaurants serving healthy food seems to be important as well. In general, bigger Dutch cities as Amsterdam, Rotterdam and Utrecht meet the demands compared to smaller towns or outlying provinces. In terms of physical exercising, the accessibility and mobility is important as well. Some women even search for holiday accommodations with a gym or other possibilities to be able to train during their holiday. In general, women with a DIY-health lifestyle do have one or more memberships for a gym, crossfit box or other facilities. Those memberships tend to be very important for them to be able to undertake lifestyle-related activities. Memberships on health-related magazines are far less important. Although magazines as Women's' Health occurred frequently during the netnography, most respondents indicated that they question the reliability of the information written in such magazines.

This research has proved that the online environment is extremely important and can be considered a certain facilitator for women for obtaining information in order to maintain their lifestyle. As discussed information is very important since many lifestyle-related activities require a certain level of knowledge. The online environment increases the availability and accessibility of information. Websites, personal blogs and social media are one of the main information resources. This is in line with earlier studies by other researchers (Kontos, Emmons, Puleo, & Viswanath, 2010; Savolainen, 2010; Pálsdóttir, 2014; Lagoe & Atkin, 2015).

4. How do Dutch women perceive leisure and to what extent are those perceptions influenced by their lifestyle?

This research proved that the perceptions of leisure of Dutch women with a DIY-health are influenced by their lifestyle. By looking up information and developing skills and knowledge concerning their lifestyle they use and experience leisure differently compared to a few years ago before they started living healthier. It can be argued that, for many women, the connection between leisure and health has made their leisure time more meaningful. Achieving goals concerning health and health improvement has already been important for people for decades (Kleiber, Walker, & Mannell, 2011). As discussed, nowadays people are

looking for meaning (Blackshaw, 2010). This research has proved that Dutch women with a DIY-health lifestyle have found a manner in which they can achieve their goals concerning meaning. Therefore, leisure can be considered a facilitator of meaning. This is in line with Bouwer and van Leeuwen (2013).

Furthermore, this research has proved that women like to be concerned with their health, they do not consider their lifestyle as time spend in a certain compulsory way. They benefits as having more energy, finding a balance and feeling better were mentioned during almost all interviews and the netnography indicated the same findings.

5. How do Dutch women perceive health and to what extent are those perceptions influenced by their lifestyle?

It was expected that women with this DIY-health lifestyle undertake lifestyle-related, and thus health-related activities. This research has proved that women with a DIY-health lifestyle do not undertake only with health-related activities. Though, in here a comment has to be made since health-related activities can be understood in different ways. As discussed, it tends to be difficult to state whether or not a particular activity is considered healthy or unhealthy (Godbey, 2008). This research has indicated that women with a DIY-health lifestyle do not only undertake healthy activities. For instance, many respondents eat cheat meals, going out for a drink or other activities which are not considered health-related. Aspects as balance, feeling well and sometimes doing things you want to do regardless of whether they are 'healthy' are by many respondents associated with health. Results of both the netnography as the interviews, indicated that women with a DIY-health lifestyle argue that not all their activities are 'healthy' in isolation, thus not all activities are per definition healthy, but they consider their activities combined as healthy. This indicates that those women perceive health in a more holistic way. In here, the thoughts of Ornstein and Sobel (Ornstein & Sobel, 1987: 3 in Godbey (2008) "*Doing what feels right and feeling good are beneficial for health and the survival of the species*") can be recognized.

5.2. Central research question

After having the specific research questions answered and discussed, the central research question of this research can be answered, which reads as follows:

“How do Dutch women with a DIY-health lifestyle integrate this lifestyle in their leisure time and how does this lifestyle influence their perceptions of leisure and health?”

This research proved that Dutch women in the age of 18 till 35 year with a DIY-health lifestyle fit the following definition perfectly, "*a lifestyle whereby one aims for improving and maintaining its own personal health by itself by looking for ways, both online and offline, in order to achieve their values*". Therefore, those women comply to the main practice of this lifestyle as well. The results of both the netnography and semi-structured interviews indicate that all three main aspects of this research, thus the DIY-phenomenon, the growing health

concern and the increasing use of the online environment constitute, in a dialectic relationship, the DIY-health lifestyle and thus the main practice. The results proved that the online environment becomes more and more important for women in maintaining their health during their lifestyle. In particular, social media tends to be an important tool for those women. Sharing information, providing tips and experiences via the online environment, for instance via Instagram, Facebook and personal blogs is considered an important aspect of this lifestyle. This is in line with the researches into the use of the online environment and social media by Kontos et al. (2010), Savolainen (2010), Pálsdóttir (2014) and Lagoe & Atkin (2015). Furthermore, the main practice of the DIY-health lifestyle consists of various lifestyle-related activities. The most frequently occurring activities can be categorized as sports & physical exercising and food & nourishment. All those activities are, as expected, carried out during their leisure time.

When it comes to information concerning health, women do not believe just one truth, but they like to compare multiple information resources. Furthermore, this research proved that nowadays women no longer only rely on advice by professionals within the medical world. This is in line with Godbey (2008), who argued that the relationship between health and the medical profession is not that strong as many might think. This research has proved that Dutch women with a DIY-health lifestyle do think about this weak relationship in the same way. Although not all activities associated with this lifestyle are considered healthy in isolation. As discussed, women with the DIY-health lifestyle look upon health in a holistic way which entails that doing what feels right and what feels good are perceived as health. This is in line with the quote of Shaun Best who stated that “*leisure can become an instrument for personal change*” (Best, 2010, p. 13). Although this quote can be even taken further up, indicating that leisure can become an instrument for health improvement.

5.3 Reflection and limitations

As with many researches, this research dealt with limitations as well. This paragraph contains an overview of those limitations and a reflection upon the whole research process.

Research method

During this research, two different methods were approached, a netnography and semi-structured interviews. As described, a few interviews only lasted 30 minutes. One might argue that a 30-minute interview is a little short. Though the researcher is convinced that all topics of the interview topic list were discussed during those interviews. After conducting the first few interviews, the researcher became more familiar with conducting interviews. The interview questions were already briefly reviewed together with the respondents and the aim was clearly explained beforehand. Though one remark has to be made about the limit of conducting interviews in a particular amount of time. At one day, three interviews were conducted shortly after one another which led to a few little confusions during the third one when the researcher was mixing up information obtained by the previous two interviews.

Check moments

On forehand a check moment was planned each week in terms of global planning, the respondents and state of the collected data. Although the researcher has paid close attention towards those check moments it turned out that aspects as item lists should have been checked as well. Due to some technological problems and the absence of a check moment the question concerning the item *accessibility and mobility* has not been discussed during all interviews. Therefore it was not possible to compare the answers given by the respondents per question concerning this item, though during the interviews the accessibility and mobility have been stressed by the respondents and discussed without having the specific question asked.

5.4 Recommendations for further research

As discussed in the previous paragraph, this research was concerned with limitations. The researcher has come across an interesting aspect related to this research which are interesting for further research. The initial time frame accounted for the netnography was set on three weeks. Prolongation would come to pass in case the researcher did not reached a point of saturation in terms of data after those weeks. Although the saturation point was reached, the researcher has chosen to prolong the netnography until the end of the research. Each day new items and developments passed by which were considered interesting. Those items dealt with societal actualities and developments as well. One of the most interesting items occurred after already 13 interviews were conducted. Therefore this item could not be taken into account during the interviews. This item was published by divers media and widely discussed on websites, blogs and social media. It was about the occurring awareness and concerns regarding the fitgirls trend. Many professionals as for instance dieticians, doctors, physicians and other medical professional expressed their concerns about the lifestyles of those fitgirls. They considered this fitgirl-lifestyle as dangerous and irresponsible. Those professionals referred to this lifestyle as orthorexia. Orthorexia is defined as a mental disease, like anorexia. Although orthorexia involves eating only healthy food and doing lots of sports and physical

exercises in order lower one's body fat percentage, build up muscles and to get a 'sixpack'. Those professionals argued that a low body fat percentage, muscles and a sixpack are only achievable for women under exceptional circumstances. They argued to be concerned that this orthorexia is a new form of anorexia. It is interesting to see how this so-called orthorexia develops and how this might change perceptions of leisure and health further.

References

- Ajzen, I. (1991). The Theory of Planned Behaviour. *Organizational Behaviour and Human Decision Processes*, 50, 179-211.
- Andreoni, J., & R., P. (2008). Beauty, gender and stereotypes: Evidence from laboratory experiments. *Journal of Economic Psychology*, 29 (1) 73-93.
- Bargeman, A. (2001). Kieskeurig Nederland: Routines in de vakantiekeuze van Nederlandse toeristen. *Proefschrift*. Amsterdam: Thela Thesis.
- Bargeman, A. (2014, September 18). Powerpoint presentation. *ALI 2014 (September 18th)*. Breda, The Netherlands: NHTV University of Applied Sciences.
- Bauer, M. (1996). *THE NARRATIVE INTERVIEW Comments on a technique for qualitative data collection*. London: London School of Economics and Political Science Methodology Institute.
- Best, S. (2010). *Leisure Studies Themes & Perspectives*. London: SAGE Publications Ltd.
- Blachshaw, T., & Crawford, G. (2009). *The Sage Dictionary of Leisure Studies*. London: Sage.
- Blackshaw, T. (2010). *Leisure*. London: Routledge.
- Blasco, J. (2014). DYT³, Dream It, Design It and Do It Yourself. *DYT³, Dream It, Design It and Do It Yourself*, (p. 7). Ljubljana.
- Bouwer, J., & van Leeuwen, M. (2013). The Meaning of Liquid Leisure. In T. Blackshaw, *The Routledge Handbook of Leisure Studies* (pp. 587-596). London/New York: Routledge.
- Bryman, A. (2008). *Social Research Methods*. Oxford: Oxford University Press.
- Bryman, A. (2012). *Social Research Methods*. Oxford: Oxford University Press.
- Castells, M. (2010). *The Network Society*. Oxford: Wiley-Blackwell.
- Chick, G. (2006). Anthropology/Pre-History of Leisure. In C. Rojek, S. Shaw, & A. Veal, *A Handbook of Leisure Studies* (pp. 41-54). Basingstoke: Palgrave.
- Cloin, M. (2013). *Met het oog op de tijd*. Den Haag: Sociaal Cultureel Planbureau.
- De Bloom, J. (2012). *How do vacations affect workers' health and well-being? Vacation (after-) effects and the role of vacation activities and experiences, PhD-thesis*. Nijmegen: Radboud University.

- De Freitas, C. (2001, December). Theory, Concepts and Methods in Tourism Climate Research. *Proceedings of the First International Workshop on Climate, Tourism and Recreation*.
- Fletcher, J. (2009). Beauty vs. Brains: Early Labor Market Outcomes of High school Graduates. *Economics Letters*, 105 (3) 321-326.
- Gibbs, G. (2007). *Analyzing Qualitative Data*. London: SAGE Publications Ltd.
- Godbey, G. (2008). *Leisure in your life, new perspectives*. Pennsylvania: Venture Publishing, Inc.
- Gratton, C. (2013). Economics of Leisure. In T. Blackshaw, *The Routledge Handbook of Leisure Studies* (pp. 52-60). London/New York: Routledge.
- Harrington, M. (2006). Family Leisure. In C. Rojek, S. Shaw, & A. Veal, *A Handbook of Leisure Studies* (pp. 417-432). Basingstoke: Palgrave .
- Harris, M., Harris, R., & Bochner, S. (1982). Fat, four-eyed, and female: Stereotypes of obesity, glasses, and gender. . *Journal of Applied Social Psychology*, 12, 503-516.
- Henderson, K. (2013). Feminist Leisure Studies, origins, accomplishments and prospects. In T. Blackshaw, *The Routledge Handbook of Leisure Studies* (pp. 26-39). London/New York: Routledge.
- Henderson, K. A., & Bialeschik, D. M. (2005). Leisure and Active Lifestyles: Research Reflections. *Leisure Sciences: An Interdisciplinary Journal*, 27:5, 355-365.
- Hill, C. A., Dean, E., & Murphy, J. (2014). *Social Media, Sociality, and Survey Research*. New Jersey: Wiley.
- Hofstede, G. (2015). *What about the Netherlands*. Opgeroepen op June 19, 2015, van The Hofstede Centre: <http://geert-hofstede.com/netherlands.html>
- Iceland, S. (2012). *Computer and internet usage by individuals 2011*. Reykjavík: Statistics Iceland.
- Kaplan, M. (1975). *Leisure: Theory and Policy*. New York: John Wiley.
- Kleiber, D., Walker, G., & Mannell, R. (2011). *A Social Psychology of Leisure*. State College: Venture Publishing, Inc.
- Kontos, E., Emmons, K., Puleo, E., & Viswanath, K. (2010). Communication inequalities and public health implications of adult social networking site use in the United States. . *Journal of Health Communication*, Vol 15 (3), 216-235.

- Kooiker, S., & Van der Velden, K. (2007). *Een nuchtere kijk op gezond gedrag*. Den Haag: Sociaal en Cultureel Planbureau.
- Kooiker, S., Den Draak, M., & Van Campen, C. (2006). Investeren in gezondheid. In *Sociaal en Cultureel Rapport 2006* (pp. 257-287). Den Haag: Sociaal en Cultureel Planbureau.
- Kozinets, R. V. (2010). *Netnography: Doing Ethnographic Research Online*. London: Sage.
- Lagoe, C., & Atkin, D. (2015). Health anxiety in the digital age: An exploration of psychological determinants of online health information seeking. *Computers in Human Behavior*, 52, 484–491.
- Lee, S., Jin, N., & Kim, H. (2013). Relationships among Knowledge of Healthy Food, Health Concern, and Behavioral Intention: Evidence from the United States and South Korea. *Journal of Quality Assurance in Hospitality & Tourism*, 14: 344–363.
- Lusch, R., & Vargo, S. (2006). Service dominant logic: reactions, reflections and refinements. *Marketing Theory*, 6 (3) 281–288.
- Mobius, M., & Rosenblatt, T. (2006). Why Beauty Matters. *American Economic Review*, 96 (1) 222-235.
- Moorhead, S. H. (2013). A new dimension of health care: systematic review of the uses benefits, and limitations of social media for health communication. *Journal of Medical Internet Research*, Vol 15(4).
- Murimi, M., Chrisman, M. S., McAllister, T., & McDonald, O. D. (2015). Fostering Healthy Lifestyles in the African America Population. *Health Education & Behavior*, 109-116.
- Ornstein, R., & Erlich, P. (1987). *New world - New mind: Moving toward conscious evolution*. New York: NY: Doubleday.
- Ornstein, R., & Sobel, D. (1987). *Healthy Pleasures*. Addison-Wesley: Reading, MA.
- Pálsdóttir, A. (2014). Preferences in the use of social media for seeking and communicating health and lifestyle information. *Information Research*, Vol 19, (4) paper 642.
- PwC. (2014, December). *Top health industry issues of 2015*. Opgeroepen op April 3, 2015, van HRI's top ten health industry issues 2015: http://www.pwc.com/en_US/us/health-industries/top-health-industry-issues/assets/pwc-hri-top-healthcare-issues-2015.pdf
- Reed, J., & Ones, D. (2006). The Effect of Acute Aerobic Exercise on Positive Activated Affect: a meta analysis. *Psychology of Sport and Exercise*, Vol 7. p 477-514.
- Richards, G. (2011). How liquid is leisure? *The Future of Leisure*. Breda: NHTV.

- Riessman, C. K. (2005). Narrative Analysis. *Narrative, Memory & Everyday Life*, pp. 1-7.
- Ritchie, J., & Lewis, J. (2003). *Qualitative Research Practice: A Guide for Social Science Students and Researchers*. London: SAGE Publications Ltd.
- Roberts, K. (2004). *The Leisure Industries*. New York: Palgrave Macmillan.
- Roberts, K. (2013). Leisure and the Life Course. In T. Blackshaw, *The Routledge Handbook of Leisure Studies* (pp. 257-265). London/New York: Routledge.
- Rojek, C. (2005). *Leisure Theory Principles and Practices*. Basingstoke: Palgrave Macmillan.
- Rosenstock, I., Strecher, V., & Becker, M. (1988). Social Learning Theory and the Health Belief Model. *Health Education Quarterly*, 15 (2) 175-183.
- Ryan, R., & Deci, E. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. *American Psychologist*, 55, 68-78.
- Sager, A. (2013). Philosophy of leisure. In T. Blackshaw, *The Routledge Handbook of Leisure Studies* (pp. 5-14). London/New York: Routledge.
- Savolainen, R. (2010). Dietary blogs as sites of informational and emotional support. *Information Research*, Vol 15 (4) paper 438.
- Scanfeld, D., Scanfeld, V., & Larson, E. (2010). Dissemination of health information through social networks: twitter and antibiotics. *American Journal of Infection Control*, Vol 38(3), 182-188.
- Scott, D., McBoyle, G., & Mills, B. (2003). Climate change and the skiing industry in southern Ontario (Canada): exploring the importance of snowmaking as a technical adaptation. *Climate Research*, Vol 23. p 171-181.
- Scott, P. R., & Jacka, J. M. (2011). *Auditing social media: A governance risk and guide*. New Jersey: Wiley.
- Shih, C., & Nicholls, S. (2012). How Do Weather Conditions Influence Leisure Traffic? *Tourism Analysis*, Vol. 17. p 431-443.
- Sivan, A. (2006). Leisure and Education. In C. Rojek, S. Shaw, & A. Veal, *A Handbook of Leisure Studies* (pp. 433-447). Basingstoke: Palgrave Macmillan Publishers Ltd.
- Spaargaren, G. (1997). *The Ecological Modernization of Production and Consumption: Essay in Environmental Sociology*. Wageningen: Wageningen University Press.
- Staempfli, M. B. (2007). Adolescent Playfulness, Stress Perception, Coping and Well Being. *Journal of Leisure Research*, Vol. 39, No. 3, pp. 393-412 .

- Tiessen-Raaphorst, A., Verbeek, D., de Haan, J., & Breedveld, K. (2010). *Sport: een leven lang*. Den Haag: Sociaal Cultureel Plan Bureau.
- van Campen, C., & Versantvoort, M. (2014). *Vershil in Nederland*. Den-Haag: Sociaal Cultureel Planbureau .
- van der Poel, H. (2004). *Tijd voor vrijheid*. Amsterdam: Uitgeverij Boom.
- van der Poel, H. (2006). Sociology and Cultural Studies. In C. Rojek, S. Shaw, & A. Veal, A *Handbook of Leisure Studies* (pp. 93-108). Basingstoke: Palgrave.
- Vargo, S., & Lusch, R. (2004). Evolving to a new dominant logic for marketing. *Journal of Marketing* , 68 (1) 1-17.
- Verbeek, D. (2009). Sustainable Tourism Mobilities: A Practice Approach. *Doctoral thesis*. Tilburg: Tilburg University.
- Verbeek, D., & Mommaas, H. (2008). Transitions to Sustainable Tourism Mobility: The Social Practice Approach. *Journal of sustainable tourism*, 16 (6), 629-644.
- Vlachopoulos, S. P., Kaperoni, M., & Moustaka, F. C. (2011). The relationship of self-determination theory variables to exercise identity. *Psychology of Sport and Exercise*, 12: 265-272.
- Vrooman, C., Gijsberts, M., & Boelhouwer, J. (2014a). *De hoofdzaken van het sociaal cultureel rapport 2014*. Den Haag: Sociaal Cultureel Planbureau.
- Vrooman, C., Gijsberts, M., & Boelhouwer, J. (2014b). *Vershil in Nederland. Sociaal en Cultureel Rapport 2014*. Den Haag: Sociaal Cultureel Plan Bureau.
- VWS. (2009). *Uitblinken op alle niveaus; kabinetsstandpunt bij het Olympisch Plan 2028*. Den Haag: Ministerie van Volksgezondheid, Welzijn en Sport.
- Wolf, M., & McQuitty, S. (2011). Understanding the do-it-yourself consumer: DIY motivations and outcomes. *Academy of Marketing Science*, 1 154–170.
- Xie, C., Bagozzi, R., & Troye, S. (2008). Trying to prosume: toward a theory of consumers as co-creators of value. *Journal of the Academy of Marketing Science*, 36 (1) 109–122.

Appendix 1 Netnography resources

During this research, the following Facebook accounts and personal blogs are taken into consideration.

Facebook accounts:

- Annemerel.com
- Boost your health
- Charlie's Kitchen
- De Voedselzandloper
- Eefsfood
- EET PUUR
- Fit Dutchies
- Fit Zonder Fabels
- Fitness Tips
- Focus on Foodies
- Foodilove
- Getoutofyourfatsuit
- Girls Love 2 Run
- Girlslovehealthy
- Goodfoodlove
- Goodfoodspiration
- Healthy Lifestyle Facts
- Healthyconcepts
- Healthyfans
- Healthylicious
- Hungry for Healthy Food
- I am a Foodie
- I Love Health
- In love with health
- Puur Gezond
- Puur Suzanne
- Runninglau
- The Green Happiness
- Voed, voel & beweeg
- Women's Health NL
- Work that Es

Personal blogs:

- www.annemerel.com
- www.boostyourhealth.nl
- www.carmenketelaar.com
- www.chickslovefood.com
- www.deargoodmorning.com
- www.fannetiek.nl
- www.fitdutchies.nl
- www.fitfoodhealth.blogspot.nl
- www.fitgirlcode.com
- www.fitgirls.nl
- www.fitwithanne.nl
- www.fitwithashley.nl
- www.fitwithmarit.nl
- www.fitzonderfabels.nl
- www.foodie-ness.com
- www.foodness.nl
- www.getoutofyourfatsuit.nl
- www.girlslove2run.com
- www.healthinut.com
- www.healthyfans.com
- www.healthylivinginheels.nl
- www.ilovehealth.nl
- www.inlovewithhealth.com
- www.ohmyfoodness.nl
- www.puursuzanne.com
- www.renskroes.nl
- www.rosalieruardy.nl
- www.runninglau.com
- www.uitpaulineskeuken.nl
- www.wateetjedanwel.nl
- www.workthates.nl

Appendix 2 Respondents list Interview

During this research, 15 respondents participated in a semi-structured interview. Three of those respondents (R, 1, 2 and 5) were chosen by the researcher. All three respondents selected another possible respondent of which they knew they would meet the criteria (R 3, 6, and 10). The other 9 respondents reacted on an appeal posted on Instagram by the researcher.

Fout! Verwijzingsbron niet gevonden. Respondent 1 (28) High school teacher

Respondent 2 (24) Physiotherapist / Fitgirls.nl blogger

Respondent 3 (22) Student Persuasive Communication / Fitgirls.nl blogger

Respondent 4 (24) Graduated Psychologist/Primatologist

Respondent 5 (26) Student Nutritionist

Respondent 6 (27) Entrepreneur Event Business / Getoutofyourfatsuit blogger

Respondent 7 (21) Student International Business & Language

Respondent 8 (26) Student Communication

Respondent 9 (33) Elementary school teacher

Respondent 10 (26) Home care service

Respondent 11 (27) Social worker

Respondent 12 (24) Student Event management / Nutritionist

Respondent 13 (27) Master student Marketing management

Respondent 14 (18) Student Biomedical sciences / Medicine

Respondent 15 (27) Event Business / Student Nutritionist

Appendix 3 Interview Topic List

During the semi-structured interviews the following topic list was used. In order to create a structure, the questions are grouped and categorized according to the conceptual research model. The actual sequence of the questions differed depending on the answers provided by the respondents.

Introductie

- Uitleg onderzoek
- Doornemen van de interview vragen
- Vragen of alles duidelijk is

Algemeen/achtergrond

- Ik weet dat je geïnteresseerd bent in gezondheid, voeding en sport, maar kun je nog iets meer over jezelf vertellen qua werk, opleiding etc?
- Wat heb je voor studie gedaan en waarom heb je hiervoor gekozen?
- Wat wil je daar verder mee gaan doen?
- Ben je altijd al geïnteresseerd geweest in gezondheid, voeding en sport?
- Hoe is dat ontstaan/gegroeid?

Motivatie factoren

- Wat is jouw motivatie om gezond te leven?
- Waarom kies je voor een gezonde levensstijl?
- Wat houdt gezond leven en gezondheid voor jou in?
- Wanneer voel jij je gezond?
- Wat doe je allemaal om gezond te kunnen leven?
- Voor veel vrouwen is gewichtsverlies een belangrijke reden om gezonder te gaan leven. Is dit ook bij jou het geval geweest of zijn er andere redenen geweest?
- Als je kijkt naar jouw leefstijl, welke skills en kennis heb je dan nodig om deze zo goed mogelijk te kunnen naleven/hanteren?
- Had je deze skills en kennis al aan het begin toen je startte met gezonder leven?
- Hoe heb je deze skills en kennis verkregen?
- Wat vind je belangrijke skills en kennis om te hebben kijkend naar gezond leven?
- Zijn er nog skills of is er bepaalde kennis die je nog mist of waar je nog meer over wil weten?
- In deze context houd het DIY-fenomeen in dat je zelf op zoek gaat naar manieren om je leefstijl zo goed mogelijk te kunnen hanteren. Bijv. via social media, personal blogs etc. kun je aangeven in hoeverre jij ook zelf op zoek gaat en dus dit DIY fenomeen hanteert?
- Gebruik je mobiele apps om je leefstijl vorm te geven?
- Je geeft aan dat je internet en social media gebruikt, zijn er ook mensen of accounts die je echt actief volgt vanwege hun tips, aanpak of methode?
- Als persoon maak je deel uit van verschillende sociale netwerken. Deze netwerken worden tijdens dit onderzoek grofweg ingedeeld in verplichte netwerken en vrijwillig gekozen netwerken. De verplichte netwerken zijn netwerken waartoe je behoort en

waar je niet voor kunt kiezen, dus familie of werk gerelateerd. De vrijwillig gekozen netwerken zijn vooral vrienden en kennissen. Kun je aangeven welke invloed deze netwerken hebben op jouw leefstijl?

- Kun je je leefstijl goed hanteren in beide netwerken of zijn er verschillen?

Context

- Op welke manieren verkrijg jij je informatie met betrekking tot jouw leefstijl en welke bronnen gebruik je allemaal?
- Hoe ga je om met de betrouwbaarheid van de informatie?
- Weersomstandigheden in Nederland zijn erg wisselen, warme zomers en koude winters. Deze kunnen van invloed zijn op dagelijkse handelingen. Hebben de weersomstandigheden ook invloed op jou en op het hanteren van jouw leefstijl?
- Hoe ga je hiermee om?
- Uit vooronderzoek is gebleken dat veel mensen met een DIY-health lifestyle gebruik maken van voedingsschema's. Hoe denk jij over voedingsschema's?
- Welke rol speelt voeding in jouw leefstijl?
- Wat is voor jou het belang van gezonde voeding?
- Zijn er speciale activiteiten die je onderneemt qua voeding? (meal prep)
- Waar haal jij je informatie vandaan met betrekking tot voeding?
- Sport en beweging is ook een belangrijk aspect van deze leefstijl. Wat houdt sport en beweging voor jou in?
- Wat doet het voor jou?
- Wat doe je zoal qua sport?
- Hoe combineer jij sport met je dagelijks leven?
- Welke faciliteiten gebruik je allemaal?
- Heb je bepaalde lidmaatschappen om je leefstijl vorm te kunnen geven?

Percepties over vrije tijd

- Hoe denk je over vrije tijd?
- Wat is het nu van vrije tijd voor jou?
- Hoe ervaar jij je vrije tijd op dit moment?
- Hoe beïnvloed jouw leefstijl jouw vrije tijd?
- Besteed je veel aandacht aan gezondheid in je vrije tijd?

Percepties over gezondheid

- Hoe denk jij over gezondheid?
- Wat versta je onder gezondheid?
- Is jouw beeld van gezondheid de afgelopen jaren veranderd?
- Hoe ga je om met medisch advies?
- Hoe beïnvloed jouw visie op gezondheid, dus hoe jij over gezondheid denkt, hoe beïnvloed dat jouw vrije tijd?