A blue sign with white text

Description automatically generated

Developing a Data-Driven Personalized Fitness Web Application for Obese and Sedentary Individuals

RUKAYAT BALOGUN

2311143

DR CELESTINE IWENDI

MASTERS DEGREE

DATA ANALYTICS AND TECHNOLOGY

UNIVERSITY OF BOLTON

11/06/2024

Table of Contents

[Chapter 1: Introduction 3](#_Toc169468000)

[1.0 Introduction 3](#_Toc169468001)

[1.1 Background of Study 4](#_Toc169468002)

[1.2 Health Implications of Obesity and Sedentary Lifestyles 5](#_Toc169468003)

[1.3 Current Public Health Guidelines and Interventions 6](#_Toc169468004)

[1.3.1 Limitations of Traditional Diet and Fitness Plans: 7](#_Toc169468005)

[1.3.2 Public Health initiatives Targeting Obesity and Sedentary Lifestyle 7](#_Toc169468006)

[1.3.3 Challenges in Personalized Health Recommendations 8](#_Toc169468007)

[1.4 Overcoming these challenges requires: 10](#_Toc169468008)

[1.5 Statement of the Problem 11](#_Toc169468009)

[1.6 Purpose of the Research 13](#_Toc169468010)

[1.7 Research Aims 13](#_Toc169468011)

[1.8 Research Questions 13](#_Toc169468012)

[1.9 Research Objectives 14](#_Toc169468013)

[1.10 Relevance and Importance of the study 14](#_Toc169468014)

[Scope of the Study 15](#_Toc169468015)

# Chapter 1: Introduction

## 1.0 Introduction

Fitness is a cornerstone of a healthy lifestyle, offering a multitude of benefits for both our body and minds (Magallanes, 2024). While the drawbacks of inactivity are well-documented, including obesity, weakened muscles, and reduced cardiovascular health, many struggle to incorporate sufficient exercise into their routines(Bruback, 2024). Time limitations, health concerns, and lack of access to facilities can all be barriers to achieving the recommended fitness level (Starns *et al.*, 2024). This study aims at developing a personalized fitness web application using Python Django Framework and a health dataset to build a machine learning algorithm that can recommend fitness exercise for obese and sedentary individuals based on the user preference./

## 1.1 Background of Study

The world is facing a global growing public health crisis; the twin epidemics of obesity and sedentary lifestyles (Umekar and Joshi, 2024). Sedentary as defined by Yadav is a physical inactivity behaviour characterised by low energy expenditure, has become a prominent feature of contemporary lifestyles. The combination of our progressively modern surroundings and technological progress promotes sedentary behaviour that results to a culture of sitting. His research demonstrates a definitive correlation between a sedentary lifestyle and a variety of chronic ailments, such as obesity, cardiovascular disease, and type 2 diabetes(Yadav, Research and Tiwari, no date). The World Health Organization (WHO) has officially designated obesity as the most significant danger to the health of westernised countries. According to WHO, around 40% of adults in the United States are categorised as obese.

Rodbard defined obesity has a multifaceted problem with a substantial genetic element, while food and other factors also contribute. His research indicates that approximately 40-70% of an individual’s predisposition to obesity is governed by their genetic makeup. Nevertheless, his research also indicates a pivotal correlation between genetics and environment. He demonstrated that engaging in more physical exercise can reduce the impact of a greater genetic predisposition to fat. This underscores the constraints of existing universal approaches to recommendation for fitness (Rodbard *et al.*, 2024).

Although the advantages of fitness for weight control have been well-documented, a significant number of people find it challenging to start and sustain healthy routines (Rodbard *et al.*, 2024). Current Web-based programmes provide little assistance, typically including exercise schedules and educational materials(Fjellström *et al.*, 2024). Nevertheless, these programmes generally lack customisation, as they do not consider individual variances in parameters such as genetics and fitness levels(Author King, 2023). He also stated that the absence of personalization may be a contributing factor to the frequently observed low rates of adherence in web-based fitness regimens.

## 1.2 Health Implications of Obesity and Sedentary Lifestyles

The research conducted by (Ghosh et al., 2023), which specifically targets a demographic of adults from South Asia, offers significant insight into the chronic illness linked to obesity and detrimental effects of sedentary on one’s well-bring. The study highlights the correlation between obesity and a group of long-lasting illnesses, specifically cardiovascular diseases (CVD) and type 2 diabetic mellitus (T2DM). Hypertension, a significant risk factor for cardiovascular disease (CVD), was observed to be more common among females(Suanrueang, 2024). Central obesity, as defined by visceral fat percentage, may be a more powerful predictor of hypertension than body mass index (BMI) alone. The research indicates a strong correlation between obesity and T2DM, with the frequency of the latter rising in tandem with age and weight gain. Furthermore, the study highlights a greater prevalence of additional obesity-related illness such as hypothyroidism and arthritis, particularly among the elderly population (Ghosh *et al.*, 2023).

In the research conducted by Ozsoy, he also emphasises the adverse effects of sedentary on health and well-being Click or tap here to enter text. He highlighted that a lack of physical activity can worsen the impact of obesity on long-term health conditions although all participants, regardless of their weight or age showed indications of obesity, the co-morbidity effects were more noticeable in individuals with a sedentary lifestyle, especially in the older age category. The researcher also highlighted a deficiency in the desire of sedentary in engaging in physical activities even when the individuals are cognizant of its advantages (Ozsoy *et al.*, no date a). This underscores the difficulty of encouraging a fitness lifestyle particularly when individuals face barriers such as a limited access to suitable amenities or deeply ingrained sedentary lifestyles.

## 1.3 Current Public Health Guidelines and Interventions

Public health agencies around the world recognize the dangers of obesity and sedentary lifestyle and have established guidelines to promote healthy lifestyles(Pulungan *et al.*, 2024). The following are existing recommendations for Fitness and Diet:

Fitness: the world health organization recommends at least 150 minutes of moderate-intensity aerobic activity or 75 minutes of rigorous-intensive aerobic activity per week, or a combination of both, for adults(WHO). This should be complemented by muscle strengthening activities on at least two days per week.

Diet: Public health guidelines typically advocate for a balanced diet rich in fruits, vegetables, whole grains, lean protein sources. Conversely, they advise limiting unhealthy fats, added sugars, and processed foods(Henry and Frank, no date).

### 1.3.1 Limitations of Traditional Diet and Fitness Plans:

One-Size-Fits-All Approach: traditional recommendations often take a “one-size-fits-all” approach, failing to account for individual differences in factors like genetics, age, fitness level, and cultural preferences(Author King, 2023). This can lead to discouragement and low adherence rates.

Lack of Personalization. Traditional plans may not address individual needs and challenges. People might struggle with specific dietary restrictions or dislike certain types of fitness routines(Drew *et al.*, 2024).

Sustainability: generic plans might not be sustainable in the long term. They may not consider individual lifestyles, making it difficult for people to maintain healthy habits over time(Drew *et al.*, 2024).

### 1.3.2 Public Health initiatives Targeting Obesity and Sedentary Lifestyle

Public health initiatives aim to create environments that support healthy behaviors and reduce risk factors for obesity and sedentary lifestyles (Sallis and Glanz, 2009). Some of the programs includes:

Community Programs: these programs offer opportunities for physical activities like cooking classes, and healthy eating workshops (Polak *et al.*, 2016a).

School-Based interventions: these programs may promote healthy eating habits by offering physical activities opportunities during the school day, and educate children about the importance of healthy living(Polak *et al.*, 2016b).

Workshop Wellness Programs: these programs can encourage employees to participate in physical activity challenges, provide healthy food options in cafeterias and offer educational workshops on healthy living (Prowse1 *et al.*, 2023).

Policy Changes: Policies like increased taxation on sugary drinks, subsidies for fruits and vegetables, and urban planning initiatives that promote walkable neighbourhoods can all contribute to a more supportive environment for healthy choices.(Polak *et al.*, 2016b)

While these initiatives offer valuable tools, they can be limited by factors such as funding, accessibility, individual motivation. Developing more personalized approaches, like those explored in this web application project, may hold promise for improving the effectiveness of public health efforts to combat obesity and sedentary behavior.

### 1.3.3 Challenges in Personalized Health Recommendations

Personalized health recommendations strive to offer individuals customised advice and treatments that are specifically customised to their own health requirements and situations (Valentine, D’Alfonso and Lederman, 2023). Nevertheless, attaining genuine personalisation entails numerous substantial obstacles:

1. Limitations of Traditional One-Size-Fits-All Approaches:
   1. Limited effectiveness: generalised health advice may not yield desired results for all individuals. Variances in biology, lifestyles, and environment can have a substantial influence on the effectiveness of general suggestions (Bodhini *et al.*, 2023).
   2. Lack of motivation: general suggestions frequently overlook personal preferences and motives, resulting in low compliance and a limited long-term effect (Biese, Österwall and Mckeever, 2024).
   3. Inequities: generic recommendations may not adequately cater to the distinct requirements and obstacles encountered by various populations(Polak *et al.*, 2016b).
2. Limitations of Existing Recommendation Systems:
   1. Cold start problem: this problem arises when dealing with new users with inadequate health data, posing a significant barrier. Recommendation systems face challenges in delivering tailored recommendations without adequate data about the user(Ozsoy *et al.*, no date b).
   2. Sparse data: numerous health recommendation systems depends on self-reported data, which may be unreliable or lacking in detail. The absence of extensive data impedes the capacity to provide genuinely tailored advice(Tiribelli and Calvaresi, 2024).
   3. Privacy concerns: this problem arise when personal health data is collected and utilised. Some people may be reluctant to disclose confidential information, which can reduce the impact of personalized suggestions(Tiribelli and Calvaresi, 2024).
3. The Need for Personalized, Context-Aware Health Interventions:
   1. Dynamic health needs: health needs and risks change over time. Personalised advice should be flexible enough to accommodate these changes and shifting situations(Rummery, Lawrence and Russell, 2023).
   2. Context matters: lifestyle choices, social factors that determine health, and environmental exposures all have an impact on all individuals’ well-being. In order to achieve true effectiveness, personalised recommendations must take into account certain contextual elements(Rummery, Lawrence and Russell, 2023).
   3. Incorporating behaviour modification into the integration process: efficient health interventions necessitate surpassing the mere provision of information. They should provide assistance and encouragement to individuals in order to encourage them to embrace and sustain healthy behaviours(Rummery, Lawrence and Russell, 2023).

### 1.4 Overcoming these challenges requires:

Enhanced data sources: the integration of data from wearable devices, electronic health records and environmental sensors can offer a more comprehensive understanding of an individual’s health.

Advanced analytics: machine learning algorithms possess the capability to scrutinise intricate datasets and detect patterns that can be utilised to tailor recommendations.

Focus on user engagement: tailoring recommendations to individual’s preferences and incorporating behaviours change strategies can increase motivation and adherence.

Ethical Considerations: ensuring the confidentiality, integrity, and accountability, of data is essential for establishing confidence and fostering user engagement.

The solution that this research aims to offers is a personalized fitness web application that utilises data to cater the needs of obese and sedentary persons. This application aims to overcome the constraints indicated in the literature research by implementing a data-driven strategy to customise the user experience. By gathering data on variables such as activity levels and potential genetic information taking to consideration ethical concerns and user agreement, the application will customise workout regimens and educational resources to suit the individual demands and risk profile of each user. This web application has the potential to greatly enhance the effectiveness of web-based fitness recommendations for obese and sedentary individuals by utilising personalisation and capitalising on the established benefits of physical activity. Ultimately, it can assist them in achieving their weight management health objectives

## 1.5 Statement of the Problem

Traditional diet and exercise plans use a one-size-fits-all approach, they frequently fall short of meeting individual needs. Subpar results result from these systems’ failure to take into account individual differences in metabolism, physical capabilities, medical histories, and preference(Papry *et al.*, 2024) The particular demands are not met by the generalized plan which results in low adherence and little improvement in health. This emphasizes the need for tailored health therapies that can accommodate individual variances and advance improved health outcomes.

Current recommendation systems have many drawbacks, especially the ones that use collaborative filtering algorithms. For example, the cold start issue occurs when the system is unable to accurately deliver recommendations due to insufficient or no knowledge about new users or things. This problem is made more complex by sparse data, since less interaction data makes collaborative filtering methods less effective(Yue *et al.*, 2021). Another major obstacle is the computing difficulty involved in processing massive datasets to produce recommendations in real time. Resolving these issues is essential to enhancing the improving recommendation systems.

Smartwatches and other wearables devices have become popular tools for health monitoring, capable of collecting continuous and rich health data. However, many current health intervention systems do not effectively utilize this data to provide, personalized recommendations. This underutilization of continuous health data limits the potential benefits of personalized health interventions and underscores the need for systems that can effectively integrate and analyze this data. Medical history, body composition, and metabolic profiles are examples of pathological data that offer comprehensive insights into a person’s state of health. But a lot of the current systems don’t incorporate this important data, which makes the health advice less useful.

Using pathology data in conjunction with continuous health monitoring, this research seeks to close significant gaps in the present health intervention systems. This research sets the stage for further development in individualized health management while simultaneously addressing a critical public health issue. This research hold promising substantially influencing public health by endowing people with the ability to make knowledgeable choices and take proactive measures towards improved health.

## 1.6 Purpose of the Research

The goal of this research is to create and assess a web application for a personalized fitness assistant that is intended specifically for obese and sedentary people. The purpose of this research is to deliver personalized nutrition and exercise recommendations utilizing cutting edge technology. This research aims to overcome the drawbacks of conventional recommendation algorithms and fill significant gaps in current health intervention systems by merging pathological information with data from continuous health monitoring.

## 1.7 Research Aims

This research aims to:

1. To develop a user interface that is easy to navigate and accessible for all users.
2. To ensure the web application is inclusive by integrating necessary accessibility features.
3. To identity and implement features that effectively engage users
4. To access the effectiveness of the fitness assistance web application in increasing physical activity levels among obese and sedentary individuals.

## 1.8 Research Questions

This research aims to answer the following questions:

1. How can the user interface be optimized for ease of use and accessibility?
2. What accessibility features are necessary to ensure inclusivity for all potential users?
3. How user friendly is the web application for individuals with varying levels of tech-savviness?
4. What features of the application are most effective in engaging and retaining users?
5. How effective is the recommendation fitness assistant web application in improving physical activity levels among obese and sedentary individuals?

## 1.9 Research Objectives

1. Conduct user testing to gather feedback on the current interface and identify areas of improvement.
2. Review and integrate best practices for web accessibility standards.
3. Continuously monitor user feedback and make adjustment to improve usability for all users
4. Analyse user engagement data to identify which features are most frequently used and highly rated by users.
5. Use self-reported and objective measures to access changes in physical activity.

## 1.10 Relevance and Importance of the study

The significance of this study lies in its potential to revolutionized health management for obese and sedentary individuals through the development and implementation of sophisticated recommendation fitness assistant web application. Obesity and Sedentary lifestyles are leading contributors to various chronic diseases, including cardiovascular diseases, diabetes, and certain cancers. This research will not only mitigate these health risks, it will also improve overall well-being as these innovations can be applied beyond health management to other domains requiring personalized recommendations which can inform future research and development effort aimed at enhancing personalized health interventions and other applications of recommender systems.

## Scope of the Study

The scope of the study encompasses the primary focus on obese and sedentary individuals who can benefit significantly from personalized diet and exercise recommendations using advanced algorithms that enhances accuracy and relevance. This study will focus on developing an intuitive and accessible user interface. This web accessibility standards, and continuously improving the interface based on user feedback.

Reference

Author King, A. (2023) *TITLE Genotype-based diet and physical activity advice: effects on behaviour change to reduce risk factors for cardiometabolic disease*. Available at: https://research.stmarys.ac.uk/id/eprint/6235/.

Biese, R., Österwall, G. and Mckeever, S. (2024) *‘Cross Your Fingers and Hope You Don’t Get Hacked’: A Qualitative Study on The Psychological Factors Behind Non-Compliance with Cybersecurity Recommendations*.

Bodhini, D. *et al.* (2023) ‘Impact of individual and environmental factors on dietary or lifestyle interventions to prevent type 2 diabetes development: a systematic review’, *Communications Medicine*, 3(1), p. 133. Available at: https://doi.org/10.1038/s43856-023-00363-0.

Bruback, Z.T. (2024) *FACTORS INFLUENCING CLINICIANS’ USE OF EXERCISE AS A MENTAL HEALTH INTERVENTION*.

Drew, K.J. *et al.* (2024) ‘qualitative study of the experiences of individuals who did not complete the NHS Low Calorie Diet Programme Pilot’, *British Journal of Diabetes* [Preprint]. Available at: https://doi.org/10.15277/bjd.2024.434.

Fjellström, S. *et al.* (2024) ‘Increasing physical activity through an adapted web-based exercise program for people with intellectual disabilities: Support staff are crucial for feasibility’, *Journal of Applied Research in Intellectual Disabilities*, 37(2). Available at: https://doi.org/10.1111/jar.13191.

Ghosh, S. *et al.* (2023) ‘Sedentary lifestyle with increased risk of obesity in urban adult academic professionals: an epidemiological study in West Bengal, India’, *Scientific Reports*, 13(1). Available at: https://doi.org/10.1038/s41598-023-31977-y.

Henry, E. and Frank, E. (no date) *Nutritional knowledge and awareness Author*. Available at: https://www.researchgate.net/publication/380216799.

Magallanes, C.L. (2024) ‘Physical Education Teachers’ Experiences in Fitness Testing’, *British Journal of Multidisciplinary and Advanced Studies*, 5(1), pp. 88–147. Available at: https://doi.org/10.37745/bjmas.2022.0422.

Ozsoy, S. *et al.* (no date a) *TITLE: EXPLORING THE PERCEPTIONS AND UTILIZATION OF VIRTUAL REALITY IN TENNIS COACHING: INSIGHTS FROM HIGH-PERFORMANCE AUSTRALIAN COACHES TITLE: THE RELIABILITY AND VALIDITY OF THE BALANCE MAT*. Available at: http://meridian.allenpress.com/jcep/article-pdf/13/s2/455/3369374/i2165-7629-13-s2-455.pdf.

Ozsoy, S. *et al.* (no date b) *TITLE: EXPLORING THE PERCEPTIONS AND UTILIZATION OF VIRTUAL REALITY IN TENNIS COACHING: INSIGHTS FROM HIGH-PERFORMANCE AUSTRALIAN COACHES TITLE: THE RELIABILITY AND VALIDITY OF THE BALANCE MAT*. Available at: http://meridian.allenpress.com/jcep/article-pdf/13/s2/455/3369374/i2165-7629-13-s2-455.pdf.

Papry, F.A. *et al.* (2024) ‘Sedentary Lifestyle and Prospective Health Risks: A Pilot Study Among Bangladeshi Corporate Professionals’, *Bangladesh Pharmaceutical Journal*, 27(1), pp. 73–84. Available at: https://doi.org/10.3329/bpj.v27i1.71157.

Polak, R. *et al.* (2016a) ‘Health-related culinary education: A Summary of Representative Emerging Programs for Health Professionals and Patients’, *Global Advances In Health and Medicine*, 5(1), pp. 61–68. Available at: https://doi.org/10.7453/gahmj.2015.128.

Polak, R. *et al.* (2016b) ‘Health-related culinary education: A Summary of Representative Emerging Programs for Health Professionals and Patients’, *Global Advances In Health and Medicine*, 5(1), pp. 61–68. Available at: https://doi.org/10.7453/gahmj.2015.128.

Prowse1, R. *et al.* (2023) ‘Creating healthy food environments in recreation and sport settings using choice architecture: a scoping review’, *Health Promotion International*, 38(5). Available at: https://doi.org/10.1093/heapro/daad098.

Pulungan, A.B. *et al.* (2024) ‘Childhood Obesity as a Global Problem: a Cross-sectional Survey on Global Awareness and National Program Implementation’, *Journal of clinical research in pediatric endocrinology*, 16(1), pp. 31–40. Available at: https://doi.org/10.4274/jcrpe.galenos.2023.2023-7-5.

Rodbard, H.W. *et al.* (2024) ‘Practical strategies to manage obesity in type 2 diabetes’, *Diabetes, Obesity and Metabolism*. John Wiley and Sons Inc, pp. 2029–2045. Available at: https://doi.org/10.1111/dom.15556.

Rummery, K., Lawrence, J. and Russell, S. (2023) ‘Partnership and Personalisation in Personal Care: Conflicts and Compromises’, *Social Policy and Society*, 22(1), pp. 187–204. Available at: https://doi.org/10.1017/S1474746422000525.

Sallis, J.F. and Glanz, K. (2009) ‘Physical activity and food environments: Solutions to the obesity epidemic’, *Milbank Quarterly*, 87(1), pp. 123–154. Available at: https://doi.org/10.1111/j.1468-0009.2009.00550.x.

Starns, E. *et al.* (2024) ‘Breaking Barriers and Building Confidence: Interprofessional Education’s Impact on Allied Health Students’ Competence and Self-Efficacy in Addressing Exercise Accessibility for People with Disabilities’, *Journal of Sports Medicine and Allied Health Sciences: Official Journal of the Ohio Athletic Trainers’ Association*, 9(3). Available at: https://doi.org/10.25035/jsmahs.09.03.03.

Suanrueang, P. (2024) ‘A comparison of the disease occurrence of cerebrovascular diseases, diabetes mellitus, hypertensive diseases, and ischaemic heart diseases among hospitalized older adults in Thailand’, *Scientific Reports*, 14(1). Available at: https://doi.org/10.1038/s41598-023-49274-z.

Tiribelli, S. and Calvaresi, D. (2024) ‘Rethinking Health Recommender Systems for Active Aging: An Autonomy-Based Ethical Analysis’, *Science and engineering ethics*, 30(3), p. 22. Available at: https://doi.org/10.1007/s11948-024-00479-z.

Umekar, S. and Joshi, A. (2024) ‘Obesity and Preventive Intervention Among Children: A Narrative Review’, *Cureus* [Preprint]. Available at: https://doi.org/10.7759/cureus.54520.

Valentine, L., D’Alfonso, S. and Lederman, R. (2023) ‘Recommender systems for mental health apps: advantages and ethical challenges’, *AI and Society*, 38(4), pp. 1627–1638. Available at: https://doi.org/10.1007/s00146-021-01322-w.

Yadav, A., Research, P.D. and Tiwari, S. (no date) *A Survey-Based Investigation into the Prevalence and Factors Influencing Sedentary Behavior among Indian Office Workers*. Available at: www.theacademic.in.

Yue, W. *et al.* (2021) ‘An Overview of Recommendation Techniques and Their Applications in Healthcare’, *IEEE/CAA Journal of Automatica Sinica*. Institute of Electrical and Electronics Engineers Inc., pp. 701–717. Available at: https://doi.org/10.1109/JAS.2021.1003919.