

Comparison of the Effects of HIIT and MICT on Weight Loss in Female College Students: A Meta-Analysis

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Abstract: High-Intensity Interval Training (HIIT) and Moderate-Intensity Continuous Training (MICT) have been widely studied for their effects on weight loss. Randomized controlled trials (RCTs) investigating the interventions of HIIT and MICT on overweight female college students were retrieved from PubMed, The Cochrane Library, Web of Science, Scopus, CNKI, and Wanfang databases up to September 1, 2023. According to the inclusion criteria, a meta-analysis was conducted. The results showed that HIIT significantly reduced and improved body weight (MD = -0.99, 95% CI = -1.82 to -0.17, $P < 0.05$), BMI (MD = -0.40, 95% CI = -0.69 to -0.11, $P < 0.05$), body fat percentage (MD = -0.82, 95% CI = -1.15 to -0.49, $P < 0.05$), waist-to-hip ratio (MD = -0.01, 95% CI = -0.02 to -0.00, $P < 0.05$), and waist circumference (MD = -1.76, 95% CI = -3.13 to -0.39, $P < 0.05$) in overweight female college students. The effect on hip circumference (MD = -0.45, 95% CI = -1.77 to 0.86, $P = 0.50$) was not statistically significant. HIIT showed overall superiority to MICT in weight loss activities aimed at overweight female college students, especially in reducing body weight and body fat percentage. It is recommended that overweight female college students with weight loss needs prioritize HIIT interventions based on weight loss efficiency and time effectiveness, with a program lasting 12 weeks, 3 times per week, and 20–30 minutes per session.

Keyword: Female College Students, Weight Loss, HIIT, MICT, Randomized Controlled Trials

Introduction

The prevalence of overweight among female college students has been continuously rising, becoming a significant factor hindering their comprehensive physical and mental development [3]. Extracurricular physical activities positively impact the health of female college students [4] and should be a primary target for weight loss and weight control efforts among this population [5]. Since 2015, High-Intensity Interval Training (HIIT), known for its time efficiency and effectiveness, has gained increasing attention in studies promoting physical fitness among female college students [6]. The essential characteristic of HIIT involves various combinations of exercise intensities above or below the anaerobic threshold and maximal lactate steady state [7-8]. However, intervention strategies and methods for weight loss using Moderate-Intensity Continuous Training (MICT) remain inconsistent [9]. Therefore, this study conducts a comprehensive meta-analysis of domestic and international research on HIIT and MICT interventions for overweight female college students, aiming to provide a theoretical basis for selecting appropriate weight loss exercise methods for this population.

Materials and Methods

Inclusion and Exclusion Criteria

Inclusion criteria: (1) Subjects were overweight or obese female college students; (2) Intervention and comparison methods included HIIT, SIT, MICT, and ACT; (3) Outcome indicators included body weight, BMI, body fat percentage, waist circumference, and waist-to-hip ratio; (4) Master's or doctoral theses or full-text scientific papers; (5) Study design was randomized controlled trial; (6) Subjects had no diseases affecting the study other than obesity.

Exclusion criteria: (1) Duplicate articles after screening; (2) Review articles and systematic reviews; (3) Studies with data that could not be extracted or lacking relevant outcome indicators; (4) Studies involving drug or dietary interventions; (5) Subjects with other diseases such as metabolic disorders or cardiovascular diseases.

Literature Search

Keywords including female college students (), students, youth, high-intensity interval training, HIIT, aerobic training, moderate-intensity continuous training, MICT in both Chinese and English were used to search databases including CNKI, The Cochrane Library, PubMed, Web of Science, and Scopus. The search period was from database inception to April 1, 2022. Both Chinese and English language articles were included [8]. Citation searching of relevant articles was also performed.

Literature Screening and Data Extraction

Three researchers participated in literature selection. Two researchers independently screened papers based on inclusion and exclusion criteria by reading titles and abstracts, excluding unsuitable studies. Extracted information included basic characteristics (author, year, country, age, sample size, topic), experimental

characteristics (exercise modality, frequency, duration), and outcome indicators. Discrepancies were resolved by a third researcher.

Risk of Bias Assessment

Risk of bias was assessed according to the Cochrane Handbook for Systematic Reviews [10], focusing on sample representativeness (randomization and blinding) and data completeness. Included studies were categorized as low, unclear, or high risk of bias [8].

Statistical Methods

Meta-analysis was conducted using Review Manager 5.4 software [8]. Heterogeneity was assessed by P value and I^2 statistic. If heterogeneity was low ($I^2 < 50\%$, $P > 0.05$), a fixed-effect model was used; otherwise, a random-effect model was applied. Continuous data were analyzed using mean difference (MD) and 95% confidence intervals (CI). Sensitivity analyses were performed by excluding studies one by one. When heterogeneity was significant, subgroup and descriptive analyses were conducted. Publication bias was assessed using tools in Review Manager 5.4 [9].

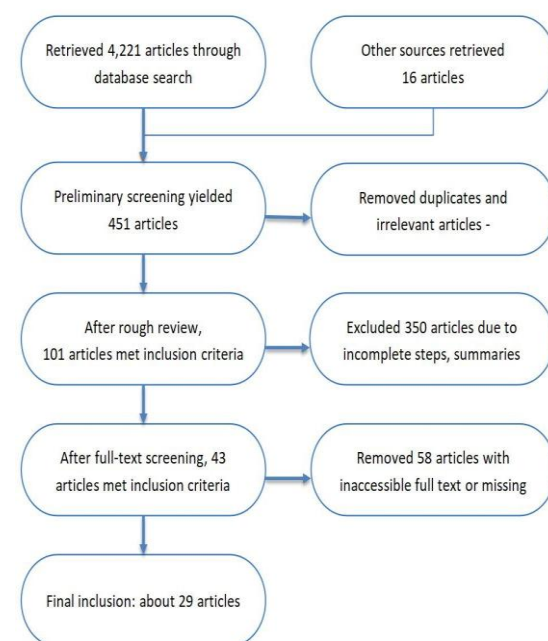


Figure 1. Literature Screening Flowchart

Basic Characteristics of Included Studies

A total of 29 studies were included, all involving overweight female college students who voluntarily participated in the

interventions. The majority of exercise modalities were cycling

(power-based) and running. A total of 999 participants were extracted for analysis (see Table 1)

Table 1. Basic Characteristics of Included Studies

		Age (Year)		Sample Size			Intervention			Outcome
First Author				(Exp/Ctrl)	Obesity					mes
(Year)	Country	Experiment	Control		Level					
						exercise	Frequency	Duration		
		al Group	Group	(Exp) / (Ctrl)					(Exp)	(Ctrl)
						Modality	(per week)	(weeks)		
		(Exp)	(Ctrl)							
						Cycle	3 times/			
Jinlei Nie 2017 ^[11]	Macao	21.0±1.1	20.9±1.6	16/13	Obese		12		HIIT	MICT
						Ergometer	week			
Simon Higgins						Cycle	1-2 week 5			
2016 ^[12]	USA	20.4±1.5		23/29	Obese	Ergometer	tines/week 6		SIT	MICT
							3-4 周6 次/			
G. Racil 2013 ^[13]	Tunisia	15.6±0.7	16.3±0.52	11/11	Obese	Running	3 times/week 12		HIIT	MICT
G. Racil 2016 ^[14]	Tunisia	14.2±1.2		17/16	Obese	Running	3 times/week 12		HIIT	MICT
						Cycle				
		21.5±1.8	20.9±1.4	14/14	Obese		3 times/week 12		HIIT	MICT
Shengyan						Ergometer				
	Macao									
Sun2018 ^[15]						Cycle				
		21.4±1.1	20.9±1.4	14/14	Obese		3 times/week 12		SIT	MICT
						Ergometer				
Ramin										
										1.2.
Eimarieskandari	Iran	22.29±0.89	21.37±0.5	7/7	Overweight	Running 机	3 times/week 8		HIIT	MICT
										3.4
2012 ^[16]										
						Cycle				
		21.4±1.0	20.9±1.4	16/16	Obese		3 times/week 12		SIT	MICT

Mingzhu Hu						Ergometer					
	Macao										
2021 ^[17]						Cycle					
		21.5±1.7	20.9±1.4	17/16	Obese		3 times/week	12	HIIT	MICT	1.2
						Ergometer					
Alexandre											1.2.
	巴西	28.7±4.9	28.3±6.8	14/11	Obese	Running	3 times/week	6	HIIT	MICT	
L.E.2019 ^[18]											3.5
							1–2 weeks,				
							5times/week				
Michael V.						Cycle	3–4 weeks,				
	USA	20.2±1.8	20.3±1.6	21/23				6	HIIT	MICT	1.3
Fedewa2017 ^[19]					Overweight	Ergometer	6 times/week				
							5–6 weeks,				
							7 times/week				
Krzystof						Cycle					1.2.
Poland 19.5±0.6 24/22 Obese 3 times/week 8 A CME											
Mazurek2014 ^[20]						Ergometer					4.5
						Cycle			SIT		
		20.9±1.7	21.0±2.4	11/11	Obese		4 times/week	12		MICT	1.3
						Ergometer			all-out		
Haifeng Zhang						Cycle			SIT		
	China	19.7±1.3	21.0±2.4	12/11	Obese		4 times/week	12		MICT	1.3
2020 ^[21]						Ergometer			120		
						Cycle					
		19.7±1.1	21.0±2.4	12/11	Obese		4 times/week	12	SIT 90	MICT	1.3
						Ergometer					
											1.2.
T.SUIJE 2012 ^[22]	China	19.8±1.0	19.3±0.7	17/16		Treadmill	5 times/week	12	HIIT	MICT	
					Overweight						3.4
							1-3weeks				
Haifeng Zhang						Cycle	3 times/week				
	China		18-22	15/15	Obese			12	HIIT	MICT	1.3
2017 ^[23]						Ergometer	4-12weeks				
							4time/weeks				
						Exercise					
XipengMa											1.2.3.
	China		—	14/15	Obese	Combination	4 times/week	12	HIIT	MICT	

2020 ^[24]												4.5.6
							/ Treadmill					
Xiaohong Peng												
	China	23.41±1.23		23.31±1.20	17/16	Obese	Running	3 times/week	12	HIIT	MICT	1.2.4
2020 ^[25]												
Yugang Qi	China				20/20	Obese	Running	5 times/week	12	HIIT	MICT	1.2.3.4
2013 ^[26]							Exercise					
Jianming Chen	China	20.36±1.12		20.80±1.03	12/12	Obese	/Running	3 times/week	4	HIIT	MICT	1.2.3.5
Miao Zhang ²⁰¹⁹ ^[28]	China	20.1±1.4		20.6±1.7	12/13	Obese	Treadmill	4 times/week	10	HIIT	MICT	
												4.5.6
Yong Zhang												1.2.3.
	China	21.20±1.62		21.00±1.05	10/10	Obese	Treadmill	3 times/week	10	HIIT	MICT	
2018 ^[29]												4.6
Zhaoquan	China	18±0.78		18±0.93	18/16	Obese	Exercise	3 times/week	12	HIIT	MICT	1.2
Li ²⁰¹⁹ ^[30]							Combination					
		21.44±1.71		20.81±1.42	16/16		Cycle	1-2 weeks	12	HIIT	MICT	1.3
Xu Zhang	China					Overweight	Ergometer	3 times/week				
2016 ^[31]		21.31±1.01		20.81±1.42	16/16		Cycle	1-2 weeks	12	SIT	MICT	1.3
						Overweight	Ergometer	3 times/week				
Han Han	China	21.31±1.01		21.07±1.49	16/14	Obese	Cycle	1-3 week	12	HIIT	MICT	3
2013 ^[32]							Ergometer	3 times/week				
Hongfu Liu ²⁰¹⁶ ^[33]	China			20-23	20/20	Obese	Cycle	3 times/week	12	HIIT	MICT	1.2.3.
							Ergometer					4.5.6
		20.9±1.7		21.0± 2.4	11/11		Cycle	1-4 week	12	SIT	MICT	1.3
						Overweight	Ergometer	3 times/week				
Ziwei Zheng	China	19.7±1.3		21.0± 2.4	12/11		Cycle	1-4 weeks	12	HIIT	MICT	3
2016 ^[34]						Overweight	Ergometer	3 times/week		120		
		19.7±1.1		21.0± 2.4	12/11		Cycle	1-4weeks	12	HIIT	MICT	1.3
						Overweight	Ergometer	3 times/week		90		

		21.5±1.7	20.9±1.4	15/15	Obese	Cycle	1-4 weeks	12	HIIT	MICT	1.3
Ling Wang	China					Ergometer	3 times/week				
2017 ^[35]		21.3±1.0	20.9±1.4	16/15	Obese	Cycle	1-4 weeks	12	SIT	MICT	1.3
						Ergometer	3 times/week				
		20.6±1.8	21.0±2.4	12/11	Obese	Cycle	1-4 weeks	12	SIT	MICT	1.2.3
						Ergometer	3 times/week				
Xiangui Zhu	China	19.9±1.9	21.0±2.4	11/11	Obese	Cycle	1-4 weeks	12	HIIT	MICT	1.2.3
2019 ^[36]						Ergometer	3 times/week		120		
		19.6±1.0	21.0±2.4	11/11	Obese	Cycle	1-4 weeks	12	HIIT	MICT	1.2.3
						Ergometer	3 times/week		90		
Jingjing Wang	China	21.0 ± 1.0	20.6±1.2	12/12	Obese	Treadmill	4 times	12	HIIT	MICT	1.2.3.
2015 ^[37]							/week				4.5.6
Xu Song	China	21.90±2.23	22.20±1.55	10/10	Obese	Treadmill	3 times/week	8	HIIT	MICT	1.2.3.
2021 ^[38]											4.5.6
Shuai Zeng	China	21.3±1.1	21.1±1.5	16/14	Obese	Cycle	1-3 week	12	HIIT	MICT	1.2.3
2014 ^[39]						Ergometer	3 times/week				

Note. In the table, 1 = body weight (kg), 2 = BMI (kg/m²), 3 = body fat percentage (%), 4 = waist-to-hip ratio (WHR), 5 = waist circumference (cm), and 6 = hip circumference (cm).

All 29 studies included in this research adopted randomized controlled trials, with each group providing inclusion and exclusion criteria for both the experimental and control groups. None of the 29 studies provided specific details on the randomization methods; 28 studies reported the use of allocation concealment, while none of the 29 studies indicated whether a double-blind method was applied to participants and researchers. All studies did not use blinding for outcome assessment. Some bias was also present in the data analysis of the articles. Overall, all 29 studies were of moderate quality.

Meta-analysis Results

The Effect of HIIT vs. MICT on Body Weight in Overweight Female College Students

A total of 36 groups (from 27 studies) involving 928 participants in randomized controlled trials were analyzed to evaluate the effectiveness of HIIT and MICT in weight-loss interventions for overweight female college students. As shown in the forest plot in Figure 2, $I^2 = 0$, $P < 0.05$, thus the fixed-effect model was applied. The combined effect size was MD = -0.99, 95% CI = -1.82 to -0.17, indicating that HIIT was more effective than MICT in reducing body weight among overweight female college students.

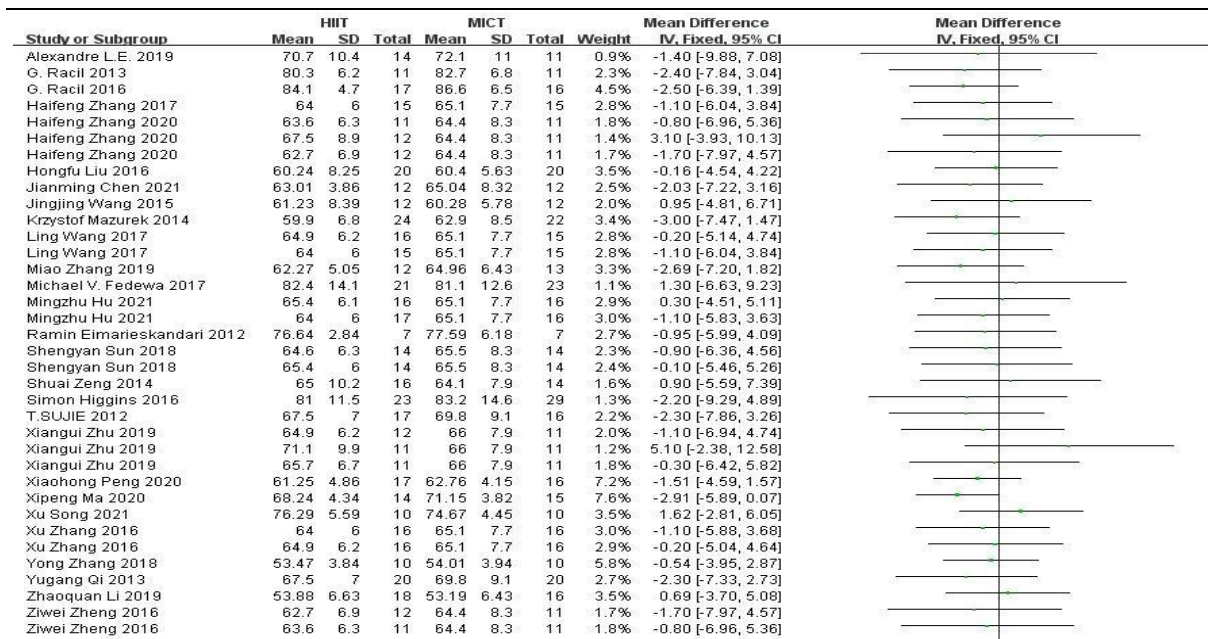


Figure 2. Meta-analysis of the effects of HIIT vs. MICT on body weight in overweight female college students

Effects of HIIT and MICT on BMI in Overweight Female College Students

A total of 23 groups (19 studies) involving 592 participants from randomized controlled trials were analyzed to evaluate the effectiveness of HIIT and MICT interventions on BMI in overweight female college students. As shown in the forest plot

in Figure 3, $I^2=0I^2=0$, $P<0.05P<0.05P<0.05$, so the fixed-effect model was used. The pooled effect size was $MD=-0.40MD=-0.40MD=-0.40$, 95% CI $-0.69-0.69-0.69$ to $-0.11-0.11-0.11$, indicating that HIIT is more effective than MICT in improving BMI in overweight female college students.

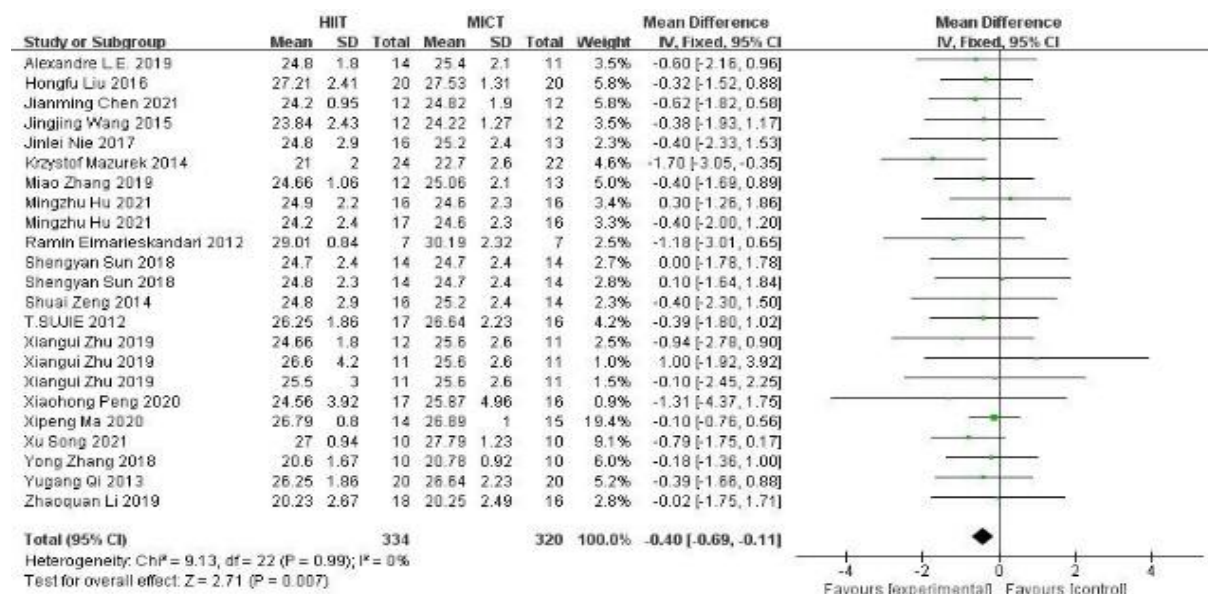


Figure 3. Meta-analysis of the effects of HIIT and MICT on BMI in overweight female college students

Results of HIIT and MICT Interventions on Body Fat Percentage in Overweight Female College Students

A total of 32 groups (24 studies) involving 795 participants from randomized controlled trials were analyzed to assess the effectiveness of HIIT and MICT in reducing body fat percentage among overweight or obese female college students. As shown in the forest plot in

Figure 4, $I^2=33\%$, $P=0.05$. Therefore, a fixed-effects model was applied for analysis. The pooled effect size was $MD=-0.82$, with a 95% CI of

-1.15 to -0.49 , indicating that HIIT was more effective than MICT in reducing body fat percentage in overweight female college students.

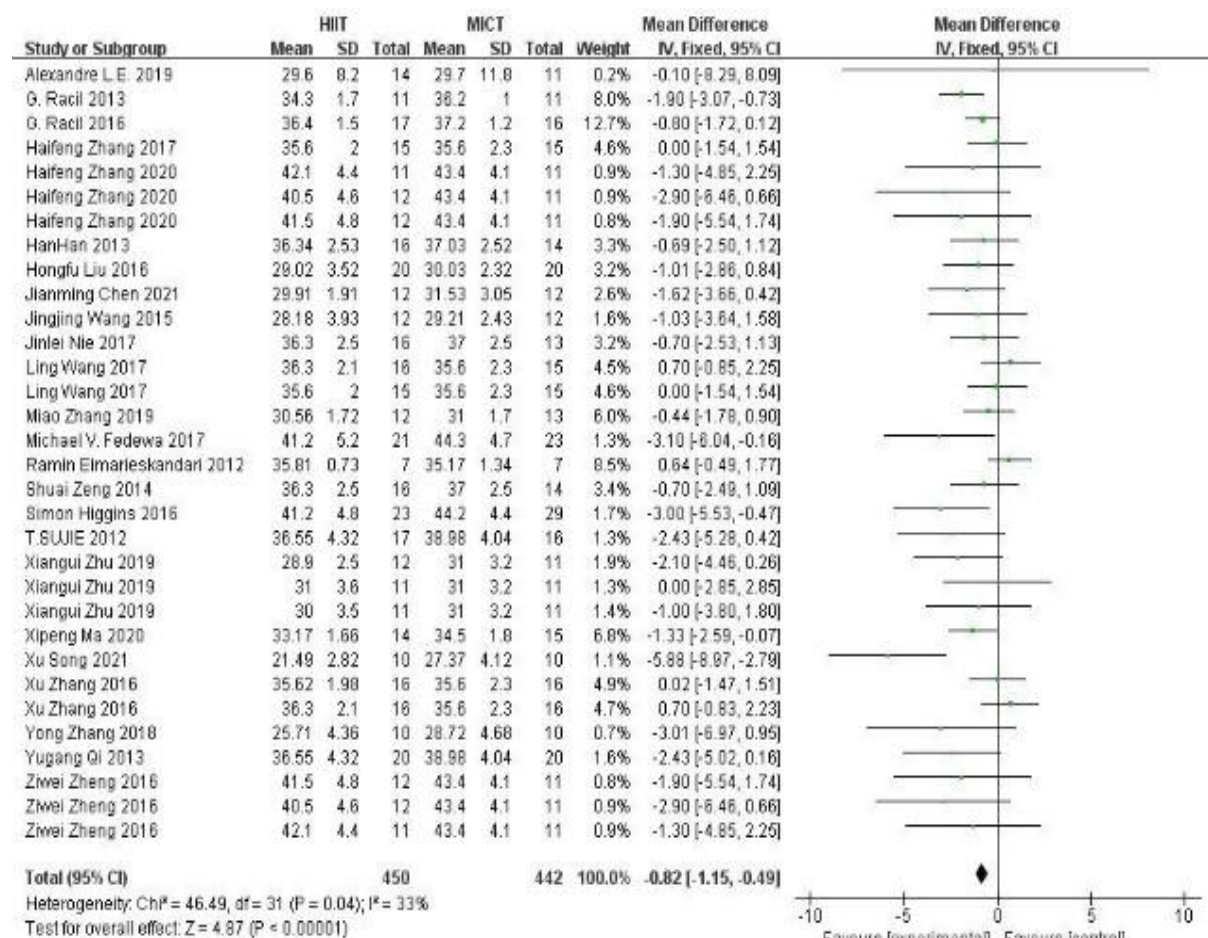


Figure 4. Meta-analysis of the Effects of HIIT and MICT on Body Fat Percentage in Overweight Female College Students

Effects of HIIT and MICT on Waist-to-Hip Ratio (WHR) and Waist Circumference in Overweight Female College Students

Seven randomized controlled trials (7 studies) with a total of 226 participants were analyzed to evaluate the effects of HIIT and MICT on WHR in overweight female college students. As shown in the

forest plot in Figure 5, $I^2 = 0$, $P < 0.05$; therefore, a fixed-effect model was applied. The pooled effect size was $MD = -0.01$, 95% CI = -0.02 to -0.00 .

Eight randomized controlled trials (8 studies) with a total of 233 participants were analyzed to assess the effects of HIIT and MICT on waist circumference in overweight female college students. As

shown in the forest plot in Figure 6, $I^2 = 0$, $P < 0.05$; therefore, a fixed-effect model was used. The pooled effect size was MD = -1.76, 95% CI = -3.13 to -0.39, indicating

that compared with MICT, HIIT can effectively reduce waist circumference and improve WHR in overweight female college student

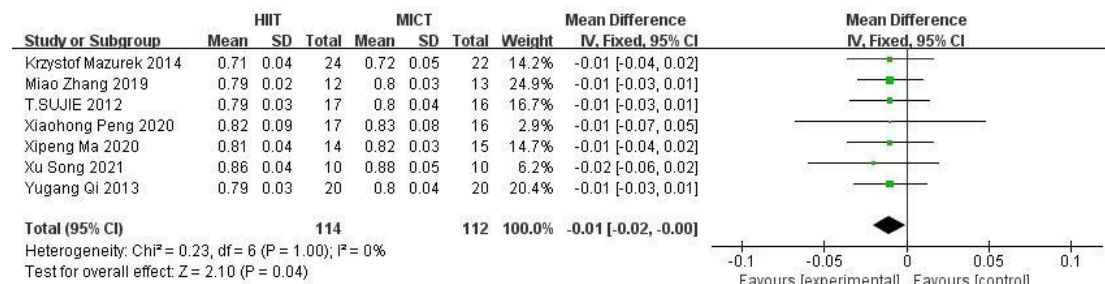


Figure 5. Meta-analysis of HIIT versus MICT on Waist-to-Hip Ratio in Overweight Female College Students

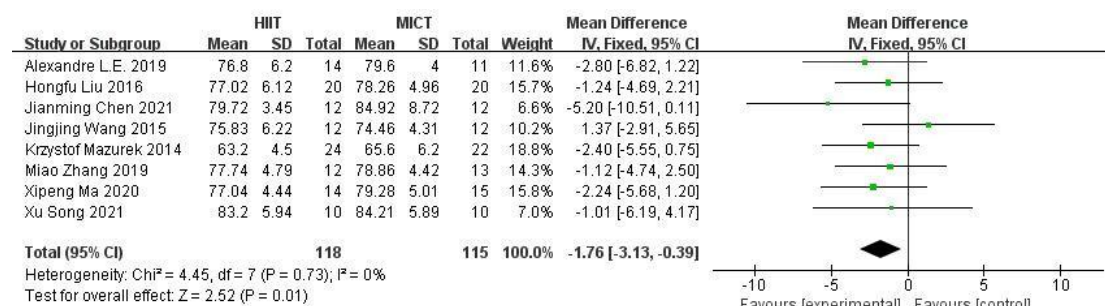


Figure 6. Meta-analysis of the effects of HIIT and MICT on waist circumference in overweight female college students

Discussion

Compared with traditional MICT training, HIIT features higher intensity, shorter training duration, and shorter intervention periods. The intermittent rest intervals in HIIT can better enhance participants' enjoyment and exercise adherence [40], making it more acceptable [41]. HIIT can also prevent a sharp decline in oxygen utilization of fat cells, making it particularly suitable for overweight students [10]. Generally, overweight female college students face various overweight-related problems due to a lack of appropriate exercise methods. Long-term continuous aerobic exercise can effectively reduce body weight and improve aerobic capacity, but moderate- and low-intensity aerobic exercise requires more time and tends to be monotonous, making it difficult for most overweight individuals to persist [42].

Hans Reindell, a German cardiologist, first proposed high-intensity interval training (HIIT) in 1959 based on interval training, and it has since been increasingly applied in athlete performance enhancement [43]. Chinese scholar Tian Maijiu defined high-intensity interval exercise in Sports Training Science. According to Tian, interval training involves repeated exercise without full recovery, with strict regulation of rest intervals; high-intensity interval training refers to training with relatively high load intensity, lasting 40–90 seconds per bout, and maintaining a heart rate of 170–180 beats per minute [38, 44].

The results of this study indicate that, compared with MICT, HIIT has a better effect on weight reduction in female college students. HIIT can increase brain-derived neurotrophic factor (BDNF) levels in young healthy women [45], improve leptin

resistance and insulin resistance [46], and thus reduce body weight. Research shows that HIIT provides a certain resistance stimulus to muscles [47], which can increase muscle mass and quality, boost resting metabolic rate, and promote healthy weight loss [48].

Our findings show that compared with MICT, HIIT more effectively reduces BMI and body fat. HIIT can significantly influence fat regulation in overweight young women [49], reducing both total body fat and abdominal visceral fat [50], and is superior to MICT in reducing body fat percentage [51]. Studies have found that after HIIT intervention, female college students' body fat percentage decreased by 5.4%–6.6%, and total body fat mass decreased by 8%–11.1% [31].

The meta-analysis in this study also demonstrates that HIIT produces better improvements in waist circumference and waist-to-hip ratio (WHR) than MICT. Following HIIT training, reductions in waist circumference and WHR among female college students were highly significant, indicating that HIIT is markedly more effective than MICT for these anthropometric outcomes [38].

Scientific evidence suggests that HIIT reduces body fat through three main mechanisms [9]:

Increased excess post-exercise oxygen consumption (EPOC) [52], leading to higher energy expenditure [9];

Increased proportion of fat oxidation both before and after exercise [9]; Reduced appetite after exercise [53], leading to lower energy intake.

HIIT interventions can help reduce the synthesis of unsaturated fatty acids and accelerate their breakdown, thereby reducing body fat. Structural changes in metabolites such as lysine, arginine, and proline during HIIT can participate in polyunsaturated fatty acid metabolism, thus

enhancing fat-reducing effects [54]. This aligns with the conclusion of this study that HIIT significantly improves body composition in overweight female college students compared with MICT.

Some research suggests that interventions aimed at improving college students' physical fitness should promote moderate-to-high-intensity activity levels, enhance participation in physical education (PE) classes, and focus on weight reduction [55]. PE classes are the main avenue for students to engage in exercise, yet only 40.5% of class time is used for active participation, and the intensity is often below the threshold needed for health benefits [56]. The results of this study offer a potential solution—incorporating HIIT into university PE programs for overweight students can significantly improve weight outcomes. Moreover, research has shown that overweight college students who are not regular exercisers find interval training more acceptable and enjoyable compared to other exercise forms [57].

Conclusion

In conclusion, HIIT is overall superior to MICT for overweight female college students when the goal is weight loss, especially for reducing body weight and body fat percentage. HIIT significantly impacts weight, BMI, body fat percentage, and waist circumference reduction, and improves body shape. Compared with MICT, HIIT not only increases intervention efficiency but also better enhances participants' adherence and enjoyment [58]. For overweight female college students seeking efficient and time-effective weight loss, HIIT is recommended as the preferred method—lasting 20–40 minutes per session, three times per week, for 12 weeks.

Limitations

This study has several limitations. The authenticity and reliability of results may be affected by confounding factors such as exercise modality. Only published Chinese and English literature was included, which may limit comprehensiveness. None of the referenced studies described

allocation concealment, and blinding of participants, researchers, or outcome assessors was unclear, with only a few studies addressing these issues. Differences in HIIT and MICT intervention formats, participants' body composition, and measurement methods may also introduce potential bias.

Acknowledgment

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Conflict of Interest

The authors declare that there is no conflict of interest regarding the publication of this paper.

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