

PalArch's Journal of Archaeology of Egypt / Egyptology

PREDICTORS OF EATING HABITS OF OVERWEIGHT YOUNG WOMAN IN PAKISTAN

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Zainab Javed, Rafia Rafique. Predictors Of Eating Habits Of Overweight Young Woman In Pakistan-- Palarch's Journal Of Archaeology Of Egypt/Egyptology 18(3), 246-265. ISSN 1567-214x

Keywords; Self Esteem, Fear Of Negative Evaluation, Eating Habits, Overweight Young Women, Gymnasiums

ABSTRACT

Objectives

This research has explored the predictors of unhealthy eating habits of young overweight women.

Research Design

The research design employed in this study was Cross-sectional Research Design.

Place and duration of study

Study was conducted in Gymnasiums of Lahore with the duration of 5 months.

Subjects and Method

For this particular study, 300 overweight young women were selected from diverse gymnasiums of Lahore, Pakistan. Purposive sampling strategy was employed. The scales used for the assessment were i.e. Rosenberg self esteem scale (Rosenberg, 1965); Eating Attitude Test (EAT-26) (Garner, Olmsted, Bohr, & Garfinkel, 1982) and Fear of Negative Evaluation (Leary, 1983). The hypothesis of this study is low self esteem and fear of negative evaluation is likely to predict unhealthy eating habits.

RESULTS AND CONCLUSION

The upshot of this study depicts that low self esteem and fear of negative evaluation are negative predictors of eating habits of young overweight women. It is also noted that the fear

of negative evaluation might be a helpful factor in reducing the weight and changing the unhealthy eating habits of overweight women. In clinical settings, this research is very significant.

INTRODUCTION

Overweight and obesity is increasing from the past few years. In 2016, World Health Organization has reported that more than 1.9 billion adults of age ≥ 18 years fall under the category of overweight. According to AO, WFP, PAHO, WHO (2018) obesity has high prevalence in American and Caribbean countries. World Health Organization has reported it as global epidemic. The burden of overweight has enhanced now in Asian countries as well. In several developing countries the cause of overweight and obesity is rapid urbanization, lack of physical activity and, unhealthy food habits (Ramachandran, Chamukuttan, Shetty, Arun, & Susairaj, 2012). Baceviciene, Jankauskiene, & Balciuniene (2020) have found that high BMI is also linked with unhealthy eating habits. It is considered that obesity is the most prevalent nutrition related disease and it is more affecting women (15%) than men (11%) (WHO, 2018). Moreover, Women are at high risk of becoming overweight than men (James et al., 2001).

Unhealthy eating habits are defined as the unhealthy food consuming behaviors of individuals. It is stated that for maintenance of health and prevention of disease, diet and nutrition is very significant (WHO, 2003). Changes in eating habits of an individual lead to the increase in weight (Mozaffarian, 2011). In several developing countries nutritional transition has been observed (O'Dea & Wilson, 2006). Nutrition relevant diseases like overweight, obesity and diabetes are linked with diet (Mosca et al., 2011; Borer, 2019). Quality of food and its volume is also linked with excessive weight (Hanley, Harris, Gittelsohn, Wolever, Saksvig & Zinman, 2000). The consumption of healthy food like fruits, vegetables and milk reduced and consumption of snacks, soft drinks and sweets have increased. Environment also play great role in enhancing the weight (Nicklas, Baranowski, Cullen, & Berenson, 2001). In accordance with (Ami et al., 2008) poor selection of food and less dietary habits are linked with obesity. Furthermore, In accordance with (Turconi, Maccarini, Porzio, Moro & Roggi, 2016) dietary habits and obesity has strong association with each other. Less physical activity and poor diet leads to excessive weight gain. Also, Hassan and his colleagues (2015) conducted a study on Egyptian sample and found that missing or frequent breakfast; less fruit and vegetable intake and more snacks and sedentary behaviors are all cause of overweight and obesity in women

Unhealthy eating habits of adults are very concerned topic now days. In this study disrupted eating habits of young overweight women were considered that are affected by psychosocial factors. There are several psychosocial factors that influence the unhealthy eating habits of individuals i.e. age, gender, education, culture, family, peers, social media, stress, shame, comparison and self criticism (Ferranti et al., 2013; Duarte et al., 2017). Biopsychosocial approach (Engle, 1977) provides theoretical support to this

study. This model suggested that the biological, psychological and social factors and its complex are helpful in comprehending the health related behavior and illness. With this approach the two psychosocial factors were considered in this study i.e. low self esteem and fear of negative evaluation. Self esteem is considered as psychological factor and fear of negative evaluation is considered as social factor.

According to Berk (2001) self-esteem is defined as the opinion we have about our own self and the sentiments linked with those opinions. These opinions have direct effect on the emotions, behaviors competencies and mental changes (Berk, 2001). Some other descriptions related to self esteem are the assessing components like worldwide regard for oneself. The reason is self-esteem is measured subjectively (Frost & McKelvie, 2004). According to (Blascovich & Tomaka, 1991) self esteem is describes as how much an individual approves values or like himself. People who are high in self esteem have less psychological issues (Roberts & Munroe, 1992). Butler & Gasson (2005) discovered that people with high self esteem are independent have enough energy to bear aggravation and have potential to perform new tasks with zeal and confidence and less risk of developing mental illness but and are high on self-contentment (Robins, Hendin & Trzesniewski, 2001;Diener, 1984). According to (Markham et al., 2005) low self esteem is linked with corporeal discontentment which increase the disturbances in eating attitudes (Ba• et al., 2004).

Freshbach and Weiner (1991) therefore considered that self-esteem generally refers to the negatively or positively value which one imposes on one's own qualities while Baumeister (1999) offers the following meaning of self-esteem, including the attributes of the individual, as one's confidence in himself or herself. Rosenberg (1977) also described self-esteem as a positive or unfavorable result against oneself. Morse and Gergen (1970) have shown that our self-esteem can change quickly in ambiguous or nervous circumstances.

Heatherton and Wyland (2003) stressed the need to differentiate the wider word self-concept from self-esteem, as the two expressions are frequently interchangeably used. Self-concept refers to the entirety of cognitive values, while self-esteem is the subjective reaction that people feel while thinking and assessing various things about themselves (Heatherton & Wyland, 2003). While self-esteem is linked to self-concept, people would probably assume reasonably good things about themselves and yet don't like themselves at the same time (Heatherton & Wyland, 2003). In comparison, people might choose them and have a high degree of self-esteem and can also lack quantitative metrics to help healthy self-esteem. While the elements of self-concept affect self-esteem, it is not the same.

Self-esteem of an individual is a psychological factor and there is no doubt that low self-esteem of an individual is linked with changes in eating habits that leads to disordered eating (Shea, & Pritchard, 2007). Due to lack of self esteem individuals has to face difficulties in their life. Mostly adolescents have

to face issue because of the changes in their career, lifestyle and bodies. Studies have found that ideal corporeal image is linked with disordered eating (Ura & Preston, 2015). Corporeal discontentment reduces esteem of an individual and as a result individual develop detrimental coping strategies like weight loss strategy and unhealthy eating patterns (Stice et al., 2002; Cameron, 1999; Ackard et al., 2002; Ura & Preston, 2015). In accordance with (Kathleen, Zachary, Jeremy, & Anna, 2001) low self esteem is linked with poor corporeal image and people start dieting. Some other studies showed that poor dieting leads to low self esteem. In the presence of weight relevant stressors individuals with low self esteem start binge eating.

Leary & colleagues developed the goniometer hypothesis in 1995. This theory states that self-esteem is a guestimate of personal relations and that self esteem is the connection between the actual self and the ideal self, which feeds on beneficial actions. Leary and his collaborators suggest a goniometer that tests how attractive one will be to several other people and that is affected by self-esteem. The concept is based on the premise that any human being has an innate desire for personal relations. As per Leary (2010) there are basically two differences in self-esteem, as stated in Nowankwo, Obi & Agu, 2013: State self-esteem & trait self-esteem. State self-esteem refers to changes of human emotions as a result of their impressions of others and their interactions at present. Due to positive or negative feedback, self-esteem is increased or reduced. On the other hand, Trait self-esteem refers to the meaning and confidence that a person who is normally respected and embraced by the others has.

A study conducted by Button and his colleagues (1977) found low self-esteem in girls having eating disorder. Granillo et al., (2005) reported the positive link of low self-esteem and eating disorders in students. Gilbert and Meyer (2005) reported that women with low self-esteem face corporeal discontentment and problems in eating. Blaase & Elklit (2001) conducted a study in Denmark and explored that women suffering from eating pathology had low self esteem than women who were not diagnosed with any eating pathology. Annis, Cash, & Hrabosky (2004) found low self esteem in overweight women. They also assessed that overweight women are more involved in being eating than women with normal weight.

In accordance with the cognitive-experiential theory of self. Self-esteem is regarded by Epstein (as quoted in Guidon, 2010) as a central human need. Success/failure as well as acceptance/rejection is the two experiences which most directly impact self-esteem. According to Epstein (1973), by concessions between different motivations, the self-strives to maintain order. It represents how poor or strong self-esteem will be. Epstein observed that three distinct levels of self-esteem exist: intermediate and situational worldwide. Global is the general self-manifestation, intermediate contains particular realms such as integrity, goofy charm, consciousness and physical health, whereas situational self-esteem is day-to-day that differs with situations.

The original description of fear of negative valuation was given by (Watson & Friend, 1969, p. 449). It is a feature that has relevance with how others assess and development of stress due to negative assessment, avoidance of communal situation where there are chances that people will evaluate them negatively. Moreover, According to (Lepine & Pelissolo, 2000) individuals having communal anxiety have fear of social situations as individuals have fear of unconstructive assessment of themselves by others. The reason behind functional impairment (excessive fear of social situations in which a person feel embracement) is due to undue social anxiety (American Psychiatric Association, 1994). Studies have linked communal anxiety with disordered eating (Godart, Flament, Perdereau, & Jeammets Black-Becker, DeViva, & Zayfert, in press 2002). Fear of negative evaluation is associated with disordered eating. It is a core feature of communal anxiety (Rapee and Heimberg 1997; Heimberg et al. 2010). Individuals who are high in fear of negative evaluation are concerned about how others think about them. They remain worried about the failure of communal approval and they try to follow beauty ideals. They have their belief that this thing will provide shield to them from the negative evaluation (Utschig et al. 2010).

According to (Fang ad Hofmann, 2010) fear of negative evaluation is overlapped with communal anxiety and corporeal dysmorphic disorder in terms of its, clinical association, diagnostic criteria and treatment; also it is highly linked with eating disorders. Gilbert and Meyer (2003) suggested that fear of negative Evaluation is linked with ideal body and symptoms of eating disorders (Wonderlich-Tierney and Vander Wal 2010) also linked with attitude of bulimia nervosa (Gilbert and Meyer 2003). Utschig et al., 2010 reported that eating disorders have risk factors i.e. thin ideal internalization, pressure to be thin and negative mood.

In accordance with (Levion and Rodebaugh, 2012) found the link amid eating disorder and diverse fears of communal anxiety i.e. social appearance anxiety, communal anxiety interaction, fear of negative evaluation, fear of positive assessment and fear of scrutiny. He discovered that communal appearance anxiety and fear of negative evaluation are two aspects that predict symptoms of eating disorder. Fear of negative evaluation is also predictor of corporeal thinness, corporeal anxiety, corporeal discontentment, bulimia nervosa, weight and corporeal shape and eating attitudes. Altogether, fear of negative evaluation predicts symptoms of eating disorders. The studies on eating disorders and fear of negative evaluation are scarce.

According to Finstand (2003) negative fear of evolution comes from culture and pressure from society to maintain body and considered thin corporeal as ideal. The concept of perfect bodies enhanced internalization which leads to negative fear of evaluation. In accordance with study of (Hausenblas et al. 2004) social anxiety is linked with eating problems and fear of negative evaluation is the feature of social anxiety. FNE is also linked with eating pathology, obsession with thin body and symptoms of eating disorders(DeBoer et al. 2013; Maraldo et al. 2016; Menattia et al. 2015.) But,

there is very limited research that explained that direct impact of fear of negative evaluation on unhealthy eating habits.

Contemporary researches in the domain of psychology are gathering knowledge about the peril factors that leads to unhealthy eating patterns in young overweight women. As the prevalence rate of eating disorders like binge eating, anorexia, bulimia, overweight and obesity) is increasing so there is dire need of research for investigating the psychosocial factors that are reason of unhealthy eating patterns in young overweight women (Smink et al., 2012; Sharan and Sundar Shyam, 2015). Previous studies has demonstrated that unhealthy attitudes damage the corporeal and health of an individuals. The more stress is given on the restrained eating that maintain health and compulsive eating that damages the health (Polivy and Herman, 2005; Izydorczyk and Sitnik-Warchulska, 2018).

Furthermore, there are several researches that has explored the contribution of self-esteem and fear of negative evaluation on health ailments but little research is available that has taken the self-esteem and fear of negative evaluation as psychosocial predictors of unhealthy eating habits. Also, there is very little research available that measures the impact of self-esteem and fear of negative evaluation on unhealthy eating habits of overweight women on Pakistani sample. Fear of negative evaluation is a new perspective which has not been previously much investigated in Pakistan. The goal of this research is to explore the predictors of unhealthy eating habits.

HYPOTHESES

To articulate the predictors of unhealthy eating habits two hypotheses were made.

- a) Low self-esteem negatively predict unhealthy eating habits
- b) Fear of negatively evaluation positively predict unhealthy eating habits

METHOD

Research Design

In this study, Cross sectional research design was employed for investigating the predictors of eating habits in overweight young women.

Sample

A sample of 300 overweight females aged 18 to 24 years, BMI 25.0 to <30, belong to upper socioeconomic class, graduates, and watches Television for at least two hours per day were selected through purposive sampling technique. Those who were with physical or psychological disability were excluded.

Table 1: Demographic Characteristics of Overweight Women with Frequencies and Percentages

Categories	F(%)	M(SD)	Categories	F(%)	M(SD)
Age (Year)			Siblings		
18	31(10.3)	21.39(2.02)	1	7(2.3)	4.24(1.75)
19	34(11.3)		2	26(8.7)	
20	45(15)		3	75(25)	
21	44(14.7)		4	70(23.3)	
22	38(12.7)		5	41(13.7)	
23	39(13)		6	54(18)	
24	69(23)		7	11(3.7)	
Institution type			8	7(2.3)	
Private sector	96(32)	1.83(.67)	9	3(1)	
Public sector	157(52.3)		10	1(.3)	
Semigovt.	47(15.7)		11	1(.3)	
Occupation			Birth order		
Student	34(11.3)	1.12(.33)	First	101(33.7)	1.94(.79)
Job holder	5(1.7)		Middle	117(39)	
Family system			Last	81(27)	
Nuclear	191(63.7)	1.5(.5)			
Joint	109(36.3)				

Assessment Procedures***Fear of negative evaluation (Leary, 1983)***

Anxiety correlated with expected unfavorable assessments is assessed by the FNE. This scale is made up of 12 elements that describe anxious cognition or troubling cognition. The respondent notes to what degree each object represents itself on a Likert scale from 1 "not at all to 5 "extremely." The presence of fear or worry is mentioned in eight of the twelve items, while the other four components depict the exclusion of worries. For some finding a single factor structure, the factor structure remains unknown (Watson & Friend, 1969), while some have discovered a two-factor structure with variables described by positive and reverse worded objects using a clinical study (Rodebaugh et al., 2004). This scale evaluates feelings regarding apprehension to others evaluation and distress which is created due to this apprehension. (Watson & Friend 1969). The scale has just 12 items. The reliability of this scale is .90 and .82 for clinical and non-clinical sample. For

the present research, its reliability is .65. Urdu translated version by Zafar and Kausar (2013) was employed in this study after permission.

Rosenberg Self-Esteem Scale (RSE)

This scale evaluates self-esteem of individuals. It is comprised of 10 items. It is four point Likert scale. A total of all items is calculated to find out self-esteem (Rosenberg, 1965). The response scale was a four point likert type scale (1= strongly disagree, 2= disagree, 3 = neutral, 4=agree and 5=Strongly agree). The reliability of this scale is .77. For this research, its reliability is .71. Urdu translated version by (Aslam & Aftab,2014) were employed in this research.

Eating Attitude Test (EAT-26) (Garner Olmsted, Bohr, & Garfinkel 1982).

It has been found that the Eating Attitudes Test (EAT-26) is extremely accurate and valid (Garner, Olmsted, Bohr & Garfinkel, 1982; Lee et al., 2002; Mintz et O'Halloran, 2000). This scales assesses risk to eating disorder (Shepphird, 2008) Scoring is done by summing all items and is 4 point Likert scale. The reliability of this scale is .84 to .89. For present study, its reliability is .87 Urdu translated version was employed in this study with the consent of instigators (Ramazan & Kausar, 2014). As avoidance of symptoms may be a concern for eating disorders, poor grades (below 20) can also be associated with severe eating issues. Effects can be viewed in accordance with weight history, existing BMI, and optimal body weight percentage (BMI). Positive answers to behavioral questions about eating disorder (questions A to E) may suggest a need to be referred by themselves.

Statistical analysis

Simple linear regression analysis was used to investigate predictors of eating habits

RESULTS

Table 2: Linear regression used to indicate the predictors of Eating Habits

Variables	Eating Habits		
	B	95%CI	
		LL	UL
Constant	151.0***	134.3	167.8
Fear of Negative Evaluation	5.35**	.89	-.17
Self Esteem	-1.00**	-1.6	-.34
R ²	.09		
F	15.12		
ΔR ²	.09		
ΔF	15.12		

Note. * $p < .05$; ** $p < .01$; *** $p < .001$; B = Unstandardized Coefficient; $\Delta R^2 = R_{\text{Square}}$ change;

$\Delta F = F$ change; CI=Confidence Interval

The upshot of above presented table has revealed that eating habits are negatively predicted by fear of negative evaluation and self esteem.

DISCUSSION

The present research was intended to explore the predictors of eating habits of overweight women. Simple linear regression was employed for the prediction of study variables.

The hypothesis of this study is: Low self-esteem is a negative predictor of unhealthy eating habits. The results of this research showed that low self-esteem negatively predicts unhealthy eating habits of overweight women. The outcome of this study is in line with the previous studies. Several studies have found that low self esteem had influenced on behaviors related to health like binge eating, obsession with looks and corporeal image and stress (Courtney, Gamboz, & Johnson, 2008; Hoare & Cosgrove, 1998; Hwang & Shin, 2000; Joo, 2007; Tomori & Rus-Makovec, 2000; Von Essen, Enskär, Kreuger, Larsson, & Sjöden, 2000). Furthermore, Halvarsson-Edlund, Sjöden, & Lunner (2008) conducted a longitudinal study on girls and taken self esteem as psychological factor and found that low self esteem was a predictor of unhealthy eating attitudes. Mcgee & Williams (2000) conducted a study in New Zealand and found that low self esteem predicts suicidal ideation, eating problem and health related behaviors.

In addition, a longitudinal study by Gilbert and Meyer (2005) showed that low self-esteem expected a rise in corporal frustration and poor eating patterns. The outcome reinforces the notion that bulimic symptoms and/or depression will follow with low self-esteem as a primary cause, accompanied by discontent with the body. A Norwegian research has found that the direct correlation of self-esteem to perceived wellbeing (Meland, Haugland & Breidablik, 2007) with low self-esteem has been negative. Another research argues that low self-esteem is linked with unhealthy eating patterns among Canadians (Shields & Shoostari, 2001).

Another research conducted by Izydorczyk and his colleagues in 2019 reported that Higher endurance has been correlated with lower emotional eating, but lower overall self-esteem has been associated with unhealthy eating and obesity. Between emotional eating and impulsiveness, and physical appearance important positive but poor associations were identified.

Ricciardelli and McCabe (2001), who discovered that low self-esteem in girls triggered greater levels of social and cultural pressure and inappropriate eating habits. This indicates that socio-cultural perceptions play a part in how you perceive yourself and contribute to adverse results. Another study indicated

that poor self-esteem is likely to increase incidents of bingeing as well as disordered eating patterns in the midst of inappropriate eating habits (Kathleen, Zachary, Jeremy, & Anna, 2001).

The other hypothesis of this study is: Fear of negative evaluation is a positive predictor of unhealthy eating. The results of this study showed that fear of negative evaluation negatively predict unhealthy eating habits. Previous literature have linked communal anxiety with disordered eating (Godart, Flament, Perdereau, & Jeammet Black-Becker, DeViva, & Zayfert, in press 2002). Fear of negative evaluation is associated with disordered eating. It is a core feature of communal anxiety (Rapee and Heimberg 1997; Heimberg et al. 2010) In accordance with study of (Hausenblas et al. 2004) social anxiety is linked with eating problems and fear of negative evaluation is the feature of social anxiety. FNE is also linked with eating pathology, obsession with thin body and symptoms of eating disorders (DeBoer et al. 2013; Maraldo et al. 2016; Menattia et al. 2015.) But, there is very limited research that explained that direct impact of fear of negative evaluation on unhealthy eating habits.

The result of current study is not consistent with the hypothesis. It might be a reason that, societal pressure of being thin influences the eating patterns of women. For avoiding the negative evaluation and stigma of being called as “fat” overweight women are using healthy food. Now day’s women are very concerned about their bodies and for achieving perfect body they are also working out in gymnasiums. Also, In Pakistani culture marriage of a female is very significant if it happens on time. Weight status of woman highly influences her marital status. People are less attracted towards woman who is overweight. A study showed that overweight women are less likely to married than normal weight women (Kark & Karnehed, 2012). These might be reasons why unhealthy eating habits of women decreases with the increase in fear of negative evaluation.

The study carried out was distinguished by some shortcomings related to both the sampling process and the analysis technique. First, notwithstanding being sampled in compliance with the purpose and the appropriate testing protocol, the sampling study group may represent a particular group of women from a specific context that could restrict the application of the findings to other communities. Therefore the reliability of the research undertaken is confirmed by the common cultural sampling parameters retained and by the number of respondents. Second, the present analysis focused on indicators of self-report. While clinical psychology believes that someone's experience is more important for the course of life, alternative approaches, such as behavioral evaluation, may be used in future studies. Third, the research population was confined to one period, with no illnesses and a typical BMI. Trying to compare the studied population with individuals in other growth stages or with disordered eating habits would be important (e.g., along with the diagnosis of eating and psychological disorders) Future longitudinal studies, which are difficult to carry out will entail study into the complexities of psychological

mechanisms and the motivation to participate in eating attitudes, particularly in the quest for their psychological predictors. In the estimation of the testing material, it will be more accurate and precise.

Furthermore, this data was taken from women belonging to upper socioeconomic class and the contestants from Lahore city was picked due to time and other constraints. For confirming the validity and bringing clear concept we should take sample from lower or middle class and from multiple cities. Only two predictors of unhealthy eating habits were included in this study. For more interesting outcome we can also consider other variables like Perception of health, significance of nutritional diet, dieting, and personal traits of participants. Another, the sampling strategy, which was a non-probability sampling method, is a drawback of this study, which has limited the chance of fair sample selection that might restrict the results to generalizability. In order to prevent sampling bias impacting the outcome of the sample, alternative sampling and data collection methods may be required and random multi-stage sampling is recommended to be used in future studies to avoid sampling bias.

This research has contributed in indigenous literature highlighting part of fear of negative evaluation and self-esteem. Thus, this research can serve as a benchmark for upcoming researchers to further investigate this idea. In clinical settings, this study can help health professionals how to use fear of negative evaluation positively for the clients of eating disorders. This study can also help gym instructors to use fear of negative evaluation as a tool of reducing weight of heavy weight women. The research findings will provide aid in developing the insight in our community so they can tackle this problem of low self esteem, fear of negative evaluation and unhealthy eating habits in early years so they can prevent their selves from eating disorders in their later life. The results of the study may encourage the implementation of prevention care as well as education services especially amongst young people, to foster the growth of psychological capital (self-esteem). It should be remembered that the results are beneficial in increasing awareness about the role of food in everyday life (biological, emotional and social) provided for teenagers and young adults in educational services to avoid the creation of inappropriate eating habits and the growth of socio-cultural food disorders. Increasing tools such as resilience and also knowledge of the self-esteem posed (including body image) should be used in prevention interventions in the light of socio-cultural norms that are currently being promoted.

CONCLUSION

Eating behavior is a significant part of life, as improper dietary patterns such as eating low nutrients, missing meals and lack of timely nutrition are known to affect a variety of health issues and nutritional limitations. A healthy diet and the intake of nutritious food, on the other hand, will lead to preserving the physical well-being and mental health of people. (Patel, 2019). The aim of this study was to identify the predictors of eating habits amongst overweight young women. In a nutshell, the findings of the research revealed that self-

esteem and fear of negative evaluation negatively predict unhealthy eating habits of young overweight women. It is also noted that the fear of negative evaluation might be a helpful factor in reducing the weight of women. The study is only conducted on sample taken from one city of Pakistan. Further research can be carried out by taking diverse sample so it can be generalizable. An evolutionary structure that incorporates psychological, social and environmental interventions should be used to present opinions and guidelines for successful and personalized prevention initiatives or environmental changes that promote healthy eating.

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