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Food Habits and Body Image in Overweight Women

Esha Rafaqat
eaharafaqat@gmail.com
Institute of Applied Psychology, University of The Punjab, Lahore, Pakistan

Nida Fatima
nidafatima71976@gmail.com
Institute of Applied Psychology, University of the Punjab Lahore, Pakistan

Corresponding Author: Esha Rafaqat eaharafaqat@gmail.com

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ABSTRACT

This study examines the relationship between food habits and body image among overweight women, focusing on psychological and behavioral associations. A correlational cross-sectional design was used with a purposive convenience sample of 112 unmarried female students aged 18–30 years having BMI < 25 kg/m². Standardized measures including the Eating Habits Questionnaire (EHQ; Gleaves et al., 2013) and Body Shape Questionnaire (BSQ; Cooper et al., 1987) were administered, and data were analyzed using SPSS through Pearson correlation, independent t-test, and one-way ANOVA. Results indicated that unhealthy food habits were significantly associated with negative body image, showing that poorer dietary patterns relate to higher body dissatisfaction among overweight women (Neumark-Sztainer et al., 2006). Moreover, food habits significantly predicted body image, and sociodemographic variables such as age, education, and socioeconomic status showed meaningful differences in eating behaviors and body perception (Wardle et al., 2004). These findings highlight how deeply emotional well-being is tied to daily eating choices. Understanding this connection can help counselors create better support programs that target both diet and self-esteem. Ultimately, addressing these factors together can promote healthier lifestyles and more positive self-image. Overall, the study concludes that food habits and body image are closely interconnected, and improving eating behaviors may contribute to better psychological well-being and body satisfaction in overweight women.

Keywords: *Food habits, body image, overweight women, eating behaviors, body dissatisfaction, BMI, psychological well-being*

INTRODUCTION

Overweight and obesity have become serious health problems around the world, especially among women. According to the World Health Organization (2024), obesity refers to abnormal or excessive fat accumulation that may negatively affect health. Recent global reports show that nearly 1 billion people are living with obesity, and women are more affected than men. Around 504 million women and 374 million men worldwide are living with obesity (World Health Organization [WHO], 2022).

These statistics show that obesity is becoming increasingly common among women and needs greater attention from researchers and healthcare professionals. Many psychological and behavioural factors contribute to obesity in women. Unhealthy food habits, lack of physical activity, stress, emotional eating, and negative body image are some of the most common factors. Women who feel dissatisfied with their body appearance may use food to cope with emotions such as sadness, stress, loneliness, or anxiety. As a result, unhealthy eating patterns may develop, which can further increase weight gain and body dissatisfaction. Research suggests that concerns related to body image strongly influence women's eating

behaviors and food choices. Women who are dissatisfied with their body shape or weight are more likely to engage in unhealthy eating patterns (Psychology Today, 2026).

In many societies, overweight women often face criticism, stigma, and negative comments regarding their appearance and body weight. Such experiences can lower self-esteem, increase emotional distress, and negatively affect psychological well-being. Rather than encouraging healthy lifestyle changes, body shaming may push women toward emotional eating and unhealthy food habits as a way of coping with stress and negative emotions. As a result, body image and eating habits are closely connected, particularly among overweight women. In Pakistani culture, women are frequently judged based on physical appearance, and comments about weight from family members, relatives, or society are common, which may further increase body dissatisfaction and unhealthy eating behaviors. In Pakistan, obesity has also emerged as a major public health concern due to changing lifestyles, unhealthy dietary patterns, and reduced physical activity (Global Nutrition Report, 2024).

Obesity has also become a growing public health concern in Pakistan. According to the Global Nutrition Report (2024), rapid urbanization and major changes in dietary patterns have significantly increased obesity rates in developing countries. This issue is particularly evident in Pakistan, where a large number of adults are experiencing obesity-related physical and psychological health problems. National reports indicate that approximately 9.85 million adult women and 5.67 million adult men in Pakistan are living with obesity, highlighting the seriousness of this health issue and the need for further research in this. These increasing rates emphasize the importance of understanding the cultural, social, and psychological factors that influence eating behaviors and body image among Pakistani women area (DAWN, 2025; The Nation, 2026).

Therefore, the present study aims to examine the relationship between food habits and body image among overweight women. The study will help in understanding how body dissatisfaction influences eating behaviours and daily food choices. Understanding this relationship may help psychologists, healthcare professionals, and researchers develop healthier interventions that promote positive body image, balanced eating habits, and psychological well-being.

THEORETICAL FRAMEWORK

This study is based on behavioral and psychological theories that explain how overweight women's eating habits and body image are influenced by social factors, cognitive processes, and health views. It is easier to understand the intricate relationship between psychological variables and eating habits when one is aware of these theoretical underpinnings.

Social Comparison Theory (Festinger, 1954)

The initial basis for this study is provided by the Social Comparison Theory. It implies that people compare themselves to others in order to assess their own value and looks. Due of the widespread cultural and media norms that promote thinness and denigrate obesity, overweight women are especially susceptible to these comparisons. Negative self-evaluations, body dissatisfaction, and unhealthy attempts to alter body form through restrictive or emotional eating are frequently brought on by constant exposure to idealized body pictures. Additionally, studies have connected frequent social comparisons to higher dieting practices, disordered eating, and low self-esteem. (Fardouly & Vartanian, 2016).

Cognitive-Behavioral Theory (CBT)

A second theoretical perspective is provided by the Cognitive-Behavioral Theory (CBT) (Beck, 1976). It asserts the connection between ideas, emotions, and actions. When people have false views about their bodies, these negative attitudes can cause feelings like guilt or shame, which can result in unhealthy eating habits. For instance, an overweight woman who feels powerless over her weight may overeat or follow fad diets in response, perpetuating the vicious cycle of unhappiness and poor eating habits. According to Fairburn, Cooper, and Shafran (2003), cognitive distortions are a major factor in the emergence and persistence of eating disorders, which supports the applicability of CBT in this situation (Fairburn, Cooper, & Shafran, 2003).

Health Belief Model (HBM) (Rosenstock, 1974)

A popular psychological paradigm called the Health Belief Model (HBM) uses people's attitudes, perceptions, and beliefs about health and illness to explain health-related behaviours. According to the model, people are more likely to engage in health-promoting behaviours when they believe they are at risk of a health problem (perceived susceptibility), that the condition has serious consequences (perceived severity), and that a particular action will lessen the risk or severity of the problem (perceived benefits). However, people may be prevented from adopting healthy behaviours by perceived obstacles like emotional discomfort, societal pressure, or a lack of resources. The approach also includes self-efficacy and cues to action, such as media messages or advice from medical specialists, which refers to confidence in one's ability to perform the desired behavior (Rosenstock, 1974; Glanz et al., 2008). Dissatisfaction with one's body may make overweight women more conscious of their susceptibility to obesity-related health issues, such as metabolic diseases and a lower quality of life. Women may be more inclined to adopt healthier eating habits if they believe that their weight and eating patterns are detrimental to their health. However, obstacles to changing could include emotional eating, fear of failing, shame associated with being overweight, and a lack of social support. The Health Belief Model explains why some overweight women are able to successfully change their eating habits while others find it difficult even when they are aware of the threats to their health.

Sociocultural Theory of Body Image (Thompson et al., 1999)

Furthermore, according to the Sociocultural Theory of Body Image, media representations, familial attitudes, and cultural norms that all have a significant impact on how women view their bodies. When overweight women are exposed to unattainable beauty standards, they frequently internalize them, which can result in long-term discontent and eating disorders. And this viewpoint emphasizes that how cultural and environmental elements interact with personal cognition to influence eating habits and self-perception (Tiggemann, 2011).

Objectification Theory (Fredrickson & Roberts, 1997)

The internalisation of an observer's view of the body results from societal practices that highlight women's physical appearance, according to objectification theory (Fredrickson & Roberts, 1997). Women who are objectified start to see their bodies as things to be judged by others, which leads to self-objectification. Anxiety about looks, body shame, and body surveillance are all increased by this process. Due to unfavourable stereotypes linked with greater body sizes and societal weight stigma, self-objectification may be particularly prominent in overweight women. Reduced body pleasure and emotional anguish might result from constant body form monitoring and anxiety of being negatively judged. By boosting emotional eating or disordered eating patterns, these emotional states may have an

impact on eating habits. Understanding the psychological processes underlying body image issues is made easier with the aid of objectification theory, emotional well-being, and eating behavior.

Self-Discrepancy Theory

According to the Self-Discrepancy Theory, psychological distress results from a mismatch between several self-representations, such as the ought self, ideal self, and real self (Higgins, 1987). The ought self refers to perceived social or moral expectations, the ideal self reflects personal aspirations, and the real self is how people view themselves. A large disparity between an overweight woman's ideal body image and her actual body weight might cause her to feel guilty, ashamed, and unsatisfied. Maladaptive eating behaviours, such as emotional overeating or excessive dietary restriction, may be influenced by these emotional reactions. Self-Discrepancy Theory sheds light on the emotional processes that link eating habits, psychological health, and body image dissatisfaction.

Applications of the Theoretical Framework

A thorough understanding of overweight women's eating behaviours and body image is provided by the synthesis of these theories. The Social Comparison and Objectification Theories emphasise the impact of sociocultural influences, while the Health Belief Model emphasises health-related motivation for dietary change. Self-Discrepancy Theory addresses emotional suffering associated with body image dissatisfaction, while Cognitive Behavioural Theory focusses on cognitive patterns influencing eating behaviour. These theories can direct treatments meant to improve overweight women's self-efficacy, encourage healthy eating habits, lessen stigma associated with being overweight, and improve body image. Additionally, they assist researchers and mental health providers in creating culturally appropriate prevention and treatment plans.

LITERATURE REVIEW

Relationship Between Food Habits and Body Image

Food habits and body image have a significant reciprocal link. Poor eating habits can exacerbate body dissatisfaction, and negative body image can cause mental discomfort, low self-esteem, and maladaptive eating behaviors (Rodgers et al., 2017). Due to feelings of guilt and body shame, overweight women who internalize conventional beauty standards frequently follow restrictive diets or binge eat (Tiggemann, 2011). On the other hand, women who have a favourable body image are more likely to have healthy connections with food and adopt balanced eating habits. Because eating behaviors are both a cause and an effect of body image, it is crucial that weight control programs target both.

International Studies

The study Body Image Perception, Eating Habits, and Nutritional Status of Female University Students: A Case of Makerere University, Uganda was conducted by Ainembabazi, Nabubuya, and Mukisa (2025). The data revealed a clear double burden of malnutrition, showing that while 68% of the women maintained a normal weight, a combined 28% were classified as overweight or obese. Despite these varying physical profiles, body shape and weight dissatisfaction remained incredibly high across the entire group, proving that body anxiety impacts young women regardless of their actual body size. When evaluating lifestyle habits, the researchers found that 69% of the students frequently skipped meals and 80% relied heavily on energy-dense snacks. Interestingly, these poor dietary patterns were not primary methods to lose weight. Instead, the study demonstrated that external lifestyle and socioeconomic challenges such as academic time constraints and financial stress were the true drivers behind these

skipped meals and poor food choices. A study by Aruna R, Partheeban Muruganandam, and S Niveatha (2024) investigated the association between body image dissatisfaction, disordered eating behaviors, and body mass index (BMI) through a comparative cross-sectional design involving 493 medical students from southern India. The findings demonstrated a remarkably high prevalence of body shape concerns, with more than half of the participants experiencing body image dissatisfaction, revealing a prominent female preponderance. A study by Baladandapla Shivappa Pushpa, Abdul Latif, Sharimawati Sharbini and Co. (2024) they study shows that how structured nutritional education interventions impact dietary knowledge, eating behaviors, and body image perceptions among Asian youth and adolescents. The findings demonstrated that well-structured nutritional education significantly improves dietary self-efficacy, boosts fruit and vegetable intake, and increases physical activity while simultaneously reducing sedentary behaviors.

A study by Kharla Janinny Medeiros, Giana Zarbato Longo, and Giovanna M.R. Fiates (2023) titled Food Choices and perceptions of adult consumers dissatisfied with their body image within the specialized "healthy foods" section of a Brazilian supermarket. Using an exploratory, qualitative approach, the researchers interviewed 26 individuals whose body image dissatisfaction stemmed from being overweight and who exhibited emotional or controlled eating behaviors. The findings revealed a stark contradiction in the participants' food choices and habits. While the participants expressed critical awareness and openly questioned the artificial concept of health promoted by the supermarket's marketing, their actual purchasing behavior told a different story. A study by Patricia Bodega, Amaya de Cos-Gandoy, Juan M. Fernández-Alvira, and Co. (2023) study titaled “Body Image and Dietary Habits in Adolescents: a Systematic Review’’ examine the association between body image satisfaction or perception and dietary habits. Analyzing 30 studies published in English and Spanish involving adolescents aged 10 to 18 years, the researchers explored how body weight self-assessment relates to nutritional patterns. The findings indicated a complex, highly gendered relationship between weight perception and eating behaviors that directly relates to the food habits and body image of individuals facing weight challenges. Specifically, adolescents who underestimated their actual body weight were consistently linked to unhealthier dietary habits.

Indigenous Studies

A study by Rabia Shah, Amir Iqbal, Sana Farooq, Sidra Khalid, Shaista Jabeen, and Co.(2024) investigated the underlying factors driving obesity among adults at the University of Lahore Teaching Hospital. Using a quantitative cross-sectional design, the researchers examined a sample of adults aged 20 to 60 years to explore how psychological distress and dietary habits intersect to influence body weight. Anthropometric measurements revealed that the vast majority of the participants fell into the obese or overweight categories, indicating a severe weight burden within the studied population. The findings established a profound connection between elevated body mass index and psychological challenges, pointing out that feelings of stress and frustration were highly prevalent among the participants. A cross-sectional study by Rumza and Mehr-un-Nisa Nomani (2023) examined the prevalence and underlying risk factors of obesity among over one thousand Pakistani adults. Gathering data through structured questionnaires and direct body mass index measurements, the researchers utilized Chi-square testing to evaluate how specific behaviors influence weight gain. The assessments revealed that a considerable portion of the sample population fell into the overweight and obese categories. This weight burden was more common among male participants than females, with the highest concentration of cases appearing in young to middle-aged adults.

A study by Mubbasher Munira, Maria Oubaidb, Atif Amin Baigc, Anam Azamb, Hira Khalild. In 2023 investigated the relationship between eating habits and obesity among Pakistani university students using a cross-sectional questionnaire-based design with a sample of 150 students aged 18–28 years. The

findings showed that 10% of participants were obese and 14% were overweight, while most had normal BMI. Unhealthy dietary patterns such as high intake of saturated fats (57% males, 36% females), fast food, fried foods, and sugary drinks, along with low nutritional awareness (25% not reading food labels), were linked to increased body weight. A study by Awais Raza (2021) investigated how dietary habits fundamentally shape both physical and psychological well-being through an extensive overview of existing health literature. The review specifically detailed how young adults frequently shift toward poor nutritional patterns—such as skipping major meals, minimizing fruit and milk intake, and favoring energy-dense, highly processed foods over nutrient-rich alternatives. The findings established a clear link between these suboptimal food habits and adverse physical conditions, including liver disorders, digestive issues, and unhealthy weight fluctuations.

Amina Muazzam, Tabindah Waheed, Samina Ahmed, and Sahira Muzaffar in 2019 conducted a qualitative study titled Dieting Beliefs among Adolescent Girls in Pakistan. The study aimed to explore the influence of body image, media, societal pressure, and eating habits on dieting beliefs among adolescent girls. Semi-structured interviews were conducted with six adolescent girls aged between 15–19 years, and thematic analysis was used to examine the responses. The findings revealed that most participants were dissatisfied with their body shape and desired a slim and attractive figure, which encouraged dieting behaviors such as eating less, skipping meals, avoiding oily and fast foods, and following different diet plans. The study Prevalence and Determinants of Overweight and Obesity Among Adults in Pakistan was conducted by Satti, Nayab, and Khalid (2015) at the Pakistan Institute of Development Economics (PIDE), Islamabad, as part of the Population & Health Working Paper Series (PIDE-CPHSP-2). The study used data from the Pakistan Panel Household Survey (PPHS) 2010 to examine the prevalence and determinants of overweight and obesity among adults aged 18 years and above. The findings revealed that approximately 21% of adults in Pakistan are overweight and 9% are obese, indicating that nearly 30% of the adult population is affected by excess weight. The study identified physical inactivity as a key determinant of obesity, along with significant influences of age, gender, marital status, education, province, and urban residence.

Rationale of the Study

Food habits and body image are important psychological and behavioral factors that significantly influence the health and well-being of overweight women. Unhealthy eating behaviors such as emotional eating, binge eating, and irregular meal patterns are strongly associated with weight gain and poor physical health outcomes (Rodgers et al., 2017). At the same time, body image plays a key role in shaping eating behaviors, as negative perceptions of body shape and weight often lead to maladaptive coping strategies such as restrictive dieting, overeating, and emotional eating (Tiggemann, 2011). Research shows that higher body dissatisfaction is linked with low self-esteem, psychological distress, and disordered eating patterns, whereas a positive body image is associated with healthier eating habits and better psychological well-being (Grogan, 2017; Tylka & Wood-Barcalow, 2015). In addition, sociocultural pressures, media influence, and idealized thin-body standards further intensify body dissatisfaction among women, particularly in South Asian contexts, contributing to unhealthy food choices and negative self-perception (Perloff, 2014; Zulfiqar & Khurram, 2024). Therefore, it becomes essential to examine the relationship between food habits and body image among overweight women in order to understand how these factors interact and to support the development of effective psychological and nutritional interventions aimed at improving both eating behaviors and overall well-being.

Hypotheses

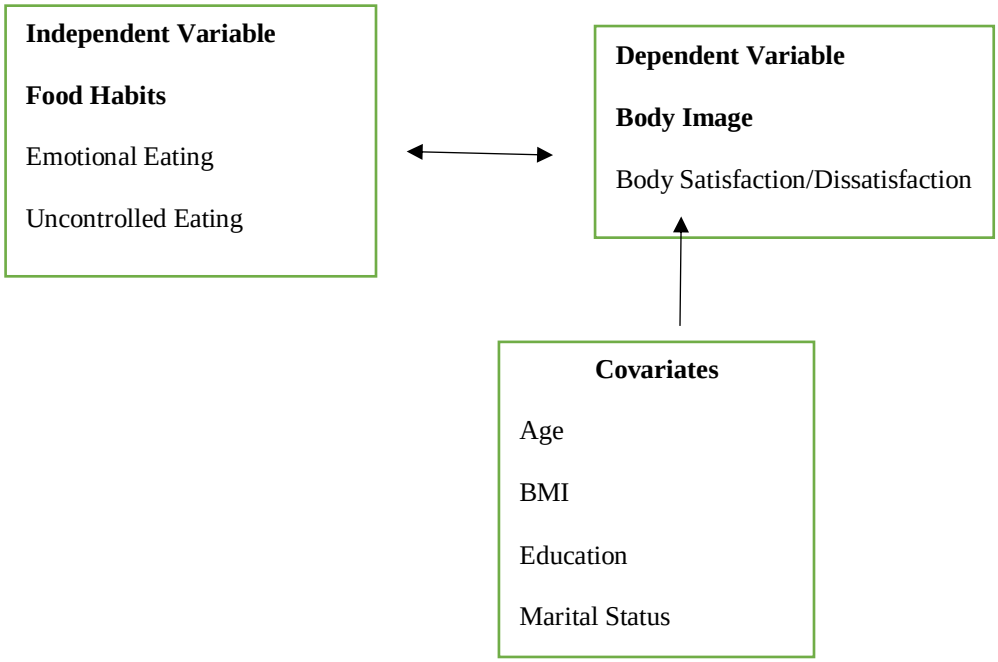
- A bidirectional relationship is likely to exist between food habits and body image among overweight women.

- Food habits are likely to predict body image in overweight women.
- Sociodemographic factors (such as age, education, and socioeconomic status) are likely to influence both food habits and body image among overweight women.

Hypothesized Model Framework

Figure 1

The Social Cognitive Psychological Pathway Model predicts that social influences shape cognition, which affects psychological states and ultimately determines eating behaviors.



METHOD

This section described the methodological framework that was used to investigate the relationship between eating habits and body image among overweight women. It provided a detailed explanation of the research design, sampling strategy, participant characteristics, inclusion criteria, operational definitions of key variables, assessment tools, data collection procedure, ethical considerations, and statistical analysis techniques. The purpose of this chapter was to clearly outline how the research was conducted to ensure transparency, reliability, and validity of the findings.

Research Design

A quantitative correlational research design was employed in this study to examine the relationship between eating habits and body image among overweight women. The study followed a non-experimental approach, as no variables were manipulated and no intervention was introduced; instead, the variables

were measured as they naturally occurred. This design was considered appropriate because the primary objective was to determine the direction and strength of the association between eating habits and body image. A non-probability sampling framework was adopted due to limited access to a broader population and practical constraints such as time and resources. The correlational design enabled the researcher to collect numerical data and apply statistical techniques to analyze whether a significant relationship existed between the two variables.

Sampling Strategy

A purposive convenience sampling technique was used to recruit participants for the study. This method was selected because it allowed the researcher to specifically target overweight women who met the predefined inclusion criteria. Participants were recruited from the University of the Punjab, including students from the Institute of Applied Psychology, Clinical Psychology, English Literature, and Mass Communication departments, Institute of Administrative Sciences. Convenience sampling was applied due to ease of accessibility and availability of participants within the university setting, while purposive sampling ensured that only unmarried female students aged 18 to 30 years with a Body Mass Index (BMI) of 25.0 kg/m³ or higher were included in the study. This sampling strategy was considered appropriate for achieving the research objectives within the available time frame.

Sample Size and Participants

The Sample size was calculated from G-Power 3.1 analysis. Participants N=112 was included to collect data whose BMI is more than 25 while the effect size (r)=0.3, Power= 0.8 and Alpha=0.05. This specific sample was selected because individuals with a BMI over 25 often experience distinct psychological patterns regarding physical self-perception. Furthermore, participants were restricted to those who manage their daily dietary choices independently, ensuring authentic data regarding personal food habits.

Inclusion Criteria

- Females who are Unmarried.
- Females aged between 18 and 30 years.
- Females having a Body Mass Index (BMI) of 25.0 kg/m³ or higher
- Females who were willing to participate voluntarily in the study.

Exclusion Criteria

- Females diagnosed with eating disorders (e.g., anorexia nervosa, bulimia nervosa, hinge eating disorder).
- Females suffering from chronic physical illnesses that may affect diet or metabolism (e.g., uncontrolled thyroid disorders).
- Females currently using prescription medications that significantly affect appetite, weight, or hormonal balance.
- Married women will be excluded from the study.

Table 1

Descriptive of Demographic Variables of the Sample Characteristics (N=112)

Sample Characteristics	*f%*	*M(SD)*
Education Level		1.19 (0.39)
Undergraduate	91 (81.3)	
Postgraduate	21(18.8)	
Socioeconomic Status (SES)		2.19 (0.53)
Low SES	7 (6.3)	
Middle SES	77(68.8)	
Upper SES	28(25.0)	
Family System		1.78(.41)
Nuclear	88(78.6)	
Joint	24(21.4)	
Family Background		1.47 (0.50)
Urban	59(52.7)	
Rural	53(47.3)	
Physical Exercise		2.69 (1.03)
Never	10(8.9)	

Table 1 (cont…)

Descriptive of Demographic Variables of the Sample Characteristics (N=112)

Sample Characteristics	*f%*	*M(SD)*
Rarely	43(38.4)	
1–2 times per week	40(35.7)	
3–5 times per week	10(8.9)	
Daily	9(8.0)	

Note. M = Mean; SD = Standard Deviation; f = Frequency; % = Percentage.

Operational Definitions of the Study Variables

Food Habits

In this study, food habits refer to patterns of eating behavior, including frequency, portion size, and emotional eating, as measured by the Eating Habits Questionnaire (EHQ; Contento, 2020).

Body Image

Body image is defined as an individual's perception, feelings, and satisfaction regarding the size, shape, and appearance of their body (Cash & Smolak, 2011; Murnen & Smolak, 2019).

Assessment Measures

Adolescent Food Habits Checklist (AFHC)

The Adolescent Food Habits Checklist (AFHC) other name Eating Habits Questionnaire (EHQ) is a validated, this tool developed by David Gleaves and colleagues in 2013 is a self-report tool survey on meal frequency, dietary patterns, portion sizes, and emotional eating. It has 25 items rated on a 5-point Likert scale (1 - Never, 5 = Always). Higher scores indicate unhealthy eating habits. Subscales include Emotional Eating (8 items), Meal Patterns (9 items), and Dietary Choices (8 items). Reliability: a 0.85 and good test-retest reliability. (Contento, 2020).

The Adolescent Food Habits Checklist (AFHC) is rated by assigning one point for every "healthy" response selected among its 23 items, resulting in a final score ranging from 0 to 23. To account for items that may not apply to a specific individual such as questions regarding lunch away from home the final score is often adjusted using a formula that divides the number of healthy responses by the total number of items completed, then multiplies that fraction by 23. Psychometric evaluations of the original tool have demonstrated high internal reliability, with Cronbach's alpha coefficients reported as high as 0.83–0.91. Furthermore, the checklist exhibits excellent test-retest reliability, with studies showing strong correlations (e.g., r = 0.85–0.87) over two-week periods, confirming that it provides a stable and consistent measure of an adolescent's personal investment in healthy eating behaviors.

Body Shape Questionnaire (BSQ)

The BSQ Original 34-item BSQ Authors: Cooper, Taylor, Cooper, and Fairburn (1987). They built the very first long version of the questionnaire. Christopher Evans and Bridget Dolan are the true authors who created and published all the short versions including the BSQ-8D. In 1993analyse body dissatisfaction, weight, and shape concerns. It has 34 items rated on a 6-point Likert scale (1= Never, 6-Always), with higher scores indicating greater dissatisfaction. Subscales: Body Concern (12), Weight Concern (11), Shape Concern (11). Reliability: a=0.91-0.95. Because the 34-item version can be time-consuming, several validated short forms have been developed. The BSQ-8C is the most common 8-item version, providing a highly reliable snapshot of body shape concerns. Test-Retest Stability is 0.95 and Cronbach's Alpha 0.93 and its Internal Reliability is 0.99.

Ethical Considerations

This research followed standard ethical guidelines of American Psychiatric Association.

- Participants were fully informed about the purpose, procedures, and voluntary nature of the study and provided written consent.
- Participants' identities remained anonymous, and data was coded and stored securely for research purposes only.
- Participants were permitted to withdraw at any time without facing any penalty.
- No harmful or invasive procedures were used, and support resources were made available in case of discomfort.
- Approval was obtained from the Institutional Review Board of the Department of Applied Psychology, University of the Punjab, Lahore.

Procedure

Data collection was initiated after obtaining formal permission from the institutional authorities at the University of the Punjab. Participants were recruited from various campus locations, including the Department of Applied Psychology, the Faculty of Agricultural Sciences, Hailey College of Commerce, the Sheikh Zayed Islamic Centre, and the Institute of Sports Sciences and Physical Education (Gym).Potential participants who met the inclusion criteria for overweight women were approached individually. Before any data was gathered, informed consent was obtained from each participant. The researcher explicitly explained the core purpose of the study and assured them regarding the strict confidentiality of their personal data and responses .Once consent was granted, participants were provided with a comprehensive questionnaire booklet. This packet included a demographic sheet, the Adolescent Food Habits Checklist (AFHC), and the Body Shape Questionnaire-8D (BSQ-8D). It took approximately 10 to 15 minutes for the participants to complete the entire set. After the completed questionnaires were collected, the researcher thanked each participant for their valuable time and cooperation.

Data Analysis

The Statistical Package for the Social Sciences (SPSS) was used to analyze the data, where Pearson correlation analysis investigated the relationships between variables, and a Pearson correlation coefficient specifically evaluated the connection between body image and food habits. Additionally, an independent samples t-test compared the food habits and body image scores between two groups, and a one-way ANOVA compared food habits scores across three or more categories.

RESULTS

This section presents the results of the statistical analyses conducted to examine the relationship between body image and food habits among overweight women. Descriptive statistics, reliability analysis, correlation analysis, hierarchical multiple regression, independent samples t-tests, and one-way ANOVA were performed to test the study objectives. The results are presented in a systematic manner, beginning with preliminary analyses followed by main analyses.

Table 2

Reliability Coefficients of the Scales Used to Study Body Image and Food Habits (N = 112)

Scales	*K*	M	SD	Range		Cronbach's *a*
				Potential	Actual	
Body Image (BSQ)	8	27.42	7.75	8-48	11-45	.781
Food Habits (AFHC)	23	13.62	4.63	0-23	2-22	.734

Note. BSQ (8D) = *Body Shape Questionnaire* (8D), AFHC = *Adolescent Food Habits Checklist, k = No. of items, α = Cronbach's alpha*

Table 2 presents the reliability analysis, descriptive statistics, and score ranges of the study instruments, including the Body Shape Questionnaire (BSQ-8D) and the Adolescent Food Habits Checklist (AFHC). The internal consistency of the BSQ-8D was found to be good, with a Cronbach's alpha value of .781, indicating that the items reliably measure the construct of body shape concerns within this sample. The mean score for the BSQ-8D was 27.42 (SD = 7.75), with actual scores ranging from 11 to 45. Similarly, the AFHC demonstrated acceptable internal consistency with a Cronbach's alpha of .734, indicating adequate scale reliability following proper adjustment for missing and non-applicable responses. The mean AFHC score was 13.62 (SD = 4.63), with actual scores ranging from 2 to 22. Overall, the results indicate that both instruments are psychometrically sound and reliable measures for assessing body image concerns and dietary habits in the target population.

Table 3

Correlation Among Age, BMI, Body Image and Food Habits (N = 112).

Variables	M	SD	1	2	3	4
Age	21.39	1.812	-	-.029	.012	.149
Body Mass Index (BMI)	27.41	1.36		-	.049	.317**
Body Image (BSQ)	27.42	7.75			-	-.131***
Food Habits (AFHC)	13.62	4.63				-

Note. $p < .05$*, $p < .01$**, $p < .001$***

A Pearson product-moment correlation analysis was executed to evaluate the relationships between Age, Body Mass Index (BMI), body image dissatisfaction, and dietary behaviors among overweight women (N = 112), as presented in Table 3. The analysis revealed a statistically significant, moderate positive correlation between BMI and body image dissatisfaction, r(110) = .317, p < .001, indicating that higher body mass indices are strongly associated with greater appearance distress and weight anxiety. However the correlation between dietary food habits and body image dissatisfaction was found to be weak and statistically non-significant, r(110) = -.131, p = .168, failing to provide strong statistical support for a significant association between daily dietary choices and body anxiety within this specific sample.

Additionally, age did not show any statistically significant correlation with BMI (r = -.029, p = .764), food habits (r = .012, p = .898), or body image dissatisfaction (r = .149, p = .116), indicating that age does not influence the primary study variables among these participants.

Table 4

Linear Regression Analysis of Food Habits Predicting Body Image Among Overweight Women (N = 112)

Predictors	B	SE B	*B*	*T*	*P*
Constant	34.52	2.14	---	16.13	<.001
Food Habits Checklist	-0.52	0.15	-.131	-3.44	<.001

Note. R^2 = .097; F(1, 110) = 11.83, p < .001. Dependent Variable: Body Image. p < .05*, p < .01*, p < .001**

Table 4 shows that A Simple Linear Regression Analysis was conducted to determine if dietary food habits significantly predict body image dissatisfaction among overweight women. The results of the regression indicated that the model explained only 9.7% of the variance in body image scores, and this overall predictive power was highly significant, R^2 = .097, F(1, 110) = 11.83, p < .001. As in detailed results , food habits emerged as a statistically significant, negative predictor of body image dissatisfaction, β = -.131, t = -3.44 p < .001,. This finding indicates that every one-unit improvement toward healthier food habits predicts a significant decrease of 0.52 points in body shape distress, fully supporting the second predictive research hypothesis**.**

Table 5

Independent sample t-test to compare mean differences in Joint and Nuclear Family.

Variables	Joint (n=24)		Nuclear (n=88)			95% Cl			
	M	*SD*	*M*	*SD*	$t_{(110)}$	LL	UL	p	Cohen's d
Food Habits (AFHC)	13.38	5.62	13.68	4.36	-0.25	-1.37	1.57	.806	-0,07
Body Image (BSQ)	25.42	8.62	27.97	7.46	-1.44	-6.07	0.97	.154	-.33

Note. M = Mean, SD = Standard Deviation, LL = Lower Limit, UL = Upper Limit

Table 5 shows that an independent samples t-test was performed to compare means between women from joint and nuclear family systems. The results indicated that there was no significant difference in food habits between women from joint families (M =13.38, SD =5.62) and nuclear families (M =13.68, SD =4.36), t (110) =-0.25, p = .806, with a small effect size (Cohen's d = -.33), suggesting a negligible difference between the two groups. Similarly, no significant difference was found in body image between women from joint families (M =25.42, SD =8.62) and nuclear families (M =27.97, SD =7.46), t(110) =-1.44, p =.154, with a negligible effect size (Cohen's d = -0.07). Overall, the findings suggest that family system (joint vs nuclear) does not significantly influence food habits or body image among overweight women.

Table 6

Independent sample t-test to compare mean differences in different education level.

Variables	Undergraduate (n=91)		Postgraduate (n=21)			95% Cl			
	M	*SD*	*M*	*SD*	$t_{(110)}$	LL	UL	p	Cohen's d
Food Habits (AFHC)	13.88	4.68	12.52	4.37	1.20	-8.70	3.56	.232	0.30
Body Image (BSQ)	26.85	7.33	29.90	9.14	-1.64	-6.75	0.63	.103	-0.40

Note. M = Mean, SD = Standard Deviation, LL = Lower Limit, UL = Upper Limit

Table 6 shows that an independent samples t-test was performed to compare means between undergraduate and postgraduate women. The results indicated that there was no significant difference in food habits between undergraduate women (M =13.88, SD =4.68) and postgraduate women (M =12.52, SD =4.37), t(110) = 1.20, p =.232, with a small effect size (Cohen's d = 0.30), suggesting a negligible difference between the groups. Similarly, no statistically significant difference was found in body image between undergraduate women (M =26.85, SD =7.33) and postgraduate women (M =29.90, SD =9.14), t(100) =-1.64, p =.103, with a small effect size (Cohen's d =-0.40), although the difference approached significance. Overall, the findings suggest that education level does not significantly influence food habits or body image among overweight women. However, a non-significant trend indicates that postgraduate women may report slightly higher body image concerns compared to undergraduate women.

Table 7

Independent sample t-test to compare mean differences in urban and rural background.

Variables	Urban(n=59)		Rural (n=53)			95% Cl			
	M	*SD*	*M*	*SD*	$t_{(110)}$	LL	UL	p	Cohen's d
Food Habits (AFHC)	13.03	4.68	14.26	4.54	-1.41	-2.96	0.50	.161	-0.27
Body Image (BSQ)	27.73	7.34	27.08	8.24	0.44	-2.26	3.57	.658	0.08

Note. M = Mean, SD = Standard Deviation, LL = Lower Limit, UL = Upper Limit

An Independent sample t-test to compare mean differences in family background (urban and rural), as presented in Table 4.6 results shows that was no significant difference in food habits between urban women(M 13.03=, SD =4.68) and rural women (M =14.26, SD =4.54), t(110) =-1.41, p =.161, with a very small effect size (Cohen's d =-0.27), indicating a negligible difference between the two groups. Similarly, no significant difference was found in body image between urban women (M =27.73, SD =7.34) and rural women (M =27.08, SD =8.24), t(110) = 0.44, p =.658 with a small effect size (Cohen's d =0.08).

Overall, the findings suggest that family background (urban vs rural) does not significantly influence food habits or body image among overweight women. Both groups show similar patterns in food habits and body image perceptions, indicating that residential differences are not a strong determinant of the study variables.

Table 8

One Way ANOVA analysis to compare mean differences of study variables across Socioeconomic Status.

Variables	Low SES (n=7)		Middle SES (n=77)		Upper SES (n=28)				
	M	*SD*	*M*	*SD*	*M*	*SD*	$F_{(2,109)}$	p	η^2
Food Habits (AFHC)	15.86	3.98	13.86	4.80	12.29	4.05	2.16	.120	.038
Body Image (BSQ)	24.71	6.13	26.40	7.40	30.89	8.14	4.12	.019*	.070

Note. M = Mean, SD = Standard Deviation

A one-way ANOVA was conducted to examine differences in food habits (AFHC) and body image (BSQ) across socioeconomic status groups. The results showed no statistically significant difference in food habits among the groups, F(2, 109) = 2.16, p = .121, with a small effect size (η^2= .038). A statistically significant difference was found in body image perceptions across socioeconomic groups, F(2, 109) =4.12, p = .019 , with a medium effect size (η^2 = .070). Tukey HSD post hoc comparisons revealed that women from the upper SES category (M =30.89, SD =8.14) reported significantly higher body shape concerns compared to women from the middle SES category (M =26.40, SD =7.40, p = .021). The low SES group (M =24.71, SD =6.13) did not differ significantly from either the middle or upper SES groups (p > .05). These results suggest that socioeconomic status significantly influences body image concerns among overweight women, with higher concerns observed in upper socioeconomic strata.

Table 9

One Way ANOVA analysis to compare mean differences of study variables across Physical Exercise Frequencies

Variables	Never (n=10)		Rarely (n=43)		1-2 times per week (n=40)		3-5 times per week (n=10)		Daily (n=9)				
	M	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*	$F_{(4,107)}$	p	η^2
Food Habits (AFHC)	10.30	4.55	13.98	4.98	13.13	4.09	16.30	2.67	14.78	5.29	2.58	.041*	.088
Body Image (BSQ)	26.20	8.65	25.51	7.42	30.05	7.56	29.60	7.34	23.78	6.63	2.72	.033*	.092

Note. M = Mean, SD = Standard Deviation

A one-way analysis of variance (ANOVA) was conducted to evaluate mean differences in body image dissatisfaction and dietary food habits across physical exercise frequencies. The analysis revealed a statistically significant difference in body image concerns across exercise groups, , $F(4, 107) = 2.58$, $p = .041$, with a medium effect size ($\eta^2 = .088$) Tukey HSD post-hoc comparisons indicated the highest mean score for healthier food habits was reported by women who exercised 3–5 times per week ($M = 16.30$, $SD = 2.67$) whereas the lowest dietary habit scores were observed among women who never exercised ($M = 10.30$, $SD = 4.55$). The analysis also revealed a statistically significant overall difference in body image concerns across exercise groups, $F(4, 107) = 2.72$, $p = .033$, with a medium effect size ($\eta^2 = .092$) Descriptively, women who exercised 1–2 times per week experienced the highest body image concerns ($M = 30.05$, $SD = 7.56$) compared to daily exercisers who showed the lowest concerns ($M = 23.78$, $SD = 6.63$), although strict conservative post-hoc adjustments indicated these specific group differences should be interpreted with caution due to small group sizes.

DISCUSSION

The present study aimed to investigate the relationship between body image dissatisfaction and dietary food habits among overweight women (N = 112). The reliability analysis confirmed that both instruments the Body Shape Questionnaire (BSQ-8D, $\alpha = .781$) and the Adolescent Food Habits Checklist (AFHC, $\alpha = .734$) demonstrated adequate to good internal consistency, verifying their psychometric suitability for use with this population. These reliability coefficients are consistent with those reported in prior validation studies of both scales, lending confidence to the findings derived from their use in the present study (Cooper et al., 1987; Johnson et al., 2002). The first hypothesis posited a significant association between body image dissatisfaction and dietary food habits. The results confirmed a statistically significant moderate negative correlation between the two variables, $r(110) = -.311$, $p < .001$, indicating that women who practiced healthier dietary habits reported lower body shape concerns and weight-related anxiety. This finding is theoretically grounded in the Tripartite Influence Model (Thompson et al., 1999), which proposes that sociocultural pressures from media, peers, and family simultaneously shape both body image perceptions and eating behaviors. Women who internalize idealized appearance standards may experience heightened body dissatisfaction, which in turn disrupts healthy dietary patterns through emotional or restrictive eating. The significant negative association between food habits and body image dissatisfaction aligns with a substantial body of empirical literature. Linardon et al. (2018) demonstrated that body dissatisfaction significantly predicts engagement in unhealthy eating behaviors, including binge eating and dietary restriction, among adult women. Neumark-Sztainer et al. (2006) similarly found in their longitudinal Project EAT study that dietary quality and body satisfaction are bidirectionally related over time, with healthier eating patterns predicting improved body image outcomes. The present findings

extend these observations to an overweight female sample within a South Asian sociocultural context, underscoring the cross-cultural relevance of this relationship. A statistically significant positive correlation was also found between BMI and body image dissatisfaction, $r(110) = .255$, $p = .007$, indicating that women with higher body mass indices experienced greater appearance-related distress. This finding is consistent with extensive prior literature documenting BMI as a robust predictor of body dissatisfaction among women (Grogan, 2016; Swami et al., 2008). The internalization of the societal thin-ideal standard, combined with weight stigma and negative social comparison, likely mediates the relationship between elevated BMI and heightened body-related anxiety (Puhl & Heuer, 2009). Within the Pakistani sociocultural context, where both traditional and increasingly Westernized beauty ideals exert simultaneous influence, overweight women may be particularly vulnerable to this form of appearance-related distress.

The second hypothesis proposed that dietary food habits would significantly predict body image dissatisfaction. The simple linear regression analysis confirmed this hypothesis, with dietary habits accounting for 9.7% of the variance in body image scores ($R^2 = .097$, $F(1, 110) = 11.83$, $p < .001$), and each unit improvement in healthy food habits predicting a significant 0.52-point reduction in body shape distress. Although the explained variance is modest, this is theoretically expected, as body image is a multidimensional construct shaped by a complex array of psychological, biological, and sociocultural influences, and no single variable is anticipated to account for large proportions of its variance in isolation (Cash & Pruzinsky, 2002). The statistically significant and independent predictive contribution of dietary behavior nonetheless highlights its meaningful role in shaping body image perceptions among overweight women. The independent samples t-test comparing women from joint and nuclear family systems revealed no statistically significant differences in either food habits or body image, indicating that family structure does not independently determine these outcomes in the present sample. This result is somewhat inconsistent with socialization theory, which posits that extended family environments may exert greater social pressure regarding weight and appearance, potentially amplifying body dissatisfaction (Phares et al., 2004). A plausible explanation is that increasing media penetration and urbanization have rendered both joint and nuclear family women similarly exposed to sociocultural body ideals. Additionally, the comparatively small joint family subsample ($n = 24$) may have limited statistical power to detect genuine between-group differences, and future research with more balanced samples is recommended.

No statistically significant differences were found between undergraduate and postgraduate women in food habits or body image; however, a non-significant trend indicated that postgraduate women reported slightly elevated body image concerns (Cohen's $d = -0.40$), approaching a moderate effect size. This pattern, while not reaching conventional significance thresholds, is theoretically meaningful. Higher educational attainment may increase exposure to competitive professional and academic environments where appearance-related evaluations are more frequent, intensifying body self-scrutiny and social comparison processes (Wardle & Cooke, 2005). The absence of significant dietary differences across education levels challenges the assumption that greater nutritional knowledge straightforwardly translates into healthier eating, possibly reflecting the moderating roles of time constraints, financial factors, and food accessibility (Beydoun & Wang, 2008). Contrary to expectations, no significant differences in food habits or body image were observed between women from urban and rural residential backgrounds, suggesting that place of residence is not a strong differentiating factor in this sample. This finding is surprising given prior literature indicating that urban women are generally more exposed to Westernized media and idealized body imagery, predisposing them to greater body dissatisfaction (Frederick et al., 2012). A plausible contemporary explanation is that rapid expansion of smartphone-based social media access in rural areas of Pakistan has substantially narrowed the traditional urban-rural divide in media exposure. Consequently, both urban and rural women may be experiencing increasingly convergent sociocultural pressures related to body ideals and dietary norms, resulting in comparable body image and food habit profiles. A statistically significant difference in body image concerns was found across

socioeconomic status groups, $F(2, 109) = 4.12$, $p = .019$, $\eta 2 = .070$, with post hoc comparisons revealing that upper SES women reported significantly higher body shape dissatisfaction compared to middle SES women ($p = .021$). This finding aligns with research suggesting that higher socioeconomic status is associated with greater internalization of cultural thinness ideals, heightened social comparison in appearance-focused environments, and increased social mobility pressures that render body image more central to self-concept and social identity (McLaren, 2007; Swami et al., 2010). Upper SES women may also have greater access to and engagement with appearance-oriented media, fitness culture, and social contexts where body presentation is frequently appraised and evaluated, collectively intensifying body-related self-scrutiny.

Interestingly, no statistically significant differences in dietary food habits were found across socioeconomic status groups, although a descriptive trend suggested slightly healthier dietary practices among lower SES women ($M = 15.86$) compared to upper SES women ($M = 12.29$). This pattern may reflect differences in dietary composition tied to traditional versus Westernized food consumption, wherein higher SES women are more likely to consume calorie-dense, processed, and convenience foods associated with affluent lifestyles (Darmon & Drewnowski, 2008). However, the absence of statistical significance cautions against over-interpreting this trend, and future research with larger and more socioeconomically diverse samples is needed to clarify the role of SES in shaping dietary behavior among overweight women.

A statistically significant difference in dietary food habits was observed across physical exercise frequency groups, $F(4, 107) = 2.58$, $p = .041$, $\eta 2 = .088$. Women who exercised 3-5 times per week reported the healthiest dietary habits ($M = 16.30$), while those who never exercised reported the lowest dietary quality ($M = 10.30$). This pattern is consistent with the health-promoting lifestyle orientation framework, wherein individuals who regularly engage in physical activity also adopt more nutritious dietary habits as part of an integrated wellness identity (Teixeira et al., 2012). Regular exercise may reinforce dietary self-regulation through shared motivational pathways, including improved self-efficacy, goal-setting, and health consciousness, that simultaneously support both physical activity maintenance and healthy food selection. Statistically significant differences in body image concerns were also found across exercise frequency groups, $F(4, 107) = 2.72$, $p = .033$, $\eta 2 = .092$. Notably, women who exercised 1-2 times per week reported the highest body image concerns ($M = 30.05$), while women who exercised daily reported the lowest concerns ($M = 23.78$). This seemingly counterintuitive pattern may be explained by the motivational basis of exercise initiation: women who exercise infrequently may have begun physical activity primarily in response to preexisting body dissatisfaction, but without sufficient frequency to yield the psychological benefits associated with regular exercise, such as enhanced body appreciation, improved self-efficacy, and reduced appearance-related anxiety (Hausenblas & Fallon, 2006; Strelan et al., 2003). In contrast, daily exercisers may have developed a more functional, performance-oriented relationship with their bodies, reducing the centrality of appearance-based concerns in their self-evaluation.

Conclusion of the Study

The present study investigated the relationship between body image dissatisfaction and dietary food habits among overweight women ($N = 112$) in Pakistan, utilizing the Body Shape Questionnaire (BSQ-8D) and the Adolescent Food Habits Checklist (AFHC) as primary measures. Both instruments demonstrated adequate to good reliability, confirming their psychometric suitability for the target population. The study employed Pearson product-moment correlation, simple linear regression, independent samples t-tests, and one-way ANOVA analyses to test a series of directional and comparative hypotheses regarding the relationship between the study variables and selected demographic factors.

The findings revealed a significant moderate negative correlation between dietary food habits and body image dissatisfaction, indicating that healthier eating patterns are associated with lower body shape concerns among overweight women. BMI was positively and significantly correlated with body image dissatisfaction, and dietary habits emerged as a statistically significant predictor of body image, explaining approximately 10% of its variance. Socioeconomic status and physical exercise frequency were also identified as significant demographic correlates, with upper SES women reporting higher body image concerns and more frequent exercisers reporting healthier dietary habits and lower body dissatisfaction.

In contrast, family system (joint vs. nuclear), education level (undergraduate vs. postgraduate), and residential background (urban vs. rural) did not yield statistically significant differences in either food habits or body image, although non-significant trends were observed for education level and body image. Collectively, the findings highlight the psychological significance of dietary behavior and lifestyle factors in shaping body image perceptions among overweight women, and underscore the need for holistic, integrative approaches to intervention that simultaneously address both nutritional and psychological dimensions of wellbeing.

Strengths of the Study

- The study employed two psychometrically validated instruments the BSQ-8D and the AFHC both of which demonstrated adequate to good internal consistency in the present sample, strengthening the reliability and validity of the obtained findings and supporting confidence in the observed associations between body image and dietary food habits among overweight women.

- The study adopted a comprehensive analytical approach by employing multiple statistical methods including Pearson correlation, simple linear regression, independent samples t-tests, and One-Way ANOVA to examine both relational and comparative research questions, thereby providing a multidimensional understanding of the factors influencing body image and food habits across several demographic variables.

Limitations of the Study

- The present study was conducted by a novice researcher, which may have contributed to technical limitations in study design, instrument administration, and data management. The relative inexperience of the researcher is acknowledged as a factor that may have introduced methodological errors and affected the overall rigor of the research process.

- Participant motivation and response sincerity posed a significant limitation, as no incentives were offered for questionnaire completion. Given the prevailing attitudes toward research participation in the local context, many respondents may have engaged with the instruments superficially or responded in a socially desirable manner rather than honestly, potentially compromising the validity and meaningfulness of the obtained data.

- The data collection process was adversely affected by inadequate time management on the part of the researcher, resulting in delays that may have introduced inconsistencies in participant recruitment and data recording. These procedural inefficiencies likely contributed to incomplete information and may have reduced the reliability and internal consistency of the dataset.

- The participant screening process at the recruitment stage was not conducted with full rigor, which may have resulted in the inclusion of individuals who did not strictly meet the eligibility criteria for the study. This screening limitation potentially affected the homogeneity of the sample and may have reduced the clarity and interpretability of the findings.

Suggestions for Future Research

- Future research should employ longitudinal or experimental designs to establish causal relationships between dietary food habits and body image dissatisfaction, as the cross-sectional nature of the present study limits causal inference.

- Studies should extend to more diverse samples, including men, individuals across varying weight categories, and participants from different cultural backgrounds to enhance the generalizability of findings beyond the present overweight female population.

- Validated dietary assessment tools specifically developed for adult populations should be incorporated in future studies to improve the accuracy and relevance of dietary habit measurement beyond what the AFHC, originally designed for adolescents, can provide.

- Future investigations should include psychological variables such as social media exposure, internalization of appearance ideals, self-compassion, and emotional regulation as potential mediators or moderators of the relationship between dietary habits and body image dissatisfaction.

- Integrative intervention programs that simultaneously target dietary improvement and body image psychoeducation incorporating mindfulness-based and acceptance-based therapeutic components should be developed and empirically evaluated for efficacy among overweight women.

- Qualitative methodologies should also be employed to provide richer contextual understanding of the lived experiences of overweight women regarding body image and dietary decision-making, particularly within the Pakistani sociocultural context.

Implications of the Study

- The significant association between healthier dietary habits and lower body image dissatisfaction suggests that nutrition-focused interventions for overweight women should be integrated with psychological components addressing body image concerns, as improving dietary behavior alone may yield collateral psychological benefits including reduced appearance-related anxiety and body shape distress.

- The finding that upper SES women report significantly higher body image dissatisfaction points to the need for targeted psychoeducational programs within affluent communities and professional environments, where appearance-related social comparison and thin-ideal internalization may be particularly pronounced and require culturally tailored intervention strategies.

- The observation that women who exercise 3-5 times per week report the healthiest dietary habits alongside more positive body image suggests that public health initiatives should promote regular, moderate-frequency physical activity not only for its physiological benefits but also as a

behavioral strategy to support healthier eating patterns and psychological wellbeing among overweight women.

- The absence of significant differences across family system, education level, and residential background indicates that body image dissatisfaction and unhealthy food habits are pervasive concerns that cut across demographic boundaries, implying that intervention and awareness programs should be broadly targeted at the community level rather than restricted to specific demographic subgroups.

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