

## Original Article

## Obesity, Social support and Quality of life among Young Female Adults in Sialkot, Pakistan

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### Abstract

**Objective:** The goal of present study would be to find out the relationship of social support and Obesity with Quality of Life among Adult females.

**Methods:** Data collected form 400 female students form different university and colleges. Multidimensional Scale of Perceived Social Support evolved by (Zimet, Dehlem, Zimet&Farly, 1988) used to measure the social support. To measured BMI Body Mass Index Scale (BMI) developed by (Quelete, 1830) & WHO-Quality of life Scale by (John Flanagan, 1970) Used for data collection.

**Results:** For overall scores and psychological and physical domain ratings, post-hoc comparisons showed that individual with normal weight had higher QOL relative to overweight individuals (complete:  $p = 0.001$ ; physical:  $p < 0.001$ ; psychological:  $p = 0.002$ ) and morbidly overweight obese individuals (overall:  $p < 0.001$ ; physical:  $p < 0.001$ ; psychological:  $p < 0.001$ ), and obese individuals had higher QOL. For the social domain, death obsessed people demonstrated decrease QOL relative to average weight individuals ( $p < 0.001$ ) and obese individuals ( $p = 0.010$ ), however the latter two categories did not differ ( $p = 0.096$ ) from one another. The individuals with average weight demonstrated higher QOL compared with obese people ( $p = 0.011$ ) and morbidly obese people in the environmental context.

**Conclusion:** In conclusion the research indicates that in young adult females, there is an important link between the BMI and the quality of life. Body mass index is a significant determinant of young adult females quality of life. The study found that obesity and social support are important factors responsible for the worsening of young adult women's quality of life

**Keywords:** Obesity, Quality of Life, Social Support, Body Mass Index, Adults

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### Introduction

Quality of life is defined as an understanding of a person's life situation with regard to the way of life and the contexts under which they reside and according to their aspirations, expectations, norms and concerns.<sup>1</sup> It is an expansive running concept affected in an unpredictable way by people's physical well-being, mental condition, degree of liberty, social relations, individual conviction.<sup>2</sup> The individuals achievement of satisfactory social situation within the bounds of perceived physical capacity. The higher the bulk 's requirement satisfaction throughout a given society the higher the society's QOL. Studies have shown that obese people are influenced by other people's decisions and immediate and backhanded responses.<sup>3</sup> Decreased emotional support results in

negative psychological problems and which, in turn, may affect eating habits and dietary patterns. In this research, we are trying to find QOL relationship with obesity and social support. Obesity is an important measure of health and in this research; we used this measure to see the psychological effect on quality of life. Obesity is characterized as a state of odd or excessive accumulation of fat in adipose tissue, at the volume that impairs health. Obesity raises the many chronic diseases including diabetes, changes in coronary and blood clotting, untreatable articulation disorder, auto-immune, and sleep problems.<sup>4,5</sup> Obesity can just be characterized because the maximum nourishing difficulty where there's immoderate of strength as obese consistent with height, weight, race and gender.<sup>1</sup> Obesityre

because it's related to poorer mental outcomes and decreased quality of life. Obesity is mostly common among youth as they turned into 30 years in the past. Although maximum of the obesity complications arise in adulthood, obese kids are more likely than their peers to have excessive blood pressure and type 2 diabetes.

Obesity is a persistent and epidemic ailment that negatively affects the first-class of lifestyles (QoL) and body image. Whatever the possible reasons are for obesity, its mental elements are essential. When taking into account the existence (QoL) of obese individuals. The researches have proven that adults who have ordinary BMI-for-age however understand themselves as overweight are at extra threat for growing ingesting disorders.<sup>6</sup> This incorrect belief can cause them to probably harmful behaviors like dieting, slimming pills, or diuretics, etc. despite the fact that the onset of workout to lose weight has no dangerous effect. On the opposite hand, if someone is obese or overweight however perceives oneself to be normal, this self-perception can predispose such individuals to co-morbid conditions, which can be effortlessly prevented by giving them awareness of the perfect BMI-for-age.

Social support refers to the emotion based qualities of relationships. One's social connections to others are inseparably connected one's wellbeing and wellbeing related behaviors<sup>7</sup> Social connections have been characterized and estimated in various manners across different examinations. Social control theory may suggest that internalized duties to but mostly open effects of members of the network appear to discourage bad health habits and promote healthy ones. Accordingly, individuals who do not meet regularly with friends have no communication boundaries to preventing them from eating, drinking and trying to exercise poorly, all of which contribute to obesity. The current research is to explore the relationship between obesity and social support among adult females and quality of life. Also this research is one of the few that examines the QOL relationship in a developing world. The findings further indicate the potential impact of social support on the quality of life among women.

In Pakistan the main factors that play a role in the great of lifestyles range consistent with non-public alternatives, however they regularly include economic safety, task pleasure, family lifestyles, protection and health. The other factors frustration, poor impact, overconsumption, and weight gain hones into a number of psychosocial factors number one that would focus on obesity. Thus, for the increase of quality of life individual not only have to deal with the obesity but also the social support related to factors that effects on individual quality of life.

**Methods**

Data collected form, a sample of 300 students from different colleges and universities of private and public sectors in Sialkot. The sample comprised of only female students and their age range of 13-35 year. Weight and height were self-reported, using the standard BMI weight formulation in kilos divided by height squared in meters (kg/height<sup>2</sup>) to degree of BMI. subjects ranging from 18.5 to 24, which is considered the average weight of the population. The second group consisted of subjects exhibiting BMI between 30.0 and 39.9 which are known to be obesity degrees I and II. The third group consisted of subjects with a BMI greater than 40.0, which is considered morbid obesity.

Due to the pandemic situation of Covid-19, the online data collection process. In this regard shared google forms included written informed consent and questionnaires with clear clarification of the intent of the research to ensure the right to know from those females who had internet access. Ethical considerations were fulfilled before the collection of data. Scales were administered and data was analyzed by using SPSS.

**Results**

Table shows the mean differences in overall scores over the effect on obesity on social support and quality of life on the social support scale, QOL total score was conducted with females as compared to obesity independent sample t test where they took an independent variable and scores as dependent variable on all three variables. Results show the Mean 56.957 for weight and 5.9740 for height, standard deviation 11.3125 as weight and 5.5996 for height.

**Table 1:**

	N	Mean	Std. Deviation	Std. Error Mean
Weight.	400.	56.957	11.3125	.5656
Height.	400	5.9740	5.5996	.27998

**Table 2:**

T	df	sig.	Mean Difference	Interval of Difference	Lower	upper
Weight	100.697	399	.000	56.9567	55.845	58.069
Height	21.337	399	.000	5.9740	5.4236	6.5244

From overall scores and psychological and physical domain ratings, post-hoc comparisons showed that individuals with average weight had higher QOL relative to obese individuals (complete: p=0.001; physical: p<0.001; psychological: p=0.002) and morbidly obese individuals (absolute: p<0.001; physical: p<0.001; psychological: p < 0.001), and obese individuals had

higher QOL.

World Health Organization Quality of Life-Brief (WHOQL-Brief) scale used to measure quality of life. It was originally developed by John Flanagan (1970), known as quality of life Scale. The scale of the Quality of Life consists of 26 elements and has 4 physical, psychological, social and environmental dimensions. Choice for answers (very bad, 1), (bad, 2), (neither poor nor good, 3), (good, 4), (very good, 5).

Multidimensional Scale of Perceived Social Support was used to measure the social support. It consisted of 12 items, 7-point Likert-type scale vary from very strongly disagree (1) to very strongly agree (7). The Multidimensional Scale of Perceived Social Support is used to know of a person how much support they get from family, friends and significant others. Ranged of scale score from 1 to 2.9 could be considered low support; a score of 3 to 5 could be considered moderate support; a score from 5.1 to 7 could be considered high support.

To measure BMI Body Mass Index scale used. This represents a person's excess body fat by dividing weight (kg) by height squared ( $m^2$ ). The body mass index (BMI) is a height-adjusted weight metric, measured as weight in kilograms divided by height square in meters ( $kg/m$ ). Although BMI is also used as an indication of body fatness. BMI is a simple, low-cost, and non-invasive measure of body fat. BMI relies entirely on height and weight and with access to the required equipment. BMI ranges are: underweight =  $<18.5kg/m^2$ , normal weight =  $18.5-24.9 kg/m^2$ , overweight =  $25-29.9kg/m^2$ , obese = 30 or higher BMI.

### Discussion

This research explains differences in the standardized QOL measurements in females across different BMIs. The decline in QOL was important for middle-aged females overweight but more pronounced for those who were obese. This result is less drastic than the much lower scores recorded in clinic attendance for children. Since QOL is multidimensional it is feasible that excess weight or obesity can affect certain dimensions more. Obese females differed from who was normal weight, most strongly on the functioning scores of physical, social, and school, while emotional functioning seemed to be successful. The psychological domain with regard to results (self-esteem, body image, etc.) revealed a decrease in QOL by weight gain identified in previous research.<sup>8</sup> This study also suggests the

obesity impact on the QOL domains. Such as impact of obesity on self-esteem, psychological aspect, body image, and emotional state in literature. These components are affected by the stigma that are correlated with obesity.<sup>9</sup> The research indicates that in young adult females, there is an important link between the body mass index and the quality of life. Body mass index is a significant determinant of young adult females quality of life. The study found that obesity and social support are main factors that are responsible for the worsening of young adult women's quality of life.

More research could be conducted in this area. Factors contributing obesity and level of social support should be explored awareness could be generated through awareness campaigns and advertisements. Through this generation of awareness, level of social support could be established and quality of life could be increased.

**Conflict of Interest:** None

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