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KEYWORDS	ABSTRACT
Body Mass Index, body image satisfaction, eating attitudes, EAT-26, female university students.	Body image and eating behavior are central to psychological and physical well-being during the transition from adolescence to adulthood, a period of heightened self-evaluation against cultural standards of attractiveness. This cross-sectional study examined the relationships among Body Mass Index (BMI), body image satisfaction, and eating attitudes in 417 female undergraduate students from public and private sector universities in Lahore, Pakistan. Participants, recruited through purposive sampling and an online survey, reported their height and weight (from which BMI was calculated) and completed a Body Image Questionnaire and the 26-item Eating Attitudes Test (EAT-26). Pearson correlations showed that higher BMI was strongly associated with more disordered eating attitudes ($r = .988, p < .001$) and with lower body image satisfaction ($r = -.928, p < .001$), and that greater body image satisfaction was strongly associated with healthier eating attitudes ($r = -.876, p < .001$). Simple linear regression showed that BMI significantly predicted eating attitudes ($\beta = .988, R^2 = .976$) and body image satisfaction ($\beta = -.928, R^2 = .862$), and that body image satisfaction significantly predicted eating attitudes ($\beta = -.876, R^2 = .767$). The findings suggest that weight status, body evaluation, and eating attitudes are closely interconnected among young Pakistani women, highlighting the need for integrated psychological and nutritional interventions on university campuses.
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Introduction

The developmental passage from adolescence into early adulthood is accompanied by pronounced physical, psychological, and social transformations (Barlett et al., 2020). It is during this period that young people become acutely sensitive to their physical appearance, frequently appraising themselves against culturally sanctioned ideals of attractiveness that are transmitted through family, peers, and, increasingly, digital and print media (Demaria et al., 2024). Body image, broadly conceptualized as the constellation of perceptions, cognitions, emotions, and behavioral responses an individual hold toward their own physical form, has emerged as one of the most consistently studied constructs in health and developmental psychology, owing to its far-reaching implications for mental health and health-related conduct (Yadav, 2025). A substantial body of empirical literature links body image dissatisfaction to diminished self-esteem, elevated depressive and anxious symptomatology, maladaptive dieting practices, and clinically significant eating disturbances, positioning body image as both a marker and a mechanism of psychological vulnerability (Souza et al., 2025).

The conceptualization of body image has been refined considerably over recent decades, moving away from a purely perceptual definition toward a multidimensional framework encompassing perceptual accuracy, cognitive appraisal, affective valence, and behavioral response. Under this framework, an individual's body image reflects not merely how the body is seen, but how it is thought about, felt toward, and acted upon (Hosseini & Padhy, 2022). Negative body evaluations frequently precipitate a cascade of maladaptive behavioral responses, including caloric restriction, binge-eating episodes, self-induced purging, compulsive exercise, and other manifestations of disordered eating (Bianchi et al., 2021). In contrast, a stable and positive body image has been repeatedly associated with more regulated eating patterns, greater self-efficacy, and superior overall psychological adjustment, suggesting that body image functions as a protective as well as a risk factor depending on its valence (Linardon & Messer, 2026).

Cultural standards of physical beauty are neither static nor universal; they vary markedly across historical periods and societal contexts, and are actively reproduced and reinforced through mass media (Hanson et al., 2024). Contemporary media environments, in particular, have been criticized for disseminating narrow and often unattainable body ideals, with a persistent emphasis on thinness as a marker of female attractiveness, success, and self-discipline. Repeated exposure to such imagery is thought to widen the perceived discrepancy between one's actual and internalized ideal body shape, a discrepancy that constitutes a core cognitive mechanism underlying body dissatisfaction (Möri et al., 2022). Sociocultural theories of body image further posit that women are disproportionately affected by these pressures relative to men, owing to the historically stronger societal premium placed on female physical appearance as a determinant of social value and desirability (Fries et al., 2026).

Anthropometric indices, such as height, weight, and the derived Body Mass Index (BMI), remain among the most widely employed objective correlates of nutritional and health status in both

clinical practice and epidemiological research. BMI, calculated as weight in kilograms divided by the square of height in meters, continues to serve as a convenient proxy for adiposity and is routinely used to classify individuals as underweight, normal weight, overweight, or obese (Mohajan & Mohajan, 2023). However, an important and well-documented limitation of BMI is its dissociation from subjective body perception: individuals with an objectively normal BMI may nonetheless perceive themselves as overweight, while others with an elevated BMI may underestimate their actual weight status. This perception–reality discrepancy is not a trivial measurement artifact; rather, it carries meaningful psychological consequences, shaping self-evaluation, emotional well-being, and downstream eating behavior independently of, and sometimes more powerfully than, objective weight status itself (Agandaa et al., 2026; Shabu et al., 2024).

Eating behavior itself is best understood as the product of a dynamic interaction among biological predispositions, psychological traits, familial patterns, and broader sociocultural forces (Troschianko & Leon, 2020). Parental feeding practices during childhood, peer norms during adolescence, prevailing cultural beliefs about food and body size, and pervasive media exposure collectively shape the trajectory of an individual's relationship with eating across the lifespan (Albardan & Platat, 2025). The transition to university life represents a particularly consequential inflection point in this trajectory: newly autonomous over their food choices and often navigating novel social and academic pressures for the first time, students may adopt eating patterns ranging from health-promoting to frankly pathological (Abdul Rais et al., 2026). Evidence from Pakistani university populations specifically implicates academic and social stress, culturally embedded beliefs about food and body size, communal eating practices, and body image concerns as salient contributors to disordered eating in this demographic (Shan et al., 2025; Nasrullah et al., 2024).

Disordered eating behavior, as distinct from clinically diagnosable eating disorders, encompasses a spectrum of maladaptive eating-related cognitions and behaviors, such as restrictive dieting, binge eating, emotional eating, excessive weight and shape concern, and compensatory weight-control strategies, that while falling short of formal diagnostic thresholds, nonetheless confer substantial risk to physical and psychological health (Stice et al., 2017; Rohde et al., 2015). The Eating Attitudes Test (EAT-26) remains among the most extensively validated and widely deployed screening instruments for this purpose internationally, with elevated scores signaling a heightened likelihood of clinically significant eating pathology warranting further assessment and, where appropriate, clinical referral (Garner, et al., 1982).

A growing international literature has documented robust associations linking body dissatisfaction and body image distortion to disordered eating behavior among university-aged populations, with young women identified as a particularly high-risk group owing to the convergence of developmental, social, and cultural pressures unique to this life stage (Franco-Paredes et al., 2024; He et al., 2026). Within Pakistan specifically, however, empirical research examining the joint interplay of anthropometric status, subjective body image, and eating behavior remains comparatively sparse, notwithstanding the rising prevalence of overweight and obesity, the rapid

diffusion of globalized beauty standards, and mounting public concern regarding youth mental health. Against this backdrop, the present study was undertaken to investigate the association among BMI, body image satisfaction, and eating behavior among female university students in Lahore, with a view toward generating locally grounded evidence to inform campus-based health promotion efforts.

Objectives

- To examine the relationship between Body Mass Index, body image satisfaction and eating attitudes.
- To investigate whether Body Mass Index significantly predicts eating attitudes and body image satisfaction.
- To determine whether body image satisfaction significantly predicts eating attitudes.

Hypotheses

- H1: There will be a significant relationship among BMI, body image satisfaction and eating attitudes.
- H2: BMI will be a significant predictor of body image satisfaction and eating attitudes.
- H3: Body image satisfaction will significantly predict eating attitudes.

Method

Research Design

The present investigation adopted a quantitative, cross-sectional, correlational survey design, selected for its suitability in efficiently capturing the pattern and strength of association among anthropometric indicators, self-reported body image satisfaction, and eating attitudes within a single measurement occasion. This design permitted the simultaneous testing of the study's directional hypotheses while remaining logistically feasible given resource and time constraints.

Participants and Sampling

The sample comprised 417 female undergraduate students enrolled in bachelor's degree programs across a range of public and private sector universities in Lahore, Pakistan. Participants were recruited using a purposive, non-probability sampling strategy, whereby individuals meeting the eligibility criteria (female sex, current enrollment in an undergraduate program, and willingness to provide informed consent) were invited to participate. Participation was entirely voluntary, and no monetary or academic incentive was offered.

Instruments

Three categories of measures were administered as part of a single composite survey instrument.

Anthropometric Measurements

Participants provided self-reported values for height, current weight, age, highest and lowest adult weight, and self-identified ideal weight. Body Mass Index was subsequently derived using the standard formula $BMI = \text{weight (kg)} / \text{height}^2 \text{ (m}^2\text{)}$, and served as the study's principal anthropometric indicator throughout all correlational and regression analyses.

Body Image Satisfaction Scale

Body image was assessed using the **19-item Body-Image Questionnaire (BIQ)** developed by **Koleck et al. (2002)**. The questionnaire assesses individuals' perceptions, feelings, and attitudes toward their bodies. Items are rated on a **5-point response scale**, with negatively worded items reverse-scored so that higher scores indicate a more favorable body image/body satisfaction. Factor-analytic findings from the original validation study identified a **Body Satisfaction** dimension, supporting the use of the questionnaire for assessing body-image satisfaction (Koleck et al., 2002). The original study provides psychometric evidence for the instrument; however, a specific Cronbach's alpha for the total scale should be reported from the version/sample used in the present study rather than assuming a reliability coefficient from a different adaptation.

Eating Attitudes Test (EAT-26)

Eating attitudes and disordered-eating tendencies were assessed using the **26-item Eating Attitudes Test (EAT-26)** developed by Garner et al. (1982). The EAT-26 comprises three subscales: Dieting, Bulimia and Food Preoccupation, and Oral Control. Items are rated using a 6-point response format ranging from *Always* to *Never*. The scoring system assigns values to the response categories, with higher total scores reflecting greater endorsement of problematic eating attitudes and greater risk of disordered eating. The EAT-26 demonstrated strong internal consistency in the original validation research, with reliability coefficients around $\alpha = .90$ reported for the total scale in the relevant clinical sample (Garner et al., 1982). Subsequent reliability research has also generally demonstrated good internal consistency for the EAT-26, with pooled estimates around $\alpha = .85-.86$.

Procedure

Data collection was conducted electronically via a structured Google Forms questionnaire, the link to which was disseminated to prospective participants through WhatsApp, a platform chosen for its widespread and near-universal use among Pakistani university students. This approach enabled efficient, low-cost data collection across multiple institutions simultaneously. The data collection

window spanned approximately one month, during which participants completed the survey at their own convenience and pace.

Ethical Considerations

The study was conducted in accordance with standard ethical principles governing research with human participants. Prior to participation, all respondents were provided with a clear statement outlining the purpose, scope, and voluntary nature of the study, and informed consent was obtained electronically before access to the survey items was granted. Participant confidentiality and anonymity were strictly maintained throughout data collection, storage, and analysis, with no personally identifying information retained in the final dataset. Data generated through this study were used exclusively for academic and research purposes.

Data Analysis

Collected data were screened for completeness and coded for statistical analysis. Pearson product-moment correlation coefficients and simple linear regression analyses were subsequently conducted to test the stated hypotheses.

Results

Bivariate correlation analyses using Pearson Product Moment correlation revealed statistically significant and notably strong relationships among all three principal study variables. A strong, statistically significant positive correlation was found between BMI and eating attitudes ($r = .988, p < .01$), such that higher BMI values were associated with substantially greater eating-disorder risk. Moreover, BMI exhibited a strong negative correlation with body image satisfaction ($r = -.928, p < .01$), indicating that participants with higher BMI reported lower satisfaction with their physical appearance. Significant negative correlation was also observed between eating attitudes and body image satisfaction ($r = -.876, p < .01$), indicating that participants reporting greater satisfaction with their physical appearance tended to report markedly fewer disordered eating attitudes. Table 1 summarizes the results of correlation analysis.

Table 1. Correlation among BMI, body image satisfaction, and eating attitudes.

Variables	BMI	Eating Attitudes	BIS
BMI	--	.988*	-.928*
Eating Attitudes		--	-.876*
Body Image Satisfaction			--

Note: * = $p < .001$.

A simple linear regression analysis was conducted to examine whether BMI predicted eating attitudes. The model demonstrated substantial explanatory power, accounting for **97.6% of the variance** in eating attitudes ($R^2 = .976$). BMI was a statistically significant positive predictor of

eating attitudes ($\beta = .988, p < .001$) which means that higher BMI was associated with higher levels of disordered eating. The results are presented in Table 2.

Table 2: Simple linear regression showing BMI as a predictor of Eating Attitudes.

Predictor	B	SE B	β	T	P
BMI	2.627	.020	.988	129.8	< .001

Note. Dependent variable = eating attitudes.

Table 3 shows the results of simple linear regression examining whether BMI predicts body image satisfaction. The model accounted for **86.2% of the variance** in body image satisfaction ($R^2 = .862$). BMI was a statistically significant negative predictor of body image satisfaction ($\beta = -.928, p < .001$), indicating that higher BMI was associated with lower levels of body image satisfaction.

Table 3: Simple linear regression showing BMI as a predictor of Body Image Satisfaction

Predictor	B	SE B	β	T	p
BMI	-1.385	.027	-.928	-50.822	< .001

Note. Dependent variable = Body Image Satisfaction.

Table 4 shows the results of simple linear regression examining whether body image satisfaction predicted eating attitudes. The model accounted for **76.7% of the variance** in eating attitudes ($R^2 = .767$). Body image satisfaction was a statistically significant negative predictor of eating attitudes ($\beta = -.876, p < .001$), indicating that higher body image satisfaction was associated with lower levels of disordered eating.

Table 4: Simple linear regression showing Body Image Satisfaction as a predictor of Eating Attitudes

Predictor	B	SE B	β	t	p
Body Image Satisfaction	-0.500	.015	-.876	-34.4	< .001

Note. Dependent variable = eating attitudes.

Discussion

The present study set out to examine the interrelationships among Body Mass Index, body image satisfaction, and eating attitudes among a substantial sample of female university students. The findings converge to indicate that BMI occupies a central and statistically dominant role in shaping both how young women evaluate their bodies and how they relate to food and eating more broadly.

The results of the present study indicated that higher BMI was strongly associated with lower body image satisfaction. Young women with elevated BMI were considerably more likely to report dissatisfaction with their physical appearance, a pattern that aligns closely with prior research

linking overweight and obesity to unfavorable body self-evaluation, particularly in indigenous cultural contexts, where slenderness continues to be valorized as a marker of feminine attractiveness and social desirability (Abdoli et al., 2024; Odinga & Kasten, 2020). The strength of this association in the present sample (accounting for over 86% of variance in body image satisfaction) suggests that, within this population, anthropometric status may be an even more dominant determinant of body evaluation than has typically been reported in Western samples, possibly reflecting the particular intensity of appearance-related sociocultural messaging directed at young women in this context.

The strong positive relationship observed between BMI and eating attitude similarly suggests that participants with higher BMI are at meaningfully elevated risk for disordered eating attitudes and behaviors. This pattern is consistent with theoretical accounts proposing that individuals who perceive themselves as overweight, whether or not this perception aligns with objective anthropometric classification, frequently respond by engaging in dieting attempts, caloric restriction, emotional eating, or other unhealthy weight-control strategies (Cheon et al., 2025). Paradoxically, such compensatory behaviors may themselves exacerbate rather than resolve eating difficulties over time, potentially establishing a self-perpetuating cycle of weight concern, restrictive or disordered eating, and psychological distress. Comparable associations between elevated BMI and disordered eating risk have been documented among university populations both internationally and within Pakistan specifically, lending convergent support to the present findings (Aldhowayan et al., 2026; Agha et al., 2025).

The robust negative association identified between body image satisfaction and eating-disorder risk lends further empirical support to prevailing theoretical models that position body dissatisfaction as a proximal and potent psychological risk factor for the development and maintenance of disordered eating (Yousif Ahmed et al., 2026). Young women who harbor dissatisfaction with their bodies may become cognitively and behaviorally preoccupied with weight regulation, appearance management, and dietary restriction, thereby heightening their vulnerability to progressively more entrenched patterns of disordered eating (Sharpe et al., 2018).

Viewed through a sociocultural lens, the elevated body image concerns documented among this sample of university women are likely shaped by a confluence of factors extending beyond BMI alone, including pervasive media exposure, habitual peer comparison, familial expectations surrounding appearance and weight, and broader cultural beauty ideals. Within the Pakistani context specifically, rapidly evolving lifestyles and accelerating exposure to globalized, largely Western-derived beauty standards may be intensifying concern regarding body shape and weight among young women to a degree not fully captured by earlier generations of research. Recent literature focused on Pakistani student populations has similarly emphasized the salience of culturally specific influences on eating behavior, including communal and family-based eating practices, emotional eating in response to academic and social stress, and culturally embedded beliefs regarding ideal body size and shape (Rehman et al., 2026).

Collectively, these findings highlight the deeply interconnected nature of physical and psychological health among young women navigating the university years. Although BMI constitutes an objective and readily quantifiable index of body size, the present results make clear that subjective perceptions of one's body and the eating attitudes bound up with those perceptions exert an influence on well-being that is, at minimum, equally consequential. This suggests that interventions oriented solely toward weight management, without concomitant attention to body image and the psychological correlates of eating behavior, are likely to prove insufficient, and potentially counterproductive, in safeguarding the holistic health of this population.

Implications

The findings of the present study carry several practical implications for universities, healthcare professionals, nutritionists, and mental health practitioners engaged in supporting the well-being of young women during the university years. Universities should institute structured body image awareness and mental health promotion programs as a routine component of student wellness services. Eating-disorder risk screening should be incorporated into routine student health assessments to enable early identification and referral.

Nutrition education initiatives should prioritize balanced, health-oriented eating patterns over appearance-driven or restrictive dieting messaging. Counseling and psychological support services should directly address body dissatisfaction and associated self-esteem concerns among female students. Social media literacy programs may help equip students with the critical evaluative skills needed to contextualize and resist unrealistic, idealized beauty standards encountered online.

Limitations and Future Research Directions

Several limitations of the present study warrant acknowledgment and should inform the design of future research in this area. First, the cross-sectional design precludes any causal or temporal inference regarding the observed relationships among BMI, body image satisfaction, and eating attitudes; longitudinal designs would be better suited to disentangling the directionality of these associations. Second, anthropometric data, including height and weight, were obtained through self-report rather than direct clinical measurement, introducing the possibility of reporting bias or inaccuracy, particularly given the well-documented tendency of individuals to misreport weight in socially desirable directions.

Conclusion

The present study provides evidence of significant and substantively strong relationships among Body Mass Index, body image satisfaction, and eating behavior among female university students. Higher BMI was associated with both greater eating-disorder risk and lower body image satisfaction, while more positive body image was, in turn, associated with healthier eating attitudes. Taken together, these findings highlight the importance of adopting integrated psychological and

nutritional approaches when designing interventions aimed at supporting the health of young women. Universities are particularly well positioned to lead this effort by promoting body positivity, fostering healthy and non-restrictive eating behaviors, and expanding mental health awareness, thereby advancing both the physical and psychological well-being of their student populations.

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