Obesity, Anxiety and Psychological Distress: A Case Study

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Abstract
Problem of over weight is a serious issue in developing and developed countries where awareness of health among people is high. It seems to be the heritage of modernization of society with all its features of unhealthy food and faulty dietary habits, increased stress, and less physical activity. Weight increase is measured by Body Mass Index (BMI). The major purpose of the research was to examine the factors which are source of obesity. Environmental issues that cause obesity are on-job eating habits, taking junk foods in shopping or in travelling, household issues etc; while eating habits that cause obesity are frequent craving, binge eating, emotional eating, lack of awareness of hunger etc. This study investigated the association between obesity and psychological distress; and also checked the prevalence of psychological distress in obese people. A field survey was conducted from air force officers on air base. As the target sample was those air force officers who feel psychological distress, so a cluster of sample was selected and purposive sampling technique was applied. Based on a sample of 187 respondents, data was analyzed by using simple percentages, linear regression, correlation and t-test. This study
concluded that obesity had a significant impact on psychological distress and a source of physical and psychological illness. Obese people feel more psychological distress than others.

Key Words: Obesity, Obese, Psychological Distress, BMI, Unhygienic Food, Anxiety.

INTRODUCTION

Overview

Nature made the mankind a smart being with senses sharp enough to differentiate between good and bad. The cognition of mankind contributed to better life in all forms, walks, aspects and dimensions of everyday life. The betterment, comfort foods (Hogh et al., 2005) and other technology related outcomes, resulted in well-being thus reducing the miseries, hardships, fatigues, exertions, exhaustion, labor and fats and proteins consuming activities from our digestive, nervous, respiratory, and vascular and other body systems. One wrong usage of tissue in body where fats get deposited and stored for no good reason has given birth to a rise in weight per meter. Only in UK, the rate of obesity only in women has increased from 16.4% in 1993 to 23.8% in 2004; moreover, the BMI measured in all of them was more than 30 reflecting the seriousness of the issue only in women (Dong et al., 2004). The issue is not in women only but as the research establishes, the issue is prevailing in all sort of demographics, i.e. women, children, old ones etc. and becoming an epidemic even in developing countries though it is not yet declared due to its intensity high in developed countries right now (Friedrich, 2002; Galal & Hulley, 2005). The health related issue are linked with the psychological wellbeing thus we need to focus obesity in all walks of life for harmonious and better performance even in armed forces.

Background

The technology was fabrication to make life easier but miseries are said to be increasing as researchers in the field of environment and biomedical sciences are validating the deterioration of life style due to excessive use and non-controlled technology getting diffused in everyday life of mankind (Jensen & Friedmann, 2002). The innovation production and its diffusion is raising exponentially without any ethics and society related foresight exercises so that we can preserve healthy atmosphere and environment in the future for the generations to come. Science of nutrition and transportation resulted in opportunities for business personnel to exploit the demanding urbanized population for new business forms under the umbrella of innovation. Some often termed it as technovation (tech & innovation) the harms of it are not direct but long lasting; though, outcomes surface when its diffusion has lasted for more than 10 to 20 years. Thus innovative forms of food supply and demand as well as its creative format resulted in the societies where labor and hard work is eliminated. Continuous infusion of comfort and joy to earn life resulted in obesity: the accumulation of fats in our body to an extent that it becomes misery rather than an augmentation for future miseries when it can be consumed.
Among the many miseries observed, the obvious medical related problem is of the increasing rate of obesity in countries where literacy rate is high with development and innovation index very high also. The developing communities are also observed to be embracing the problem fast enough to be considered as a social epidemic giving rise to many other issues thereby resulting in the mismanagement of many systems of societies with knowledge and wisdom (Patterson et al., 2004). Technology has impacted the behaviors and attitudes negatively giving rise to habits which are significantly contributing in obesity in humanity.

Obesity is globally on the rise, reaching epidemic proportions. Increased tension, anxiety and less physical activities are the factors that raise obesity. Modern world with all its positive features also contributing in unhealthy food habits (Musaiger, 2002).

The World Health Organization (1998) defines overweight as a body mass index (BMI) between 25 and 29.9 and obesity as body mass index above 30. This distinction is important for specifying health risks, but it is less clear whether these BMI cutoffs are meaningful with respect to the social and psychological consequences of excess weight. The body mass index (BMI) of 30 kg/m² or more, defined as obese, common in many parts of the world, especially in the established market economies, the former socialist economies of Europe, Latin America, the Caribbean and the Middle Eastern Crescent. As many as 250 million people worldwide may be obese (7% of the adult population) and two to three times as many may be considered overweight. The prevalence of obesity seems to be increasing in most parts of the world, even where it used to be rare. Increased fatness, measured by a high BMI, a large waist circumference or a high waist/hip circumference ratio, is associated with many chronic diseases as well as with poor physical functioning (W.H.O, 1995).

Obesity gives rise to many problems for those who suffer from it. The inability despite being healthy gives rise to psychological issues. Also, socially non-acceptance produces stress of peculiar nature raising the inferiority complex and other problems in the humans suffering from it.

Due to obesity, the research reveals several diseases caused, and the reports reveal that it may become an epidemic in some regions due to ever rising issues and problems related to it influencing the positive role being played by humans. Generalizing research on other animals leads scholars to predict some future inabilities in humans as increased weight may result in active humans contributing in everyday life activities rather than becoming a burden on family, community or society.

**Problem Statement & Objectives of Research**

Observations about obesity as problem are sufficing the need for research (Ogden et al., 2006) as it impacts the psychological wellbeing with varying intensities depending upon the factors of time, work ability, figure etc. Thus obesity is resulting in stressed workforce for the inability to work in addition to BMI factor leading to lack of social acceptance. The problem is uprising in armed forces also thus future of defenders may pose dangers to whole nation for not being able to command appropriately during war times. The research is aimed at finding out the
stress factors and their significance in Pakistani context precisely targeting Air Force officer’s wellbeing and disorders in psychology framework.

The research goal is to validate the findings in armed forces to verify the stress existence from psychology perspective and then recommend the remedial measures based on the observations and research. Precisely the objectives are:

- To assess the relationship between obesity and psychological distress among air force officers.
- To find out the prevalence of psychological distress in obese population under study.
- Formulate recommendation on the basis of study results.

LITERATURE REVIEW

Psychological Distress

Psychological distress is a pessimistic condition of mental strength that influences many people over their lifetime through associations with other poor mental and physical health conditions. Distress is a mental state of a person that harms his/her personality and makes many adverse effects on him (Gulsvik, 1999; Viegi et al., 2001; Stansfeld, 2002).

Suffering life with anxiety causes many other psychological problems, such as depression, mental illness, stress, and it may also linked with many chronic and severe physical illness, including severe ischemic stroke, metabolic syndrome and coronary heart disease in men (Caron & Liu, 2011). Past research has revealed that distress is also caused by many economic and social factors (Viegi et al., 2001)

There are very few factors that bring improvement in distress level. Research revealed that health promotion programs and awareness seminars are important for awareness of distress.

Atrophy is characterized by the following features. A perceive incapability to beneficially deal with, change of emotion, anxiety, discomfort and provisional or permanent damage to a person’s communication (Aneshensel et al., 1991; Hogh et al., 2005). Psychological distress also grows due to unfilled demands and needs.

Research has recognized a number of population factors such as risk and shielding factors linked becoming distressed. Distress level is more common in women as compared to men. It is more common to those women who have less income and low education (Culbertson, 1997). Men, who are unemployed and have many physical health problems, can have psychological distress.

Distress also caused by stress on job, financial issues, family problems, tension at home, problems with children and health problems (Kompier et al., 2005; Caron & Liu, 2011). Studies also examined work-family conflict also cause distress. Many people need to give much time to their job and ignore family ties which cause tension at home and finally distress level raises (Turner & Kelly, 2000).

Psychological distress and tension is mostly occurred due to financial problems prevailed in poor and moderate society (Caron & Liu, 2011). While making effort for money people get adverse effect on their health, which not only harm them physically but in long run they caught up with many psychological issues. Baker & Gorsuch (1982) also define the impact of intrinsic
and extrinsic religiousness on anxiety. If sample contains more extrinsic values then it has positive correlation with anxiety and for more intrinsic values a negative correlation with anxiety.

Physical illness and psychological distress have a significant correlation, rather in long run physical illness made huge impact on psychological distress (Watson, 1988). Psychological distress also raises the chances of physical symptoms (Roseann et al., 2012) and resistance from illness get weakens (Johnson & Kaplan, 1990). Eating and sleeping behaviors can also be influenced by psychological distress and increase the chances of illness (Mechanic & Cleary, 1980).

Hetland et al. (2012) highlighted workplace bullying and psychological distresses have negative relationship between each other. Workplace bullying cause depression, stress and tension due to that person can fall in many physical and mental illness. A strain-stressor relationship between distress and bullying has inverse impact. This study mention that perceived victimization of bullying activities made stressful impact on mind of victim and ultimately raise symptoms of physical damage.

Nielsen et al. (2012) also explain the “gloomy perception mechanism”, which elaborates that unhealthful workers evaluate their job environment less helpful and feel unsafe in their workplace. These employees always criticize the decision makers of organization because of problems due to their mental health (Hogh et al., 2005; Hansen et al., 2006).

**Obesity**

In current environment obesity is one of the most increasing problems. More than 32% of Ameri-can adults are obese and more than 17% of children and youth are overweight. Obese people, unlike normal-weight people, face anxiety, stress, diabetes, heart problems, tiredness etc. In year 2000, an estimated cost of obesity in America was $117 billion, direct costs were $61 billion and indirect costs were $56 billion (Curtin et al., 2006). Obesity is the growing phenomenon in today world as people take unhealthy and market oriented edibles which ultimately harm them physically and cause many diseases. Mental and psychological problems can occur due to obesity, as the effete of obesity can face many difficulties in his/her social life (Jackson et al., 2000; Dong et al., 2004). Studies concluded that obese people face lot of criticism in front of their colleagues, relatives, peers and boss. Socially they can be depressed and more often avoid to meet people and to attend social gathering (Carr & Friedman, 2006). Fear of criticism on their health cause many psychological problems which ultimately damage them physically. Obese people try to live lonely life and get inferiority complex.

Relationship between obesity and quality of life have been explored by many researchers and they concluded that obesity not only give rise to many physical illness but also cause anxiety, stress and mental problems (Kolotkin et al., 2002; Patterson et al., 2004). Connection between obesity and psychological distress was debated by researcher and clinician alike. Studies indicated that obese people do not diverge from non-obese people from psychological signs, psychopathology, or overall personality (Stunkard & Sobal, 1995). However, studies do indicate that subgroups within the obese population, such as obese individuals presenting for clinical weight-loss treatment and obese binge-eaters, show elevated
psychopathology (Black et al., 1992; Telch & Agras, 1994). Individuals who are getting treatment for obesity, reported more distress than those who are not getting treatment (Saunders et al., 2006).

Obesity has conferred significant associations with depressive symptoms for adults (Saunders et al., 2006). Report said that people who were looking for reduction in weight also had problems in psychiatric sickness, particularly major anxiety and dysthymia. Distressing, serious, or unfair interactions with others may report for a pragmatic connection between obesity and bad temper. Obesity is considered one of the most permanent societal stigmas (Goldsmith et al., 1992). Obese people are extremely vulnerable in groups (Cahnman, 1968) and individual level (Carr & Friedman, 2006) discrimination, mockery (Brownell et al., 2003) and challenging associations with family members. Both actual and supposed ill-treatment is linked with poor self-esteem and sensitive depressive signs (Jackson et al., 2000).

Present study defines that environmental factors and eating behaviors cause the prevalence of obesity.
Environmental Factors
Brantley et al. (2005) discussed the impact of environmental factors on obesity. According to them, obesity is raised due to fast foods, foods that enrich fats, high energy drinks, junk foods, and more television watching. Foods contain high calories, high fats, unhygienic foods, and inexpensive foods contain obesity. People take more rich energy foods but their physical activities are rare, which causes gain of weight. Environmental issues make stress in life due to which people less concentrate on physical activities and more gain of weight. Tension is today’s life is very common which is caused by environmental issues and there are less physical activities and more food intake. There are rare physical activities due to non-availability of play grounds and parks, obesity raises (Hill & Peters, 1998).

Eating Behaviors
Some people skip one time meal which ultimately harms their health as they perceive weight loss by skipping meals but they eat more food at the end and get obesity (Calle et al., 2003). Roseann et al. (2012) discussed that Binge eating disorder (BED), and obesity has significant relation. Harmful dietary habits, frequent carving, eating junk foods are major factors that cause obesity. This study found that overweight women that have BED signs are more depressed and patients of stress and anxiety. Binge eating, carving, junk foods intake and less physical exercise are the factors that cause obesity which at the end create many physical and psychological problems (Hollingworth et al., 2010).

Hypotheses
According to the previous studies and literature findings related to obesity, physical illness and psychological distress following hypothesis have been developed:
H1: Obesity has significant impact on Psychological Distress.
H2: Psychological Distress is prevalent in obese people.

RESEARCH METHODOLOGY
Overview
This chapter explains the research strategy and design that was employed for carrying out the study. Source of data and strategies to collect data will also be discussed. This study also explains research approach, research instrument and research type then discuss focus population, sample and sampling technique.
Purpose of this study is descriptive and it is quantitative in nature. A specialized instrument has been chosen to conduct this study for perfection, validation and authentication. Survey method has been adopted for this research. For this purpose, a survey instrument has been designed to examine the effect of obesity on psychological distress.
The organizational settings of the current research were provided by air force officers. All male air force officers were part of this study. The respondents gave their personal details and opinions about distress and anxiety. Due to the security issues in Pakistan, it was difficult to approach to Pak army so sample selected was not large.
Test Instrument
As the design of the study included the data collection through survey so questionnaire was used as the tool of the data collection. Different ways of distribution of the questionnaire were used to collect the responses i.e. personal visits, telephonic conversations, contacts, etc. The questionnaire used in this study consists of two sections. The first section composed of 9 questions which can be termed as demographic variables. This section examined age, number of siblings, qualification, religion, marital, number of children, monthly income. Then respondents asked about their weight history which includes: current weight, current height, BMI. Respondents were also asked about their physical or psychological illness and the treatment they were having. Second section measured Obesity and Psychological distress. Obesity is measured by two dimensions: Environmental Issues and Eating Behaviors. Respondents need to give answers in YES or NO. 10 questions were asked about Psychological distress and the information was collected through on a 5 point likert scale "none of the time (1), a little of the time (2), some of the time (3), most of the time (4), all of the time (5)". Respondents were only needed to tick the option of their choice.

Measurement
The scale used in the current research was adopted from different researches. The scale of psychological distress was adopted from “Kessler Psychological Distress Scale (K10)” (Kessler et al., 2002). That includes items “During the last 30 days, about how often did you feel tired out for no good reason?”, “During the last 30 days, about how often did you feel depressed?” and “During the last 30 days, about how often did you feel worthless?”. These questions needed the response of respondents over the last one month.
Obesity was measured by subscales Environmental Issues and Eating Behaviors. Environmental Issues measured by: occupation-related eating issues, travel, household issues, shopping, financial issues, eating away home (Hill & Peters, 1998). While Eating Behaviors measured by: binge eating, bulimia (Roseann et al., 2012), emotional eating, frequent craving (Kolotkin et al., 2002) lack of awareness of hunger, lack of awareness of fullness.

Population and Sample
The population of the current research was the air force officers who have M.Sc and B.Sc qualifications.
For the true representation of the population and maintain the validity of the research, a total sample size selected for this research was 200 working professionals. Although a sample of 160-170 was enough to represent the population as 100% respondent does not return complete questionnaires or even does not return the questionnaire so in order to cover this margin, 200 questionnaires were sent to air force officers. For collection of data, different possible ways were used to collect the data like personal visits to air base, also used social network and through email as well. A total of 187 questionnaires were returned and having a response rate of 97%. Questionnaires with incomplete information were discarded which in return provided 187 useable responses.
Sampling Technique
As the target sample consists of air force officers with feeling of psychological distress, so a cluster of air force officers from population was taken and purposive sampling technique was applied. The main goal of purposive sampling is to focus on particular characteristics of a population that are of interest, which will best enable researcher to answer the research questions.

Tools Used
SPSS (version 20) was applied to check regression, correlation, t-test, graphs, charts and ratios. Regression analysis is used to check the impact or effect of one variable (independent variable) towards the other variable (dependent variable). That impact can be significant or insignificant. As the hypotheses in current study checked the impact level of independent variables on dependent variable so regression analysis was essential. Regression was necessary because it checks the impact of all independent variables in one table. Pearson Correlation was also applied to investigate the intensity and to analyze the direction of relationship between independent and dependent variables. Researcher applied descriptive statistics analysis (include mean, maximum, minimum, percentages). Single variable t-test was used to check hypothesis about individual variable.

RESULTS

Analysis of Descriptive Data
A total of Two hundred questionnaires were circulated, questionnaires with incomplete information were discarded which in return provided 187 useable responses. Usable questionnaires gave the final response ratio which is 94% (187/200). The selected sample was based on the availability of respondents. Figure 1 shows the age range from 25 to 55 years of air force officers on separate year bases. Maximum numbers of respondents are 21 and 20, having age 33 and 35 years respectively.
Figure 1: Age of Air Force Officers

Figure 2, using pie chart, depicts number of children with their percentage. Air force officers having 1 child are 3%, 57% of air force officers have 2 children, 20% of respondents have 3 children, 18% have 4 children. Whereas, officers having no child are 2%.

Figure 2: Number of Children of Air Force Officers
Figure 3 consists of bar chart showing height (in meters) of air force officers. Maximum number of respondents are 32 having height 1.70 meters.
Figure 4: Weight (In Kilograms) of Air Force Officers

Figure 4 consists of bar chart showing weight (in kg) of air force officers. Maximum numbers of respondents are 23 having weight 90 kg.
Figure 5: Body Mass Index (BMI) of Air Force Officers

Figure 5 consists of bar chart showing Body Mass Index of air force officers. Maximum number of respondents are 18 and 17 having BMI 30.33 and 30.80 respectively. People having BMI between 25.0 to 29.9 considered as overweight and having BMI of 30 or above considered as obese. Figure 5 clearly shows major respondents fall in category of obesity.

Table 1: Descriptive Statistics Showing Minimum, Maximum and Average Values of Weight, Height, BMI

<table>
<thead>
<tr>
<th></th>
<th>Minimum</th>
<th>Maximum</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight</td>
<td>74.00</td>
<td>119.00</td>
<td>85.0267</td>
</tr>
<tr>
<td>Height</td>
<td>1.64</td>
<td>1.86</td>
<td>1.7404</td>
</tr>
<tr>
<td>BMI</td>
<td>25.00</td>
<td>37.35</td>
<td>29.2699</td>
</tr>
</tbody>
</table>
Table 1 gives the descriptive statistics of variables Weight, Height and BMI of airforce officers. The maximum weight is 119 kg and minimum weight is 74 kg whereas average weight is 85 kg which is considered as overweight. Average value of Body mass index (BMI) is 29.26, which is near to upper limit of overweight and close to the category of obesity. Results of table 1, show that respondents are over weighted and have high BMI value.

Table 2: Number of Respondents Having Environmental Factors that Affect Weight

<table>
<thead>
<tr>
<th>ENV1</th>
<th>ENV2</th>
<th>ENV3</th>
<th>ENV4</th>
<th>ENV5</th>
<th>ENV6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respondents</td>
<td>41</td>
<td>42</td>
<td>21</td>
<td>51</td>
<td>5</td>
</tr>
<tr>
<td>Percentage</td>
<td>22%</td>
<td>22%</td>
<td>11%</td>
<td>27%</td>
<td>3%</td>
</tr>
</tbody>
</table>

Table 2 shows the number of respondents who have gain weight due to different environmental issues.

Following environmental issues listed below affect weight:

- ENV1 = Occupation-related eating issues:
- ENV2 = Travel
- ENV3 = Household issues
- ENV4 = Shopping/ junk foods etc
- ENV5 = Financial Issues
- ENV6 = Meals eaten away from home (frequency/location)

According to table 2, maximum number (51) of respondents gain weight due to their eating habits in shopping or in market. People get weight when they take junk and unhygienic food in shopping centers, markets or in parks etc.

These results can also be shown in Figure 6.
Table 3: Number of Respondents Having Eating Behaviors that Cause Change in Weight

<table>
<thead>
<tr>
<th></th>
<th>EB1</th>
<th>EB2</th>
<th>EB3</th>
<th>EB4</th>
<th>EB5</th>
<th>EB6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respondents</td>
<td>41</td>
<td>5</td>
<td>32</td>
<td>81</td>
<td>26</td>
<td>45</td>
</tr>
<tr>
<td>Percentage</td>
<td>22%</td>
<td>3%</td>
<td>17%</td>
<td>43%</td>
<td>14%</td>
<td>24%</td>
</tr>
</tbody>
</table>

Table 3 shows the number of respondents who have gain weight due to different eating behaviors. This study examines different eating behaviors which are listed below:

- EB1 = Binge Eating
- EB2 = Bulimia
- EB3 = Emotional Eating
- EB4 = Frequent Cravings
- EB5 = Lack of Awareness of Hunger
- EB6 = Lack of Awareness of Fullness

Results show that most people gain their weight due to frequent craving (81 respondents). Craving is a habit that causes a large gain of weight. Eating chocolates, or to get to a coffee shop no matter how far it is. Cravings are not quite the same as hunger and in fact they couldn’t
be more different. Hunger is controlled by the stomach, but cravings are controlled by the brain.

Same results discussed in table 3 are also shown by Figure 7 consists of bar chart.

![Bar Chart](image)

**Figure 7: number of respondents having eating behaviors that cause change in weight**

**Correlation Analysis**

Pearson Correlation was tested so that the intensity and direction of the relationship between Independent and Dependent variables could be known. The results of Correlation are given in Table 4.

**Table 4: Correlation Analysis Showing Association among Variables**

<table>
<thead>
<tr>
<th>Psychological Distress</th>
<th>Obesity</th>
<th>0.576**</th>
</tr>
</thead>
</table>

**. Correlation is significant at the 0.01 level (2-tailed),

*. Correlation is significant at the 0.05 level (2-tailed).

Results show that dependent variable (Psychological Distress) has significant positive correlation upto 1% level of significance with Obesity. It means change in both variables is 57% of times due to each other. The impact level is significant between two variables.
Regression Results

According to table 5, the results of regression analysis show that Obesity (hypothesis 1) is a significant contributor in Psychological distress ($\beta = 0.394$, p value = 0.001). As the p-value is less than 0.05 and t-value is more than 2, it means obesity has significant impact on psychological distress. Results of this study confirm the findings of other studies presented before.

Table 5: Regression Analysis Showing Beta & Significance Value

<table>
<thead>
<tr>
<th>Model</th>
<th>Beta</th>
<th>t-value</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obesity</td>
<td>.394</td>
<td>3.332</td>
<td>.001</td>
</tr>
</tbody>
</table>

One Sample t-test

One sample t test is applied to test the significance level of one variable only according to some specific value. As Hypothesis 2 (psychological distress is prevalent in obese people) tests a single statement, one sample t-test will be useful tool.

Table 6: One Sample t-test showing t-test Value and Significance Value

<table>
<thead>
<tr>
<th>t-value</th>
<th>Significance Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychological Distress</td>
<td>32.749 0.000</td>
</tr>
</tbody>
</table>

Result of table 6 shows that psychological distress is common in obese people, as t-value = 32.749 with significance value less than 5%, which confirms hypothesis H2. It indicates that overall obese people are facing stress in everyday life and facing psychological problems. Over their life is going through with other adverse mental and physical health conditions.

DISCUSSION AND CONCLUSION

Major Findings

Distress causes many other mental health problems such as depression and anxiety, and it is also linked with chronic and harsh physical illness (Kessler et al., 2002).

After making a deep study and getting results from survey, it is concluded that getting weight cause many physical and psychological problems. Obesity has a significant impact on psychological distress. Many psychological problems generated from obesity. Table 4 shows significant correlation level between obesity and psychological distress. Both variables are making influence on each other.

Moreover, table 5 confirms that obesity has a significant impact on psychological distress. Regression relationship is strong between obesity and psychological distress, which confirms
hypothesis 1 of this study. Caron and Liu (2011), also support the results presented in this study. Result of table 6 shows that psychological distress is prevailing in obese people, which confirms the hypothesis 2 of this study. Obese people have increasing psychological problems which also affect them mentally and physically. So both hypothesis of this study are verified.

Anxiety, depression, mental illness can be the shapes of distress and they cause social isolation. There is anxiety prevailing in Air force officers who are getting weight. Present study emphasize on reducing weight because obesity is very dangerous phenomenon for mental and physical illness.

Current study focus the prevalence of obesity is due to environmental factors and eating behaviors. Table 2 and table 3 elaborate the environmental factors and the response ratio. Eating lot of junk food in shopping is a major factor in obesity. Unhygienic food in public places can harm health and cause increase in weight. Meals eaten away from home also cause obesity. Many people doing job morning till evening and take lunch in offices or in hotels. That unhygienic food harms health physically and mentally. Frequent craving is also a major contributor in obesity as eating junk and frequent requirement of food is not a good habit.

Recommendations
The present study confers some valuable implications for decision makers in various fields. Obesity causes lot of physical and mental problems. Suffering, tension and anxiety caused by psychological distress and this study confer that obesity is the major contributor in psychological distress. Need of the hour is to take control on weight and for this, avoidance of junk and unhygienic food from hotels is necessary. Once person gain weight, socially he/she can face much criticism which harm mentally.

Limitations of Research
The current study has several limitations. A potential limitation to this research is the gender. This study only focuses on male respondents of air force officers. Female respondents should be included which will significant contributors. The other one is, it couldn’t consider the control variables. More demographic variables can be part of this research.

Future Research
In future, longitudinal study can also be carried out. As the results of this study are quite encouraging but it should be generalized to other areas of society. Variables of this study can be tested on different respondents belong to hospitals, education, banking, IT and corporate sector.

The questionnaire was used as the tool to collect data. Taking into account the inherent flow of a questionnaire survey, observational studies are also necessary to replicate the present study and verify the results obtained there from.
REFERENCES


