

Impact of Media on Development of Eating Disorders in Young Females of Pakistan

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Abstract

This study examines the impact of media on development of eating disorders in young females of Pakistan by analyzing eating disorder, weight-related issues and critically evaluating the factors, which lead to the eating disorder in females. Based on study, it is suggested that the occurrence of eating disorders and the number of young females who employ weight loss endeavors are increasing at an alarming rate. Efforts directed toward the impediment of eating disorders are needed to invalidate this tendency. Suggestions for future research include standardization of procedure. An empirical base to support the use of proposed factors; more sustained, stepwise research analyzing the eating disorder in females and rigorous programs that have sufficiently large sample sizes and lengthy follow-up periods to detect effects, will be more informative. Recommendations are proposed for health care providers and marketers to help prevent both chubbiness and eating disorders among young females. These recommendations put great emphasis on the importance of helping young females and their families, for a sustained behavioral change.

Keywords: Eating disorders, Young females, Pakistan, Adolescence, Media, Attitude

"We have the memory of yesterday. We have the reality of today and we hold the hope of tomorrow." Sudanese Dinka Elder, Jacksonville, Florida

1. Introduction

This paper reviews some of the evidence regarding the influence of the media on the development of an adolescent's self-perception, body image, weight concerns and weight control practices. In addition, we also

examined how the television advertising is influencing the eating disorders in young females of Pakistan. The importance the media place on the thin and smart ideal body figure may be responsible for body size overestimations that females make. Favorite body image commercials / advertisements lowered body size overestimations and female's depression levels as well. Television is one of the strongest medium of advertisement, due to its mass reach; it can influence not only the individual's attitude, behavior, life style, exposure and in the long run even the culture of the country (Latif and Abideen, 2011). Now a day, most of TV programs, modern print media, and new media itself are presenting luminous images of a consumer culture. Since a couple of years back, television has changed from a single-channeled, largely home-grown, Govt. controlled network to a system offering a lot of new channels, numerous options and unparalleled access to domestic and foreign programs. For over two decades the potential negative influences of television on the health behaviors of both adolescent and adults has been a concern to health providers. Eating disorders once more prevalent in post industrialized and westernized societies now have global distribution. Moreover, population studies demonstrate that transnational migration, modernization, and urbanization are associated with elevated risk of disordered eating among girls and young women (Anderson-Fye and Becker, 2004). The personal effects of the thinness of the ideal body image may be illustrated by the high levels of dieting among women (Garner and Garfinkel, 1980). Almost every one grows up in a today's world flooded with the mass media e.g. television, films, videos, billboards, magazines, movies, music, newspapers, and internet (Brown JD, 2002).

Total population of Pakistan is nearly 172 million (Population Census Organization, Pakistan, 2010). 43.40 percent are children of age group between 11-14 years, 65% of Pakistani households contain one or more adolescents. 23% have children under the age of 10 who will be the next generation of adolescents. Overall, nearly 30% of adolescents in Pakistan have never attended school, though this figure is higher for girls (44%) and rural adolescents (36%). Roughly one third of adolescents report working in either paid or unpaid employment (excluding housework). The majority of adolescent girls engage in housework activities (Office of the Population Association of Pakistan, 2007). The study is of major interest to both marketers and public policy officials. Marketers are keen to know is their advertising effective or not, while policy makers are concerned with protecting the interests of the common customer. This study is particularly important, as there is a lack of empirical evidence on the topic within the context of young females from Asian cultures with special reference to television advertising in Pakistan.

2. Literature Review

The purpose of this literature review is to outline theoretical framework for this study and to present current research on different factors responsible for causing eating disorders, emphasizing the influence of media and fashion images on the development of eating disorders in adolescent girls. A considerable body of research point outs that the prevalence of obesity in adults is increasing and during the past few decades, scholars and clinicians who were initially interested in the study of electronic media effects on mental health have focused their attention to the link between exposure to thin ideal media image and eating disorders (Stice, 1998; Harrison & Cantor, 1997; Levine & Smolak 1996; Stice & Shupak-Neuberg et al., 1994; Stice & Shaw, 1994). Harrison and colleagues (Harrison, 2000; Harrison and Cantor, 1997) also observed the exposure-disorder relationship empirically. Harrison and Cantor (1997) studied the relationship between usage of media by college females and eating-disorder symptomatology and college men's media use and liking of thinness as a personal body ideal. Research also shows that the social cognitive method of modeling was the fundamental mechanism behind the media exposure-eating disorder relationship and predicted that exposure to thinness depicting and promoting media, defined as fitness and fashion magazines and television programs with conspicuously thin female main characters, would predict disordered eating and thinness endorsement more strongly than would overall media exposure (Bandura, 1994).

Harrison and Cantor (1997) found that exposure to thinness portraying and promoting media, especially magazines, showing anorexia, wish for thinness, dissatisfaction with the body, and ineffectiveness in females is rising. They also suggested that exposure to television programs with noticeably fat, main characters predicted dissatisfaction with body. During the past 50 years, content analysis (Wiseman & Gray et al., 1990; Silverstein & Perdue et al., 1986; Garner & Garfinkel et al., 1980) suggests that since the birth of television, female models have become considerably thinner to the extent that presently more than half of them meet the criteria for anorexia. Anne and Debra (2003) have proposed a link between the thin female beauty ideal portrayed in the media with a range of psychological symptomatology including body dissatisfaction and eating disorders. They also reported significant change in weight and size of female models shown throughout the media in western society and the concept of ideal or perfect body.

Over time the cultural ideal for women's body shape and size has considerably changed towards thinner and leaner while the men's body size and shape has become more muscular and stronger (Morris and Katzman, 2003). The changing trend of women's body size and shape is also supported in a study by Katzmarzyk and Davis (2001) who examined changes in the body weight and shape of Playboy centerfolds over two decades from 1978 to 1998. They found a significant decrease in the model's body weights and measurements, with 70% of the women being underweight and more than 75% of the women were less than 85% of their ideal body weight. The research that has focused mainly on adolescent, media and body image (Pinhas & Toner et al., 1999; Tiggemann & Pickering 1996; Meyers & Biocca 1992; Irving, 1990; Freedman 1984; Tan, 1977) examines the problematic effects of exposure to thin ideal media image on young women. Therefore, there is enough evidence to link relationship between thin ideal image portrayed in media and the development of eating disorder in adolescent females.

2.1 Dieting Trends in Western Societies

While there are trends towards increasing obesity levels in western societies e.g. in UK 17 % of men and 20 % of women are, currently obese and over half of the adult population is overweight (British Medical Association, 2000). However, there is little known about how these body image and weight related concerns crop up. Some of these factors / behaviors may be the probable hazard factors for the growth of eating disorders. Some epidemiological studies reveal that the prevalence of eating disorders among adolescent girls has increased over the last fifty years. Now a day, most adolescents are concerned about their weight, shape, size and body image. Research studies have shown that young people frequently report dissatisfaction then others, with adolescent girls experiencing more body dissatisfaction than boys do (Field et al., 1999). Adolescent girls generally want to lose their weight, while adolescent boys want to be bigger and stronger. Female media images and characters function as salient and ubiquitous cues for appearance norms and prescriptions, and provide a compelling social context in which girls and women may evaluate their own bodies. Numerous studies – experimental (Groesz et al., 2002), correlational (Shroff & Thompson, 2006) and longitudinal (Dohnt & Tiggemann, 2006) have found that increased exposure to idealized images of attractiveness in entertainment media corresponds to increased body image concerns and eating disorder symptoms among girls and women. The issue of overweight and obesity is significant for most countries in the world. It is a matter with a strong negative impact, resulting in both physical and mental illnesses. According to World Health Organization (2011), At least 2.8 million adults die each year because of being overweight or obese. In addition, 44% of the diabetes burden, 23% of the ischaemic heart disease burden and between 7% and 41% of certain cancer burdens are attributable to overweight and obesity.

Figure 1 show the percentage of obese population aged 15 and above in different countries, in UK 22.4 % of the total population is obese while in United States 30.6 % of the population is obese, which is a much higher percentage. This can be the reason that the people in United States are much more weight conscious as compared to other countries. The main reasons for this increased obesity are excessive consumption of more energy-dense, nutrient-poor foods with high levels of sugar and saturated fats, combined with reduced physical activity. The most popular way to solve the problem is by dieting, but popularity does not always mean effectiveness. Among the cultural trends that have been linked to the development of the thin ideal are health consciousness and fears about obesity, a move by the social elite to separate themselves from the newly well-fed masses and the changing social roles of women (Fay and Price, 1994).

2.2 Dieting and the development of Eating Disorders

Eating disorders are a major public health concern for adolescent girls and young women. Killen and his colleagues reported that 13% of adolescent girls, though not yet diagnosed with full-syndrome eating disorders, engaged in clear anorexic and bulimic behaviors (Killen et al., 1986). The clinical consequences, both physiological and psychological, make all forms of disordered eating an important focus for prevention efforts. Although both men and women are concerned with their bodyweight, several authors have noted that the quest for thin ideal is predominantly a female activity. Its cultural power in wealthy, capitalist societies can be seen in the pervasiveness of dieting and dissatisfaction with body shape among young females. Despite advances in treatment, up to 50% of individuals with eating disorders do not recover fully (Keel and Mitchell, 1997). Therefore, primary prevention programs have not yet yielded strategies for achieving sustained behavioral change in young women that would protect them from an eating disorder. This is undoubtedly tied to the multitiered ways in which the social environment strengthens the values and behaviors that contribute to risk. There has been a great interest in how media imagery may be one means by which sociocultural context brunt risk. While, a more nuanced understanding of the pernicious nature of the impact of media exposure and its integration into adolescent and young adult identity is a critical intermediary step in developing effective therapeutic and preventive strategies for eating disorders across diverse populations. Dieting and exercise are the two major mechanisms by which we try to attain that ever-elusive happiness (Sharma, 1996).

Logically speaking, eating and weight control are much more complex issues than simple dieting can answer. Unfortunately, the overzealous approach to dieting and weight control can lead to eating disorders. In recent years, a tendency to internalize media messages regarding ideals for attractiveness has been suggested as one of the potential mediator between exposure to those messages and the development of eating and shape related disturbances (Heinberg et al., 1999). Hesse-Biber (1996) discusses the impact of the new weight consciousness on women's early socialization. Family, school and peer group imitate and frequently augment social norms, which often take the form of rewards and punishments to urge women's bodies toward thinness. At adolescence, these dispositions interrelate with simultaneous developmental changes (e.g. weight increase at puberty, and academic stress etc.). Sometimes, a social perspective of messages about the importance of thinness and being smart, the societal support of dieting for weight control and teasing may direct to the development of disordered eating (Levine & Smolak, 1998). Thus, women learn how to have a slim and smart body. Ironically, at a time when women were being told to slim down, there was reported an increase in population weight norms (Garner et al., 1980).

2.3 Types of Eating Disorders

Eating disorders are usually classified into two major types: 1) Anorexia nervosa 2) Bulimia nervosa or binge eating disorder. According to the New Oxford Dictionary of English, Anorexia is defined as "*An emotional disorder characterized by an obsessive desire to lose weight by refusing to eat, and a distorted image of the body*". Similarly, Bulimia is defined as "*An emotional disorder involving the distortion of body image and an obsessive desire to lose weight, in which bouts of extreme overeating are followed by depression and self induced vomiting, purging or fasting*".

2.4 Causes of Eating Disorders

There is no single known cause or specific etiology for the development of eating disorders. The causes of eating disorders are complex and of the long-term nature (Body image health task force, 2010). Eating disorders are multifaceted conditions caused by a combination of biological, socio-cultural, psychological, family and precipitating factors. Dissatisfaction with body image and unhealthy eating behaviors are important issues for adolescent girls. Many young females believe that they are overweight and want to be smart. Biological factors are genetic predispositions that put some people at risk for developing eating disorders. Therefore, the families of the people with eating disorders have higher incidence of these disorders as compared to the general population. There can be genetic predisposition to an imbalance in serotonin level (a neurotransmitter involved in mood and brain function) or an imbalance in serotonin level that is brought about by severe weight loss, over exercise, fasting and vomiting. Another biological factor that can lead to eating disorder can be the reduced blood flow to temporal lobe of the brain. Psychological factors can be classified into individual and interpersonal factors. Individual factors that can cause eating disorders include low self-esteem, anxiety, depression and feelings of lack of control.

Certain personality traits like: perfectionism, obsessiveness, approval-seeking, withdrawal, irritability, fear of becoming fat and black-or-white (all-or-nothing) thinking are also associated with eating disorders. While the interpersonal factors responsible for triggering eating disorders can be troubled personal or family relationships, difficulty expressing feelings and history of being teased because of increased weight. Family factors also plays an important role in causation of eating disorders, which can be lack of emotional bonding and poor communication within the family, sexual or physical abuse, family values that amplify the importance of appearance, dysfunctional body image and dieting behavior of parents and lack of focus on the importance of family life. The primary socio-cultural factor that can cause eating disorder is cultural focus on appearance and the cultural pressure to be thin and beautiful. These factors are getting significant attention especially in the media. Cultural factors are setting standards and ideals of beauty and thinness that are difficult, if not impossible to attain (body image health task force, 2010). The media present the image of ideal woman as ultra thin, and women respond by following that vision.

However, eating disorders have been around for centuries, so the cultural ideal of thinness is not the only contributing factor to anorexia. Precipitating factors can act as triggers for developing eating disorders; these can be critical transitions, early life trauma or a major life crisis such as loss of family member or friend, starting a new job or school and moving to a new house. Frequent dieting and weight loss can be a precipitating factor as well. Finally stress without adequate coping strategies and treatment can intensify the impact of above-mentioned factors (Segal et al., 2007).

2.5 Impact of Media Images

Media exposure has also been implicated in enhancing risk for the development of an eating disorder, although this has received less attention in the pediatric and public health literature. Much of the literature and theory on

how cultural context promotes risk for disordered eating and poor body image has emphasized how social pressures to be thin (generated and sustained in large part via media imagery) are internalized and thereby contribute to body dissatisfaction and, ultimately, disordered eating in vulnerable individuals (Garner et al., 1980; Striegel-Moore et al., 1986). One of the ways by which exposure to idealized images has an impact on body image is inspiring through social comparison (Festinger, 1954) and body dissatisfaction (Heinberg and Thompson, 1992). Eating disorders theorists and feminist scholars have long indicated fashion magazines, movies, television, and advertising for their advocacy of disordered eating (Levin & Smolak, 1998). Freedman (1986) explains that the impact of today's print visual media is different from the effect of the visual arts of the past. Print and electronic media images blur the boundaries between a fictionalized ideal and reality, and often the subtlety, if not the overt, message is that one need only comply with provided guidelines to achieve that ideal. Photographic techniques such as airbrushing, soft-focus cameras, composite figures, editing, and filters may blur the realistic nature of media images but also create realistic representations of actual people, rather than carefully manipulating the artificial images (Stormer & Thompson, 1998).

Somewhat ironically, the mass media may also provide one of the most successful venues for primary prevention of eating disorders although currently this potential is almost entirely unrealized (Levine & Smolak, 1998). The media has an important function in our life and its role is increasing day by day. Statistics suggest that on average an adolescent watches up to 5 hours of television per day and spends about 6 to 7 hours viewing the various media combined (Brown & Witherspoon, 2002). Each form of media serves a different purpose and it seeks to inform us, convince us, entertain us, and change us. The media also search for to engage large group of people so that advertisers can sell their products or services by making them more attractive. The ways in which information passes to us has changed now and the messages communicated to us by the media has become much more sophisticated (Jade, 2002). Television may have a powerful influence, and in the average home, it remains on for more than 7 hours per day (Harris, 1994). The vast majority of female television characters are thinner than the average American females, with less than 10% of women appearing on television being overweight (Heinberg, 1996).

These trends may be even more typical in television programs favored by young females and adolescents. Smolak (1995) demonstrated that middle school aged girls' favorite television characters were rated as much thinner than the average females did. The argument that whether media shapes society or it merely reflects the current trends remains persistently under discussion. Katzmarzyk and Davis (2001) concluded in their study in which they observed changes in the body weight and shape of playboy centerfolds over two decades (1978-1998). They analyzed that there was a considerable decrease in the body weights and measurements of the models, with 70% of the females being underweight and more than 75% of the females were less than 85% of their ideal body weight. Furthermore, similar study examining the male centerfold models of playgirl magazine from 1973 to 1997 also revealed that male models over time had also become more muscular (Leit et al., 2001).

Media in a compelling manner promotes food, which is high in fat and calories. Consequently, people are putting on more weight and the gap between the normal and ideal body weight increases further, giving rise to anxiety. So, in order to reduce this anxiety people try to reduce their weight and the preferred method is to go on a diet, this is a vicious circle leading people to a disturbed relationship with food (Jade, 2002).

Analysis of 25 studies involving female adolescents, observed the effects of exposure to thin ideal body images of media found that body image was considerably more negative after viewing thin media images as compared to images of average size or plus size models. This effect was significantly stronger in female adolescents (Groesz & Levine, 2002). In a study, Tiggemann et al., (2000) observed the body concerns in adolescent girls in an attempt to recognize the underlying motivations for their wish to be thin. It was concluded that the factor, which apply strongest pressure to be thin, was the media. According to another study, 44% of adolescent girls believed they were overweight and 60% were actively trying to lose weight although majority of these girls were within normal weight range (Ozer & Brindis et al., 1998).

It is suggested that women who are dissatisfied with their bodies are more likely than body satisfied women to make deflating upward comparisons between themselves and physically attractive targets (Trampe et al., 2007). In addition, female media characters are often explicitly designated as cultural icons of attractiveness on the covers of entertainment and fashion magazines, which may encourage the kinds of social comparison processes that characterize body surveillance tendencies.

3. Theoretical Framework

Today adolescents are much more concerned about their weight, shape, body image and as a result diet to lose weight, which can lead to the development of eating disorder. **Figure 2** an adaptation of Stewart's (1998)

framework, which outlines different factors and triggers affecting adolescent girls in the development of eating disorders. Dieting is closely linked to the commencement of eating disorders and might be a necessary but not sufficient condition for their development, as various other factors also contribute for eating disorder. Some other factors interact with dieting-induced mechanisms to cause eating disorders. These factors as illustrated in the model, includes developmental challenges in adolescence, cultural pressures, individual and family factors, stress, feelings of loss of control and low self esteem, compelling the adolescents to diet which in turn can lead to eating disorders. We used this model as the foundation to investigate the role of each factor in causation of eating disorders in adolescent girls, as all of these have a major influence on young females to diet, which later on can be the reason to develop eating disorders.

3.1 Developmental Challenges in Adolescence

Discontent with the body image and unhealthy eating behaviours are important issues for adolescent girls. The utmost risk of development of eating disorder can be adults, because the physical and psychological challenges converge at this time. Study carried out by Marchi and Cohen (1990) suggests that shape and weight worry is unusual in young children, 800 children were followed up in this study at three time points and they suggested that development of such concerns through childhood, later adolescence become common, particularly in girls. Cooper & Goodyer (1997) showed how more strictly defined weight and eating concerns rises in early adolescence and report prevalence in a community sample of age 11-12 years 14.5% , 13-14 years 14.9% and aged 15-16 years 18.9% in girls. Therefore, the evidence for raise in these anxieties with age is compelling. Eating disorders are a major public health concern for adolescent girls and young women.

According to Furnham et al., (1997) during different programmes specifically scheduled for children more than two consecutive weekends, 37% of the advertisements on TV channels in the USA and 49% on the UK TV channels were for food items, this shows how children who later on will be adult face bombardment of food advertisements. Estimates are that 0.5-1% of adolescent girls, diagnosed with anorexia nervosa (Lucas, Beard, O'Fallon, & Kurland, 1991) and 1-3% of adolescent and young adult women are diagnosed with bulimia nervosa (Fairburn & Beglin, 1990). Even though the total rates of clinically diagnosable eating disorders are not irresistible (0.05-1%), a larger percentage of young women are connected in dieting, pathological eating manners, and a variety of other methods of riddance from overweight (Drewnowski et al., 1994). Adolescence, in which a number of physical changes occur is a complex stage of development e.g. the changes in body shape and psychosocial challenges like developing relationships, pressures at school are occurring simultaneously. Therefore, the tasks and the demands of meeting adolescence will be hard for adolescence and may have an important impact on their self-confidence and self-esteem. While control of eating and dietary control is worth in every culture, weight realization may be a non-specific reaction to the irresistible demands of puberty (Gowers and Shore, 2001).

Weight gain in most of the boys can be seen in the form of an enlargement in their muscle tissues, as compared to girls, where physical changes due to teenage entail noteworthy deposition of fat contained by the body (Tanner, 1989). Now, the ratio of physical growth and development in the teenage period is at unusual rate. A research study shows mean of boys' weight increases from 40.5 kg at the age of 13 years to 56 kg at the age of 15 years, which shows a growth rate of almost 38% in the period of just 2 years. While we compare the mean scores of boys to girls, we find that their growth rate is on an average from 34 kg at the age of 11 to 47.5 kg by the age of 13 years, which shows an increase rate of 40% through their earlier 2 years of highest growth (Tanner & Whitehouse, 1975). It was also found that the mean proportion of fat contained by the body of females subject to change from 8% in middle childhood to 22% after their teenage (Tanner, 1989).

It can be assumed that there is relationship between obesity level in childhood and obesity level in early teenage years due to some psychosocial factors. This view is supported by the research of Brooks-Gunn & Warren (1985) in which girls with late maturity age have lower rates of eating disorder and they are usually more satisfied with their body than their peers. De Castro & Goldstein (1995) compared the eating behavior and attitudes of girls after their puberty and before teenage, they found that the latter had considerably greater body dissatisfaction and negative body image, but demonstrated the complexity in sorting out attitude from behavior. It can be concluded from above discussion that adolescents are more concerned about their weight and shape which unfortunately leads to dissatisfaction with their body image and unhealthy eating behaviors.

3.2 Cultural Pressures

Eating disorders appear to become more frequent among younger females during the latter half of the 20th century as compared to the other age groups. Eating disorders are more common in western cultures as compared to other cultures. Furthermore, people who have migrated from non-western culture to western culture are more

likely to suffer from these disorders than those who have not emigrated. This implies that cultural factors especially the pressure on young girls to be slim may be contributing to anorexia and bulimia. Eating disorder literature has given significant importance to the impact that cultural norms and expectation have on the value of beauty and attractiveness (Striegel-Moore & Smolak, 2000). This emphasis is especially vital for women whose success, beauty and acceptance are evaluated on the thinness of their physical structure (Sandbek, 1993). The importance that culture emphasizes on body image and thinness has also been widely accepted by the researchers as playing a role in the development of eating disorders (Kuba & Harris, 2001; Mukai & Kambara et al., 1998).

Different cultures have different standards of beauty and slimness. According to Malloy and Herzberger (1998), most of the women are dissatisfied with their bodies and have a negative body image due to their perception of the cultural standard, their opinion of whether or not they meet this standard, and the opinions of other members of that culture. Because of the messages received from external sources (i.e., friends, family, and society), an individual's body image is greatly influenced and may become faulty (Stanford & McCabe, 2002). It has been exposed that members of certain professional groups, such as dancers, models and other athletes, have a higher prevalence of eating disorders than those whose work or interests are not related to appearance or body weight (Abraham, 1996).

Concerns with body image and weight dissatisfaction have focused much of the research on eating disorders (Stanford & McCabe, 2002; Striegel-Moore & Smolak, 2000; Miller & Gleaves et al., 2000). Meanwhile other researchers have suggested that the more complex relationship between perceptions of self and those of the other sex add to increased body dissatisfaction and risk for eating disorders (Gleaves & Cepeda-Benito et al., 2000; Stanford & McCabe, 2002). The facts suggest that cultural beliefs and attitudes about body image can also play an important role in the development of eating disorders (Miller & Pumariega, 2001; Miller & Gleaves et al., 2000; Root, 2001).

Individuals on a daily basis are constantly targeted with images of thin, flawless and beautiful bodies that serve as the standard by which they are measured. Failure to achieve this set standard often causes many young women to be more concerned, even obsessed, with their own body image (King, 1994). These women while struggling to achieve the ideal image also, gives strong significance to the physical appearance, which is associated with self-reports of numerous eating disorder symptoms (Hart & Kenny, 1997). They face an internal conflict of being a competitive, hard-working achiever while at the same time has to fulfill the more traditional feminine role concerning men and family, which becomes difficult to cope with. Therefore, these women often develop eating disorders due to the intense pressure to achieve (Root, 2001) along with an attempt to strive toward perfection.

In distinction to societies in which rank or position is overtly ascribed, the unrestricted license to create and/or remake the self is especially appealing within the American frame of opportunity and achievement. As Prince (1985) defines a culture-bound disorder as "*A group of signs and symptoms but excluding notions of basis which is confined to a limited number of cultures mostly by reason of assurance of their psychosocial features*" (p. 201). Sometimes disorder may be attributed to many factors that are social in nature (the phase of the disorder that is bound culturally) in spite of having existence in diverse cultural frameworks. When perfection seems unattainable in family, social or academic settings, these women often try to gain control of their lives through diet and exercise (King, 1994). Overall, women who are living in a culture that values thinness as the ideal are at greater risk for developing negative body images and eating disorders (Rosen, 1990). Thus, it can be hypothesized that cultural factor also be the reason to those images of beauty that are not attainable and generates pressure to meet impossible standards.

3.3 Family and Individual Factors

Adolescent females with a family history of depression, eating disorder, obesity and alcoholism are more prone to develop eating disorders as compared to the females with negative family history. Family attitudes and beliefs also play a significant role in influencing the eating behaviors and weight concerns in adolescents. Hill and Franklin (1998) suggested that parent's over concern with dieting behavior and weight may be adopted by their daughters. They emphasized that mothers have a significant responsibility in the communication of cultural values regarding appearance shape and weight. They have supported the research of Pike & Rodin (1991) by reporting that mothers of symptomatic adolescents have higher levels of disordered eating. Furthermore, Hill and Franklin (1998) stresses that research into parental weight concern promotion rarely looks beyond behavior and maternal attitudes. They argued that this could be due to the presumed central role of mothers who gives considerable importance to gender-stereotyped nature of dieting and thinness.

Smolak and Levine et al., (1999) have pointed the significant contribution of parent's direct comments about

their child's eating behavior and weight on children's weight concerns and dieting. They concluded that direct comments especially by mothers are more influential than modeling of behavior about weight concerns. Consequently, daughters' weight consciousness was related both to mothers concern about their daughter's weight and with their own weight as well. Furthermore, daughters' concerns are also related to fathers concern about their own weight. According to Striegel-Moore and Kearney-Cooke (1994), parents are satisfied with their children's appearance generally, but as the child's age increase, their negative comments increase. In support of this statement, Agras and hammer et al., (1999) suggested that mothers might be less concerned about their sons weight than their daughters, especially when the mother herself is suffering from eating disorder. Mothers with daughters having eating disorder are found to have high rates of disordered eating attitudes themselves.

These findings are consistent with the idea that maternal attitudes play a part in the process of the child acquiring this psychopathology of eating disorder. Stein (1995) figured out that parents and siblings attitude towards their own body shape and weight may influence children in two ways. First, children compare themselves with elder siblings and same sex parent. Secondly, parents with eating disorders may influence their children through their attitudes to the shape, children's weight and eating behavior. Agras et al., (1999) in a study of 153 without a history of eating disorder and 41 mothers with eating disorders, found out that food used as reward and behavioral control was more by the former. Still, the mothers with eating disorders from very early age are more concerned about their daughter's weight Mothers with bulimia show excessive concerns about their daughter's weight and shape (Stein & Fairbum, 1989). Parental obesity on some occasions has also been suggested to provide the motivation for adolescent to diet (Crisp & Harding, 1974).

Contrary to the parent modeling the dieting behavior, in some circumstances the daughter has been seen as providing a model for winning weight self-control for the parent (Weaver & Gowers, 1994). Adolescent's attachment with the family also plays an important role in determining the weight, shape and eating behaviors. *Psychological factors*, which play an important role in this regard, can be classified into individual and interpersonal factors. *Individual factors* that can cause eating disorders include low self-esteem, anxiety, depression and feelings of lack of control. Certain personality traits like: perfectionism, obsessiveness, approval-seeking, withdrawal, irritability, fear of becoming fat and black-or-white thinking are also associated with eating disorders. While the *interpersonal factors* responsible for triggering eating disorders can be troubled personal or family relationships, difficulty in expressing feelings and history of being teased because of increased weight (Segal et al., 2007).

3.4 Stress and Low Self Esteem

The etiology of eating disorders is multifactorial i.e. multiple factors including the psychological ones, plays significant role in the onset and development of an eating disorder. Stress has a strong influence in triggering the onset of eating disorders in adolescents. Primary prevention, which looks for putting a stop to the commencement of a disorder, works by stressing that the behavior is abnormal and can have calamitous outcomes. On the contrary, secondary prevention, that is directed toward early diagnosis and healing for those found in the initial stages of an eating disorder, pushes individuals to look for help by signifying that eating disorders are well treatable and a next step on the continuum of disordered eating. It is considered an important sign of eating disorders. Dubnov and Berry (2005) in the book "*Nutrients, Stress and Medical Disorders*" emphasized the role of mental stress in the pathogenesis of eating disorders. They argued that the center of appetite regulation is in close proximity to areas in brain that control the stress response, so the connection between feeding regulation and stress is not by chance. Previous research on stress and eating disorders mainly focused on clinical population. Strober (1984) conducted interviews on a clinical sample to collect information on the life events experienced during 18 months prior to the onset of eating disorders. He found that subjects with purging types of anorexia had considerably more events than those with restricting types.

Horesh et al., (1995) based their results on two case control studies on adolescents hospitalized for anorexia, while control groups were adolescents admitted for other psychiatric disorders and healthy adolescents. They suggested that family stress plays significant role in the etiology of eating disorders. Gowers et al., (1996) studied a sample of adolescents with anorexia nervosa to evaluate stress in the year before the onset of eating disorder, compared with control group having other psychiatric illness and another of healthy controls. It was found that there were no significant differences among the groups, but when extremely negative events were considered, there was a trend towards significance. In another study (Welch et al., 1997), the relationship between stress and bulimia nervosa was evaluated. It was concluded that as compared to the control group, the sample group had higher life events rate like disruption of family or social relationships or threat to physical safety.

Rosen et al., (1997) in yet another study analyzed the relationship between stress and eating symptoms through questionnaires. They proposed a reciprocal interaction between stress and food related symptoms, in which recent stress was associated with changes in eating behaviors, furthermore eating symptoms also predicted the incidence of stress. Finally, it is plausible that other variables such as Body Mass Index (BMI) and self-esteem might contribute to Body Surveillance and Body Shame. Research has found that low self-esteem is associated with body dissatisfaction (Shea & Pritchard, 2007). Similarly, increased BMI has also been found to predict increased body image concerns among college-aged women (Frederick et al., 2007).

Johnson et al., (2002) analyzed the relationship between depressive disorders and the onset of eating disorders in a random community sample of adolescents and found positive association between these two. Horesh et al., (1996) also observed that the relationships with parents and friends were the most common problem associated with severe anorexia nervosa. In a study (Rojo & Conesa et al., 2006) while evaluating the role of stress as a precipitating cause of eating disorder, they found that chronic and severe stress is associated with the development of eating disorder. Self-esteem is a dynamic construct, which is influenced by a variety of factors such as childhood and adolescent experiences, parenting, personality and body image. It seems logical that any effect or negative thinking may influence on body image that ultimately affect self-esteem, thus promoting the risk of developing an eating disorder as the females try to control their bodyweight in order to feel acceptable in the society. In this regard, the media may contribute to low self-esteem by promoting thin ideal body images as a way to gain respect, acceptance and love (Jade, 2002).

Self-esteem can be described as the extent to which a person values and respects oneself, and is proud of the accomplishments. Self-esteem begins to develop in childhood, but it starts getting mature during the turbulent years of adolescence. In one way, teenage years are considered crucial “make it or break it” period regarding self-esteem, as it is this time when teenagers are searching for an identity. If this process goes bad, then the teen may develop negative feelings about the self, which can lead to low self-esteem. Some of the self-concept traits that are typical of low self-esteem include negative mood, poor body image, insecurity, depression, social and personal withdrawal, and unrealistically high aspirations (Steinhausen 1993). All of these traits are found consistently in patients with eating disorders. Patients with eating disorders also demonstrate certain other traits of low self-esteem, like excessive concern with their weight and shape, overall self-image and problems with their self-control and discipline (Button, 1997).

Leon et al., (1993) identified personality and behavioral risk factors related to the development of eating disorders with seventh to tenth grade girls. In their study of 937 adolescent females, they found that both negative emotionality (defined as high reactivity to stress) and the inability to label emotions predicted eating-disorder risk. Furthermore, there may be a serious unpleasant impact on mental and physical health, potentially resulting in risk-taking behavior (Klein et al., 1993) and eating disorder symptoms. Although behavioral risk factors such as low self-esteem, perfectionism, stress reactivity, and other non-symptom-related psychological variables have been implicated in the development of eating disorders, few programs have created any curriculum to address these topics. Thus, it can be concluded that low self-esteem plays significant role in many multifactorial theories of the etiology of eating disorders.

4. Current Scenario of Eating Disorders in Pakistan

The country like Pakistan where a lot of problems and issues related to health, need attention and despite the poverty and malnutrition, surprisingly many females are obsessed with the way they look, sometimes leading to eating disorders such as anorexia and bulimia. Most of the females are concerned with the body image, which ultimately leads to the eating disorders in them. In a newspaper article (Daily Times, 2007) Dr. Mushtaq A Khan, a dietician and children’s specialist, explained, *“This problem is increasing and is only common in the upper crust of society. Many teenage girls these days are more conscious of their figures and they are trying to copy the women they see in the West through the different media vehicles”*. He also added, *“Keeping that in view, girls get obsessed with the way they look; most eating disorders for girls under the age of 12 are related to problems of malnourishment. However, bulimia and anorexia develop in the teenage years, he said. Both conditions are a result of a refusal to maintain normal body weight in an attempt to be thin”*. Currently major segment consists of females comprising Pakistan’s upper middle class society; these are more prone to eating disorders in an attempt to look thin as compared to any other segment of the society. Those obsessed with losing weight are ones, who want to look like super models such as Cindy Crawford and Claudia Schiffer.

The consequences were a very low appetite, vomiting, feeling tired and not performing well in daily duties. In Pakistan, the problem is increasing due to influences from Western society. Traditionally, in the Pakistani society, a woman who was fat with a pudgy tummy was seen as being authoritative. She would come from a

better off family and carried a certain cloud of prestige over her but such attitudes had now drastically changed. In a country where people are dying from malnutrition every day, and the government cannot afford to provide its citizens with primary health care, Mr. Khan said he thought it was ironic that such a problem existed in Pakistan. Another common cause of eating disorders in the upper echelons of society could stem from force-feeding. Disordered eating approaches, feelings of disquiet and depression were sturdily related only in the Caucasian women and not in the Asians. Therefore feelings about eating, weight shape and mood may be subject to ethnic differences.

Mumford et al., (1992) surveyed 369 Asian schoolgirls at three English-medium schools in Lahore, Pakistan. Even though the well off background of these girls prevented direct comparison with the sample in Mumford et al., (1991) earlier study, but the high standard of English enabled the use of the same instruments and methodology (EAT-26 and BSQ) without the need for translation. In the later sample, 10.3 per cent of girls attained above the EAT (eating attitude test) cut-off point, and 11.4 per cent scored over the BSQ (body shape questionnaire) cut-off point. There were no significant differences between this sample in Pakistan and the Asian and Caucasian samples in Bradford. Interviews with girls who scored highly on either scale exposed one case of bulimia nervosa and five cases of “partial syndrome” bulimia nervosa. There were no girls who were suffering from anorexia nervosa. The prevalence ratio of 1.6 per cent for all eating disorders is within the range of previous surveys of English schoolgirls. *“In many cases, the child does not eat because he or she is being forced to eat, and the mother is pushing them to eat and eat – and pushing to the extent where the child is psychologically sick and tired of eating and is nauseous and vomits every time a bowl of food is eaten. It is also alarming that eating disorders could be fatal. We have no recorded figures of deaths. However, there may well have been deaths caused by eating disorders in this country”* they added.

5. Rationale of Research

Previous research has suggested that the prevalence of eating disorders among adolescent females has increased during the last 50 years. In today’s world, adolescents are more prone to concerns about their weight, size, shape and body image, therefore, they prefer to diet in order to lose weight (Morris & Katzman, 2003). Many researchers have hypothesized that the media may play fundamental role in creating and escalating the phenomenon of body dissatisfaction and consequently may be partly responsible for the increase in the incidence of eating disorders. This study highlights the multiple causes responsible for eating disorders and evaluates the link between thin female beauty ideal portrayed in the media with weight consciousness and eating disorders in female adolescents.

6. Research Objective(s)

Main purpose of this study is to investigate the impact of media on development of eating disorders in young females of Pakistan.

Specific objectives include:

- 1) To understand whether there is any relationship between dieting and television advertisements.
- 2) To understand whether TV advertisements / shows put emotional pressures of feeling lonely, annoyed about a situation leading to eat, self-starve or restrict, binge and/or purge, and/or compulsive exercise.
- 3) Does exposure to thin-character television programming predict eating-disorder symptomatology, independent of selective exposure based on interest in body improvement television topics?
- 4) Do weight-related messages on TV like thin idealizations and stigmatization of overweight people as well as showing incorrect, contradictory messages of slim actors who eat unhealthily without gaining any weight could cause negative emotions and overeating in persons who are preoccupied with weight?

7. Methodology for the study

The study covers young females between 16-19 years of age. However, to include female into our study, we have put the following qualifying conditions: They should come from a household, which has access to a television set. Stewart Model (1998) provide model explaining the development of eating disorder which include the factors like individual and family risk factor, stress, depression, feeling of loss of control, low self esteem, physiological, social and physical effects, cultural pressure to be thin and beautiful, and sometimes person’s own negative thinking, All of these factors lead to the development of eating disorder.

7.1 Data Collection & Research Instrument

The study is based on primary data, collected through structured questionnaire. The data was collected from females studying at college / university level, belonging to cities Lahore, Islamabad, Rawalpindi and Karachi (cities of Pakistan). Cronbach’s Alpha was applied to test the internal reliability of the instrument. The

instrument contained 45 questions.

7.2 Sample Size

A Convenience Sampling technique was used. Great care has been put to give equal representation to different cities of Pakistan. Sample size is 150. Data was collected from females in age bracket 16-19 years. Out of 150 questionnaires floated, 131 questionnaires (87 % response rate) were finally selected for further analysis.

7.3 Data Analysis Method

Data was entered, edited and analyzed by using the SPSS software. Statistical tools such as Measures of central tendencies, graphs and correlation were applied to analyze the data. The scope of this research is limited to understanding and interpretation of media impact on the development of eating disorder by young females of Pakistan.

8. Data Analysis

8.1 Reliability of instrument

Data was collected using questionnaire; we applied Cronbach's Alpha to check the reliability of the instrument. Cronbach's alpha value is .809, which shows higher reliability of instrument.

8.2 Respondents Profile

Since this research is targeted towards young females of Pakistan. Young females between age of 16 and 19 years are selected in particular. The age group was divided into two groups 16-17 years and 18-19 years. The break-up according to the age is provided in **figure 3**, in order to develop the profile of the respondents regarding time spent on daily activities.

8.3 Time Spent in Home Work and Studying

From the **table no.1**, we can analyze that 7 females (5.3%) spend less than 30 minutes, 21 females (16%) spend 30 min-1 hour, 34 females (26%) spend 1-2 hr, 34 females (26%) spend 2-3 hr, 27 females (20.6%) spend 3-6hr, and remaining 8 females (6.1%) spend less than 6 hr in studying or doing homework. It also reflects that majority of females spend time between 1-3 time on average for studying and homework activities.

8.4 Time Spent in Physical Activities

From the **table no.2**, we can analyze that 52 females (39.7%) spend less than 30 minutes, 29 females (22.1%) spend 30 min-1 hour, 24 females (18.3%) spend 1-2 hours, 9 females (6.9%) spend 2-3 hours, 12 females (9.2%) spend 3-6 hours, 3 females (2.3%) spend more than 6 hours in physical activities, 2 responses (1.5%) were missing here, that were filled by system. Therefore, we can conclude that most of the females spend less than 30 min, in physical activities. This may be one of the reasons for development of eating disorder in them.

8.5 Time Spent on Watching TV

From the **table no.3**, it can be concluded that 15 females (11.5%) spend less than 30 minutes, 15 females (11.5%) spend 30 min-1 hour, 26 females (19.8%) spend 1-2 hours, 38 females (29%) spend 2-3 hours, 19 females (14.5%) spend 3-6 hours, and 18 females (13.7%) spend more than 6 hours in watching television. Therefore, it can be summarized that most of the females spend 2-3 hr on watching TV, a great contrast as compared to time spent on physical activities.

8.6 Time Spent on Reading Newspaper and Magazine

We can observe from **table no. 4** that 73 females (55.7%) spend less than 30 minutes, 33 females (25.2%) spend 30 min-1 hour, 11 females (8.4%) spend 1-2 hours, 7 females (5.3%) spend 2-3 hours, 2 females (1.5%) spend 3-6 hours, 2 females (1.5%) spend more than 6 hours in reading newspaper / magazine, 3 missing value (2.3%) that were filled by system, So, it can be summarized that most of the females spend less than 30 min on reading newspaper and magazine.

8.7 Time Spent on Sleep / Taking Rest

It is depicted in **table no. 5** that 3 females (2.3%) spend less than 30 minutes, 4 females (3.1%) spend 30 min-1 hour, 8 females (6.1%) spend 1-2 hours, 12 females (9.2%) spend 2-3 hours, 40 females (30.5%) spend 3-6 hours, and 64 females (48.9%) spend more than 6 hours in sleep / taking rest. Therefore, it can be summarized that most of the females spend more than 6 hours on sleep / taking rest. That is in great contrast in time context, as compared to all activities given in previous tables.

8.8 Time Spent in Daily Activities

It can be observed from **table no. 6** that 34 females (26%) spend less than 30 minutes, 63 females (48.1%) spend 30 min-1 hour, 21 females (16%) spend 1-2 hours, 8 females (6.1%) spend 2-3 hours, 2 females (1.5%) spend 3-6 hours, and 3 females (2.3%) spend more than 6 hours in doing daily activities. Therefore, it can be summed up that most of the females spend 30 min-1 hour in doing their daily activities. It also reflects that females spend a little time on doing daily activities that also reflects their physical exercise in doing their tasks.

8.9 Perception about TV shows and Advertisement

To better understand the respondent's opinions, they were asked how they perceive the TV shows and advertisement, whether they are always truthful, never truthful and half-truth half lie. Respondents were given three options always truthful, never truthful and thirdly half truth half lie, The response of these questions were collected on the likert scale. Here in **figure no. 4**, we can conclude that lot of the respondents are strongly disagree to believe that most of the TV shows / advertisements are always truth. It means they do not think advertisements as a rational and honest source of precuts.

8.10 TV Shows / Adv. are never Truthful

According to the response received, we can conclude that lot of the respondents are disagree to believe that TV shows / advertisements are never truthful. It means to some respondents, TV shows / advertisements are truthful in some cases, but they are never truthful always which is shown by **figure no. 5**.

8.11 TV Shows / Adv. are Half-truth and Half Lie

In response to question about respondent's opinion that whether they think that TV shows / advertisements are half-truth and half lie. Most of the respondents' view that often some of the statements in advertisements are true, but at the same time they also believe that all are never truth. That is the reason they tended to believe that half of the statements or advertisements are true and half are lie. It is shown by **figure no.6**.

8.12 Correlation Analysis

To find out the answer of first objective, which describes whether there is any relationship between dieting and television advertisements. Correlation analysis done in **table no. 7**, explained that there is relationship between TV advertisements and dieting. We found that there is relationship between females watching dieting tips programs on TV and females preoccupied with dieting and food ($P < 0.05$). Analysis also revealed significant relationship between truthfulness of TV and dieting tips programs. We can assume that females think TV advertisements are true, because they portray dieting tips programs on which they spend less than 20 hours on the average. We also found significant relationship that TV programs are always true.

Our second objective was to find out whether our respondents eat, self-starve or restrict, binge and/or purge, and/or compulsively exercise when they are feeling lonely, badly about themselves or about a situation, or when they feel emotional pressures as response of TV advertisement. Correlation analysis in **table no.8** explained that females get over weight due to the anorexia / bulimia. It reveals there is significant relationship between overweight and anorexia / bulimia ($p < 0.05$). We also found that females hide their feelings while get indulge in physical activities and their physical activity is mainly due to family concerns ($p < 0.05$). Strong correlation found describing relationships among better life with overweight, family concern, and anorexia / bulimia. We can conclude that females think that they will led better life and fulfill family concern better if they are slim, and smart ($p < 0.05$). Females also change their eating habits rapidly if they realized they are getting over weight. Correlation analysis with the value of $P < 0.037$ also supports this statement. Anorexia / bulimia also upset females about their eating habits ($P = 0.00$). We also found that overweight creates depression, to get transform them into their ideal reference groups or celebrities they watch TV programs ($P < 0.12$), but at the same time they also believe that TV advertisements are true to some extent. An interesting finding that females start watching TV when they are upset from eating disorder / habits and think life lack fulfillment just due to their overweight ($P < 0.043$).

Third objective was to find out whether exposure to thin-character television programming predicts eating-disorder symptomatology, independent of selective exposure based on interest in body improvement television topics. On the basis of analysis done in **table no. 9**, we found that females due to family concern think that their life will be better if they are thinner ($P < 0.018$). From this statement, we can analyze that better life lies in the root of thinner body size according to the female perception. It was also confirmed that young females while watching TV shows / advertisements compare themselves with the model presented in the advertisement and try to reshape themselves according to them while in doing all this, they badly effect their eating habits ($P < 0.014$). Correlation analysis also highlights that females also compare and get inspiration not only from

Electronic media advertisements but they also inspire from models appeared in magazines advertising different products or delivering dieting tips or doing health care related programs ($P < 0.044$). Females take interest in reading those magazines which portray females ($P < 0.031$). In this case, they will get to know about the latest fashion, trends, and styles that are 'in' at that time in the market or society. We found that females like to watch those TV advertisements in which there are female models, and anchoring dieting programs ($P < 0.008$) this may be the reason of eating disorder in young females of Pakistan, because media is one of the important mode of communication which not only reveals what is happening in the world, but it also effects the social, cultural, psychological and attitudinal changes in them.

Our fourth objective was to find out do weight-related messages on TV like thin idealizations and stigmatization of overweight people as well as showing incorrect, contradictory messages of slim actors who eat unhealthily without gaining any weight could cause negative emotions and overeating in persons who are preoccupied with weight. We, with the help of correlation analysis **table no. 10 and 11**, found that most of the young females hide their feelings and judge negatively ($P < 0.041$). It also shows how females hide their feelings and do not share them with other at all. An interesting finding from the Pakistani context is that females also vomit to gain control over their weight, they think that vomiting may be a source of slim and smart body.

Therefore, they also rely on vomiting as a weapon to lose weight ($P < 0.035$) here p-value shows significant relationship while correlational value also depicts value of .185 that also supports first statement. Female also get upset while they compare their eating habits and dieting tips presented in different TV shows or programs ($P < 0.027$). like in previous correlations analysis, when we inquired about TV shows truthfulness, we found that according to the respondents they are true to some extent, but not always ($P < 0.016$).

9. Discussion

Modestly, and at the most apparent level, narrative data reveal a shift in eating trends in young females of Pakistan. A move in aesthetic ideals is notable in and of itself given the numerous social mechanisms that have long supported the inclination for large bodies. Now, there is shift toward the slim and smart bodies, which young females of Pakistan consider that these can be achieved only by changing in their eating patterns. Moreover, this change may be the sign of a disturbance of both apparently steady traditional preference for a healthy body image and shape and the traditional lack of concern in reshaping the body. Analysis of respondent's views regarding impact of media / TV in this study also reflects a multifarious reshaping of personal and cultural identities innate in their actions to reshape their bodies. Traditionally for Pakistani females, identity had been fixed not so much in the body as in family, society, and relationships with others, in contrast to Western-cultural models that firmly fix identity in the body/self. Relatively speaking, social identity is influenced and predictable through personal, visual supports in many Western social contexts, while this is less true here in Pakistan. Instead, Pakistani females are devoted in nurturing others that is why one considers them as the person who cares for and feeds. For this reason, identity is characterized, experienced individually and cooperatively through the well-fed bodies of others, not through one's own body.

In Pakistan, most of the females like to be slim and smart as they get inspired from different celebrities and referent groups, and involve in activities that are remarkable in reshaping the body through using those methods and techniques which they observed in other social contexts through media vehicles, but those techniques may not be in align with Pakistani social context. The conversation on reshaping the body is, definitely, quite unambiguously and reasonably focused on spirited social positioning—for both employment opportunities, peer approval and gaining a social respect and importance as well. This discourse on weight and body shape is immersed with moral as well as material associations. In this sense, disordered eating among the Pakistani young females in this study appears to be primarily an instrumental means of reshaping body and identity to enhance social and economic opportunities. From this perspective, it may be premature to comment on whether or not disordered eating behaviors share the same meaning as similar behaviors in other cultural contexts.

10. Recommendations

Some recommendations in this regard are:

- 1) Discourage dieting that is unhealthy in nature; as a substitute encourage and support the use of positive eating and activities that involve physical activities or exercise. However, all these actions or behaviors should be carried out on an ongoing basis.
- 2) There should be a promotion of a positive body image among all adolescents whether they are males or females specifically using the media, which is popular in that society, and through the culturally specific and respectable ways.

- 3) There should be encouragement related to eating food that is home cooked, that may be healthful plus more enjoyable.
- 4) There should be an environment that encourages families to talk as less as possible about weight, comparing their sons / daughters to the models appearing in the TV shows / advertisement, this not only creates a sense of becoming like those models, but also stimulates in them eating habits that are not useful for them. Instead, more concentration should be given to do more at home to facilitate healthy eating and physical activity.
- 5) It should be assumed that overweight teens have experienced weight mistreatment and they try to tackle this issue with the help of their families.
- 6) Education and awareness level should be increased to familiarize about negative aspects of excessive television viewing.
- 7) There should be a thoughtful viewing, better scheduling of time and choosing programs to view.
- 8) There should be an arrangement that separate television viewing and eating at the same time is not in practice. Because, television watching and eating at the same time increases obesity level in teens.

11. Direction for future research

The study of the media effects on eating disorders is difficult to investigate because it does not lend itself well to experimental investigation. Eating disorder are patterns of behavior that develop over time and cannot be induced or terminated by a single media exposure session. As the eating disorder is dependent on time factor, which is reflected in relatively small consequences in short, term but unfavorable effects in long time cross sectional researches done in the past validates it. Still, cross sectional survey research, has provided the richest pool of information available on the media exposure eating disorder relationship, and especially valuable are studies that control for selective exposure to thin-ideal media based on interest in body-improvement media topics. However, causal arguments are and always will be difficult to substantiate in survey research. The bottom line is that this field of study desperately needs longitudinal research examining the impact of early media exposure on endorsement of the thin ideal and the development of eating disorders in their later life. Continued investigation into the media exposure-eating disorder relationship in males is also needed.

This would not only enable researchers to better understand how males respond to the masculine body ideal, but just as importantly, it would also increase understanding of the process underlying the corresponding relationship in females by providing a basis for direct comparison as well. And, because most young people are exposed daily to images of extreme thinness that also stimulates eating disorders, but point is only a small subset develop full blown eating disorders, is also imperative that research identify variables beyond sex and age that moderate or mediate the effects of exposure of thin-ideal media on eating disorders. The eating disorders prevention literature shows promise and future research efforts should refine and expand the current literature in several ways. For more precise and accurate evaluation of the success of prevention programs, and better understanding of the eating disorder symptoms and their effects on health, researchers need to be more open in their definitions of the type of prevention being attempted to achieve and the population being targeted, the objectives of the program, and the empirical and theoretical basis for study design. For example, researchers may begin by using the categories of prevention research (i.e., universal, selective, and indicated) proposed in the recent National Institute of Mental Health-Institute of Medicine Prevention report (cited in Munoz, Mrazek, & Haggerty, 1996). This will let the field to stay current with general prevention research and assist both evaluation of individual studies and comparisons among studies.

12. Conclusion

Media of almost every type not only aware us, what is happening in the world around us, but on the other hand, it is also affecting every person in some way. As we know that excess of everything is bad, same is the case with the TV viewing. Television viewing is not the only factor, which increases weight consciousness, but it also stimulates eating disorder activities among young females. The media, no doubt is creating awareness, changing the lifestyle, attitude, and behavior simultaneously, but on the other hand, it is also creating depression, anxiety and an increase in weight consciousness in adults generally and in young females particularly. As the literature suggest young females are more likely to be affected from pressure due to family, cultural and societal pressure. Similar significant results can be found in this particular study as young females assume they are being negatively judged, their life lacks fulfillment, and their life might become better if they are thinner or their body structure is similar to the models that appear in TV advertisements / shows.

In order to look like models/actresses in television, the young females develop eating disorder and the media in

particularly television is playing a vital role in the development of eating disorder in Pakistan. Considering the findings of this study, the media is not only playing a vital role in the development of eating disorders in young females, it is also causing anxiety and depression in the young females of Pakistan, as they try to look thin in order to be accepted in the society, family and friends.

Therefore, TV shows/advertisements should be launched that encourages use of positive eating behaviors rather than spoiling themselves by following any other model or celebrity. Pediatricians, dieticians and other people related to health care fields should put and reinforce messages of not to develop eating disorder, by educating parents and families about eating disorder, taking part in community initiatives and putting local efforts to apply community initiatives into practice so that work should be done not only at the national level but also at society level to reduce TV shows/advertising and marketing programs that stimulates unhealthy dieting practices. In this way, we will not only reduce the risk of eating disorder but also will be able to improve adult's health.

References

- Abraham, S. (1996). Characteristics of eating disorders among young ballet dancers. *Psychopathology*, 29, pp. 223-229.
- Agras, S., Hammer, L., & McNicholas, F. (1999). A prospective study of the influence of eating-disordered mothers on their children. *International Journal of Eating Disorders*, 25, pp. 253-262.
- Anderson-Fye, E., and A.E. Becker. (2004). Socio-Cultural Aspects of Eating Disorders, *Handbook of Eating Disorders and Obesity*. J.K. Thompson, ed., pp. 565-589.
- Anne, M. Morris, and Debra, K. Katzman. (2003). The impact of the media on eating disorders in children and adolescents. *Paediatr Child Health*, 8(5), May/June 2003.
- Bandura, A. (1994). Social Cognitive theory of mass communication. In J. Bryant & D. Zillmann (Eds), *Media Effects: Advances in theory and research* (pp. 61-90). Hillsdale, NJ: Erlbaum
- Bell, C., & Cooper, M.J. (2005). Socio-cultural and cognitive predictors of eating disorder symptoms in young girls. *Eating and weight Disorders*, 10(4), pp. 97-100.
- Body image health task force. (2010). *Eating Disorder*, The Ohio State University, USA. [Online] Available: <http://ehe.osu.edu/cs/bitf/issues/eating-disorder-causes.php> (Accessed 07 November 2010)
- Botta, R. (1999). Television images and adolescent girls body image disturbance. *Journal of Communication*, pp. 22-41.
- British Medical Association, (2000). *Eating Disorders, Body Image and the Media*. Chameleon Press Limited, London
- Brooks-Gunn, J., & Warren, M. P. (1985). The effects of delayed menarche in different contexts: dance and non-dance students. *Journal of Youth and Adolescence*, 14, pp. 285-300.
- Brown, J.D., & Witherspoon, E.M. (2002). The mass media and American adolescents' health. *Journal of Adolescent Health*, 31(suppl. 6), pp. 153-70.
- Cahill, S., & Mussap, A. (2007). Emotional reactions following exposure to idealized bodies predict unhealthy body change attitudes and behaviors in women and men. *Journal of Psychosomatic research*, 62(6), pp.631-639.
- Cooper, P. J., & Goodyer, I. (1997). Prevalence and significance of weight and shape concerns in girls aged 11-16 years. *British Journal of Psychiatry*, 171, pp. 542-544.
- Crisp, A. H., Harding, B., & McGuinness, B. (1974). Anorexia nervosa, psychoneurotic characteristics of parents: relationship to prognosis. *Journal of Psychosomatic Research*, 18, pp. 167-173.
- Daily Times, (2007). Study reveals high occurrence of eating disorders in Pakistan. *Daily Times*, [Online] Available: <http://dailytimes.com.pk/default.asp?date=5/20/2007%209:48:01%20PM> (20 May, 2007)
- De Castro, J. M., & Goldstein, S. J. 1995. Eating attitudes and behaviors of pre- and post pubertal females: clues to the etiology of eating disorders. *Physiology and Behavior*, 58, pp. 15-23.
- Dohnt, H., & Tiggemann, M. (2006). The contribution of peer and media influences to the development of body satisfaction and self-esteem in young girls: A prospective study. *Developmental Psychology*, 42, pp. 929-936.
- Drewnowski, A, Yee, D. K., Kurth, C. L., & Krahn, D. D. (1994). Eating pathology and DSM-III-R bulimia nervosa: A continuum of behavior. *American Journal of Psychiatry*, 151, pp. 1217-1219.
- Dubnov, G., & Berry, E. (2005). Nutrients, Stress and Medical Disorders [Online] Available:

<http://www.springerlink.com/content/12t46642813j3177/> (25 September, 2008)

- Egocentrism. (2006). *The First Three Letters in Diet are DIE*. [Online] Available: <http://egocentrism.dk/?p=41> (4 May, 2011)
- Eisenberg, M., & Neumark-Sztainer, D. et al. (2005). The role of social norms and friends' influences on unhealthy weight-control behaviors among adolescent girls. *Journal of Social Science and Medicine*, 60(6), pp. 1165-1173.
- Fairburn, C. G., & Beglin, S. J. (1990). Studies of the epidemiology of bulimia nervosa. *American journal of Psychiatry*, 147, pp. 401-408.
- Fay, M., and Price, C. (1994). Female body shape in print advertisements and the increase in anorexia nervosa. *European Journal of Marketing*, 28 (12), pp. 5-18.
- Festinger, L. (1954). A Theory of Social Comparison Processes. *Human Relations*, 7, pp. 117-140.
- Field, A.E., & Camargo, C.A. (1999). Relation of peer and media influences to the development of purging behaviors among preadolescent and adolescent girls. *Archives of Pediatric Adolescent Medicine*, 153, pp. 1184-9.
- Frederick, D. A., Forbes, G. B., Grigorian, K. E., & Jarcho, J. M. (2007). The UCLA body project I: Gender and ethnic differences in self-objectification and body satisfaction among 2206 undergraduates. *Sex Roles*, 57, pp. 317-327.
- Freedman, R. (1984). Reflections on beauty as it related to health in adolescent females. In S. Golub (Ed.) *Healthcare of the female adolescent* (pp. 29-46). New York: Haworth press.
- Freedman, R. (1986). *Beauty bound*. Lexington, MA: D.C. Health
- Furnham, A., Abramsky, S., & Gunter, B. (1997). A cross-cultural content analysis of children's television advertisements. *Sex Roles*, 37, pp. 91-99.
- Gleaves, D. H., Cepeda-Benito, A. C., Williams, T. L., Cororve, M. B., Fernandez, M., & Vila, J. (2000). Body image preferences of self and others: A comparison of Spanish and American male and female college students. *Eating Disorders*, 8, pp. 269-282.
- Gowers, S.G., and North, C.D. (1996). Life events: precipitants of adolescent anorexia nervosa. *Journal of Child Psychology*; 37, pp. 469-77.
- Gowers, S., and Shore, A. (2001). Development of weight and shape concerns in the etiology of eating disorders. *The British Journal of Psychiatry*, 179, pp. 236-242.
- Groesz, L. M., Levine, M. P., & Murnen, S. K. (2002). The effect of experimental presentation of thin media images on body satisfaction: A meta-analytic review. *International Journal of Eating Disorders*, 31, pp. 1-16.
- H. Garner, D., & Garfinkel, P. (1980). Cultural expectations of thinness in women: an update. *International Journal of Eating Disorders*, 47, pp. 483-91.
- Harrison, K. (2000). The Body Electric: Thin ideal media and eating disorders in adolescent. *Journal of Communication*, pp.119-143.
- Harrison, k., and Cantor, j. (1997). The relationship between media exposure and eating disorder. *Journal of Communication*, 47, pp. 40-67.
- Hart, K., & Kenny, M. E. (1997). Adherence to the Super Woman ideal and eating disorder symptoms among college women. *Sex Roles: A Journal of Research*, 36, pp. 461-479.
- Heinberg, L.J., and J.K. Thompson. (1992). Social Comparison: Gender, Target Importance Ratings, and Relation to Body Image Disturbance. *Journal of Social Behavior and Personality*, 7, pp.335-344.
- Hesse-Biber, S. (1996). *Am I Thin Enough Yet?* Oxford University Press, New York, NY
- Hill, A. J., & Franklin, J. A. (1998). Mothers, daughters and dieting: investigating the transmission of weight control. *British Journal of Clinical Psychology*, 37, pp. 3-13.
- Horesh, N., and Apter, A. (1996). Abnormal psychosocial situations and eating disorders in adolescence. *Journal of American Academy of Child Adolescent Psychiatry*, 35, pp. 921-7.
- Irving, L. M. (1990). Mirror images: Effects of the standard of beauty on the self- and body esteem of women exhibiting varying levels of bulimic symptoms. *Journal of Social and Clinical Psychology*, 9, pp. 230-242.
- Jade, D. (2002). *Eating Disorders and the Media*. National Centre for Eating disorders. [Online] Available:

<http://www.eating-disorders.org.uk> (7 July, 2008)

Johnson, J.G., and Cohen, P. (2002). Psychiatric disorders associated with risk of the development of eating disorders during adolescence and early adulthood. *Journal Consult Clinical Psychology*, 70, pp. 1119–28.

Katzmarzyk, P.T., and Davis, C. (2001). Thinness and body shape of Playboy centerfolds from 1978 to 1998. *Journal of Obesity Related Metabolic Disorder*; 25, pp. 590-2.

Keel, P.K., and J.E. Mitchell. (1997). Outcome in Bulimia Nervosa. *American Journal of Psychiatry*, 154, pp. 313–321.

Killen, J. D., Taylor, C. B., Hayward, C., Haydrl, K. F. Wilson.D. M., Hammer, L. D., Kraenier, H. C., Blair-Greiner, A & Strachowski, D. (1996). Weight concerns influence the development of eating disorders: A +year prospective study. *Journal of consulting arid Clinical Psychology*, 64, pp. 936-940.

King, N. (1994). College women: Reflections on recurring themes and a discussion of the treatment process and setting. In B. Kinoy (Ed.), *Eating Disorders: new directions in treatment and recovery* (pp.122-131). New York: Columbia University Press.

Klein, J.D., J.D. Brown, K.W. Childers, J. Oliveri, C. Porter, and C. Dykers. (1993). Adolescents' Risky Behavior and Mass Media Use. *Pediatrics*, 92, pp. 24–31.

Kuba, S. A., & Harris, D. J. (2001). Eating disturbances in women of color: An exploratory study of contextual factors in the development of disordered eating in Mexican American women. *Health Care for Women International*, 22, pp. 281-298.

Latif, Abdul and Abideen, Zain Ul. (2011). Effects of Television Advertising on Children: A Pakistani Perspective. *European Journal of Economics, Finance and Administrative Sciences*, 30, pp. 38-49.

Leit, R.A. (2001). Cultural Expectations of Muscularity in Men: the evolution of playgirl centerfolds. *International Journal of Eating Disorder*, 29, pp. 90-3.

Leon, G. R., Fulkerson, J. A, Perry, C. L., & Cudeck, R. (1993). Personality and behavioral vulnerabilities associated with risk status for eating disorders in adolescent girls. *Journal of Abnormal psychology*, 102, pp. 438-444.

Levine, M. P., and Smolak, L. (1996). Media as a context for the development of disordered eating, *The developmental psychopathology of eating disorders: Implications for research, prevention, and treatment*, pp. 235-257. Mahwah, NJ: Erlbaum.

Levine, M. P., and Smolak, L. (1998). The mass media and disordered eating: implications for primary prevention. In G. Van Noordenbos & W. Vandereycken (Eds.), *The Prevention of eating disorders* (pp. 23-56). London: Athlone.

Lucas, A. R., Beard, M., O'Fallon, W. M., & Kurland, L. T. (1991). 50-year trends in the incidence of anorexia nervosa in Rochester, Minn.: A population-based study. *American Journal of Psychiatry*, 148, pp. 917-922.

Malloy, B. L., & Herzberger, S. D. (1998). Body image and self-esteem: A comparison of African-American and Caucasian women. *Sex Roles*, 38, pp. 631-642.

Marchi, M., & Cohen, P. (1990). Early childhood eating behaviors and adolescent eating disorders. *Journal of the American Academy of Child and Adolescent Psychiatry*, 29, pp. 112-117.

Meyers, P., & Biocca, F. (1992). The elastic body image: An experiment on the effect of advertising and programming on body image distortions in young women, *Journal of Communication*, 42, pp. 108-133.

Miller, K. L., Gleaves, D. H., Hirsch, T. G., Green, B. A., Snow, A. C., & Corbett, C. C. (2000). Comparisons of body image dimensions by race/ethnicity and gender in a university population. *International Journal of Eating Disorders*, 27, pp. 310-316.

Miller, M. N., & Pumariega, A. J. (2001). Culture and eating disorders: A historical and cross-cultural review. *Psychiatry*, 64, pp. 93-110.

Monro, F & Huon, G. (2006). Media-portrayed idealized images, self-objectification and eating behavior. *Journal of Eating Behavior*, 7(4), pp. 375-383.

Morris, A., and Katzman, D. (2003). The impact of media on eating disorders in children and adolescents. *Journal of the Canadian Pediatric Society*, 8(5).

Mumford, D.B., Whitehouse, A.M., & Choudry, I.Y. (1992). Survey of eating disorders in English-medium

- school in Lahore, Pakistan. *International Journal of Eating Disorders*, 11(2), pp.173-84.
- Mumford, D.B., Whitehouse, A.M., & Platts, M. (1991). Sociocultural correlates of eating disorders among Asian schoolgirls in Bradford. *British Journal of Psychiatry*, 158, pp. 222-8.
- Munoz, R. F., Mrazek, P. J., & Haggerty, R. J. (1996). Institute of Medicine report on prevention of mental disorders: Summary and commentary. *American Psychologist*, 5(1), pp. 1116-1132.
- Office of the Population Association of Pakistan, PAP. (2007). *Adolescents Statistics*, [Online] Available: <http://www.pap.org.pk> (10 December, 2007).
- Ozer, E.M., & Brindis, C.D., et al. (1998). *America's adolescents: Are they healthy?* San Francisco: University of California, School of Medicine.
- Pike, K. M., & Rodin, J. (1991). Mothers daughters and disordered eating. *Journal of Abnormal Psychology*, 100, pp. 198-204.
- Pinhas, L., & Toner, B. et al. (1999). The effects of the ideal of female beauty on mood and body satisfaction. *International Journal of Eating Disorders*, 25, pp. 223-226.
- Population Census Organization, Govt. of Pakistan. (2010). *Population Statistics*, [Online] Available: <http://www.census.gov.pk/index.htm> (06 November, 2010)
- Prince, R. (1985). The concept of culture-bound syndromes: Anorexia nervosa and brain-fag, *Social Science & Medicine*, 21, pp. 197-203.
- Rojo, L., & Conesa, L., et al. (2006). Influence of Stress in the Onset of Eating Disorders: Data from a Two-Stage Epidemiologic Controlled Study. *Psychosomatic Medicine*, 68, pp. 628-635.
- Root, M. P. (2001). Future considerations in research on eating disorders. *The Counseling Psychologist*, 29, pp. 754-762.
- Rosen, J.C., & Compas, B.E., et al. (1993). The relation among stress, psychological symptoms, and eating disorder symptoms: a prospective analysis. *International Journal of Eating Disorders*, 14, pp. 153-62.
- Sandbek, T. J. (1993). *The deadly diet: Recovering from anorexia and bulimia*. Oakland, CA: New Harbinger.
- Segal, R., & Kemp, G., et al. (2007). *Eating Disorders: Types, Warning signs and Treatment*. [Online] Available: http://helpguide.org/mental/eating_disorder_treatment.htm (10 December, 2010)
- Sharma, V. (1996). *Eating Behavior and Weight Control*. [Online] Available: [http:// mindpub.com/art019.htm](http://mindpub.com/art019.htm) (5 may, 2010)
- Shea, M. E., & Pritchard, M. E. (2007). Is self-esteem the primary predictor of disordered eating? *Personality and Individual Differences*, 42, pp. 1527-1537.
- Shroff, H., & Thompson, J. K. (2006). The tripartite influence model of body image and eating disturbance: A replication with adolescent girls. *Body Image*, 3, pp. 17-23.
- Smolak, L., Levine, M. P., & Schermer, F. (1999). Parental input and weight concerns among elementary school children. *International Journal of Eating Disorders*, 25, pp. 263-271.
- Stanford, J. N., & McCabe, M. P. (2002). Body image among males and females: Sociocultural influences and focus on different body parts. *Journal of Health Psychology*, 7, pp. 675-684.
- Stein, A. (1995). Eating disorders and childrearing. In *Eating Disorders and Obesity: A Comprehensive Handbook* (Eds K. D. Brownell & C. G. Fairburn), pp. 188-190. New York: Guilford
- Stein, A., & Fairburn, C. G. (1989). Children of mothers with bulimia nervosa. *British Medical Journal*, 299, pp. 777-778.
- Stice, E & Shaw, H. E. (1994). Adverse effects of the media portrayed thin ideal on women and linkages to bulimic symptomatology. *Journal of Social and Clinical Psychology*, 13, pp. 288-308.
- Stice, E. (1998). Modeling of eating pathology and social reinforcement of the thin ideal predict onset of bulimic symptoms. *Behavior Research and Therapy*, 36, pp. 931-944.
- Stice, E., Schpak-Neuberg, E., Shaw, H. E., & Stein, R. I. (1994). Relation of media exposure to eating disorder symptomatology: An examination of mediating mechanisms. *Journal of Abnormal Psychology*, 103, pp.836-840.
- Stormer, S. M., & Thompson, J. K. (1998). *Challenging media message regarding appearance: A psychoeducational program, for males and females*. Paper presented at the meeting of the association for the

Advancement of Behavior Therapy, Washington, DC.

Striegel-Moore, R. H., & Smolak, L. (2000). The influence of ethnicity on eating disorders in women. In R. Eisler (Ed.) *Handbook of gender, culture and health* (pp. 227-244). Mahwah, New Jersey: Lawrence Erlbaum Associates.

Striegel-Moore, R., & Kearney-Cooke, A. (1994). Exploring parent's attitudes and behaviors about their children's physical appearance. *International Journal of Eating Disorders*, 15, pp. 377-385.

Strober, M. (1984). Stressful life events associated with bulimia in anorexia nervosa. *International Journal of Eating Disorders*; 3, pp. 3-16.

Tan, A. S. (1977). TV beauty ads and role expectations of adolescent female viewers. *Journalism Quarterly*, 56, pp. 283-288.

Tanner, J. M. (1989). *Foetus into Man: Physical Growth from Conception to Maturity* (2nd edn). Ware: Castlemead.

Tanner, J. M., & Whitehouse, R. H. (1975). *Growth and Development Records for Boys and Girls*. Ware: Castlemead.

Thompson. J. K., Heinberg, L. J., Alteba, M. N., & Tantleed Dunnm S. (1999). *Exacting beauty: Theory, Assessment and treatment of body image disturbance*. Washington DC: American Physiological Association.

Tigemann, M., & Pickering, A. S. (1996). Role of television in adolescent women's body dissatisfaction and drive for thinness. *International Journal of Eating Disorders*, 20, pp. 199-203.

Tiggemann, M., & Gardiner, M., et al. (2000). I would rather be size 10 than have straight A's. A focus group study of adolescent girls wish to be thinner. *Journal of Adolescent*, 23, pp. 645-59.

Trampe, D., Stapel, D. A., & Siero, F. W. (2007). On models and vases: Body dissatisfaction and proneness to social comparison effects. *Journal of Personality and Social Psychology*, 92, pp. 106-118.

Weaver, A. B., & Gowers, S. G. (1994). Multiple family weight pathology and outcome in anorexia nervosa. *European Eating Disorders Review*, 2, pp. 155-161.

Wiseman, C. V., Gray, J. J., Mosimann, J. E., & Ahrens, A. H. (1990). Cultural expectations of thinness in women: An update. *International Journal of Eating Disorders*, 11, pp. 85-89.

World Health Organization. (2011). *Obesity and Overweight*. [Online] Available: <http://www.who.int/mediacentre/factsheets/fs311/en/index.html> (08 May, 2011).

Table 1. Time Spent in Home Work and Studying

		Frequency	Percent
Valid	Less then 30	7	5.3
	30-1hr	21	16.0
	1 - 2hr	34	26.0
	2 - 3 hr	34	26.0
	3 - 6hr	27	20.6
	more than 6hr	8	6.1
	Total	131	100.0

Table 2. Time Spent in Physical Activities

		Frequency	Percent
Valid	Less than 30	52	39.7
	30-1hr	29	22.1
	1 - 2hr	24	18.3
	2 - 3 hr	9	6.9
	3 - 6hr	12	9.2
	more than 6hr	3	2.3
	Total	129	98.5
Missing	System	2	1.5
Total		131	100.0

Table 3. Time Spent on Watching TV

		Frequency	Percent
Valid	Less than 30	15	11.5
	30-1hr	15	11.5
	1 - 2hr	26	19.8
	2 - 3 hr	38	29.0
	3 - 6hr	19	14.5
	more than 6hr	18	13.7
	Total	131	100.0

Table 4. Time Spent on Reading Newspaper and Magazine

		Frequency	Percent
Valid	Less than 30	73	55.7
	30-1hr	33	25.2
	1 - 2hr	11	8.4
	2 - 3 hr	7	5.3
	3 - 6hr	2	1.5
	more than 6hr	2	1.5
	Total	128	97.7
Missing	System	3	2.3
Total		131	100.0

Table 5. Time Spent on Sleep / Taking Rest

		Frequency	Percent
Valid	Less then 30	3	2.3
	30-1hr	4	3.1
	1 - 2hr	8	6.1
	2 - 3 hr	12	9.2
	3 - 6hr	40	30.5
	more than 6hr	64	48.9
	Total	131	100.0

Table 6. Time Spent in Daily Activities

		Frequency	Percent
Valid	Less then 30	34	26.0
	30-1hr	63	48.1
	1 - 2hr	21	16.0
	2 - 3 hr	8	6.1
	3 - 6hr	2	1.5
	more than 6hr	3	2.3
	Total	131	100.0

Table 7. Correlation between Dieting and Television advertisements

		Preoccupied with dieting and food	Constantly on diet	Dieting tips programs	TV is truthful	TV is Always truthful
Constantly on diet	Correlation Sig. 2 tailed	.240 .006	1			
Dieting tips programs	Correlation Sig. 2 tailed	.256 .003	.399 .000	1		
Watch less than 20 hr	Correlation Sig. 2 tailed			.192 .028		
TV are truthful	Correlation Sig. 2 tailed			.174 .046	1	
Always	Correlation Sig. 2 tailed				.569 .000	1
Never	Correlation Sig. 2 tailed				.486 .000	-.227 .009
50-50	Correlation Sig. 2 tailed		-.180 .039		.608 .000	

Table 8. Correlation between TV advertisements and Emotional Pressure leading to eat, self-starve, binge, purge, and/or compulsive exercise

Correlations

		Over Weight	Family Concern	anorexia, bulimia	Physical activity	Hide feeling	Better Life	Life lacks fulfillment	Change in eating habit	Upset eating Habits	suffer from depression
anorexia, bulimia	Correlation Sig. 2-tailed	.194 .026		1							
Physical activity	Correlation Sig. 2-tailed		.188 .032		1						
Hide feeling	Correlation Sig. 2-tailed	.183 .037			.173 .048	1					
Better Life	Correlation Sig. 2-tailed	.300 .000	.206 .018	.174 .047			1				
Life lacks fulfillment	Correlation Sig. 2-tailed	.245 .005		.383 .000	.227 .009			1			
Change in eating habit under	Correlation Sig. 2-tailed	.182 .037		.284 .001				.186 .034	1		
Upset about eating Habits	Correlation Sig. 2-tailed			.370 .000			.287 .001		.274 .002	1	
Suffer from bouts of depression	Correlation Sig. 2-tailed	.219 .012		.341 .000		.163 .000	.196 .025	.378 .000	.351 .000	.294 .001	1
TV are truthful	Correlation Sig. 2-tailed				-.197 .024				-.204 .019		-.184 .036
TV is Always Truthful	Correlation Sig. 2-tailed	.185 .034			-.173 .048	-.187 .032	.210 .016				
TV is Never Truthful	Correlation Sig. 2-tailed								-.325 .000		
Watching Tv	Correlation Sig. 2-tailed							.177 .043		.178 .042	

Table 9. Correlation between TV advertisements and eating-disorder symptomatology

		Correlations						
		Life Better if thinner	Portray the female	Dieting tips programs	Watch less than 20 hr	Female models in advertisement	Female models in magazines	Comparing yourself models
Family Concern	Correlation	.206						
	Sig. 2-tailed	.018						
Dieting tips programs	Correlation	.195	.273	1				
	Sig. 2-tailed	.025	.002					
Watch less than 20 hr	Correlation		.200	.192	1			
	Sig. 2-tailed		.022	.028				
Female models in advertisement	Correlation	.177		.494	.194	1		
	Sig. 2-tailed	.044		.000	.026			
Female models in magazines	Correlation	.248		.401		.770	1	
	Sig. 2-tailed	.004		.000		.000		
Comparing yourself models	Correlation	.214		.320		.519	.580	1
	Sig. 2-tailed	.014		.000		.000	.000	
TV are truthful	Correlation			.174				.217
	Sig. 2-tailed			.046				.013
TV is Always Truthful	Correlation	.210						
	Sig. 2-tailed	.016						
TV is Never Truthful	Correlation							.227
	Sig. 2-tailed							.009
Watching Tv	Correlation		.182			.231	.241	.352
	Sig. 2-tailed		.037			.008	.006	.000
Read Magazine	Correlation		-.191					
	Sig. 2-tailed		.031					

Table 10. Correlation between TV advertisements and negative emotions in persons preoccupied with weight

		Correlations									
		Judge negatively	Hide feeling	Over Weight	Life lacks fulfillment	Upset about eating Habits	Vomited to control weight	Relieved like emotional pressure	Better Life	Dieting tips programs	Comparing yourself models
Hide feeling	Correlation	.179									
	Sig. (2-tailed)	.011									
Perfectionist	Correlation	-.189									
	Sig. (2-tailed)	.030									
Over Weight	Correlation		.183	1							
	Sig. (2-tailed)		.037								
Life lacks fulfillment	Correlation		.227	.245	1						
	Sig. (2-tailed)		.009	.005							
Upset about eating Habits	Correlation	.206				1					
	Sig. (2-tailed)	.018									
Vomited to control weight	Correlation	.185		.240		.262	1.00				
	Sig. (2-tailed)	.035		.006		.002					
Relieved like emotional	Correlation					.202	.302	1			
	Sig. (2-tailed)					.020	.000				
Better Life	Correlation	.172		.300		.287		.303	1		
	Sig. (2-tailed)	.050		.000		.001		.000			
Dieting tips programs	Correlation	.189		.271		.193	.381	.189	.195	1	
	Sig. (2-tailed)	.030		.002		.027	.000	.031	.025		
Watch less than 20 hr	Correlation						.236	.186		.102	
	Sig. (2-tailed)						.007	.033		.028	
Comparing yourself models	Correlation	.208		.295	.214	.265		.214	.320		1
	Sig. (2-tailed)	.017		.001	.014	.002		.014	.000		
TV are truthful	Correlation									.174	.217
	Sig. (2-tailed)									.046	.013
Always	Correlation		-.187	.185					.210		
	Sig. (2-tailed)		.032	.034					.016		
Never	Correlation										.227
	Sig. (2-tailed)										.009
Watching Tv	Correlation				.177	.178	.173				.352
	Sig. (2-tailed)				.043	.042	.048				.000

Table 11. Correlation between TV advertisements and negative emotions in persons preoccupied with weight.

Correlation

		Perfectionist	Strong one	Upset about eating Habits	Comparing yourself models
Strong one	Correlation Sig. (2-tailed)	.341 .000	1		
Upset about eating Habits	Correlation Sig. (2-tailed)	-.202 .021	-.194 .026	1	
Comparing yourself models	Correlation Sig. (2-tailed)		-.275 .001		1
Watching TV	Correlation Sig. (2-tailed)		-.206 .018	.178 .042	.352 .000

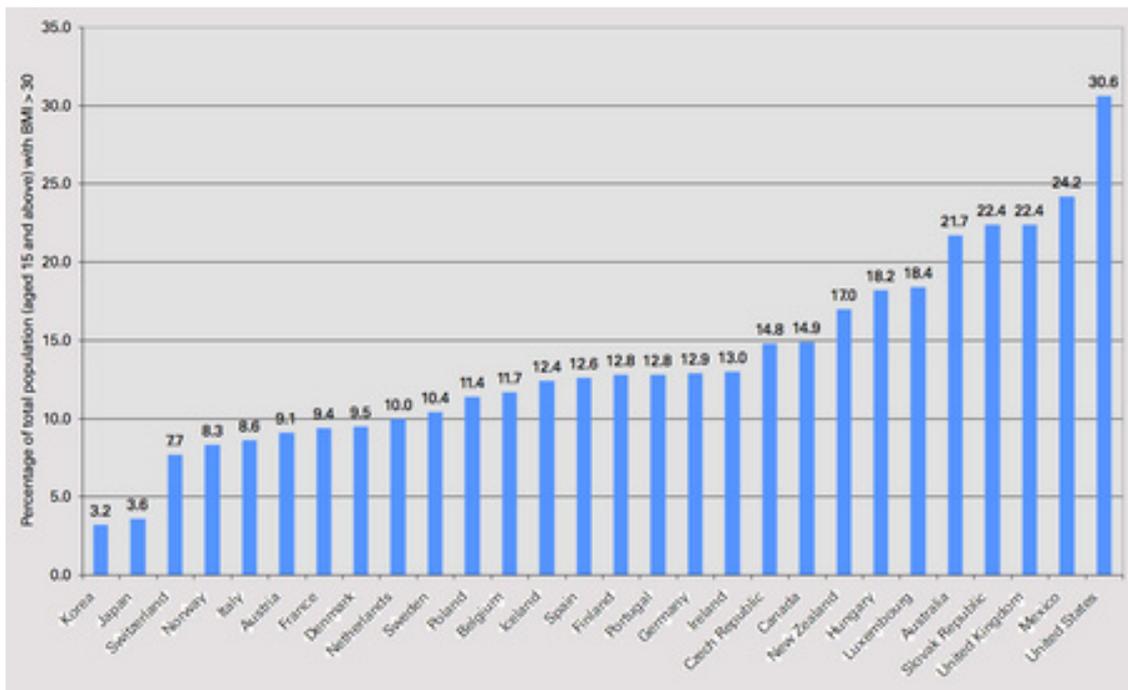
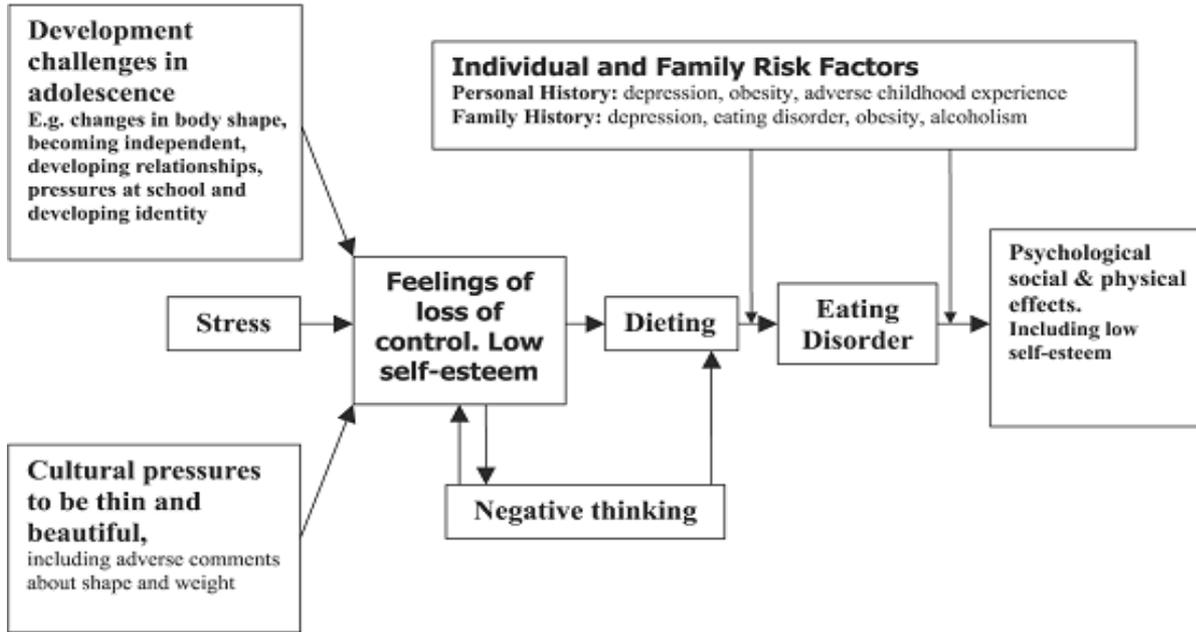


Figure 1. Percentage of obesity in different countries

The First Three Letters in Diet are DIE, 2006



Source: Adapted from Stewart (1998)

Figure 2. Multiple factors responsible for Eating Disorders (Conceptual Framework)

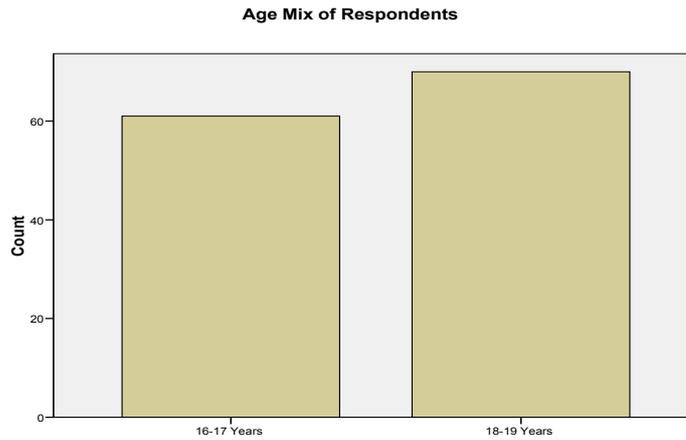


Figure 3. Respondents Profile

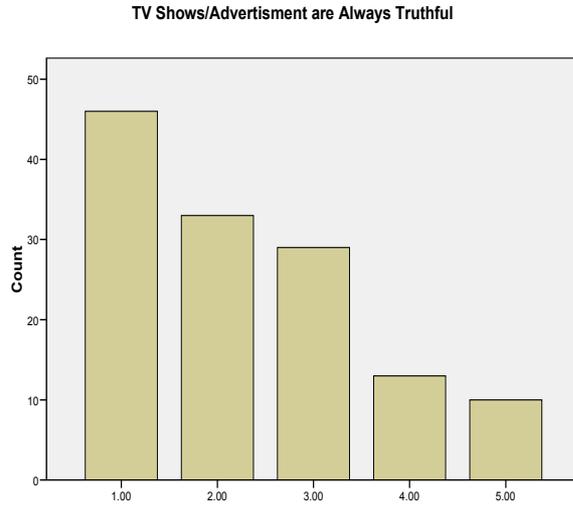


Figure 4. Perception about TV shows and Advertisement

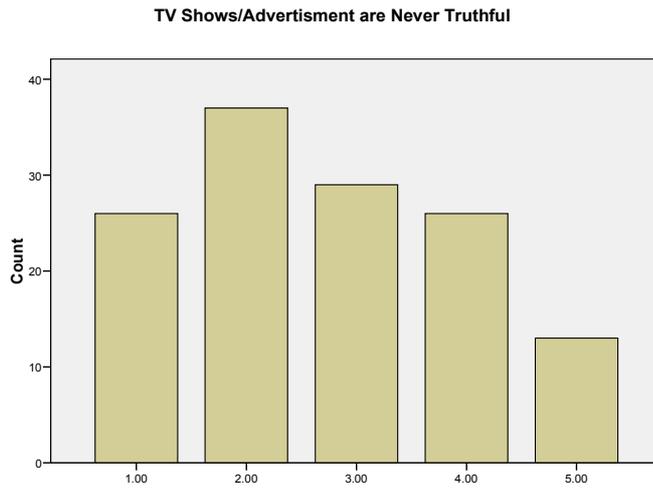


Figure 5. TV Shows / Adv. are Never Truthful

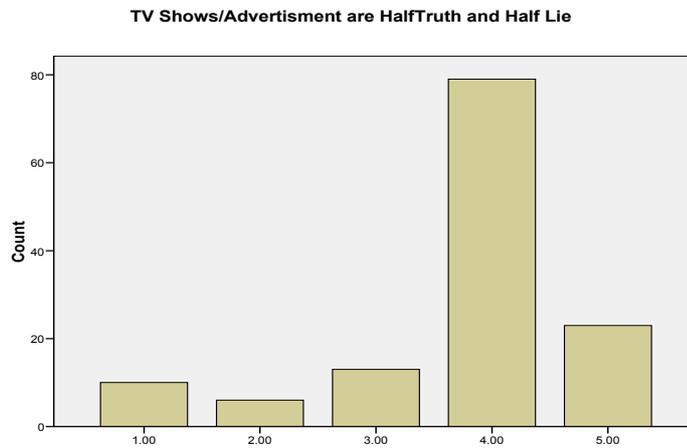


Figure 6. TV Shows / Adv. are Half-truth and Half Life