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Self-Esteem, Weight Status, and Trying to Lose Weight During Young Adulthood: The Roles of Sex and Ethnicity/Race

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Objectives: This study sought to examine sex and ethnicity/race differences in the associations between self-esteem, weight status, and trying to lose weight among young adults in the United States.

Methods: Data were drawn from Wave III (2001/2002) of the US National Longitudinal Study of Adolescent to Adult Health (Add Health public-use sample). Body mass index (BMI) was measured during in-home visits. Weight-loss patterns, self-esteem, and sociodemographics were assessed via self-reports. Logistic regression models were fitted among 4,594 young adults who were aged 21.8 (SD=1.8) years.

Results: Obesity was associated with relatively poor self-esteem among both African American (P=.007) and White females (P<.006). In comparison to not trying to lose weight, trying to lose weight was associated with poorer self-esteem among normal-weight (OR=1.23, 95% CI=1.03–1.47) and overweight (OR=1.36, 95% CI=1.07–1.72) White females, but not among White females with obesity (OR=1.19, 95% CI=.92–1.55), African American females (OR=.81, 95% CI=.57–1.17), or males (OR=1.00, 95% CI=.88–1.14).

Conclusion: The decision to lose weight was linked with poor self-esteem solely among normal-weight and overweight White females. African American and White females with obesity presented with relatively poor self-esteem, but their decision to lose weight was not linked with their self-esteem. More studies are needed to understand the psychological mechanism behind the decision to lose weight among White females with obesity, African American females, and males. *Ethn Dis*. 2019;29(3):485-494; doi:10.18865/ed.29.3.485

Introduction

Obesity is a major public health concern and has been found to be associated with several serious medical illnesses (eg, type 2 diabetes, cardiovascular disease, dyslipidemia) and premature death.[1,2] Nevertheless, despite the ever-growing number of studies regarding the different risk factors of weight gain (eg, genetic, biological, socio-demographic, environmental, and behavioral),[3] there is no clear understanding of the psychological mechanisms that may affect the decision to try to lose weight among females and males of various ethnic/racial backgrounds.[4,5] Hence, the goal of the current study was to examine sex and ethnicity/race differences in the association between self-esteem, weight status, and trying to lose weight among young adults in the United States.

Rates of weight-control behaviors vary by sex and ethnicity/race. Almost 60% of females and 40% of males in the United States report being on a diet,[4] with higher rates among White in comparison with Black people and among people with larger body sizes. A better understanding of the psychological correlates of trying to lose weight (eg, self-esteem) across diverse populations can help identify the underlying mechanism that motivates people to begin dieting while informing the development of ethnic/race specific weight-management programs.[6]

Self-esteem is defined as the individual's subjective overall evaluation of his/her own worth. [7] Studies suggest that low self-esteem may promote weight gain,[8-10] and that obesity may promote lower self-esteem. [11] However, many studies on this subject have not paid attention to the role of ethnicity/race in the association between BMI and self-esteem.[12] While among White females, most studies agree that higher BMI is linked with lower self-esteem,[10] some preliminary data suggest that among African Americans, higher BMI is not necessarily

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linked with poor self-esteem,[13] potentially due to a larger acceptance of various body sizes as well as a perception of body weight as less central to one's self-evaluation. [14]

Furthermore, self-esteem is inversely linked with several weight and shape-related attitudes and behaviors such as body dissatisfaction, overweight perception, and eating disorders.[15,16] Yet, it is still unknown whether self-esteem contributes to the decision to try to lose weight.

In this study, the link between self-esteem and trying to lose weight was examined among a representative sample of young adults in the United States.

For example, it may be that low self-esteem is linked with dieting among female students, but not among male students, as suggested by a study conducted by Tiggemann.[17] In addition, overweight female dieters may have lower self-esteem than non-dieters, according to a study by Rubinstein,[18] which examined 60 overweight female dieters and non-dieters. Nevertheless, to the best of our knowledge, no studies have yet examined the link between self-esteem and trying to lose weight among a representative sample including females and males of different ethnicities/races and weight statuses.

Accordingly, in this study, the link between self-esteem and trying to lose weight was examined among a representative sample of young adults in the United States. It is important to focus on young adults as the existing research on dieting has often concentrated on children and adolescents,[19] while far less attention has been paid to young adults. [20] It is critical that we have a better understanding of weight-loss behaviors during this period as several studies have suggested that it is during early adulthood when obesity's initial onset often occurs.[21] In addition, with eating disorders and disordered eating being more prevalent among young adults than among older adults, [22] the link between self-esteem and trying to lose weight among this population must be examined.

For this study, we used Wave III of Add Health (data collected between 2001-2002), the US National Longitudinal Study of Adolescent to Adult Health. [23] We used Wave III data as it included data about weight-control behaviors and self-esteem. Findings from this study will contribute to the understanding of the associations between self-esteem, weight status, and trying to lose weight among diverse populations of young adults from different ethnic/racial backgrounds. In addition, findings may be of help to clinicians (eg, psychologists, dieticians, physicians) in terms of understanding the importance of self-esteem when advising individuals of different sex, weight status, and ethnicity/race who try to lose weight.

Methods

Design and Sample

The US National Longitudinal Study of Adolescent to Adult Health (Add Health) was used. This is a national longitudinal study of adolescents and young adults that uses stratified, school-based, cluster sampling (see detailed description by Harris et al[23]). Secondary data analyses was carried out by using data from Wave III (2001/2002) of the Add Health public-use sample (N=4,882), a randomly selected sample that was drawn from the main study sample. This public-use sample has been used widely in previous scientific reports.[24-27] Informed consent was obtained prior to Wave I, and the study received approval from the institutional review board (IRB) at the University of North Carolina Chapel Hill.[23] Of the 4,882 participants referred to above, 272 had to be excluded because of missing BMI measures at Wave III, and 16 had to be excluded because no answers were recorded for the self-esteem or trying to lose weight questions. As a result, the total sample comprised 4,594 participants.

Statistical Analyses

SPSS 23 was used to carry out the analyses, which were performed while taking into account the sampling design and the sampling weights. Chi-square tests and one-way analyses of variance were used in order to evaluate differences between sub-groups. Logistic regressions were conducted to assess the relative odds of trying to lose weight for participants with low vs high self-

esteem, stratified by weight status, sex (female/male), and race (Black/White). High self-esteem was defined using the median self-esteem score (>7). The models were adjusted for age, BMI, and education – but not for income, due to high rates of missing data. Logistic regressions and ANCOVAs were stratified solely into groups of Whites and Blacks due to small sample sizes among Hispanics, Asians, and others. In addition, underweight individuals were omitted from the final analyses due to low rates of trying to lose weight, as shown in the descriptive statistics (Table 1). Partial eta square (η^2) was calculated to measure the proportion of the total variance in each dependent variable that was associated with the different groups defined by the independent variable, while taking into account the effects of other independent variables.

Measures

Weight Status

Participants' heights and weights were measured by a trained staff member during an in-home visit. These data were used to calculate BMI (ie, weight in kg per height in m^2) and weight status (normal weight: $18 \leq BMI < 25$, overweight: $25 \leq BMI < 30$, obese: $BMI \geq 30$).

Trying to Lose Weight

Participants answered the question, "*What are you currently doing about your weight?*" with the following available choices: "*Trying to lose weight," Trying to gain weight or bulk up," "Trying to stay the same weight," "Not trying to do anything about my weight*." The answers to this question were re-coded to a dichotomous variable of weight-loss attempts (that is, trying to lose weight vs not trying to lose weight). Participants who reported not trying to do anything about their weight, trying to gain weight, or trying to stay the same weight were all included in the "not trying to lose weight" group.

Table 1. Characteristics of participants by trying to lose weight (Wave III, Add Health)

	Total Sample	Try to Lose weight		
	N=4594	No, n=3073	Yes, n=1521	Test Statistics
BMI (mean, SD)	26.57(6.1)	24.94(5.2)	30.02(6.4)	28.69, P<.001
Sex, n(%)				300.4, P<.001
Males	2141(48.8)	1708(80.0)	433(20.0)	
Females	2453(51.2)	1365(55.3)	1088(44.7)	
Age (mean, std)	21.79(1.8)	21.80(1.9)	21.79(1.8)	.2, P=.859
Weight status, n(%)				733.7, P<.001
Underweight	83(1.6)	83(100.0)	0(0)	
Normal weight	2157(47.1)	1799(83.7)	358(16.3)	
Overweight	1267(27.5)	778(63.2)	489(36.8)	
Obese	1087(23.8)	413(40.4)	674(60.0)	
Race/ethnicity, n(%)				23.6, P<.001
White	2716(67.1)	1830(68.3)	886(31.7)	
African American	1047(15.0)	737(73.8)	310(26.2)	
Hispanic	396(9.1)	232(58.9)	164(41.1)	
Asian	217(4.7)	144(68.7)	73(31.3)	
Others	218(4.7)	130(61.3)	88(38.7)	
Highest education level, n(%)				6.5, P=.011
High school or less	2044(46.9)	1408(70.1)	636(29.9)	
Post high school	2546(53.0)	1663(66.1)	883(33.9)	
Household income (mean, SD)	59165.97(47459.7)	61534.5(61381.1)	54561.6(48619.3)	3.87, P<.001

Add Health, the US National Longitudinal Study of Adolescent to Adult Health.
Percentages, means, standard deviations (SD) are population estimates projected from sample data.
Chi Square tests were used for comparison of categorical variables. Continuous variables were tested by t-tests.

Weight Control Behaviors

Participants who reported that they were trying to lose weight were also prompted to specify the things they did during the past seven days in order to lose weight. Options included: a) dieted (that is, eating prepackaged weight-loss meals, fewer calories, or less fat); b) exercised; c) fasted or skipped meals; d) made yourself throw up; e) took weight loss pills; f) took laxatives; h) used diuretics (that is, water pills); i) took food supplements (that is, powders, herbal supplements, mineral pills, or vitamins that are supposed to take the place of meals or to reduce appetite).

Sociodemographic Variables

Confounding socio-demographic variables were extracted from the self-reported data: participants' sex, age, ethnicity/race, highest level of education, and household income.

Self-esteem

Self-esteem was assessed using a measure modified by Add Health[23] from the Rosenberg Self-Esteem Inventory.[7] The score was computed by summing the degree of agreement (on a 1-5 Likert-type scale: 1=strongly agree; 5=strongly disagree) with the following four items: 1) You have a lot of good qualities; 2) You have a lot to be proud of; 3) You like yourself just the way you are; 4) You feel like you are doing everything just about right. This measure has been previously examined for scale reliability in Add Health (albeit with six items).[16] Previous studies have reported alpha reliabilities for the Rosenberg Self-Esteem Inventory ranging from .88 to .90.[28]

Results

Population characteristics projected from the sampled data appear in Table 1. Females reported significantly (P<.001) higher rates of trying to lose weight (44.8%) relative to males (20.0%), and significantly (P=.029) higher rates of poor self-esteem (53.6%) relative to males (49.8%). Body mass index was significantly (P<.001) higher among individuals who reported trying to lose weight, 30.02 (6.34), relative to individuals who were not trying to lose weight, 24.94 (5.2). But BMI did not differ (P=.198) among individuals with higher vs lower self-esteem.

Table 2 presents prevalence of trying to lose weight by weight status, sex, and ethnicity/race. Black females with normal weight and overweight presented with the lowest rates of trying to lose weight (14.0%, 27.5%, respectively) in comparison to normal-weight (chi-square = 13.75, P=.008) and overweight (chi-square = 18.79, P=.001) females of other ethnicities/races (White, Hispanic, Asian, or others). Nevertheless, Black females with obesity presented with similar rates of trying to lose weight (69.2%) as other females with obesity of other ethnicities/races (White, Hispanic, Asian, or others; chi-square = 1.52, P=.824). In addition, Black males presented with the lowest rates of trying to lose weight (12.8%) in comparison to other ethnicities/races (White, Hispanic, Asian, or others; chi-square = 26.36, P<.001).

Table 3 presents means and

Table 2. Trying to lose weight prevalence by weight status across sex and race/ethnicity

	White, n=2671	Black, n=1023	Asian, n=209	Hispanic, n=391	Others, n=217	Total, N=4511
	% (n)	% (n)	% (n)	% (n)	% (n)	% (n)
Females						
Normal weight	28.9(220)	14.0(38)	36.5(21)	33.9(27)	24.5(13)	27.8(319)
Overweight	58.0(193)	27.5(63)	63.2(17)	64.8(43)	72.4(18)	56.1(534)
Obese	71.4(225)	69.2(138)	69.2(10)	63.4(34)	75.5(28)	70.3(435)
Total	45.3(638)	40.5(239)	47.0(48)	51.1(104)	53.4(59)	45.5(1088)
Males						
Normal weight	3.8(23)	1.0(3)	3.9(2)	10.2(8)	9.3(3)	4.1(39)
Overweight	21.5(91)	11.5(18)	27.9(11)	35.2(25)	29.9(10)	22.4(155)
Obese	48.4(134)	38.3(50)	60.8(12)	67.2(27)	55.3(16)	49.3(239)
Total	19.9(248)	12.8(71)	26.0(25)	32.9(60)	26.0(29)	20.3(433)

standard deviations of self-esteem across weight status, sex, and ethnicity/race. Normal-weight and overweight White females who reported trying to lose weight had more negative self-esteem compared with those who did not, F(1,688) = 9.62, P=.002, partial η^2 =.014; F(1,298) =11.62, P=.001, partial η^2 =.038, respectively. No significant differences were found between those who tried (or did not try) to lose weight among males, F(1,1764) =1.29, P=.256, partial η^2 =.001; Black females, F(1,499) =1.02, P=.313, partial η^2 =.002; and White females with obesity, F(1,296) =1.87, P=.172, partial η^2 =.006. Post-hoc Tukey analysis to determine whether there were significant differences in self-esteem across weight status groups (White women: F(2,1407)=4.96, P=.007; Black women: F(2,567)=4.75, P=.009) revealed that White women with obesity had poorer self-esteem relative to White women with normal weight (P=.006) and overweight (P=.044),

Table 3. Self-esteem by trying to lose weight across weight-status, stratified by sex (female/male) and race (Black/White)

	White, n= 2671			
	Entire group	**Trying to lose weight**	**Not trying to lose weight**	**F-values**
Females				
Normal weight	7.23(2.19)[a]	7.63(2.33)	7.07(2.12)	9.62, P=.002
Overweight	7.24(2.19)[a]	7.58(2.00)	6.76(2.14)	11.61 P=.001
Obese	7.74(2.33)[b]	7.85(2.36)	7.45(2.25)	1.87, P=.172
Males				
Normal weight	6.94(2.17)	7.41(2.32)	6.92(2.16)	1.88, P=.171
Overweight	7.00(2.18)	7.32(2.37)	6.91(2.12)	3.76, P=.053
Obese	7.15(2.27)	7.24(2.36)	7.09(2.22)	.54, P=.463
	Black, n=1023			
	Entire group	**Trying to lose weight**	**Not trying to lose weight**	**F-values**
Females				
Normal weight	6.56(1.99)[a]	6.88(2.18)	6.49(1.94)	.83, P=.362
Overweight	6.71(2.26)[ab]	6.70(2.43)	6.71(2.14)	.21 P=.649
Obese	7.14(2.48)[b]	7.22(2.57)	6.94(2.26)	.54, P=.464
Males				
Normal weight	6.53(2.08)	6.33(2.52)	6.53(2.08)	.63, P=.438
Overweight	6.64(2.59)	5.76(2.33)	6.81(2.62)	1.43, P=.234
Obese	6.89(2.80)	7.21(3.30)	6.58(2.23)	.87, P=.353
	Total, n=4,511			
	Entire group	**Trying to lose weight**	**Not trying to lose weight**	**F-values**
Females				
Normal weight	7.11(2.18)[a]	7.53(2.27)	6.95(2.13)	15.29, P<.001
Overweight	7.13(2.17)[a]	7.46(2.21)	6.71(2.07)	17.71, P<.001
Obese	7.48(2.34)[b]	7.52(2.36)	7.39(2.32)	.56, P=.456
Males				
Normal weight	6.88(2.20)	7.00(2.21)	6.88(2.20)	.297, P=.586
Overweight	6.98(2.30)	7.04(2.43)	6.96(2.26)	.511, P=.475
Obese	7.02(2.32)	7.09(2.47)	6.96(2.20)	.409, P=.475

High self-esteem values represent low self-esteem; Adjusted for age, BMI, education.
a, b. Differing superscript values indicate significant self-esteem values among people with normal weight status relative to overweight or obese status.

Table 4. Weight control behaviors[a] by sex (female/male) and race (Black/White) among participants who try to lose weight

	White	Black	Test statistics
Females, (n)	(637)	(239)	Chi Square
Diet, %(n)	57.5(367)	44.4(106)	12.142, P<.001
Exercise, %(n)	75.5(481)	73.6(176)	.324, P=.569
Fast/skip meals, %(n)	23.4(149)	29.3(70)	3.224, P=.073
Take weight loss pills, %(n)	9.3(59)	12.6(30)	2.061, P=.151
Take food supplement, %(n)	11.0(70)	10.5(25)	.050, P=.823
Participate in weight-loss programs, %(n)	6.4(41)	5.0(12)	.613, P=.434
Males, (n)	(248)	(70)	
Diet, %(n)	46.4(115)	37.1(26)	1.884, P=.170
Exercise, %(n)	79.4(196)	90.0(63)	4.137, P=.042
Fast/skip meals, %(n)	17.7(44)	18.6(13)	.26, P=.873
Take weight loss pills, %(n)	4.8(12)	1.4(1)	1.619, P=.203
Take food supplement, %(n)	14.9(37)	8.6(6)	1.881, P=.170
Participate in weight-loss programs, %(n)	2(5)	2.9(2)	.179, P=.672

a. Several behaviors (eg, self-induced vomiting, laxative use) were not entered to the table due to negligible absolute numbers.

while Black women with obesity had poorer self-esteem relative to Black women with normal weight (P=.007), but not relative to Black women with overweight (P=.115).

Logistic regressions were also fitted to evaluate the relative odds of trying to lose weight among individuals with low vs high self-esteem (not shown in a table). All models were tested while adjusting for the potential confounding factors (age, BMI, education). Findings indicated that among normal-weight and overweight White females, those with lower self-esteem were 1.2 (95% CI=1.03-1.47) and 1.36 (95%CI=1.07-1.72) times more likely to try to lose weight.

Table 4 presents weight-control behaviors among Black and White participants, stratified by sex. The table demonstrates that exercising was the most common weight control behavior among people who reported trying to lose weight (females: 74% of Blacks; 75% of Whites; males: 90% of Blacks, 79% of Whites). Nevertheless, only two differences were found between Black and White participants who reported trying to lose weight. White females were more likely to diet relative to Black females (white: 58%; Black 44%, P<.001), and White males were less likely to exercise compared with Black males (White: 79%; Black 90%, P=.042).

Discussion

The current study examined the associations between self-esteem, weight status, and trying to lose weight among young adults of different ethnic/racial backgrounds in the United States. Secondary analyses of the Add Health national data (Wave III) revealed several interesting findings. First, African Americans presented with the lowest rates of trying to lose weight relative to White, Asian, Hispanic, or "other" young adults. Second, obesity was related to poorer self-esteem among both African American and White females. Third, the relationship between self-esteem and trying to lose weight varied by sex, weight status, and ethnicity/race. Poor self-esteem was associated with trying to lose weight among normal-weight and overweight White females. Yet, self-esteem was not associated with trying to lose weight among African Americans, White males, or White females with obesity.

Data showed that trying to lose weight was more common among females than among males. This finding is consistent with prior reports that females are more likely than males to go on diets.[4] In addition, as expected, in both females

and males, and across ethnicities/races, larger body size was linked with higher rates of trying to lose weight, ie, the highest rates of trying to lose weight were found among individuals with obesity. Findings also indicated that African Americans were less likely to try to lose weight compared with Whites, Hispanics, and Asians. This finding is not surprising given that previous studies have already suggested that African Americans display a higher acceptance of their body weight, even at larger body sizes.[29] Nevertheless, some recent reports suggest that this trend is changing and weight and shape-related attitudes and behaviors may be becoming more common among Black females.[30]

Analyses suggested that Black and White participants who reported trying to lose weight engaged in similar weight-control behaviors. For example, about three quarters of both Black and White females who tried to lose weight reported exercising, and about one quarter of both Black and White females who tried to lose weight reported fasting/skipping meals. This is an interesting finding given that rates of trying to lose weight are significantly higher among Blacks relative to Whites, and given that some studies about physical activity have suggested that Whites are more likely than Blacks to exercise on a regular basis.[31] Clinicians who see people from different ethnic/racial groups are advised to be mindful of the assumption that links ethnicity/race with specific weight-control behaviors, as our data suggest that there are similarities as well as dissimilarities among Black and White young adults.

The high prevalence of obesity among African Americans speaks to the importance of understanding not only the medical complications, but also the psychological correlates of obesity. Importantly, the current study is one of the first to suggest that obesity may be linked with poor self-esteem among both Black and White females. Specifically, White females with obesity had lower self-esteem than White females with normal weight and overweight, while Black females with obesity had lower self-esteem than Black females with normal weight. These findings contradict previous studies suggesting that higher BMI is associated with lower self-esteem among White females[10] but not among Blacks.[13] In addition, these findings about the potential link between obesity and poor self-esteem among Black females imply that African Americans are not completely psychologically buffered against the social prejudices against obesity.

Furthermore, African Americans presented with improved self-esteem relative to their White counterparts. Prior studies about self-esteem across ethnicity/race suggest similar findings. For example, a meta-analysis about race differences in self-esteem revealed that Black individuals scored higher than White individuals on self-esteem.[32] It should be noted that the association between self-esteem and trying to lose weight, which was found to be significant among White females with normal weight and overweight, was not significant among Black females. It could be that African American females have different body ideals (eg, a curvy body shape) than those common in Western society,[14] and therefore their decision to lose weight is not influenced by psychological constructs such as self-esteem. For this reason, it is important to utilize non-traditional and culture-specific research designs in order to evaluate accurate rates of attitudes and behaviors (eg, self-esteem, dieting patterns) among African Americans.

Among White females, self-esteem was found to be linked with trying to lose weight solely among normal-weight and overweight females. It may be that White females face strong social pressures regarding their physical appearance,[33] and these pressures influence their self-esteem and weight-control patterns. In addition, self-esteem was not linked with trying to lose weight among White females with obesity.

[Our study revealed that] White females with obesity had lower self-esteem than White females with normal weight and overweight, while Black females with obesity had lower self-esteem than Black females with normal weight.

It could be that among White females with obesity, the high rates of trying to lose weight (about 70%) were mainly influenced by overweight perception[16] and not by self-esteem. Clinicians are advised to pay attention to women, and particularly to White women with normal-weight and overweight status, who try to lose weight because of lower self-esteem, as these women may potentially be at risk for disordered eating and eating disorders.[34]

To the best of our knowledge, this study was the first study to examine the role of sex and ethnicity/race in the association between self-esteem, weight status, and weight-control among young adults. That said, the study had several limitations. First, the current study only assessed for weight-loss attempts made currently and not for attempts that may have been made in the last week/last month/a year ago. It is generally understood and recognized that many diets cannot be sustained over a long period of time.[35] Therefore, a few of the dieters in this study may have been misclassified as non-dieters, and vice versa. Second, although participants reported on whether they were trying to lose weight, we did not have access to information regarding their actual caloric intake. Thus, it could well be that participants' ideas about how many calories they could consume in order to lose weight were not accurate. Third, the standardized coefficients of the relationships between the independent variable of self-esteem and the outcomes of trying to lose weight were small (ranging from OR = 1.16 to OR = 1.36) in this study. However, even these small coefficients can heighten our consciousness vis a vis the role played by background characteristics (sex, ethnicity/race, weight status) in the link between self-esteem and dieting behaviors among young adults. Fourth, the focus of the current study was global self-esteem,[36] even though, according to the literature, global self-esteem and domain-specific self-esteem (eg, appearance, social skills, academic performance, leadership, athletic ability) are separate constructs, and only partially related to each other. [36] It would be valuable for future studies to examine whether appearance-related self-esteem or global self-esteem predicts one's decision to try to lose weight.

Conclusion

This study utilized a cross-sectional design to investigate the link between self-esteem, weight status, and trying to lose weight. Although the current study suggests several significant associations between self-esteem, weight status, and weight-loss attempts, it cannot determine whether self-esteem impacts weight-control behaviors or vice versa. It may be that lower self-esteem – for example, via lower body satisfaction – influences the use of weight-control behaviors and/or encourages weight gain. Alternatively, it may be that unsuccessful dieting and/or weight gain foster lower self-esteem. In both cases, these data highlight the importance of assessing an individual's self-esteem in order to identify his/her motivation to lose weight. Given the fact that dieting can, counterintuitively, be associated with weight gain (and not with weight loss),[35] it is important to educate the public that when lower self-esteem is the primary motivator behind dieting, the result can potentially be dieting failure and, in fact, weight gain and lower self-esteem.[9] In addition, our findings regarding the role of sex and ethnicity/race in these relationships highlight the importance of applying different measures for dieting behaviors and self-esteem – as well as culturally appropriate assessments, models, and, eventually, interventions – across diverse populations.

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Conflict of Interest

No conflicts of interest to report.

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