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How Gender Plays its Role when Testing the Correlation between Resilience, Obesity and Life Satisfaction among Male and Female Adults

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Abstract

The study's goal is to investigate the relationship between obesity and resilience and how it affects people's ability to enjoy their lives. The sample consisted of 400 participants incorporating both male and females (Male =200 Female = 200). Age (15 to 30 years), gender, education (intermediate to higher education), marital status (single or married), and domicile were among the demographic factors that were examined in the study (Faisalabad). The Life Satisfaction Scale, the Brief Resilience Scale, and the participants' BMI were the instruments utilized to measure the study's variables. Following data collection, the data were examined using analysis of variance (ANOVA) for repeated measures and univariate data, as well as inferential statistics for analyzing interactions. The relation between variables and was also evaluated using the Pearson product moment correlations. Descriptive statistics were used to

describe participants' characteristics. According to the study's findings, there is a stronger negative link between obesity and life satisfaction among both male and female students after data analysis. Additionally, there is a strong positive correlation between resilience and life satisfaction in both male and female students. Additionally, the study discovered a negative correlation between age and marital status and a positive significant link between age and BMI. The correlation study established a stronger link between married status and body mass index. Additionally, the investigation discovered a bad relationship between resilience and marital status. Though not very substantial, there is a favorable correlation between married status and life satisfaction. The relationship analysis established a more solid negative relationship between resilience and BMI. Score as evidenced Following these discoveries, it was assumed that gender, body mass index (BMI), resilience, and life satisfaction had a significant relationship. Age, marital status, and gender are just a few of the statistical elements that have been found to have a significant influence on the level of resilience, life satisfaction, and BMI.

Keywords: *Obesity, Life satisfaction, Resilience, Male, female, Adults.*

Introduction

One of life's primary objectives, the notion of life satisfaction has seen a rise in popularity over the past ten years. According to empirical research, the primary factors influencing life satisfaction include age, gender, money, health, employment, and marital status. (Graham, 2011; Helliwell & Wang, 2012; Binder, 2016; Chrostek, 2016). Life satisfaction is the consequent of many things like resilience, optimism, happiness, contentedness etc. The present study intends to measure the relationship between life satisfaction, obesity and resilience among male and female adults.

LIFE SATISFACTION

In recent decades, the notion of life satisfaction has been employed regularly to assess the subjective well-being of older adults (60 years and older) (Lai, Cummins, & Lau, 2018). However, diverse factors have been discovered to be connected with life satisfaction due to heterogeneity in the included samples' characteristics, such as age, gender, or country, questions utilised, as well as indicators included. Additionally, there are relatively few cross-national comparison studies that simultaneously examine a number of variables linked to life satisfaction

using the same instruments (Skevington & Böhnke, 2018). As a result, it is challenging to draw any firm conclusions on whether life satisfaction may be influenced in different ways across European nations. Knowing about these regional variances and similarities can help with interventions for older persons by demonstrating whether regional differences or regional similarities predominate in the larger European Union. Understanding the factors that contribute to older people's life satisfaction is crucial since losses brought on by severe age-related health decline may lessen the chance to have a fulfilling life. Life satisfaction is a term that relates to life as a whole and is believed to represent an outlook on the past ((Brunes, Nielsen, & Heir, 2018).

It has been stated that life satisfaction and quality of life are comparable concepts that refer to an individual's overall assessment of their own existence. indicated that pleasure is similar to life satisfaction. She claims that the difference between potentiality and reality, or the prospect of a good life, and the good life itself, is what defines life pleasure (Jamaludin, Sam, Sandal, & Adam, 2018)

Socioeconomic aspects of older adults' lives, such as their financial condition, social network, and social support, are the subject of another area of research. In a Swedish study, which took into account factors like kids, siblings, friends, the number of close friends, and friend satisfaction, it was discovered that friendship satisfaction positively associated with life happiness. However, because only social support and health issues were included in that study, the significance of ADL capacity and financial resources went unnoticed. Social networks and social support in relation to marriage and migration trends vary and are comparable throughout European nations (Amati, Meggiolaro, Rivellini, & Zaccarin, 2018).

In a Finnish interview research, it was discovered that having high self-esteem was positively correlated with life satisfaction. Young individuals with high self-esteem were discovered to be more aggressive, autonomous, creative, and capable of problem-solving than those with low self-esteem. Since it has been discovered that self-esteem buffers the effects of growing health difficulties on life satisfaction in old age (Fagerström et al., 2007), this likely applies to older individuals as well.

The way people express their emotions and sentiments (moods) and how they feel about their future plans and possibilities are both indicators of their level of life satisfaction. It serves as a gauge of wellbeing and may be evaluated in terms of mood, contentment with interpersonal relationships and goals attained, self-concepts, and self-perceived capability to deal with day-to-day challenges. It is having a positive outlook on one's life as a whole as opposed to a judgement on their current emotions. Life satisfaction has been assessed in connection to a variety of factors, including socioeconomic status, level of education, life events, place of residence, and many more. Experiences that have positively impacted a person's life might be reflected in their level of life satisfaction. People might be inspired by these encounters to pursue and accomplish their objectives. Two different types of emotions can affect how people view their life. Both hope and optimism are made up of cognitive processes that are often focused on achieving objectives and how those goals are perceived (Gross, & John, 2003).

Seligman asserts that individuals tend to focus less on the negatives when they are pleased. A happy atmosphere is fostered by happier individuals, which in turn increases a person's degree of life satisfaction. Happier people also tend to enjoy other people more. Others, however, have shown that deeply unpleasant emotional states like sadness may coexist with life pleasure (Lyubomirsky, 2001). Life satisfaction is a general evaluation of one's views and sentiments toward their life at a specific period, ranging from good to negative. It is one of the three key measures of wellbeing together with life satisfaction and positive and negative effects (Martela, Ryan, & Steger, 2018).

RESILIENCE

"Resilience is fundamentally the ability to adjust in the face of adversity" (Waller, 2001). According to brain studies, resilience may refer to one's ability to adjust to stress and adversity. This adjusting may cause the person to "reflect back" to a former state of usual functioning or to encounter the presentation of difficulties to generate a "steeling influence" and operate better than anticipated. When a person is resilient, they can demonstrate the capacity to fight against a sudden decline in productivity even when they appear to be getting worse (Masten, 2009).

The term "resilience" comes from the physical science of materials that have connections to the environment, as well as early brain studies and psychology. Resilience in materials science refers to an object's ability to regain its original shape after being bent or packed (Laurence and

Kirmayer, 2009). Resilience in life science refers to a person's ability to respond to physiological problems by reestablishing and maintaining significant tools. The body contains tools to restore balance for common changes or little obstacles (McEwan, 1998). According to brain studies, resilience may refer to a person's tendency to adjust to stress and adversity. This adjusting may cause the person to revert to a previous state of normal functioning or use the introduction to illness experience to offer a steeling impact and capability better than expected future presentation to infection (Masten, 2009).

No two people will react to traumatic circumstances exactly the same way, upheaving our lives in unanticipated ways. Some people will experience persistent stress from the incident, which will endure for years. They could experience a dramatic shift in attitude, become glum, downhearted, withdrawn, cynical, and furious. Some people will have depression or post-traumatic stress disorder (PTSD). They may experience horrific, disturbing flashbacks and dreams that will follow them for days, months, or even years. They will also feel frightened and overly watchful, as if there is another grave threat waiting around the corner. Some people turn to alcohol or drugs to block off their anguish and their memories. Many individuals will nevertheless discover solutions to the problem and carry-on living lives that have meaning. After their trauma, they could feel sad for a while, but eventually they will get over it and go on. Some people will experience the trauma virtually as if it never happened (Bender, Begun, Durbahn, Ferguson, & Schau, 2018).

OBESITY

A medical disease known as obesity occurs when extra body fat builds up to the point that it might be harmful to one's health. Body mass index (BMI) is used to characterise it, and the waist-hip ratio and overall cardiovascular risk factors are used to further assess how fat is distributed (Piche, Poirier, Lemieux, & Despres, 2018).

Obesity is a prominent global cause of mortality that is avoidable, and both adults and children are becoming more and more obese. 100 million children and 600 million adults (12%) were obese in 2015. Women are more likely than males to be obese. One of the most significant public health issues of the twenty-first century, according to authorities. Even though it was formerly and still is in some areas of the globe considered as a symbol of riches and fertility,

obesity is stigmatised in most of the modern world (especially in the Western world). The American Medical Association designated obesity as an illness in 2013. (World Health Organization, 2016).

Since Hippocrates, a healthy lifestyle has been prescribed by a balanced diet, regular exercise, and a good night's sleep. Since then, the notion of prevention has gained popularity. The American Public Health Association's founding president said in 1874 that society's habits needed to alter in order for doctors to be hired to prevent illness rather than treat it (Smith, 1874). Numerous editorials published recently have discussed concerns relating to weight loss, diets, and obesity (Drewnowski, Moudon, Jiao, Aggarwal, Charreire, & Chaix, 2014; Ndisang, Vannacci, & Rastogi, 2014). The impact of obesity on the world economy is estimated to be US\$2.0 trillion, or 2.8% of global gross domestic product (GDP), which is nearly similar to the impact of smoking or armed conflict, war, and terrorism (Marks, 2015).

Depending on the source, it has been claimed that the combined direct medical cost of being overweight and obese is between 5 and 10% of US health care spending (Papanicolas, Woskie, & Jha, 2018). In 2013, 42 million kids under the age of five were overweight or obese. Adult prevalence of overweight or obesity increased from 6% in 1980 to 14% in 2008. (Mancini, & Melo, 2017). Fat is expected to impact 50% of adult women, 60% of adult men, and 25% of children by 2050, turning the United States, Britain, and much of Europe into societies where obesity is the norm. Unrestricted marketing of unhealthy foods and drinks is the primary cause of the obesity pandemic and other non-communicable illnesses, according to research that shows there is a close connection between the sales of harmful goods in 80 low- and middle-income nations (Stuckler, & Nestle, 2012).

Relationship between Obesity, resilience and life satisfaction

Obesity in childhood and adolescence has been linked to high adult mortality and illness rates. This implies that children who are overweight may be far more at risk for long-term health issues than adults who develop obesity. Adolescents are not the only ones affected by obesity; the entire nation does as well. The country is affected by the rising expenditures of healthcare related to treating obesity and its complications, which pose a serious danger to future national economic spending. The government has also invested in a number of obesity prevention

initiatives. Unfortunately, despite the fact that these health efforts may have had some major effects, obesity rates have continued to rise. However, it may be stated that people in Malaysia are presently becoming more accepting of obesity. Gradually, obesity enters our culture as one of the accepted standards. For instance, fat persons are now included as models in certain commercials. Adolescents who are obese may have unfavourable body images. Because of this, people are seeking to regulate their weight in either a healthy or unhealthy manner in order to achieve a desired body image (Dockray, Susman, & Dorn, 2009).

Adolescents who are obese may also have psychological effects. Teenagers who are obese have been linked to the development of body dissatisfaction, which increases the likelihood that they would act out or internalise problems in terms of behaviour, social interaction, and attention. Teenagers' perceptions of their bodies vary little from one another. Some of them believed they had nothing to worry about in terms of their body image, but their counterparts may feel negatively about their bodies. Researchers have hypothesised that sociocultural variables may shape teenagers' conceptions of their bodies (Craig, 2013).

Body image and body awareness are frequently linked, but there is currently limited information in Malaysia using qualitative research to explore the views of body image among obese teenagers, especially in rural areas. Obesity is no longer only a problem in metropolitan areas; rural areas are also reporting obesity as well. Consequently, the purpose of this study was to examine how obese teenagers saw their bodies in rural environments (Danis, Bahar, Isa, & Adilin, 2018).

According to empirical research, there are significant and enduring connections between subjective well-being and life's purpose. According to King, Hicks, Krull, and Del-Gaiso (2006), people who see their life to be important are more upbeat and self-actualized, have higher levels of self-esteem and positive affect, feel less despair and anxiety, and have fewer suicidal thoughts. The sense of coherence scale, used to measure one's sense of purpose in life, and good health outcomes were key components of the salutogenic hypothesis (Eriksson & Lindstrom, 2006). Evidence for hedonic well-being's benefits on heart health now outweighs that for eudaimonic well-being (Boehm & Kubzansky, 2012).

The relationship between femininity and life satisfaction was only seen in women who had high levels of social support, and the relationship between self-esteem and life satisfaction was only seen in men who had low levels of masculinity, according to research on the relationship between femininity and life satisfaction in men and women. These findings shed light on the importance of gender roles observance in life happiness (Guvensel, Dixon, Chang, & Dew, 2018).

Older persons reported higher life satisfaction, which was significantly impacted by the Great Recession. By gender, education level, and race/ethnicity, crossover interactions were discovered. For both sexes, better education was linked to greater life satisfaction, with females experiencing bigger impacts. Compared to White non-Hispanics and African Americans, Hispanics reported a greater degree of life satisfaction (Barger, Donoho, & Wayment, 2009). Instead of as a static result or feature, resilience is best understood as a developmental process or dynamic capacity. Resilience, which is applicable to a wide range of systems, includes a dynamic system's ability to successfully adjust to shocks that endanger system operation, viability, or development. Examples of such systems include children and families, institutions, and societies (Masten, 2014).

There are functional brain and stress response mechanisms inside the kid who acts and feels relatively well despite being exposed to adversity, enabling him or her to mobilise attention, behaviour, and emotion in the service of effective adaptation. A community with basic functionality, caring caretakers, intact educational environments, and a culture that gives the youngster a feeling of regularity may all exist outside of this particular child. Therefore, any model of resilience must take into account how many levels of analysis and impact interact, and attempts to encourage resilience in development must follow suit (Perkins, Caldwell, & Witt, 2018).

Rational of the study

This study explores the relationship between obesity and resilience and how it affects life satisfaction. These viewpoints give rise to excessive worries and preoccupations about how these factors affect both male and female students. The study advances our understanding of these factors' relationships with one another and their impact on life satisfaction. It will be helpful to stakeholders and a source for future study.

Objectives of the study

1. To determine whether there is a difference in obesity among men and women teachers.
2. To determine how differently resilient male and female students are.
3. To determine whether male and female students' levels of life satisfaction differ.
4. To examine the relationship between obesity and life satisfaction among male and female students.
5. To examine the relationship between resilience and life satisfaction among male and female students.

Hypotheses of the study

H1. Female students would be more likely to be obese than male students.

H2. Female students would exhibit greater resilience than male students.

H3. Male students would be more satisfied with their lives than female students.

H4: In both male and female students, obesity and life satisfaction should be correlated.

H5: resilience and life satisfaction are significantly correlated in both male and female students,

Materials and Methods

Sample. In this study, the demographics of the sample of 400 students, including their age (15 to 30), gender (male and female), level of education (intermediate to higher education), marital status (single or married), and place of residence, (Faisalabad) were targeted.

Research design. In the current study, a correlation research design was used.

Sampling technique. This study used a technique called purposeful sampling. In addition to being mentioned, demographic factors were not included in the criterion for collecting study data.

Instruments

BMI

To examine the obesity level of the participants of the study BMI is inquired.

The life Satisfaction Scale. To assess a respondent's level of happiness with their life as a whole, the life satisfaction Scale (SWLS) was initially established. a 5-item scale for assessing one's overall cognitive assessments of their level of happiness (no longer a measure of both constructive and poor affect). Using a 7-point scale that ranges from 1 strongly disagrees to 7 strongly agrees, contributors indicate how much they agree or disagree with each of the five items.

Resilience Brief Scale

The scale has the six items of the temporary resilience scale (BRS), known as the short resilience scale. Positively worded things include 1, 3, and 5, whereas negatively phrased ones include 2, 4, and 6. Reverse coding items 2, 4, and 6 and calculating the mean of the six elements are used to score the BRS. The scale is administered according to the following rules: According to the accompanying scale, please indicate how much you believe each and every of the following: 1 indicates a severe disagreement, 2 a disagree, 3 a moderate opinion, 4 an agreement, and 5 a strong agreement.

Procedure

After completing out an informed permission form, participants completed a demographic questionnaire, a BMI chart, and a life satisfaction scale. In addition to being mentioned, demographic factors were not included in the criterion for collecting study data. They received a thorough debriefing at the end of the session. Repeated measures analysis of variance (ANOVA) and Univariate analysis of variance (ANOVA), together with inferential statistics for interaction breakdown, were used to examine the data. The link between the Variables was further examined using the Pearson product moment correlations. The characteristics of the subjects were described using descriptive statistics.

Results and Discussion

The study explored the relationship of obesity, life satisfaction and resilience among the students. Data analysis incorporates descriptive, correlation, regression and mean differences analysis in order to test the hypothesis.

Tables display the average values for gender, BMI, and life satisfaction. Age of the participants was divided into three groups: 15–20 years, 20–25 years, and 25–30 years. Gender distribution was 50–50 male and female, and married status was assigned to 9% of the sample. 90.5% are single, while 0.5% are divorced.

The average levels of life satisfaction prevalence according to analysis that Extremely dissatisfied 4.5%, Dissatisfied 19%, Slightly dissatisfied 30.5%, Neutral 7.5%, Slightly satisfied 25%, and Satisfied 13.5% were documented are the most significant outcome of this comparison.

Table 1. Age of the Sample (N=400)

Age	Frequency	%	Valid Percent	Cumulative Percent
15-20	98	24.5%	24.5%	24.5%
20-25	214	53.5%	53.5%	78.0%
25-30	88	22.0%	22.0%	100.0%
Total	400	100.0%	100.0%	

Age of the individuals categorize into 3 groups (15-20years) were 24.5%, (20-25 years) were 53.5% and (25-30 years) 22%,

Table 2. Gender of the Sample (N=400)

Gender	Frequency	%	Valid Percent	Cumulative Percent
Male	200	50.0%	50.0%	50.0%
Female	200	50.0%	50.0%	100.0%
Total	400	100.0%	100.0%	

According gender male 50% and female 50%, were recorded

Table 3. Marital Status of the Sample (N=400)

Marital status	Frequency	%	Valid Percent	Cumulative Percent
Married	36	9.0%	9.0%	9.0%
Unmarried	362	90.5%	90.5%	99.5%
Divorced	2	.5%	.5%	100.0%
Total	400	100.0%	100.0%	

Marital status of the sample were categorize as married 9% Unmarried 90.5%, and divorced 0.5%.were examined .

Table 4. Life satisfaction of the Sample (N=400)

Level of Life Satisfaction	Frequency	%	Valid Percent	Cumulative Percent
Extremely Dissatisfied	18	4.5%	4.5%	4.5%
Dissatisfied	76	19.0%	19.0%	23.5%
Slightly Dissatisfied	122	30.5%	30.5%	54.0%
Neutral	30	7.5%	7.5%	61.5%
Slightly satisfied	100	25.0%	25.0%	86.5%
Satisfied	54	13.5%	13.5%	100.0%
Total	400	100.0%	100.0%	

The average levels of life satisfaction according to analysis that Extremely Dissatisfied 4.5%, Dissatisfied 19%, Slightly Dissatisfied 30.5%, Neutral 7.5%, Slightly Satisfied 25%, and Satisfied 13.5% were documented are the most important outcome of this comparison. As seen in (figure.1), the mildly unsatisfied are higher than the others.

Figure1. Level of Life Satisfaction

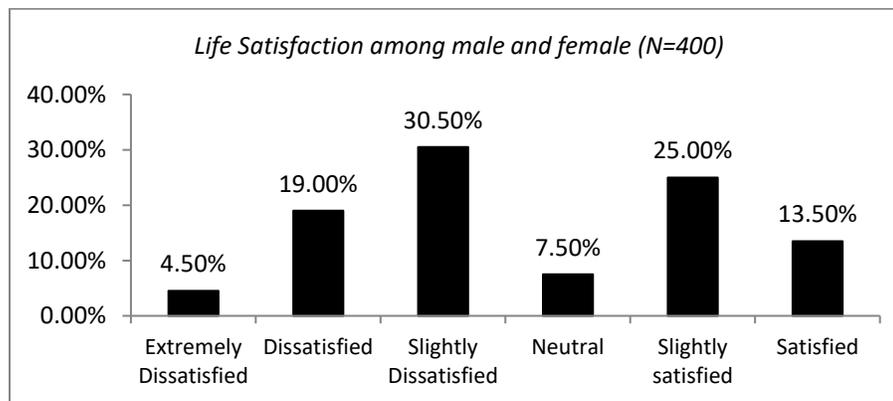


Table 5. BMI of the Sample (N=400)

Level of BMI	Frequency	%	Valid Percent	Cumulative Percent
Underweight	2	.5%	.5%	.5%

Normal weight	190	47.5%	47.5%	48.0%
Overweight	8	2.0%	2.0%	50.0%
Obese Class I	174	43.5%	43.5%	93.5%
Obese Class II	26	6.5%	6.5%	100.0%
Total	400	100.0%	100.0%	

Using the World Health Organization classification, we group the individuals into five groups based on their BMI: There were five categories: underweight (0.5%), normal (47.5%), overweight (2.0%), obese I (43.5%), and obese II (6.5%). Figure 2 below illustrates how the Class I obesity rates are greater than those of other obese people.

Figure 2. Level of Body Mass index

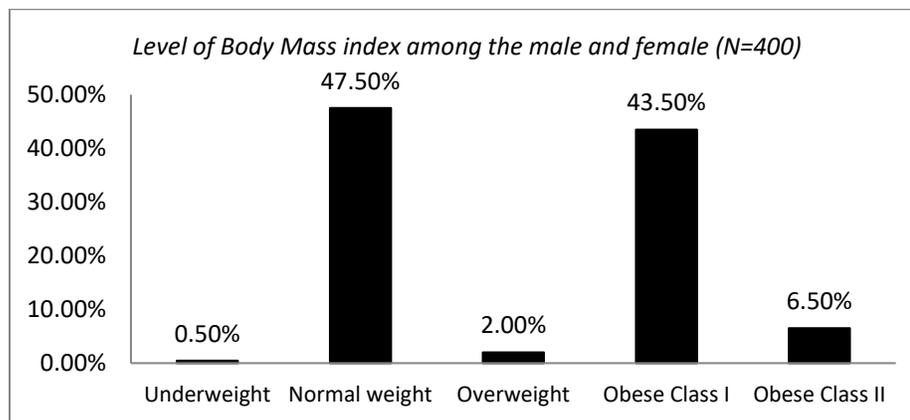


Table 6. Summary of Correlation Analysis: Relationship of Life satisfaction, Resilience, Body Mass index (BMI) and Gender. (N=400)

		Age	Gender	Marital Status	Body Mass index	Life Satisfacti on	Resilience
Age	Pearson Correlation	1	-.022	-.209**	.259**	-.089	-.070
	Sig. (2-tailed)		.661	.000	.000	.075	.160
	N	400	400	400	400	400	400
Gender	Pearson Correlation	-.022	1	.118*	.000	-.077	-.020
	Sig. (2-tailed)	.661		.018	1.000	.125	.691
	N	400	400	400	400	400	400
Marital Status	Pearson Correlation	-	.118*	1	-.212**	.129**	-.135**
	Sig. (2-tailed)	.000	.018		.000	.010	.007
	N						

	N	400	400	400	400	400	400
Body Mass index	Pearson Correlation	.259**	.000	-.212**	1	-.606**	-.217**
	Sig. (2-tailed)	.000	1.000	.000		.000	.000
	N	400	400	400	400	400	400
Life Satisfaction	Pearson Correlation	-.089	-.077	.129**	-.606**	1	.132**
	Sig. (2-tailed)	.075	.125	.010	.000		.008
	N	400	400	400	400	400	400
Resilience	Pearson Correlation	-.070	-.020	-.135**	-.217**	.132**	1
	Sig. (2-tailed)	.160	.691	.007	.000	.008	
	N	400	400	400	400	400	400

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

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

To establish the scope and direction of the relationship between the two parameters, a correlative analysis was conducted by calculating Pearson's Product Moment Correlation Coefficient. I The relationship analysis established a stronger negative association ($r = -.606^{**}$ $p=.000$.01) between obesity and life satisfaction in both male and female students. (ii) A substantial positive link between resilience and life satisfaction was found to exist between male and female students ($r = .132^{**}$, $p=.008$.01). (iii) The study discovered a strong positive correlation between age and BMI ($r = .259^{**}$ $p = .000$.01). (iv) The connection study established a stronger negative relationship ($r = -.209^{**}$ $p = .000$.01) between age and marital status. (v) The correlation analysis established a more solid negative association between marital status and physical appearance. ($r = -.212^{**}$ $p = .000 < .01$). (vi) The investigation discovered a bad link between resilience and marital status ($r = -.135^{**}$ $p = .007$.01). (vii) There is a little but positive correlation between married status and life satisfaction ($r = .129^{**}$, $p = .010$.01). (viii) The relationship analysis established a stronger negative relationship between resilience and BMI ($r = -.217^{**}$ $p = .000$.01). score as seen in Table 2 of the SPSS result. Following these results, it was assumed that, despite the fact that there was a significant link between gender and body mass index (BMI), resilience, and life satisfaction.

Table 7 Model Summary on Regression Analysis of Influence of BMI on Life Satisfaction

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.606 ^a	.367	.365	4.37531

a. Predictors: (Constant), BMI

According to Table 7, a coefficient of confidence, $R^2=.367$, shows that the two components were correlated with a fluctuation of 36.5%. This implies that the BMI model accurately captured the variation in overall change in life satisfaction across male and female students at.606a. There was really little of an effect of a variable on the particular dependent variable. In any event, Analysis of Variance (ANOVA) was performed as in the following table to determine if BMI was the important indication relating level of Life satisfaction among the male and female students.

Table 8 ANOVA Influence of Influence of BMI on Life Satisfaction

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	4416.042	1	4416.042	230.683	.000 ^b
	Residual	7619.036	398	19.143		
	Total	12035.078	399			

a. Dependent Variable: Life Satisfaction

b. Predictors: (Constant), BMI

Child upbringing style was a significant predictor of students' life happiness, according to Table 8 [F (1, 398) = 230.68p =.000b, $R^2 = .4416.042$]. This suggests that BMI really has an effect on how satisfied students are with their lives. Through the results, it is obvious that BMI accounts for a large portion of the discrepancy in the assessment of life satisfaction. In addition, a direct correlation between BMI and life satisfaction was created, as shown in the table below.

Table 9 Coefficients of Linear Regression: BMI on Life Satisfaction

Model		Unstandardized Coefficients		Standardized	t	Sig.
		B	Std. Error	Coefficients		
1	(Constant)	33.563	1.045		32.128	.000
	BMI	-3.054	.201	-.606	-15.188	.000

a. Dependent Variable: Life Satisfaction

Table 9 shows that observed scores in the degree of Life satisfaction connected with pupils would increase by.201 standard deviation units and significance.000 in the event that the BMI was increased by one standard deviation at that moment.

Table 10 Model Summary on Regression Analysis of Influence of BMI on resilience

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.217 ^a	.047	.045	.61429

a. Predictors: (Constant), BMI

According to Table 10, a coefficient of confidence, $R^2=.047$, indicates that the two elements were fluctuating by 4.5% on average. This specific BMI model represented.217a of the variation in overall resilience change across the male and female students.

Table 11 ANOVA Influence of Influence of BMI on resilience

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	7.419	1	7.419	19.661	.000 ^b
	Residual	150.185	398	.377		
	Total	157.604	399			

a. Dependent Variable: Resilience

b. Predictors: (Constant), BMI

Table 11, it can be found BMI was a significant predictor associated with students resilience [$F(1, 398) = 19.661p = .000b, R^2 = .7.419$].

Table 12 Coefficients of Linear Regression: BMI on resilience

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	3.832	.147		26.125	.000
	BMI	-.125	.028	-.217	-4.434	.000

a. Dependent Variable: Resilience

Table 12 shows that observed scores for kids' levels of resilience would increase by.147 and become statistically significant at.000 if the BMI were to be increased by one standard deviation at that time.

Discussion

The frequency of life satisfaction, resiliency, and obesity among male and female students has been examined in this study. It has been proven that female students are more likely to be obese than male students. (b) Female students would exhibit greater resilience than male

students. (c) Male students would have better life satisfaction than female students. (d) In both male and female students, obesity and life satisfaction ought to be correlated. (e) In both male and female students, resilience and life satisfaction ought to be correlated. Results from a thorough examination both confirmed and refuted the following hypothesis.

To establish the scope and direction of the relationship between the two parameters, a correlative analysis was conducted by calculating Pearson's Product Moment Correlation Coefficient. I The relationship analysis established a stronger negative association ($r = -.606^{**}$ $p = .000$.01) between obesity and life satisfaction in both male and female students. (ii) A substantial positive link between resilience and life satisfaction was found to exist between male and female students ($r = .132^{**}$, $p = .008$.01). (iii) The study discovered a strong positive correlation between age and BMI ($r = .259^{**}$ $p = .000$.01). (iv) The connection study established a stronger negative relationship ($r = -.209^{**}$ $p = .000$.01) between age and marital status. (v) The correlation analysis established a more solid negative association between marital status and physical appearance. ($r = -.212^{**}$ $p = .000 < .01$). (vi) According to the investigation, resilience and marital status are negatively correlated ($r = -.135^{**}$, $p = .007$.01). (vii) There is a little but positive correlation between married status and life satisfaction ($r = .129^{**}$, $p = .010$.01). (viii) The relationship analysis established a stronger negative relationship between resilience and BMI ($r = -.217^{**}$ $p = .000$.01).

The average levels of life satisfaction prevalence according to analysis that Extremely dissatisfied 4.5%, Dissatisfied 19%, Slightly dissatisfied 30.5%, Neutral 7.5%, Slightly satisfied 25%, and Satisfied 13.5% were documented are the most significant outcome of this comparison.

According to the investigation, the complete sample was missing from Low Resilience 28.5%, Normal Resilience 69.5%, High Resilience 1.5%, and 2 cases. Male and female subjects were divided into five groups based on their BMI: Underweight (0, 2), Normal (100, 90), Overweight (0, 8), Obese I (84, 90), and Obese II (16, 10). According to an evaluation of life satisfaction, which recorded scores of Extremely dissatisfied (4, 14), dissatisfied (38, 38), somewhat dissatisfied (58, 64), neutral (10, 20), slightly satisfied (60, 40), and satisfied (30, 24), females had greater BMI class I obesity than males do.

Someone who is really content with their life may exhibit resilience in the face of misfortune. The results of the investigation strongly support this. Life satisfaction and resilience among male and female students were shown to be significantly positively correlated. Age and BMI were revealed to be significantly positively correlated by study. The relationship between married status and life satisfaction is favorable but not very substantial.

In both male and female students, the relationship analysis established a more solid negative association between obesity and life satisfaction. The correlation study established a more convincingly negative relationship between age and marital status. The correlation study established a stronger link between married status and body mass index. The investigation discovered a bad relationship between resilience and marital status. The relationship analysis established a more solid negative relationship between resilience and BMI.

Several pieces of literature have concurred with the study's conclusions, according to "The concept of resilience relates to an individual's capacity to adapt successfully to hardship. The ability to analyse one's attitude to mental, social, physical, and social assets that may control their success and restrict alone and, all things considered, feel importance in full ways is what resilience is best understood as (Unger, 2008).

It was hypothesised that male students would have higher levels of life satisfaction than female students. Findings from the results confirm that female students' levels of life satisfaction are lower than those of male students'. Additional support for the claim that people derive happiness from a variety of sources was discovered by Pinquart & Sorsen in 2000. For males than for women, life happiness was more strongly correlated with pay. According to the results, sexual orientation has an impact on life satisfaction. According to one theory, single students would have more life happiness than married students. Life satisfaction and marital status don't seem to be associated. Individuals who are alone, solitary, widowed, or separated are less content with their lives than married or cohabiting women. Adults who aren't married attribute being single to the two restrictions and choices. Men desire marriage more than women do, and those who have never been married need to marry than those who are separated (Bailey & Synder, 2007).

In comparison to nonworking students, it was assumed that working students would possess more resilience. Destitution has long placed a strong emphasis on fortitude. The impoverished family unit acknowledges the family and societal support, is submissive in their

attitudes, and engages in administrative procedures that encourage their resilience (Derse & varda, 2009). Another theory was that, compared to working students, non-working students would experience higher levels of life satisfaction. The results of the study, however, do not support the claim that students who are not employed have greater levels of life satisfaction than those who are. The relationships between work family conflict, work, and overall personal happiness were deduced from other substance models. The relationships between work family conflict, work relaxation conflict, work satisfaction, family satisfaction, recreation satisfaction, and overall life satisfaction were deduced from additional substance models of generally personal satisfaction, but there were no notable findings among non-working people (Deiner & Biswas, 2002).

Conclusion

In this study, male and female students were examined for their levels of resiliency, life satisfaction, and BMI. The project was driven by a desire to understand the connections between resiliency, life happiness, and BMI as well as how these factors affect students. Age, marital status, and gender are just a few of the statistical elements that have been found to have a significant influence on the level of resilience, life satisfaction, and BMI.

The presumption justification may be contaminated by societal norms. The goal of the current study was to learn more about students' levels of resiliency and life satisfaction. A factual analysis revealed that resilience and life happiness are definitely related. Investigation yielded important results. Life satisfaction and resilience among male and female students were shown to be significantly positively correlated. Age and BMI were revealed to be significantly positively correlated by study. The relationship between married status and life satisfaction is favourable but not very substantial. In both male and female students, the relationship analysis established a more solid negative association between obesity and life satisfaction. The correlation study established a more convincingly negative relationship between age and marital status.

The correlation study established a stronger link between married status and body mass index. The investigation discovered a bad relationship between resilience and marital status. The relationship analysis established a more solid negative relationship between resilience and BMI. Results also showed that there is no significant difference between male and female students'

levels of resilience, but there is a significant association between female students' low levels of life satisfaction and male students' high levels of life satisfaction.

Limitation and suggestions of the study

As the example was selected from just a small age range, our sample mainly consists of younger students, ages 15 to 30. As a result, the results cannot be generalised to encompass all people throughout their whole lives. Future studies should examine whether our findings hold true with samples that include both workers and students from a wider range of ages and workers from other areas of Pakistan, not just from Faisalabad, in order to provide further insight into the relationship between obesity, life satisfaction, and resilience. It would be intriguing to investigate, for instance, if obesity and life satisfaction also reduce each other's harmful impacts in elderly populations. The response to this query would aid in comprehending the processes governing their interaction throughout life.

The discovery that the resilience person has a reduced pleasure cost from fat opens up a new line of inquiry for future study. Can we anticipate seeing the similar pattern with other labor market outcomes in particular? (for example, wages). Future studies may also examine the impact of obesity-related occupational discrimination, which may have a significant impact on life satisfaction. Last but not least, a drawback of our study is that we were forced to utilize self-reported BMI as a substitute for other body fat measurements.

It was not feasible to assess generalized life satisfaction and resilience values for the entire Punjab due to size restrictions in our final sample.

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