

Comparative Study

Mindful Eating, Body Esteem, and Quality of Life among Young Adults: A Comparative Study

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ABSTRACT

In today's health-conscious and appearance-conscious world, it is more crucial than ever to comprehend how young adults view their bodies, eating patterns, and level of satisfaction in life. The current study explores the relationship between body esteem, mindful eating, and quality of life (QoL) among young adults (males and females). The sample consisted of 120 participants (60 males and 60 females) aged 25 to 35 years, selected through convenience sampling. A cross-sectional research design was used, and data were collected using three standardized tools: the Mindful Eating Questionnaire (MEQ), the Body-Esteem Scale for Adolescents and Adults (BESAA), and the WHO Quality of Life-BREF (WHOQOL-BREF). There was a significant gender difference in Quality of Life, with males having slightly higher scores than females, but not for mindful eating and body esteem. A significant negative correlation between mindful eating and body esteem and a highly significant positive correlation between body esteem and Quality of Life were found. Body esteem was a strong and significant predictor of QoL, whereas mindful eating was not. No significant gender difference was found in the domains of body esteem, whereas a significant age difference was found only in the disinhibition domain of mindful eating, with males scoring higher than females.

Keywords: *Body Esteem, Mindful Eating, Quality of Life, Gender Differences, Young Adults*

Mindful eating

The practice of mindful eating is based on mindfulness, which means focusing entirely on the present moment without judgment (Kabat-Zinn, 1990). As defined by researchers Celia Framson and associates, who developed the Mindful Eating Questionnaire mindful eating is: "... a non-judgmental awareness of physical and emotional sensations associated with eating". Basically, mindful eating is paying attention to how we feel when eating. This relates to using all of the senses to enjoy food without judgment, paying attention to the body's internal cues (such as hunger and satiety) to prevent overindulging, and using external cues (such as eating slowly and minimizing distractions and portion sizes while eating) to help in achieving awareness (Monroe, J. T., 2015).

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In contrast to conventional dieting approaches, which frequently emphasize external food rules and restrictions, mindful eating cultivates a more intuitive and healthier relationship with food, fostering Emotional well-being and self-regulation (*Wansink & Sobal, 2007*). The four guiding principles of the mindful eating model presented by *Fung and colleagues* are what to eat, why we eat what we eat, how much to consume, and how to eat. Mindful eating takes into account the meal's broader context, including the food's origin, preparation method, and who prepared it, recognizes both external and internal cues that influence our food intake, observes the food's appearance, taste, smell, and physical sensation when eating, expresses gratitude for the meal, recognizes how the body feels after eating it, and may practice meditation or deep breathing either before or after eating, considers how food choices impact the environment both locally and globally.

Anxiety, overeating, and weight gain are all associated with mindless or distracted eating, which includes eating while driving a motor vehicle, working, or watching a screen (*Monroe, 2015*). Distractions like phone calls might lessen mindfulness and food enjoyment, while socializing during meals can improve the eating experience. In response, mindful eating has gained acceptance as a way to improve eating behaviors by lowering the shame associated with overeating and raising awareness of physical rather than emotional hunger cues.

Although weight loss is not always a constant outcome due to variations in study design, intervention studies indicate that mindfulness practices help regulate emotional and binge eating (*Monroe, 2015*). According to a literature review of 68 studies, mindfulness techniques enhanced eating behaviors by reducing meal speeds, raising awareness of fullness, and giving people more control over their food intake, however, long-term weight loss was not consistent. according to a randomized controlled trial involving 194 obese adults, incorporating mindfulness techniques, such as stress reduction, yoga, and meditation, into a diet and exercise regimen decreased sweet intake and stabilized fasting glucose levels after a year, while the control group showed elevated glucose levels. Nevertheless, there was no significant difference in weight loss between the groups. Similarly, a diabetes self-management education program and a mindful eating intervention both improved depression, nutrition self-efficacy, and control over overeating, but neither significantly altered weight reduction in a brief trial of fifty adults with type 2 diabetes.

Young adults' eating habits, sense of self, and general well-being are greatly influenced by mindful eating. Understanding the association between mindful eating, body esteem, and Quality of Life (QoL) is crucial because this developmental stage is frequently characterized by increased autonomy in food choices and sensitivity to body image issues. Comparative analysis of these variables can shed light on the possible advantages of using mindfulness-based approaches to encourage better eating habits and mental health.

Body esteem

The *American Psychological Association* (APA) defines body esteem as “the degree of positiveness with which individuals regard the various parts of their body and the appearance of those parts.” Body esteem is a subcategory of self-esteem that is particularly related to how one feels and sees one’s own body. It conveys an individual's feelings regarding their physical appearance—weight, shape, size, and attractiveness—and also their overall attitude towards it. According to *Mountford and Koskina (2015)*, body esteem is the term used to describe how people feel about their physical appearance, including their attitudes, perceptions, as well as emotions regarding their body size and shape. Since people's

perceptions of their bodies frequently affect their confidence and self-worth in a variety of spheres of life, it is essential in forming overall self-esteem.

Body esteem has a significant impact on how people feel about their bodies, which in turn affects their confidence, sense of self, and general well-being. It describes how individuals assess their own physical appearance, such as weight, body shape, and attractiveness (Mendelson, Mendelson, & White, 2001). Societal expectations and cultural expectations start to influence how people perceive their bodies at a young age, frequently resulting in comparisons that can either increase or decrease self-esteem. According to research, those with low body esteem may experience insecurities and a negative body image, whereas those with high body esteem typically have a higher feeling of self-worth (Tylka & Wood-Barcalow, 2015).

In young people, when self-awareness and external factors, including media representations of beauty, are at their height, the effects of body esteem are most apparent (Grogan, 2017). Particularly on social media, body comparisons have increased, frequently establishing unrealistic beauty standards promoting body dissatisfaction, particularly among young women (Tiggemann, 2011). However, research has also demonstrated that by encouraging a more positive and healthy relationship with one's body, adopting techniques like self-acceptance and mindful eating may significantly increase body esteem (Augustus-Horvath & Tylka, 2011). Individuals are more inclined to value their bodies for their capabilities rather than just their appearance when they prioritize self-care over external validation. According to research, those with higher body esteem are more likely to have greater self-confidence, whereas people with lower body esteem could feel insecure about their experience (Cristiana, 2016). Relationships, self-worth, and overall Quality of Life (QoL) are all impacted by body esteem, which has a substantial impact on the state of mental health. Interventions for promoting positive body esteem frequently center on developing a healthy body image, fostering self-acceptance, challenging unrealistic beauty standards, and establishing body positivity.

Beyond personal self-perception, body esteem has broader implications for mental health and Quality of Life (QoL). People with higher body esteem tend to experience lower levels of anxiety and depression, as well as improved interpersonal relationships (Avalos, Tylka, & Wood-Barcalow, 2005). Conversely, low body esteem is often linked to disordered eating patterns, chronic dissatisfaction, and emotional distress. By fostering a positive body image, individuals can develop greater self-confidence and overall well-being, leading to a more fulfilling and healthier life. Gaining knowledge about the elements that affect body esteem can help develop interventions that enhance self-perception and overall well-being.

Quality of Life (QoL)

Quality of Life (QoL) is a multidimensional term that includes a person's overall well-being, including their psychological and physical well-being, degree of independence, interpersonal relationships, personal beliefs and opinions, and how they relate to important aspects of their environment. The *World Health Organization* (WHO) defines Quality of Life (QoL) as "an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns" (WHOQUALITY OF LIFE Group 1996, p. 1404). According to this definition, Quality of Life (QoL) is a subjective evaluation that is rooted in a social, cultural, and environmental context. (Essentially, Quality of Life (QoL) cannot be compared merely with the terms "health status", "lifestyle", "life satisfaction", "mental state", or "well-being"). Because the WHO Quality of Life focuses on the "perceived" Quality of Life (QoL) of respondents; it is not

intended to offer a way to measure detailed symptoms, diseases or conditions, or disabilities as they are objectively assessed, rather it emphasizes the perceived impact of diseases and health interventions on an individual's Quality of Life (QoL). Therefore, the WHO Quality of Life is an evaluation of a multi-dimensional concept that takes into account an individual's perspective of their psycho-social and health status as well as other aspects of their lives.

According to *Mukherjee (1980)*, there are two ways to look at Quality of Life (QoL). One is based on professional assessments of social needs, and the other is based on one's own desires for a better life. This dual viewpoint highlights how subjective the Quality of Life (QoL) is and how it is influenced by both personal expectations and external conditions. According to *Søren Ventegodt et al. (2008)*, good relationships with both the local and distant worlds, as well as an overall view of life, are the key components of current health and Quality of Life (QoL). Objectively speaking, one's possessions—money, status, and employment—do not appear to have a significant impact on one's self-assessed health or global Quality of Life (QoL). Their findings suggested that what matters most is not what someone has, but rather the way someone perceives, evaluates, and experiences what someone has.

For the global Quality of Life (QoL) and health, a person's degree of consciousness and responsible attitude towards life and others appear to be considerably more important. Quality of Life (QoL) and Health-Related Quality of Life (HRQoL) have a strong correlation with mortality risk, according to a review study by *Phyo et al. (2020)*. Their results indicate that those with higher Quality of Life (QoL) scores are inclined to have a lower risk of mortality, strengthening the proposition that well-being goes beyond traditional health markers. The study highlights how Quality of Life (QoL) and HRQoL evaluations can be used as useful screening instruments in clinical practice to supplement traditional metrics like body mass index and laboratory findings. Healthcare professionals may have a better understanding of a patient's general health and long-term results by combining these measures. In India, differences in healthcare access and socioeconomic status have a big influence on people's Quality of Life (QoL). According to research, urban residents typically report higher Quality of Life (QoL) than rural residents, primarily as a result of greater infrastructure, access to healthcare, and opportunities for employment (*Kumari et al., 2020*). Although factors like morbidity and chronic illnesses significantly contribute to a decline of Quality of Life (QoL), particularly for vulnerable groups like the elderly. A significant variable to consider when evaluating Quality of Life (QoL) is the perception of quality of life by gender. The importance of gender as a predictor of Quality of Life (QoL) in India has been highlighted by *Ghosh (2015)*.

REVIEW OF LITERATURE

Mindful Eating

A pilot study was carried out using Mindful Eating and Living (MEAL), a short (6-week) group program designed to teach mindfulness to obese people (*Dalen et al., 2010*). She discovered that participants' weight, eating disinhibition, binge eating, depression, perceived stress, physical symptoms, negative affect, and C-reactive protein all showed statistically significant drops, while their mindfulness and cognitive restraint around eating measures increased. In conclusion, this study offers early proof that a mindfulness-based intervention centered on eating can significantly alter an obese person's weight, eating habits, and psychological distress.

According to empirical findings from four studies, *Jordan et al. (2014)* discovered a positive correlation between mindfulness and healthy eating habits. Reduced impulsive eating,

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decreased calorie intake, and healthier snack selections were linked to trait mindfulness. Participants in a mindful state ingested fewer calories during a spontaneous eating task, demonstrating a causal effect of the experimental manipulation of state mindfulness. Furthermore, early research indicated that mindfulness promotes attitudinal choices for healthier meals, which in turn influences eating behavior. These findings point to the potential advantages of mindfulness-based tactics for encouraging better food choices and show that mindfulness promotes healthier eating habits even in the lack of evident mindful eating instructions.

A study by *Khan & Zadeh (2014)* sought to determine how mindful eating and mental health are related. Previous research has demonstrated a correlation between mindfulness and aspects of healthy mental health. The Warwick-Edinburgh Mental Well-being Scale (*Tennant et al., 2007*) was used to measure mental well-being, and the Mindful Eating Questionnaire (*Framson et al., 2009*) measured mindfulness. Using an online survey method, a sample of 309 participants (93 males and 216 females) was gathered. As expected, the findings demonstrated a strong positive correlation between mental health and mindful eating in general.

A study by *Alberts et al. (2012)* investigated the effectiveness of a mindfulness-based intervention for eating disorders. 26 women with disordered eating behaviors who were part of a non-clinical sample were randomly assigned to either a waiting list control group or an 8-week MBCT-based eating intervention. Data were gathered both at baseline and eight weeks later. Food cravings, dichotomous thinking, body image concerns, emotional eating, and external eating all decreased much more in participants in the mindfulness intervention than in controls. According to these results, practicing mindfulness may be a useful strategy for minimizing the factors associated with problematic eating behaviors. Challenge offers guidance on how to transition from mindless eating to mindlessly eating better.

A review paper titled "From mindless eating to mindlessly eating better" was written by *Wansink (2010)*. Some hidden factors that can influence how much food a person eats include plate shapes and packaging sizes, lighting and layout, colour, and convenience. According to this review, firstly, these environmental factors influence eating because they raise consumption norms and reduce consumption monitoring. Second, it implies that merely raising awareness and providing nutrition education won't be enough to change mindless eating. Third, encouraging pilot findings from the National Mindless Eating Challenge offer guidance on how to transition from mindless eating to mindlessly eating better.

A study by *Jacob & Panwar (2023)* used a 2×3 factorial design to examine how dietary patterns, body image, mindful eating, and appearance confidence differed by gender and age among Indian adults between the ages of 18 and 55. There were no significant differences in mindful eating and appearance confidence across age and gender. However, whereas gender differences were significant for meal skipping, snacking, and convenience, fatness evaluation, and fitness evaluation, age significantly influenced height dissatisfaction, social dependence, and snacking and convenience. For social dependence, an essential interaction effect has been found. The results imply that diet-related content and social media are important in influencing dietary habits and how individuals perceive themselves.

The impact of diet on emotions examines the complex interaction between nutrition and mental health by examining how dietary choices might affect mood, cognitive function, and emotional well-being. Through in-person interviews and online questionnaires, *Zameer et al.*

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(2024) investigate the relationship between diet and emotions, specifically looking at gender variations in emotional and mindful eating behaviors among 102 participants in Urban Bengaluru. Significant trends are revealed by key findings from the Mindful Eating Questionnaire (MEQ) and Emotional Eating Questionnaire (EEQ). Dietary control is difficult, as evidenced by the fact that 66% of respondents use food as a coping mechanism for anxiety, 45% find it difficult to control sweets, especially chocolates, and 43% emotionally eat when stressed, angry, or bored; nearly half (49%), feel guilty after consuming forbidden foods, and 50% overeat while dieting. Significant gender-based differences in eating habits and emotional responses are supported by statistical analyses, such as Chi-square and ANOVA tests. Males show lower engagement in emotional eating behaviors but may show less mindful eating, and females are more susceptible to emotional triggers like anxiety, stress, or boredom, which leads to greater emotional eating tendencies and challenges with mindful eating.

Body Esteem

The study conducted by *Singh & Imran (2024)* examined the relationship between body esteem and psychological well-being in young adults. To evaluate these factors in a sample of 113 participants, researchers used Ryff's Psychological Well-Being Scale and the well-known Body Esteem Scale for Adolescents and Adults. The results showed that psychological well-being and body esteem were positively correlated, indicating that people who have higher body esteem also generally indicate better mental health. This study emphasizes how crucial it is to take body esteem into account while fostering young adults' mental health.

Body image issues are closely linked to eating problems. Assessing body image within its cultural context is crucial because it is founded on a social construct of ideal body image. In the current study, *Mallaram et al. (2023)* investigated the association between female medical students' (n = 777) perceptions of their bodies, perceived stress, eating disorder behavior, and Quality of Life (QoL). The study's participants' self-esteem, perceived body shape, body image, and Quality of Life (QoL) all significantly correlated with eating disorder behavior. Additionally, they discovered a significant correlation between eating disorder status and self-esteem, Quality of Life (QoL), perceived body shape, and BMI.

In order to determine whether emotional eating, binge eating, abnormal attitudes toward eating and weight, low self-esteem, stress, and depression are linked to dietary restraint or body dissatisfaction, *Johnson & Wardle (2005)* used prospective data from a survey of 1,177 adolescent girls. Body dissatisfaction was significantly linked to all of the negative outcomes, but restraint was only linked to more negative attitudes toward eating in models that included both as independent predictors. These findings challenge the idea that emotional eating, psychological distress, and bulimic symptoms in people attempting to control their weight are primarily caused by restrained eating and instead point to body dissatisfaction as the primary reason.

The study by *Sharif-Nia et al. (2024)* aimed to investigate the relationship between eating attitudes, body esteem, and positive body image in Iranian people. In 2022, this investigation was carried out using a cross-sectional study design. The study contained a convenience sample of 752 people who lived in Tehran, Iran. A demographic registration form, the Adolescence/Adults Scale (PBIAS), the Eating Attitudes Test (EAT), and the Body Esteem Scale (BES) were the instruments used to collect the data. The results imply that healthier eating attitudes may be associated with people who have a positive body image and high body

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esteem, whereas unhealthy eating attitudes may be associated with people who have a negative body image and low body esteem.

Many mental illnesses are linked to disturbances in body image. The purpose of the cross-sectional research conducted by *Quitkat et al. (2019)* was to compare men and women of different ages and investigate various aspects of body image in the broader German-speaking population. The following factors were evaluated and assessed concerning gender and age differences: body dissatisfaction, importance of appearance, number of hours per day invested, number of years sacrificed to obtain the ideal appearance, and body appreciation. The impacts of gender and age were investigated using general and generalized linear models. The findings showed that women had higher body dissatisfaction than men did, that this difference was independent of age, and that women placed more importance on appearance than men did. Age, however, was the only factor that predicted a decreased level of importance of appearance in men. Women reported that they would devote more hours of their lives to achieving their ideal appearance than males would. The number of years individuals would give up to get their ideal appearance was predicted by age for both genders. Across all age groups, women's appreciation of their bodies increased and was higher than men's. The findings seem to indicate that body image differs between men and women and seems to change with age.

Using a large general population sample of 5,255 Australian women between the ages of 18 and 42, *Mond et al. (2013)* investigated the Quality of Life (QoL) impairment related to body dissatisfaction (BD) in order to clarify the health burden of BD on both an individual and community level. More than one-third (39.4%) of individuals expressed moderate to severe dissatisfaction with their weight or shape, while the majority (86.9%) expressed some degree of dissatisfaction. For every item on both Quality of Life (QoL) measures, higher levels of BD were linked to a lower QoL, with the degree of impairment being proportionate to the degree of BD. Even after adjusting for body weight, higher BD was linked to a significantly higher risk of impairment in some areas of physical health, but associations were strongest for items that assessed mental health and psychosocial functioning. According to post-hoc analysis, there was no correlation between BD and eating disorder symptoms that might explain the observed relationships between BD and Quality of Life (QoL) impairment. It might be necessary to focus more on BD as a public health issue. It should not be assumed that BD is benign just because it is "normative."

Anorexia, bulimia, body dysmorphia, and depression are among the mental health effects linked to body dysmorphia, which is becoming more prevalent. *Pimentawas et al. (2009)* conducted a study with the goal of determining whether there is a correlation between the prevalence of depression and body image disturbance. 10,286 members of a dynamic prospective cohort of Spanish university graduates participated in this study, which followed them for a median of 4.2 years (Seguimiento Universidad de Navarra – the SUN study). In a group of Spanish university graduates, they discovered no connection between body image disturbance and subsequent depression.

Quality of Life (QoL)

A person's Quality of Life (QoL) can be negatively impacted by eating disorders (EDs), which can cause physical, mental, and social damage. In a large community-based sample, *de la Rie et al. (2005)* compared the Quality of Life (QoL) of ED patients and former ED patients to that of patients with mood disorders and a normal reference group. The sample consisted of 156 patients with eating disorders, including 44 with anorexia nervosa, 43 with bulimia

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nervosa, 69 with eating disorders not otherwise classified, and 148 with a history of eating disorders. Compared to a normal reference group, ED patients reported a noticeably poorer Quality of Life (QoL). There were no distinctions between the diagnostic groups. The Quality of Life (QoL) of former ED patients was still lower than that of a typical reference group. Compared to individuals with mood disorders, ED patients reported a noticeably poorer Quality of Life (QoL). The biggest factor influencing Quality of Life (QoL) was self-esteem.

Phyo et al. (2020) conducted a systematic review and meta-analysis to investigate the correlation between mortality risk and Quality of Life (QoL) in the general population. To determine how Quality of Life (QoL) affects longevity, the study combined data from 47 relevant studies, totalling over 1.2 million participants. The results showed a robust correlation supported by 91.5% of the studies between lower mortality risk and improved Quality of Life (QoL). The results of the meta-analysis also demonstrated that a significantly lower risk of mortality was associated with improved Health-Related (HRQoL). In addition to conventional health measurements like body mass index and laboratory test results, these findings emphasize the significance of integrating Quality of Life (QoL) assessments into clinical practice and imply that they may be useful screening tools for predicting mortality risk.

Hart et al. (2020) conducted a study to investigate the association between disordered eating habits and eating disorder (ED) diagnosis in young adults with Health-related Quality of Life (HRQoL) and to see whether effect modification by gender is present. Participants (N = 9440, aged 18–31) in the U.S. Growing Up Today Study cohort in 2013 indicated a lifetime history of eating disorders as well as the use of disordered eating practices during the previous years. An ED diagnosis and disordered eating behaviors were found to be substantially linked to a lower-than-full risk of health. Only one variable, ED diagnosis, showed a significant gender interaction; males who reported ever receiving a diagnosis had worse HRQL declines than women.

In a sample of undergraduate men and women (n = 709), *Wagner et al. (2016)* investigated whether eating disorder features can account for gender differences in Quality of Life (QoL) and whether gender moderates the associations between eating disorder features and Quality of Life (QoL) impairment. Women in this sample reported lower mental HRQoL than men, indicating that gender was a major predictor of mental Health-related Quality of Life. Undergraduate students' mental and physical Health-related Quality of Life was most strongly predicted by their eating disorder cognitions, but binge eating only had a negative impact on their physical Health-related Quality of Life. Eating disorder cognitions were found to mediate the association between gender and mental Health-related Quality of Life, accounting for a portion of the difference between undergraduate men's and women's mental Health-related Quality of Life. Gender was not found to moderate the associations between eating disorder features and Health-related Quality of Life.

In this, *Sanftner (2011)* investigated the relationship between eating disorder-related psychosocial variables and health-related Quality of Life (QoL). A sample of 114 men and 266 women was drawn from a Midwestern university. The findings showed that compared to men, women reported far greater levels of psychosocial risk variables. Furthermore, it was discovered that all but one of the psychosocial risk variables were associated with a lower Quality of Life (QoL) for women. The association between objectified body consciousness and Quality of Life (QoL) was moderated by gender but not by the other psychosocial risk variables. Last but not least, a comparison of a general and an eating disorder-specific Quality of Life (QoL) scale showed that the latter was more sensitive to the needs of college students.

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These findings imply that women who are at greater risk of acquiring eating disorders have lower Quality of Life (QoL) and that Quality of Life (QoL) scales specific to eating disorders can help evaluate men and women in the general population.

Ventegodt et al. (2008) used the self-administered SEQoL questionnaire to conduct a cross-sectional comparative study that looked at the main determinants affecting Quality of Life (QoL). A representative sample of 2,500 Danish people aged 18–88 who were randomly selected from the CPR register and a follow-up survey of 4,648 participants aged 31–33 who were part of the Copenhagen Perinatal Birth Cohort comprised the two main samples used in the study, which was carried out at the Quality-of-Life Research Center, University Hospital Copenhagen, Denmark. The results showed that a person's overall view of life (41.5% to 59.1%), relationship with oneself (39.3% to 56.8%), and relationships with friends (33.3% to 42.7%) and partners (32.2% to 31.7%) had the highest correlation with Quality of Life (QoL). Health-related facets were also important; there were high correlations between Quality of Life (QoL) and self-perceived mental health (38.4% - 51.0%), Quality of Life (QoL) and self-perceived physical health (33.2% - 29.4%), Quality of Life (QoL) and satisfaction with health (27.3% - 29.0%), and the number of severe health problems (29.8% - 35.3%) and Quality of Life (QoL). However, lifestyle choices including alcohol and drug usage, exercise, food, and cigarette and alcohol intake, as well as objective factors like weight, social group, age, sex, and income, had little to no effect on Quality of Life (QoL). These results highlight the significance of holistic approaches to enhancing overall life satisfaction and well-being by indicating that psychological well-being, self-perception, and personal relationships are more important factors of Quality of Life (QoL) than lifestyle or external socioeconomic factors (*Ventegodt et al., 2008*).

Rationale

India is characterized by fast globalization, modernization, and a blending of Western concepts and traditional norms, especially among young individuals between the ages of 20 and 35. This demographic is crucial to research since they are being exposed to a wider range of eating habits, body esteem, and lifestyle modifications. The practice of mindful eating, which promotes being fully present while eating, has become well-known throughout the world for its beneficial effects on eating behaviors, body esteem, and general Quality of Life (QoL). Although in India, where food is closely linked with familial expectations, cultural traditions, and social gatherings, the impact of mindful eating on body esteem and Quality of Life (QoL) is less explored. Meanwhile, body image concerns are increasing among Indian youth, greatly influenced by social media exposure, Western ideals of beauty, and the increasing fitness culture (Chugh & Puri, 2001). These influences create unrealistic appearance standards, which lead to unhealthy eating behaviors and body dissatisfaction. Since societal expectations that surround appearance, health, and diet are different for men and women in India, it is important to examine whether gender-based differences exist regarding mindful eating, body esteem, and Quality of Life (QoL) among young adults.

Regardless of increasing awareness of mental well-being and healthy eating, research on mindful eating in India is limited. The majority of Indian research to date has been on nutrition, obesity, or disordered eating patterns, frequently ignoring the psychological components of mindful eating and its relationship to life satisfaction, Quality of Life (QoL), and self-esteem and body esteem. While studies conducted worldwide emphasize the gender disparities in dietary behaviors and body image issues, actual research comparing these variables across Indian males and females is lacking. Moreover, in India, the predictive role of mindful eating and body esteem on Quality of Life (QoL) has not been adequately tested,

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where there is a diverse cultural landscape, where factors like caste, religion, and urbanization may moderate the relationships. By offering a comparative and predictive analysis among young Indian adults, this study seeks to fill these gaps.

METHOD

Objectives

The following are the objectives of this study:

- Compare the Quality of Life (QoL), body esteem, and mindful eating between young adults (Males and Females).
- Analyse the relationships among Quality of Life (QoL), body esteem, and mindful eating.

Hypotheses

- **H1.** There will be a significant difference in mindful eating, body esteem, and Quality of Life (QoL) between males and females.
- **H2.** Mindful eating and body esteem will significantly predict Quality of Life (QoL).

Variables

1. Predictor Variables

- Mindful Eating
- Body Esteem

2. Criterion Variable

- Quality of Life (QoL)

Tools Employed

Mindful Eating Questionnaire (MEQ; Framson & colleagues, 2009)

The 28-item Mindful Eating Questionnaire is a self-report tool that breaks down mindful eating into five domains: awareness (seven items), distraction (three items), disinhibition (eight items), emotional responses (four items), and external cues (six items). A 4-point Likert scale is used to rate eating patterns; 1 represents never/rarely, 2 represents sometimes, 3 represents often, and 4 represents usually/always. Higher ratings indicated more mindful eating. Each item was given a score between one and four. The mean of the items, excluding those with a "not-applicable" response, was used to determine each subscale score. The mean of the five subscales served as the summary score.

This tool has already undergone validation among healthy persons aged 18 to 80. According to earlier research, the MEQ score has a Cronbach's alpha of 0.64, indicating moderate internal consistency. Despite having only three to eight items, each subscale demonstrated strong internal consistency reliability, with ranges from 0.64 to 0.83. Additionally, the MEQ summary score (mean of the five subscale scores) had a good reliability (0.64). (Framson & et al, 2009)

Domains of mindful eating:

- **Awareness:** demonstrates a keen awareness of the food's flavour, texture, and smell during the eating experience. This involves being aware of the impact that food has on one's interior mental and physical well-being.
- **Distraction:** Indicates a lack of mindful participation by measuring how much a person is preoccupied with other activities or ideas during eating.

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- Disinhibition: is the inability to quit eating once it has begun, which is reflected in a tendency to consume even when one is physically full.
- External Cues: This refers to eating in reaction to outside stimuli, such as the sight or scent of food, as opposed to internal hunger.
- Emotional Response: Describes eating triggered by negative emotions such as stress, anxiety, or sadness.

Body-Esteem Scale for Adolescents and Adults (Mendelson et al.,1997)

The Body-Esteem Scale for Adolescents and Adults, which evaluates individuals' feelings and attitude regarding their bodies and appearance, has 30 items, such as "I like what I look like in pictures"; "I am satisfied with my weight"; " My looks help me get dates" A 5-point Likert scale, ranging from 0 (Never) to 4 (Always), is used by respondents to express how much they agree. Items with negative wording received scores in reverse.

Domains of body esteem:

- Appearance: This reflects one's overall feelings and level of happiness with their physical appearance.
- BE-Weight: Focuses on how people feel about their body weight and how they perceive it.
- BE-attribution: Beliefs regarding how other people view and assess one's body and looks

Test-retest reliability: A sample of 131 junior college students (84 women and 47 men; M = 18.6 years) were administered the Body-Esteem Scale for Adults and Adolescents. Three months later, 97 of these students (61 women and 36 men) took the test again. The correlations between tests were high (BE-Attribution: $r(95) = 0.83$; BE-Weight: $r(95) = 0.92$; and BE-Appearance: $r(95) = 0.89$, which confirms the measures' reliability. (Mendelson et al. ,1997)

Convergent validity: The Global Self-Worth subscale of the Self-Perception Profile for College Students (Neeman & Harter, 1986) or the Rosenberg Self-Esteem Scale (Rosenberg, 1965) was used to evaluate the convergent validity of the Body-Esteem Scale for Adolescents and Adults. With a high score denoting high self-esteem and a low score denoting low self-esteem, these two measures are general measures of self-esteem. (Mendelson et al. ,1997)

WHO QUALITY OF LIFE-BREF

The WHO QUALITY OF LIFE-BREF is a 26-item questionnaire used to assess individuals' Quality of Life (QoL). It offers a concise, reliable, and valid substitute for the longer, more thorough WHO QUALITY OF LIFE-100. To ensure its usefulness across a variety of populations, it was created through cross-cultural field testing in more than 15 countries (The WHO QUALITY OF LIFE Group, 1998). There are four domains in WHO QUALITY OF LIFE-BREF: Physical Health (7 items): Sleep, pain, mobility, and energy; psychological (6 items): body image, emotions, and self-esteem; social relationships (3 items): support and personal relationships; environment (8 items): access to services, safety, and finances and two generic questions about general health and Quality of Life (QoL) are also included. The mean of all the items in each domain is multiplied by a factor of four to determine the WHOQUALITY OF LIFE-BREF domain scores. After that, these scores are transformed to a 0-100 scale. (WHOQUALITY OF LIFE Group, 1998)

Internal consistency: Good internal consistency was demonstrated by the Cronbach alpha values for each of the four domain scores, which varied from.66 (for domain 3) to .84 (for

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domain 1). Because the Cronbach alpha values for domain 3 were derived from three scores (i.e., the personal relationships, social support, and sexual activity facets), as opposed to the four at least that are normally recommended for evaluating internal reliability. (WHOQUALITY OF LIFE Group, 1998)

Discriminant validity: The WHOQUALITY OF LIFE-BREF was demonstrated to be comparable to the WHOQUALITY OF LIFE-100 in discriminating between the ill and well groups, with the same values and significant differences between ill and well subjects apparent in all domains. (WHOQUALITY OF LIFE Group, 1998).

Sample

The sample for this study consists of 120 young adults, including 60 males and 60 females, aged between 25 and 35 years. Data was collected through an online Google Forms survey, and the sample was selected using the **convenience sampling** method.

Research Design

The current study used a quantitative, cross-sectional research approach to investigate the relationships among mindful eating, body esteem, and Quality of Life (QoL) in young Indian adults. In order to investigate gender-based differences as well as predict associations among these variables within the target population, a cross-sectional design, which collects data at a particular point in time, was chosen.

Procedures

Google Forms was used to administer an online survey for the study. The three standardized tools—the Mindful Eating Questionnaire (MEQ), the Body Esteem Scale for Adolescents and Adults (BESAA), and the WHO Quality of Life-BREF (WHOQOL-BREF)—were presented on the form after a brief introduction, consent statement, and demographic questions (such as age and gender).

It took ten to fifteen minutes to finish the survey. Convenience sampling was used to find participants using social media, academic circles, and personal networks. A total of 120 young adults between the ages of 25 and 35 willingly took part in the study (60 males and 60 females).

Following data collection, the completeness of the responses was checked. Duplicate or incomplete entries were not included in the final analysis. Descriptive statistics, t-tests, Pearson correlation, and multiple regression analyses were performed on the cleaned dataset using Microsoft Excel in order to assess the hypotheses. Ethical guidelines like confidentiality, anonymity, and voluntary involvement were adhered to for the entire study.

Data Analysis

Data analysis was conducted on Microsoft Excel. Descriptive statistics were done on overall data and also for finding the gender difference in each variable, mindful eating, body esteem, and quality of life. (Tables 2, 3, and 4)

For finding the significant gender difference t-test: Two-sample assuming equal variance was used on each variable, mindful eating, body esteem, and quality of life. Correlation was used to find out the relation between mindful eating and body esteem, mindful eating and quality of life, and body esteem and quality of life.

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Multiple t-tests were used to find out significant differences between males and females among the domains of mindful eating and body esteem. Regression analysis was done to find out whether mindful eating and body esteem predict quality of life or not.

RESULTS

This section presents the findings from statistical analyses conducted to address the objectives and test the hypotheses of the study. Descriptive statistics summarize the overall trends in mindful eating, body esteem, and Quality of Life (QoL), while inferential analyses, which include t-tests, Pearson correlations, and multiple regression, explore the gender differences and relationships among the variables.

Table 1: Reliability Coefficient (Cronbach's Alpha) for the Study Scale

Scale	Number of Items	Cronbach's α
Total Scale (Mindful Eating, BES, QOL)	78	0.95

Note: here α = Cronbach's alpha.

Table 1 shows Cronbach's alpha for the total scale consisting of items from the Mindful Eating, Body Esteem, and Quality of Life measures. The scale demonstrated excellent internal consistency ($\alpha = .95$), suggesting that the items measured the intended constructs.

Table 2: Descriptive Statistics for All Participants for Mindful Eating, Body Esteem, and Quality of Life (N = 120)

Variable	M	SD
Mindful Eating	2.18	0.26
Body Esteem	59.60	15.81
Quality of Life	63.58	13.24

Table 2 shows that mean scores indicate moderate levels of mindful eating (M = 2.18, SD = 0.26), body esteem (M = 59.60, SD = 15.81), and quality of life (M = 63.58, SD = 13.24).

Table 3: Descriptive Statistics for Males (N = 60)

Variable	M	SD
Mindful Eating	2.21	0.24
Body Esteem	60.62	15.64
Quality of Life	66.15	13.04

Table 3 displays descriptive statistics for male participants (N = 60). Male participants reported moderately high levels of mindful eating (M = 2.21, SD = 0.24), body esteem (M = 60.62, SD = 15.64), and quality of life (M = 66.15, SD = 13.04).

Table 4: Descriptive Statistics for Females (N = 60)

Variable	M	SD
Mindful Eating	2.14	0.28
Body Esteem	58.58	16.04
Quality of Life	61.01	13.05

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Table 4 displays descriptive statistics for female participants (N = 60). Mean scores and standard deviations are reported for female participants. The average scores reflect moderate levels of mindful eating (M = 2.14, SD = 0.28), body esteem (M = 58.58, SD = 16.04), and quality of life (M = 61.01, SD = 13.05).

Gender-based comparisons revealed that male participants reported slightly higher scores on mindful eating (M = 2.21, SD = 0.24) than females (M = 2.14, SD = 0.28), as well as higher body esteem (M = 60.62, SD = 15.64 vs. M = 58.58, SD = 16.04) and quality of life (M = 66.15, SD = 13.04 vs. M = 61.01, SD = 13.05). These differences, although small, indicate moderate gender variations across the three variables.

Table 5: Independent Sample *t*-test for Mindful Eating Scores Between Male and Female Participants

Group	M SD	N
Male	2.21 0.24	60
Female	2.14 0.28	60

$t(118) = 1.54, p = 0.13$ (two-tailed)

Table 5, shows an independent sample *t*-test to compare mindful eating scores between male and female participants, which revealed no significant difference in mindful eating scores between males (M = 2.21, SD = 0.24) and females (M = 2.14, SD = 0.28); $t(118) = 1.54, p = 0.13$ (two-tailed). This suggests that gender did not have a significant impact on mindful eating levels in the sample.

Table 6: Independent Sample *t*-test for Body Esteem Scores Between Male and Female Participants

Group	M SD	N
Male	60.62 15.64	60
Female	58.58 16.04	60

$t(118) = 0.70, p = 0.48$ (two-tailed)

Table 6, shows an independent sample *t*-test test to compare body esteem scores between male and female participants, which revealed no significant difference in body esteem scores between males (M = 60.62, SD = 15.64) and females (M = 58.58, SD = 16.04), $t(118) = 0.70, p = 0.48$ (two-tailed). These results suggest that gender did not significantly affect body esteem in our sample.

Table 7: Independent Sample *t*-test for Quality of Life Scores Between Male and Female Participants

Group	M SD	N
Male	66.15 13.04	60
Female	61.01 13.05	60

$t(118) = 2.16, p = 0.03$ (two-tailed)

Table 7, shows an independent sample *t*-test to compare quality of life scores between male and female participants, which showed that males (M = 66.15, SD = 13.04) reported significantly higher quality of life scores than females (M = 61.01, SD = 13.05), $t(118) = 2.16,$

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$p = 0.03$ (two-tailed). This indicates that gender had a significant impact on perceived quality of life.

Table 8: Independent Sample *t*-test for Mindful Eating Domains Between Male and Female Participants

Domain	Male M	Male SD	Female M	Female SD	t(118)	p (two-tailed)
Awareness	2.09	0.58	2.04	0.55	0.48	0.63
Distraction	2.06	0.54	2.03	0.62	0.31	0.76
Disinhibition	2.08	0.48	1.88	0.59	2.03	0.04
Emotional Response	2.16	0.72	1.97	0.66	1.44	0.15
External Cue	2.68	0.57	2.78	0.47	-1.10	0.27

Table 8 shows that independent sample *t*-test were conducted to compare males and females across the five domains of mindful eating. Male participants reported slightly higher scores than females on awareness ($M = 2.09$, $SD = 0.58$ vs. $M = 2.04$, $SD = 0.55$) and distraction ($M = 2.06$, $SD = 0.54$ vs. $M = 2.03$, $SD = 0.62$), but these differences were not statistically significant, $t(118) = 0.48$, $p = 0.63$ and $t(118) = 0.31$, $p = 0.76$, respectively. On the disinhibition domain, males ($M = 2.08$, $SD = 0.48$) scored significantly higher than females ($M = 1.88$, $SD = 0.59$), $t(118) = 2.03$, $p = 0.04$, indicating a meaningful gender-based difference in this aspect of mindful eating. Although emotional response scores were higher among males ($M = 2.16$, $SD = 0.72$) compared to females ($M = 1.97$, $SD = 0.66$), this difference did not reach statistical significance, $t(118) = 1.44$, $p = 0.15$. Lastly, females scored slightly higher on external cue responsiveness ($M = 2.78$, $SD = 0.47$) than males ($M = 2.68$, $SD = 0.57$), but this difference was also not significant, $t(118) = -1.10$, $p = 0.27$. Overall, these results indicate that gender differences across most mindful eating domains were minimal, with the exception of disinhibition.

Table 9: Independent Sample *t*-test for Body Esteem Domains Between Male and Female Participants

Domain	Group	M	SD	N	t(118)	p
Appearance	Male	28.28	7.12	60	-0.01	0.99
	Female	28.30	7.70	60		
Weight	Male	20.35	6.68	60	0.79	0.43
	Female	19.30	7.82	60		
Attribution	Male	11.98	4.25	60	1.40	0.16
	Female	10.98	3.55	60		

Table 9 shows independent sample *t*-test to examine gender differences across three domains of body esteem: appearance, weight, and attribution. The results show no significant differences in appearance esteem scores between males ($M = 28.28$, $SD = 7.12$) and females ($M = 28.30$, $SD = 7.70$); $t(118) = -0.01$, $p = 0.99$. Similarly, weight esteem scores did not differ significantly between males ($M = 20.35$, $SD = 6.68$) and females ($M = 19.30$, $SD = 7.82$); $t(118) = 0.79$, $p = 0.43$. Although males ($M = 11.98$, $SD = 4.25$) scored slightly higher than females ($M = 10.98$, $SD = 3.55$) in the attribution domain, the difference was not

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statistically significant: $t(118) = 1.40, p = 0.16$. These findings suggest that gender does not significantly impact body esteem in this sample.

Table 10: Pearson Correlations Between Mindful Eating, Body Esteem, and Quality of Life

Variable Pair	r	t-value	p-value
Mindful Eating & Body Esteem	-0.20	-2.22	0.03
Mindful Eating & Quality of Life	-0.17	-1.87	0.06
Body Esteem & Quality of Life	0.57	7.54	< 0.001

Table 10 shows the relationships among mindful eating, body esteem, and quality of life using Pearson correlations. Mindful eating shows a significant negative correlation with body esteem ($r = -0.20, p = 0.03$) but was not significantly correlated with quality of life ($r = -0.17, p = 0.06$). In contrast, body esteem was strongly and positively correlated with quality of life ($r = 0.57, p < 0.001$), suggesting that higher body esteem is associated with better perceived quality of life.

Table 11: Multiple Regression Analysis Predicting Quality of Life from Mindful Eating and Body Esteem

Predictor	B	SE B	t	P	95% CI for B
Intercept	42.19	10.10	4.18	< 0.001	[22.20, 62.19]
Mindful Eating	-2.87	3.91	-0.73	0.464	[-10.62, 4.88]
Body Esteem	0.46	0.07	7.12	< 0.001	[0.33, 0.59]

Table 11, here, $N = 120$. SE B = Standard Error of the unstandardized coefficient; CI = Confidence Interval. $R^2 = 0.32$, Adjusted $R^2 = 0.31$, $F(2, 117) = 27.84, p < 0.001$.

The regression model significantly predicted quality of life, $F(2, 117) = 27.84, p < 0.001$, and explained 32% of the variance in quality of life ($R^2 = 0.32$). Body esteem significantly predicted quality of life ($B = 0.46, p < .001$), whereas mindful eating did not ($B = -2.87, p = 0.464$).

DISCUSSION

The current study aims to explore how young adults in India relate to their body esteem, eating behaviours, and overall life quality, these three areas that are becoming increasingly relevant in today's health-conscious and image-focused society. With a sample of 120 participants, the research had two main objectives: (1) to compare the Quality of Life (QoL), body esteem, and mindful eating between young adult males and females, and (2) to analyze the relationships among these variables. Based on these aims, the study proposed two hypotheses: first, that there would be significant gender differences in mindful eating, body esteem, and Quality of Life; and second, that mindful eating and body esteem would significantly predict QoL. Here, body esteem and mindful eating were treated as predictor variables, while Quality of Life served as the criterion variable. The discussion below presents key findings, interprets them in light of existing research, and considers what they suggest about the lived experiences of young Indian adults navigating personal well-being.

The tools used for this study, the Mindful Eating Questionnaire (MEQ), Body Esteem Scale (BESAA), and WHO Quality of Life-BREF, showed excellent reliability, with a combined

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Cronbach's alpha of 0.95 (see Table 1). This means that the questionnaires worked well together and consistently measured what they were supposed to.

Looking at the overall scores (see Table 2), participants generally showed **moderate levels of body esteem, mindful eating, and QoL**. Moderate levels of body esteem, mindful eating, and quality of life means that participants are neither extremely distressed nor extremely satisfied in these areas, indicating a middle-ground experience that is probably influenced by the transitional stage of young adulthood, where people are learning to balance their appearance, health, stress from their jobs or studies, and their growing autonomy. **Mindful eating scores were pretty consistent across the sample** (average score = 2.1). According to the sample's consistent mindful eating scores, young individuals might have similar lifestyle choices, including eating while distracted, having irregular mealtime routines, and being exposed to similar media and cultural influences. Even while they might be aware of the benefits of mindful eating, their capacity to practice it regularly is probably hampered by things like hectic schedules, emotional swings, and academic stress.

On breaking it down by gender (see Tables 3 and 4), the study found that **men had slightly higher average scores on all three variables**, but the differences were not large enough to be statistically significant. The lack of statistically significant differences indicates that young Indian adults of both genders have relatively similar experiences with body esteem, mindful eating, and quality of life, despite men scoring slightly higher across all three variables. This is probably due to changing gender norms, growing health consciousness, and the influence of shared sociocultural environments. These findings align with those of *Jacob and Panwar (2023)*, who also reported no significant differences in mindful eating and appearance confidence across age and gender, suggesting that these aspects may remain relatively stable across demographic groups.

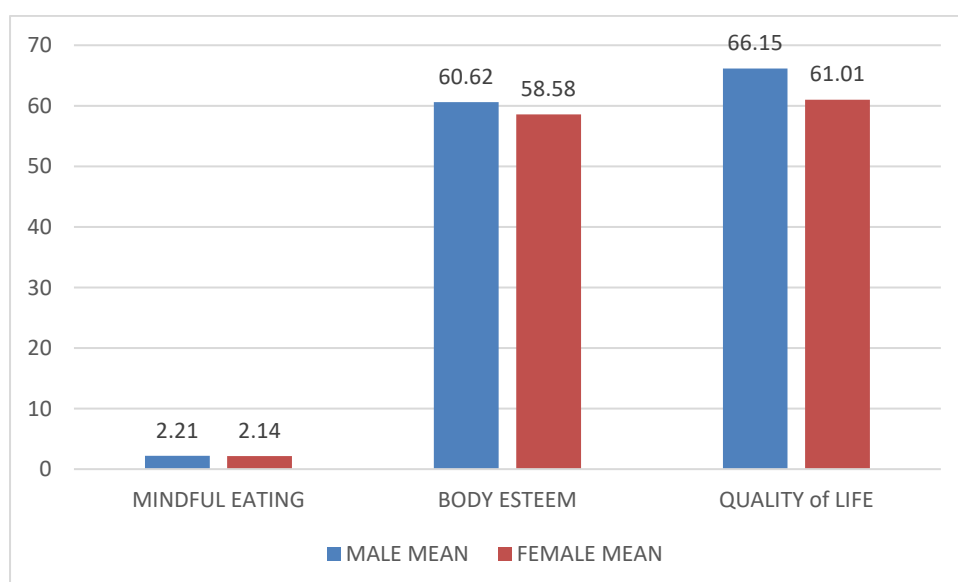


Figure 1: Mean scores of mindful eating, body esteem, and quality of life among male and female participants.

Pearson correlation analysis was conducted to explore how these variables relate to each other (see Table 10). Interestingly, a **significant negative correlation between mindful eating and body esteem** ($r = -0.20$, $p = 0.03$) was found. This means that people with high mindful eating behavior have slightly lower body esteem. While this might seem surprising, it could suggest

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that people who are more mindful about eating might also be more aware of and critical about their bodies. Rather than showing a clear-cut relationship, the study's findings suggest that higher mindfulness around eating may be linked to increased self-scrutiny, especially in people who are already dissatisfied with their bodies. This underscores the need for more nuanced approaches to promoting mindfulness, making sure it is paired with body acceptance and self-compassion in interventions targeting young adults. The study's negative correlation between mindful eating and body esteem may reflect a complex interplay of body awareness, cultural pressures, and internalized ideals. More research could explore whether increased self-awareness leads to higher self-scrutiny.

Khan and Zadeh (2014) found a moderate positive correlation between mental health and mindful eating, suggesting that being more mindful during eating might be associated with better mental well-being. In contrast, **our study did not find a statistically significant relationship between mindful eating and quality of life** ($r = -0.17, p = 0.06$), though the result was close. This slight negative trend was not expected and could reflect the complex ways in which people relate to food and well-being. Even though previous research has connected mindful eating to improved mental health, this study's lack of association may highlight how complex and individual quality of life is, it is influenced not only by eating habits but also by cultural, emotional, and daily experiences, particularly for young adults. It's possible that other factors are influencing this relationship, and future research might benefit from exploring it further with a larger or more diverse sample.

Meanwhile, a **strong and highly significant positive correlation between body esteem and Quality of Life** was found ($r = 0.57, p < 0.001$), meaning people who felt better about their bodies also reported a better quality of life, highlighting body image as a crucial psychological factor influencing life satisfaction. This lines up with what *Singh and Imran (2024)* found in their study, where people with higher body esteem also had better psychological well-being.

The study also conducted t-tests to check for gender differences in these variables. The study found **no significant difference in mindful eating between males and females**, even though males scored slightly higher ($M = 2.21$) than females ($M = 2.14$), $t(118) = 1.54, p = 0.13$. The lack of a significant gender difference in mindful eating may be due to young Indian men and women's similar exposure to lifestyle trends and growing health consciousness, indicating that mindful eating habits are becoming more gender-neutral in this age range. Similarly, there **was no meaningful difference in body esteem between genders**, $t(118) = 0.70, p = 0.48$. This may reflect evolving societal attitudes and increasing exposure to body positivity and self-acceptance movements among young Indian adults. These results match up with *Jacob and Panwar (2023)*, who found no gender differences in mindful eating or confidence related to appearance.

However, **there was a significant gender difference in Quality of Life**, with males showing higher scores ($M = 66.15$) than females ($M = 61.01$), $t(118) = 2.16, p = 0.03$. This suggests that gender may influence how people experience and rate their overall life quality, with males in this study reporting slightly better outcomes. Young men in India tend to have more autonomy, fewer pressures related to appearance, and less psychological burden than women, which may be a contributing factor to their higher self-reported life satisfaction. These sociocultural factors may be the cause of this gender gap in quality of life. So, **Hypothesis 1 was only partly supported**, that is, gender differences showed up for QoL but not for mindful eating or body esteem.

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To see whether body esteem and mindful eating could predict QoL (Hypothesis 2), the study conducted multiple regression analyses. The results clearly stated that the overall model was significant, $F(2, 117) = 27.84, p < 0.001$, and explained about 32% of the variation in QoL scores (see Table 11). **Body esteem was a strong and significant predictor of QoL ($B = 0.46, t = 7.12, p < 0.001$)**, which means that individuals who felt better about their bodies were much more likely to report a higher quality of life. This finding implies that body esteem plays a crucial role in determining how young adults perceive their overall well-being. According to previous research and the multifaceted nature of QoL measured by the WHOQOL-BREF, a positive body image boosts self-confidence, lowers psychological distress, and promotes healthier social interactions, all of which contribute to a higher quality of life.

On the other hand, **mindful eating didn't significantly predict QoL ($B = -2.87, p = 0.46$)**. Although mindful eating improves short-term awareness and eating behavior regulation, it may not directly translate into greater life satisfaction among young adults, as suggested by the non-significant predictive value of mindful eating on quality of life. This could be because of the influence of deeper psychological, social, or cultural factors that are more important in determining overall well-being. So, this *hypothesis was also partially supported* as body esteem had a significant role, but mindful eating did not play a significant role here. These results are in line with earlier research by *Mond et al. (2013)*, which linked those higher levels of body dissatisfaction to lower QoL, and *de la Rie et al. (2005)*, who found self-esteem to be one of the biggest influences on QoL. *Ventegodt et al. (2008)* also emphasized the importance of psychological well-being, self-perception, and personal relationships as more important factors than socioeconomic ones in determining quality of life.

In addition to the primary hypotheses and objectives, this study also explores gender-based differences across specific domains of mindful eating and body esteem. Males scored slightly higher in the awareness and distraction domains of mindful eating, but these differences weren't significant. However, **in the disinhibition domain, the difference was significant**, with males ($M = 2.08$) scoring higher than females ($M = 1.88$), $t(118) = 2.03, p = 0.04$. This may mean that males are more likely to have trouble stopping eating even when they are full. Other domains, like emotional response and external cues, didn't show any significant gender differences. These findings partially contrast with *Zameer et al. (2024)*, who found that males show lower engagement in emotional eating but may also be less mindful overall, while females are more vulnerable to emotional triggers like stress or anxiety, which can increase emotional eating. This contrast could be due to differences in sample characteristics, such as age, cultural background, or how emotional eating and mindfulness were measured across studies. For body esteem, the study looked at appearance, weight, and attribution subdomains, but again, **no significant gender differences were found**, suggesting that body image perceptions were fairly similar between males and females in this sample.

Overall, the findings highlight that body esteem plays a key role in shaping how young adults experience their quality of life. While mindful eating is often encouraged for better well-being, this study suggests that it may not be directly associated with how people evaluate their life quality (at least not in this age group).

Limitations

This study comes with a few limitations as well, which are important to acknowledge. The first limitation is that the sample size is relatively small ($N = 120$) and consists mainly of young adults, which may limit how well these findings apply to a broader population.

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Including participants from different age groups, regions, and cultural backgrounds in future research could offer more generalizable insights.

The second limitation is that since the study relied entirely on self-report questionnaires, the data may be influenced by social desirability bias or self-perception errors, which means that participants' responses might not fully reflect their true thoughts or behaviors. Participants may have responded in ways they thought were more acceptable, especially when it came to personal topics like body image and eating behavior.

The third limitation is that, due to the cross-sectional nature of the study, we can find out associations but not causation. For example, while body esteem was found to be a strong predictor of Quality of Life, we cannot say for certain that one causes the other. Lastly, while this research focused on individual psychological factors, it did not directly explore the impact of larger cultural and societal influences, which can be especially important in a diverse country like India. Future research could benefit from a longitudinal design, mixed research methods approach, or even in-depth qualitative interviews to better understand how these factors evolve over time and across contexts.

CONCLUSION

This study explores the relationship of mindful eating, body esteem, and quality of life among young adults and how body esteem and mindful eating relate to quality of life among young adults in India. No significant gender differences were found in body esteem or mindful eating, while males reported slightly higher scores in quality of life than females. Among the two predictors, body esteem showed a strong positive impact on quality of life, while mindful eating did not significantly contribute.

These findings suggest that how young adults feel about their bodies plays a more direct role in their overall well-being than how mindfully they eat. Promoting positive body image may be a key step toward improving life satisfaction in this age group. However, the study's relatively small sample size, self-report nature, and cross-sectional design mean that these results should be interpreted with care. Future research could explore these relationships in more depth across different regions, age groups, and cultural settings to build a fuller picture of what supports well-being in today's youth.

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Conflict of Interest

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