Self-Perception of Weight and Health and Dietary Quality

Chung-Tung Jordan Lin* and Jonq-Ying Lee**

*Center for Food Safety and Applied Nutrition, U.S. Food and Drug Administration, Chung-Tung.Lin@fda.hhs.gov.

**Department of Food and Resource Economics, University of Florida, JonqYing@ufl.edu.


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Social recognition theory (Bandura 1986) and health belief model (Glanz et al. 1997) suggest lower dietary quality can occur because:

-- those who are overweight or obese do not see themselves as such fail to see the risk (outcome expectancy hypothesis);

-- those who are overweight or obese and accept their weight status feel they cannot succeed in changing their diet (behavioral capability hypothesis);

-- those who are not overweight or obese but see themselves as such perceive nonexistent threat (perceived risk hypothesis).

Empirical model — Household production theory

DATA AND METHODOLOGY

Self-perception and others — 2001-2002 National Health and Nutrition Examination Survey (NHANES), 20 years, non-pregnant, had reliable dietary intake information, n=4,431

Dietary quality — 1995 USDA Health Eating Index (0 – 100)

Weighted descriptive statistics and weighted least-squares regression

WEIGHT STATUS: PREVALENCE OF MISPERCEPTION

| Overweight assessors (perception=“overweight” BMI=obese or overweight) | 28% |
| Underestimate assessors (perception=“normal weight” BMI=obese or overweight) | 9% |
| Overestimate assessors (perception=“overweight” BMI=normal or underweight) | 15% |
| Other | 48% |

CONCLUSIONS

Holding other factors constant, the hypothesis that misperception of one’s weight status is associated with poorer dietary quality is not refuted by the data

Implications

-- need to educate consumers about their weight status
-- need to educate consumers about skills and knowledge related to healthy eating and diets
-- need to customize education and information to meet the challenges posed by misperception
-- need to use multi-pronged approach to addressing obesity and other diet-related illnesses

BIBLIOGRAPHY


