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TITLE

FOOD PREFERENCES OF INDIVIDUALS ON A WEIGHT LOSS JOURNEY

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Abstract

Maintaining a healthy weight involves a variety of factors, including sleep patterns, exercise routines, and environmental and medical situations. However, if one is trying to get to a healthy weight, the meals they eat also need to be considered. Food by itself is not the only solution to weight control, but there is unquestionably a link between nutrition, weight, and health.

This thorough study examines the mindboggling transaction of food inclinations among people effectively participated in weight reduction ventures. Providing a nuanced comprehension of the complex idea of food inclinations and their suggestions for weight loss enthusiasts, it recognizes the developing scene of weight, moving from past view of outrageous eating regimens and brief arrangements towards an ongoing comprehension that underscores adjusted, manageable, and long-haul way of life changes. By perceiving these impacts, the exploration reveals the intricacies that people face while endeavoring to go with dietary decisions that supplement their weight endeavors. This exploration reduction utilized a thorough study strategy to dive into the complexities of food inclinations among people on a weight reduction venture.

This article encompasses the past and present perceptions, the cultural and psychological aspects, and the evolving trends that shape individuals' choices. We sought to explore the types of foods that individuals on a weight loss journey find most appealing and are inclined to include in their diet and to gauge the level of awareness and adherence to dietary guidelines (1). Also, to assess the impact of personal preferences on their food

choices during weight loss, to determine any patterns or trends in food preferences that may be associated with successful weight management. And to gather insights into the challenges individuals face in maintaining a healthy eating pattern while pursuing their weight loss goals.

Keywords: low-carb, high-fat (LCHF), body mass index (BMI), food choices motives (FCM).

1. Introduction

The topic of food preferences among individuals on a weight loss journey is a dynamic and multifaceted area of study that delves into the complex relationship between personal tastes, dietary choices, and the pursuit of a healthier lifestyle. Embarking on a weight loss journey is a transformative experience that often demands a keen examination of one's dietary habits. As individuals navigate the path towards their health goals, their food preferences and choices become pivotal indicators of their commitment, adaptability, and understanding of nutrition. These choices, influenced by factors ranging from personal beliefs to scientific research, are as varied as the individuals themselves (2). The myriad of dietary strategies from intermittent fasting and keto to veganism and calorie counting reflects the complex interplay of taste, health goals, cultural influences, and personal convictions. Understanding these preferences offers invaluable insights into the holistic of individuals dedicated approach reshaping their lives through weight loss.

When it comes to weight loss, there's plenty of advice to follow and multiple options to choose from. Individuals on weight loss journey can apt from a variety of diet plans that is most suitable according to their nutrition and weight. These weight loss strategies include low carbohydrate diet as the first and foremost choice along with other approaches. Low-sugar (low-carb) eats less has been broadly utilized for weight decrease, yet in addition to overseeing type 2 diabetes many mellitus (T2DM); randomized controlled preliminaries have been conducted (3, 4). A low-carb diet is characterized as starch consumption underneath the lower limit of the macronutrient circulation range for solid grown-ups (5).

A ketogenic diet is one that promotes nutritional ketosis with carbohydrate consumption of less than 10% (or 20-50 g/day). To preserve lean body mass in the current situation, daily protein intake should be between 0.8 and 1.5 g/kg of ideal body weight (6). A ketogenic diet is characterized by a drastic reduction in starch intake (less than 50 grams per day) and an increase in overall protein and fat intake (7). Ketogenic diets may reduce appetite and increase lipolysis, which may result in increased metabolic productivity for fat metabolism and have effects on thermogenesis that are comparable to those of proteins (7).

A high-protein diet has been marketed as a potentially effective weight-loss strategy because it increases satiety and reduces fat mass (8). It uses regular measurements of carbohydrates along with a diet low in calories and high in protein to improve metabolic parameters (9). Increased protein intake in the diet can have major benefits for preventing weight gain (10).The Mediterranean diet emphasizes the consumption of leafy greens, chicken, fish, and dairy products, while consuming almost little red meat (11). Sufficient data supports the effectiveness of the Mediterranean diet in promoting weight loss and preventing cardiovascular disease (12).

As of late, fasting has gotten interest from clinical specialists, yet additionally from individuals from the overall population with an interest in wellbeing. The advantages of discontinuous fasting come from a decrease in calorie consumption, yet additionally from its impacts on metabolic changes to switch insulin obstruction, reinforce the resistant framework, and improve physical and mental functions (13).

As of late, much interest has zeroed in on "when to eat." Dinner timing and the circadian cadence have brought a clever issue in weight management up (14).Modifications in circadian rhythms produce biochemical, physiological, and conduct circadian mood disturbances, which can be brought about by the absence of progress between day/night synchronization, (for example, being presented to counterfeit light around evening time), eating around evening time, or a change in time because of fly slack or shift work (14).

2. Literature Review

Sandra A. Tsai (2015) examined distinctions in sexual orientation in weight-related results across the weight record (BMI) range in overweight and stout grown-ups. Information from the **Public** Wellbeing and Sustenance Assessment Study 2009-2010 was broken down. By BMI 35, the mean likelihood of ladies and men to have exact weight discernment and weight disappointment was 90%: endeavored weight reduction was 60% (ladies) and half (men). At lower BMIs, men had up to 40% less likelihood than people for these weight reduction results. Men who

endeavored weight reduction were more likely than ladies to lose and keep up with ≥10 lbs north of 1 year (OR = 1.41; 95% CI = 1.20-1.65) and increment practice and eat less fat as weight reduction systems; ladies were bound to join get-healthy plans, take solution diet pills, and follow exceptional eating regimens. A need exists for male-explicit mediations to work on overweight and stout men's probability for exact weight insight, endeavored weight reduction, and at last, fruitful weight reduction (15, 16).

Chantelle Clarke and Talitha Best looked (2019)to decide the persuasive profile of low-carb, highfat (LCHF) weight watchers contrasted with other-calorie counter and non-weight watcher gatherings, concerning both outright decision inspirations (FCMs) and relative FCMs (how one inspiration is focused on against others) (17). Members (N = 330, 287 females, 43 males) finished a 12-scale food decision survey on the web. Results showed that each of the three gatherings focused on the FCM of wellbeing exceptionally. Contrasts between the dietary gatherings (adapting to mature) showed that the "LCHF diet" and "other-diet" bunch evaluated FCM's weight control and inherent substance (outright and relative inspiration scores) fundamentally higher than those in the "no-diet" bunch. While FCM's cost and accommodation (outright and relative inspiration scores) were appraised altogether lower than the "no-diet" bunch (18). Critically, FCM

Innate substance was the main concern for the "LCHF diet" bunch, and its degree of significance altogether contrasted from the "otherdiet" bunch, which scored inherent substance essentially lower in both outright and relative terms. Conversely, the "LCHF diet" bunch scored essentially lower on relative creature government assistance when contrasted with both different gatherings (18). The example of both outright and relative food decision inspiration scores between each gathering is talked about. These outcomes show a clever profile of contrasts for outright and relative **FCMs** between LCHF weight watchers, other-health food nuts, and non-calorie counters.

Mary Yannakoulia (2019) inspected overall weight rates stay at an ascent, and treating heftiness is at the highest point of the worldwide general wellbeing plan (19). In 2013, the AHA/ACC/TOS corpulence executive's rules were distributed (20), generally recommending that any dietary plan is by all accounts compelling for weight reduction, as long as it can prompt a practical energy deficiency. In the current audit, we update and fundamentally talk about accessible data in regard to dietary alterations for weight reduction and weight reduction upkeep, distributed after the 2013 rules. As to misfortune, we saw no confirmation to help that a solitary dietary plan, be it a supplement, nutritional category, or dietary example-based, is more viable than the other for accomplishing weight

reduction. For weight reduction support, distributed mediations point towards a similar bearing, albeit uncertainly. Most exploration investigates the impact of weight reduction systems on weight reduction upkeep and not the impact of the eating regimen during weight reduction support (19).

Every year, The US News and World Report (USNWR), Gabrielle Turner-McGrievy, and Michael D Wirth assess well-known weightloss programs. In addition, dinner substitution reduces body weight by replacing food varieties with premade, calorie-controlled segments. Moderate (reducing energy intake from all nutrition types, especially those high in fat and added sugars) plant-based (excluding nutritional categories, like creature items); low-carb (excluding/restricting starchcontaining food sources) (22). This article sought to examine the differences between these diets in terms of supplements, nutritional categories, and diet quality. Methods: This study examined comparisons between the 40 eating plans evaluated by physicians and dietitians for the 2018 USNWR and was based on data arranged by two independent analysts (23).

Table 01: Meal Type and No. of Individuals

Type of Meals	No. of	
	Individuals	
Moderate	15	
Organic Food	12	
Low Carbohydrates	8	

Feast Substitute	5
Total	n= 40

This study tracked down contrasts in energy, nine tremendous contrasts in supplements, and seven massive contrasts in nutritional categories among the four different eating regimen types. Slims down would in general have the most conflict over macronutrients, with relating conflicts over starch-containing food sources, like products of the soil grains, and fat-or protein-containing food varieties, like meats. Most weight control plans had understanding over underscoring an eating routine wealthy in vegetables and low in added sugars and liquor. These discoveries can assist with advising the plan regarding future good dinner plans by evaluating where there is agreement and conflicts among consumers with fewer calories. The discoveries likewise feature conceivable supplement and nutrition class holes that could be possibly destructive to well-being, especially connected with an absence of fiber and plant-rich food varieties in low-sugar and yeast substitution eats less (23).

Kerry Ariana M. Chao, Quigley, and Thomas A Wadden (2021) concentrated on dietary change as fundamental to weight treatment. Weight reduction eats less carbs are accessible and incorporate different stages of energy limitation, macronutrients, food sources, and dietary admission designs. caloric limitation is the normal pathway for weight decrease, however, various eating regimens might instigate weight reduction by fluctuating extra instruments, including by working with dietary adherence (24). This report a review meta-analyses and some

preliminary clinical studies revealed that diets lower in calories consistently produced greater present moment (a year) when compared to diets higher in calories. Although some diets (such as low-fat versus low-carb) were found to have shortterm benefits, there were hardly any significant long-term differences in weight loss for diets with shifting macronutrient components Enhancing efforts to differentiate behavior and metabolic aggregates among health food nuts may lead to advancements in the field of dietary adherence, which is fundamental to both short- and long-term weight losses (26).

M. Guasch-Ferré, and W. C. Willett (2021) concentrated on the Mediterranean eating regimen of (MedDiet). one the most considered and notable dietary examples around the world, which has been related to a great many advantages for well-being (27). They present a narrative survey that aimed to provide a comprehensive overview of the ebb and flow of data regarding relationship between the the mediterranean diet and noteworthy outcomes related to well-being, taking into account both observational and intervention trials with outcomes related to clinical infections and risk variables. Recent studies have confirmed the strengths of earlier research regarding the benefits of the MedDiet cardiovascular health, specifically the reduction of cardiovascular outcome rates and risk factors such as obesity, hypertension, metabolic disorders, and dyslipidemia (28). Additionally, evidence suggests that MedDiet is associated with lower rates of diabetes incidence and improved glycemic control in diabetic patients when compared to control groups who consume fewer carbohydrates.

3. Perceptions about Losing Weight Background

In old times, individuals on a weight loss journey frequently held different perceptions and convictions in regards to food that impacted their decisions (29). A few normal past discernments incorporated the thought that weight reduction required outrageous eating regimens or complete food hardship, prompting a negative relationship with specific food sources. Furthermore, there was a propensity to see better eating as tasteless or uninspiring. Many accepted that weight reduction was a short-term goal rather than a long-term lifestyle change frequently prompting patterns of counting calories and weight recapture (30). These previous insights have developed as people have acquired a superior comprehension of adjusted nourishment, reasonable weight the executives and the significance of getting a charge out of food varieties that line up with their inclinations and objectives (29). This change in speculation has added to a more comprehensive and viable way to deal with weight reduction and food inclinations.

4. Current Perspective

Today there has been a critical change in perceptions with respect to food inclinations among people on a weight reducing journey. Many presently perceive the significance of adjusted and economical ways to deal with weight. Current discernments emphasize the consideration of various food sources with some restraint, with an emphasis on entire, nutritious choices (29). There's a developing

comprehension that prohibitive eating regimens are frequently unreasonable and that partaking in the food sources one likes, even while taking a stab at weight reduction is pivotal. Moreover, individuals are progressively mindful of the meaning of long term, way of life changes as opposed to quick changes (30). This change in discernment mirrors a more sure and all-encompassing way to deal with weight reduction, where people expect to settle on better decisions while as yet relishing the food varieties they appreciate.

5. Weight Loss Standards across the Globe

Weight loss standards and approaches can vary significantly from one country to another due to cultural, dietary, healthcare, and lifestyle differences. In this discussion, we'll explore how different countries approach weight loss and the standards they set. The World Health Organization (WHO) defines obesity and overweight (31) as follows:

- BMI more than or equal to 25 is considered overweight
- BMI above or comparable to 30 is considered obese.

1. Pakistan

In Pakistan, as in many other countries, weight loss approaches vary and can be influenced by cultural practices, dietary preferences, lifestyle, and healthcare resources but health and obesity are important public health concerns. The prevalence of obesity and overweight individuals has been on the rise, with both adults and children affected.

2. United States

The United States has a significant focus on weight loss and body image due to a high prevalence of obesity. There's an emphasis on diet and exercise, with various weight loss programs, fad diets, and fitness trends.

3. Japan

Japan has one of the lowest obesity rates globally. The Japanese diet emphasizes portion control, balance, and low-fat foods. The cultural practice of Hara Hachi Bu, or eating until 80% full, contributes to maintaining a healthy weight.

4. France

The French have a reputation for enjoying rich foods but tend to maintain healthy weights. They prioritize quality over quantity and emphasize leisurely meals. Regular physical activity and portion control are common practices.

5. India

Traditional Indian cuisine is diverse, with an emphasis on vegetables, legumes, and spices. While obesity rates are rising due to changing dietary habits, many still rely on traditional methods of Ayurveda and Yoga for weight management.

6. South Korea

South Korea places a strong emphasis on appearance and body image. K-pop and the "Korean wave" have influenced beauty standards. There is pressure to maintain a slim physique, leading to a focus on diet and exercise.

7. Mediterranean countries (e.g., Greece, Italy)

The Mediterranean diet is renowned for its health benefits and weight management properties. It emphasizes olive oil, fruits, vegetables, and whole grains. Regular physical activity and a relaxed approach to dining are common.

8. Middle Eastern countries

Middle Eastern diets are diverse, but they often include dishes rich in fats and carbohydrates. However, cultural practices like fasting during Ramadan can lead to weight loss. Some individuals use traditional herbal remedies for weight management.

9. China

Traditional Chinese medicine (TCM) includes holistic approaches to weight management, focusing on balance and harmony. Acupuncture and herbal remedies are sometimes used. Chinese dietary guidelines also stress moderation and balance.

10. Brazil

Brazil has a growing interest in health and fitness, with a focus on outdoor activities and physical well-being. The country has a diverse cuisine with an emphasis on fresh, whole foods.

11. Mexico

Mexican cuisine can be high in calories, but traditional dishes are also rich in vegetables and spices. Health initiatives are trying to promote healthier eating habits.

Table 02: Findings of Obesity in Different Studies of Different Countries

Country	Report/ Published in	Percentage of Obesity%	References
	World Health	23% of	(32)
	Organization	population is	
Pakistan	(WHO)	obese	
	(2023)		
	NHANES	42.4% of	(33)
	(2021) is the	population	
United	National Health	were obese	
States	and Nutrition		
	Examination		
	Survey.		
	Report	26% of adults	(34)
United	published in	in England	
Kingdom	2017 by the	were obese	
	Organization for		
	Economic		
	Cooperation and		
	Development		

	NT 2 1 TT 1/1	2.00/ : 1	(25)
	National Health	3.8% in males	(35)
	and Nutrition	and 3.2% in	
Japan	Survey (2010)	females	
	Study published	17%	(36)
	in The Lancent	population	
France	(2019)	were obese	
	The Indian	42.1% young	(37)
	Journal of	adults were	
India	Community	obese	
	Medicine (2020)		
	Korean Journal	33.5% in men	(38)
	of Family	and	
South	Medicine (2018)	23.7% women	
Korea		were obese	
	Journal of the	40% Adults	(39)
	American	were obese in	
China	Medical	2019	
	Association		
	(2019)		
	Brazilian	20%	(40)
	Ministry of	population	
Brazil	Health (2019)	were obese in	
		2019	
	The Lancet	70%	(41)
	(2017)	population	
Mexico		were obese in	
		2017	

6. Methodology Opted

The survey was conducted with 120 people on a weight loss journey, with a different class of members originally chosen. A poll was then made that inquired about their favorite foods, dietary habits, and any challenges they faced. Before responding, participants were ensured they consented to participate in this survey. Responses were collected mainly through online forms. After all responses were obtained, the data was analyzed specialized using software. Confidentiality of all data was maintained throughout the procedure, and all guidelines were observed cautiously. Additionally, the findings were communicated to participants, and support was offered if needed.

In this survey, a cross-sectional outline setup was used to look at the food tendencies of individuals who had, as of late, been on a weight decrease adventure. A different example of 100 members was chosen from college understudies. To catch an extensive preview, members were separated by age, orientation, and weight reduction objectives. The organized poll utilized in the study remembered segments for socioeconomics, weight reduction venture subtleties, food inclinations, and provokes looked in sticking to weight reduction objectives corresponding to food inclinations.

7. Data Analysis Weight

A large portion of the participants of this survey were observed to be between 80-90 kgs. Its rate is 25.2%. This is the explanation for their inclination towards weight loss approaches. Those who have their weight listed in between 60-70kgs and 70-80kgs have same rate; 17.6%. In general, the overall average weight ranges from 50-90kgs.

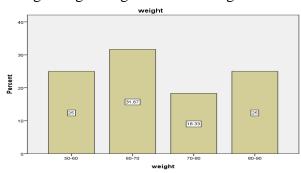


Figure 1: Weights

Consultation with Doctor

Individuals majorly consulted the doctors for their weight loss strategies and efficient process. Its percentage is 30%. Almost 25% of participants are those who don't consult with any dietician, doctor or physician.

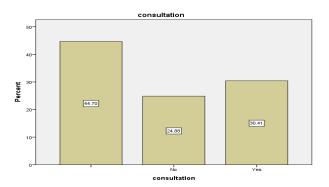


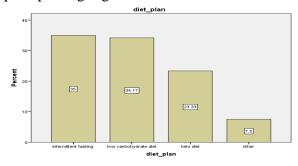
Figure 2: Consultation with Doctor

Specific Diet Plan and Specific Dietary Restrictions

A) Mostly people partaking in the survey showed inclination towards intermittent fasting with the percentage of 35.3%. The second higher proportion is of low carbohydrate diet with 34.5%. A low carb diet confines starches, like those tracked down in pasta, bread, and sweet food varieties. It's high in protein, fat, and vegetables. It has fundamentally three modes: severe, moderate and liberal as indicated by how much the carbs are taken each day. It also helps in reducing weight. Third one is keto diet with the percentage of 23.5%. The ketogenic diet includes consuming an exceptionally low measure of carbs and supplanting them with fat to assist the body with consuming fat for energy. It improves health and efficiently reduces weight by utilizing the body's reserve of fats.

B) There is a high proportion of participants who suggested not using sugary beverages with a percentage of 37.9% because sweet refreshments sendoff glucose stimuli as high as possible and quickly, trailed by a precarious and unexpected drop that can set off hunger. Sweet refreshments likewise rapidly drive-up blood fructose levels, which prompt various unfriendly outcomes that can further advance weight gain. Gluten free and

sugary beverages have same percentage of 25.95% respectively. Gluten food varieties contain more calories, fat, sugar and starches, and less fiber than gluten-containing handled food varieties. Excess of eating these foods cause the increase in weight. Plant-based food sources splashed in high-calorie dressings and stacked with sweet sauces can prompt weight gain.



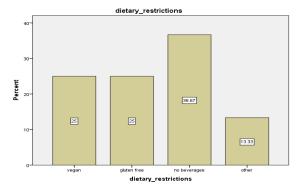


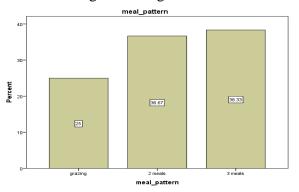
Figure 3: A) Diet Plan and B) Dietary
Restrictions

Meal Timing and Breakfast

A) Weight loss dieters still prefer three meals per day while doing their diet. The rate of this is 37.9%. Skipping meal makes them feeling lazy and inactive. Because they are already eating in a very restrict environment. Some individuals prefer only two meals according to their diet. Participants who preferred 2 meals per day have a percentage of 37.1%. Some eat all day but in portions. Weight reduction calorie counters actually lean toward three meals each day while following their eating routine. The pace of this is

37.9%. Skipping a meal causes them to feel languid and idle as they are already eating in an extremely confined way. A few people favor simply two meals as indicated by their eating regimen. Some eat all day yet in segments.

B) Individuals prefer high protein foods as results show 37.8% percentage. Somewhere around 20 grams of protein at breakfast can truly help. Feast choices incorporate fried eggs, Greek yogurt, and tofu. Protein is a critical supplement for weight reduction. It has been a known fact that proteins can assist with controlling bodily craving and hold one back from overeating. Fruits have second high percentage. Natural substances in fruits including nutrients, minerals, cell reinforcements, fiber, and prebiotics are unbelievably really great not just as far as safeguarding against persistent illnesses but also for dealing with weight.



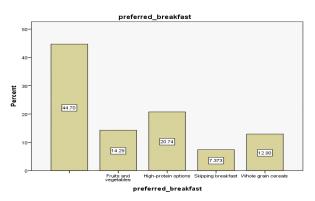
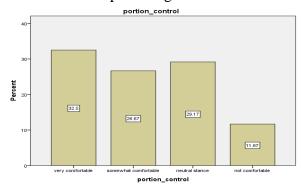


Figure 4: A) Meal Time and B)
Preferred Breakfast

Portion Control and Specific Beverages

A) The most noteworthy extent of the people who are fine with eating in segments with a high level of 32.5%. They eat everything except, in the piece, not in mass at a simultaneous time. Some are fairly agreeable and nonpartisan, however, there is likewise an extent of those who think it is troublesome. Their rate is 11.7%. They are the people who just started their eating routine and find it challenging to eat under a particular control.

B) Individuals prefer to use one of the any specific beverages during their diet. Green tea is a refreshment or dietary enhancement that might work on mental readiness, ease stomach-related side effects and cerebral pains, and help with weight reduction. Green tea might have benefits for well-being and skin. Lemon water can advance whole body, support hydration, help digestion, and increment weight reduction. Others do not use them and some of them are not sure whether to use it or not. Both of them have almost the same percentage of 28%.



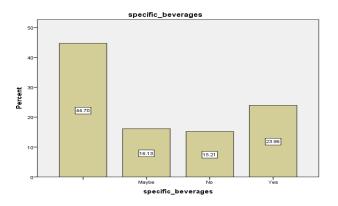
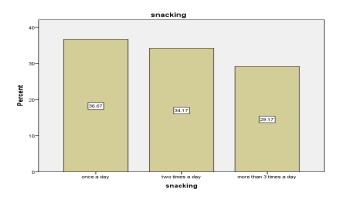


Figure 5: A) Portion Control and B)
Specific Beverages

Snacking Time and Late-Night Snacking

People who prefer snacks once a day are at the high level of 36.4%. Others do 2-3 times in a day. Contritely, in regards to the inquiry concerning late night snacking; people who don't really want to eat late at night are at a level of 36.1%. The second-high rate is of eating regularly nibbling around evening time with the level of 31.1%.



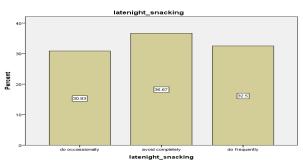
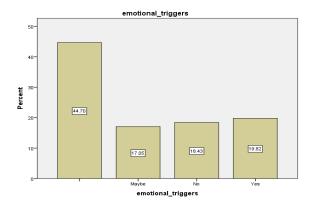


Figure 6: A) Snacking per Day and B)
Late-night snacking

Emotional Trigger and Craving of Sweets

A) The percentage of people who showed their habit of eating in stress or under any other emotional triggers is higher with the percentage of 35.85%. They nourishment for solace intentionally unknowingly while dealing troublesome issue, feeling worried, or in any event, feeling exhausted. Immediate eating can undermine their weight reduction endeavors. It frequently prompts eating excessively particularly a lot of unhealthy, sweet, and greasy food varieties. 33.3% percent individuals are good in controlling immediate eating in emotional triggers. Some of them are not sure about whether they eat in stresses or not.

B) Weight loss dieters also crave for sweets so they eat them on weekly basis, as its percentage is 28%, which is higher than others. Eating specific food varieties, similar to the products of sweets, may assist with decreasing the desire for desserts. Some of them are on restrict diet so that they avoid completely as eating an excess of added sugar can have many negative well-being impacts. An abundance of improved food sources and drinks can prompt weight gain, glucose issues, and an expanded risk of coronary illness, among other hazardous circumstances.



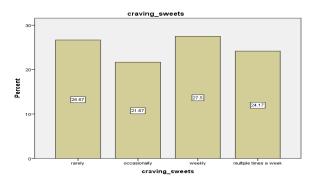


Figure 7: A) Emotional trigger and B)

Craving for Sweets

8. Discussion

The state health department used the Behavioral Risk Factor Surveillance System, a random-digit telephone survey, in 1996 to find out how common it is for US individuals to try to lose or maintain weight and to learn about weight control techniques. For men and women, respectively, the reported prevalence of attempting to reduce weight was 28.8% and 43.6%. In every sociodemographic and weight range, women were more likely than men to have tried to reduce their weight. A popular tactic used by people trying to reduce weight was cutting back on fat but not calories (34.9% of men and 40.0% of women); only 21.5% of men and 19.4% of women reported combining cutting calories with at least 150 minutes of leisure-time physical activity per week, which is the recommended combination. There was a 90.4 kg median weight and an 81.4 kg target weight among males who were trying to reduce weight. Aiming for 59.0 kg, the median weight among women was 70.3 kg (42, 43).

As in this study of weight reduction, absolute 120 members partake in it. From 100 members, female's proportion is more than male proportion. As their rate is 63.8% and

male rate is 36.2%. Females are all the more oftentimes disappointed with their weight, and see themselves as significantly heavier than they really are. In view of this discernment, females endeavor to lessen weight more frequently than men. Adam Drewnowski et al., a self-generated list of 10 favorite meals was requested from a sizable clinical sample of obese men and women. The lists were notable for their frequent inclusion of items that are important sources of fat in the diets of Americans. Obese women tended to mention carbohydrate/fat sources (doughnuts, cookies, cake) and sweet meals as their favorite foods, whereas obese males tended to select more protein/fat sources (meat dishes). There was no proof that human obesity was often characterized by selective preferences for the single macronutrient, carbohydrates.

Diets prescribed by health professionals were associated with the most positive perceptions: they were perceived as being relatively easy to follow, as leading to reduced frustration, and more importantly, as being less likely to lead to weight regain or to dietary imbalance following cessation. Health professionals are likely to be aware of the importance of setting achievable goals for dieters, and of the health impact of even modest weight loss. In fact, expert recommendations now tend to shift from low- and very-low-calorie diets to moderate restrictions concomitant with physical activity in order to achieve progressive weight loss (44).

There is the greater part of individuals who counseled the specialist for the particular eating routine as per their digestion and prerequisite. A specialist can assist you with fostering a nourishment plan that will guarantee you are getting sufficient good food and that you can give your body the fuel

it requirements to remain sound and consume with smoldering heat fat so you can undoubtedly drop those undesirable pounds. Yet, as indicated by the people who are not counseling any specialist have assessed that whatever the specialist gives, for example, explicit eating routine arrangement and explicit activities isn't that much more powerful than we do our own things, for example, using the stairwell all the more frequently and so on, can lessen more weight. According to Turner-McGrievy et al., vegetarian and vegan diets may cause more weight reduction than more moderate diets. After six months, there was a substantial difference in the body weight loss between the vegan group and the other groups (45). Studies on intermittent fasting often reveal that during IF, hunger levels either stay the same or even go down.

Varady et al.'s 12-week study with 30 participants revealed that perceptions of hunger during intermittent fasting (IF) were comparable to those during unrestricted intake (46). Treatment of obesity with intermittent fasting is promising. investigations conducted thus far have been brief and of modest size. To fully comprehend the long-term impact that IF can have on weight loss, further extensive study is required (47). Similar to our study, most people favored intermittent fasting, which entails eating only at specific times. There may be health benefits to fasting for a predetermined number of hours each day or to eating just once every two to three days for a week. Additionally, intermittent fasting, also referred to as irregular fasting, may help the body enter ketosis more quickly than the keto diet alone. This is because the keto diet is specifically designed to help your body switch from using carbohydrates as fuel to using fats as fuel while fasting.

9. Future Perspective

As the genetic testing and different nutritional medicines improves, weight reducing plans have a significant role in on individual's metabolism and fitness. Health maintenance and nutritional factors now measured with advanced technology such as smart watches and different application of weight loss. These technologies will change the perspective of weight reduction around the globe. Future loss initiatives will play an important role in anger management, eating disorders and in physiological barriers of adopting healthy attitude by reflecting that the mental health have significant role in weight loss management. In the future, fitness and health will be priority not the weight loss alone. These all includes the facets of lifestyle which contributes to a healthy life; such as sleep hygiene, proper meal time, interactions with social gatherings etc. Overall, the future weight loss dieters will see the increase in the individuals of through advancement technology, socially, morally through and sustainability of achieving the desired weight.

10. Conclusion

In conclusion, the findings of our survey on weight loss reveal a notable trend among participants, with a majority opting for intermittent fasting as their preferred diet plan. This outcome underscores the growing popularity of intermittent fasting as a viable and widely embraced approach to achieving weight loss goals. Intermittent fasting's appeal may lie in its flexible structure, allowing individuals to choose from various fasting and eating windows that suit their lifestyles. positive The response intermittent fasting aligns with existing research highlighting its potential benefits, including improved metabolic health, weight loss, and adherence due to its simplicity and adaptability. In terms of being a good diet, other diets also perform well. However, all of these diets—aside from intermittent fasting—call for careful food planning each day. This is the reason why other meals receive less attention. Furthermore, the majority of individuals lack the funds to purchase every item required for diets, which all involve patience in order to lose weight. Thus, they choose intermittent fasting over other eating plans.

As we conclude this survey, it is essential to acknowledge the diversity of weight loss strategies and recognize that individual preferences, cultural factors, and health considerations contribute to the dynamic landscape of dietary choices. Further research and ongoing exploration of different weight loss approaches will continue to enrich our understanding, helping individuals make informed decisions tailored to their unique needs and goals. These findings emphasize the importance of promoting evidence-based, sustainable, and individualized strategies weight for management, with intermittent fasting emerging as a noteworthy player in the pursuit of a healthier lifestyle.

References

- 1. Mancino L, Kinsey JD. Is dietary knowledge enough? Hunger, stress, and other roadblocks to healthy eating. 2008.
- 2. Health IfP. The Third National Health and Morbidity Survey (NHMS III) 2006. Ministry of Health Kuala Lumpur, Malaysia; 2008.
- 3. van Zuuren EJ, Fedorowicz Z, Kuijpers T, Pijl H. Effects of low-carbohydrate-compared with low-fat-diet interventions on metabolic control in people with type 2 diabetes: a systematic review

- including GRADE assessments. The American journal of clinical nutrition. 2018;108(2):300-31.
- 4. Kelly T, Unwin D, Finucane F. Low-Carbohydrate diets in the management of obesity and type 2 diabetes: a review from clinicians using the approach in practice. International journal of environmental research and public health. 2020;17(7):2557.

 5. McGuire S. Scientific report of the
- 5. McGuire S. Scientific report of the 2015 dietary guidelines advisory committee. Washington, DC: US Departments of Agriculture and Health and Human Services, 2015. Advances in nutrition. 2016;7(1):202-4.
- Kirkpatrick CF, Bolick JP, Kris-6. Etherton PM, Sikand G, Aspry KE, Soffer DE, et al. Review of current evidence and clinical recommendations on the effects of low-carbohydrate and very-lowcarbohydrate (including ketogenic) diets for the management of body weight and other cardiometabolic risk factors: a scientific statement from the National Lipid Association Nutrition and Lifestyle Task Force. Journal of clinical lipidology. 2019;13(5):689-711. e1.
- 7. Paoli A, Rubini A, Volek J, Grimaldi K. Beyond weight loss: a review of the therapeutic uses of very-low-carbohydrate (ketogenic) diets. European journal of clinical nutrition. 2013;67(8):789-96.
- 8. Halton TL, Hu FB. The effects of high protein diets on thermogenesis, satiety and weight loss: a critical review. Journal of the American college of nutrition. 2004;23(5):373-85.
- 9. St. Jeor ST, Howard BV, Prewitt TE, Bovee V, Bazzarre T, Eckel RH, et al. Dietary protein and weight reduction: a statement for healthcare professionals from the Nutrition Committee of the Council on Nutrition, Physical Activity, and Metabolism of the American Heart Association. Circulation. 2001;104(15):1869-74.

- 10. van Baak MA, Mariman EC. Dietary strategies for weight loss maintenance. Nutrients. 2019;11(8):1916.
- 11. Shai I, Schwarzfuchs D, Henkin Y, Shahar DR, Witkow S, Greenberg I, et al. Weight loss with a low-carbohydrate, Mediterranean, or low-fat diet. New England Journal of Medicine. 2008;359(3):229-41.
- 12. Liyanage T, Ninomiya T, Wang A, Neal B, Jun M, Wong MG, et al. Effects of the Mediterranean diet on cardiovascular outcomes—a systematic review and meta-analysis. PLoS One. 2016;11(8):e0159252.
- 13. Petersson SD, Philippou E. Mediterranean diet, cognitive function, and dementia: a systematic review of the evidence. Advances in Nutrition. 2016;7(5):889-904.
- 14. Lopez-Minguez J, Gómez-Abellán P, Garaulet M. Circadian rhythms, food timing and obesity. Proceedings of the Nutrition Society. 2016;75(4):501-11.
- 15. Alwan A, McColl K, Al-Jawaldeh A, Organization WH. Proposed policy priorities for preventing obesity and diabetes in the Eastern Mediterranean Region. 2017.
- 16. Pagoto SL, Schneider KL, Oleski JL, Luciani JM, Bodenlos JS, Whited MC. Male inclusion in randomized controlled trials of lifestyle weight loss interventions. Obesity. 2012;20(6):1234-9.
- 17. Clarke C, Best T. Food choice motivations: Profiling low-carbohydrate, high-fat dieters. Appetite. 2019;141:104324.
- 18. Pollard TM, Steptoe A, Wardle J. Motives underlying healthy eating: using the Food Choice Questionnaire to explain variation in dietary intake. Journal of biosocial science. 1998;30(2):165-79.
- 19. Chooi YC, Ding C, Magkos F. The epidemiology of obesity. Metabolism. 2019;92:6-10.
- 20. Jensen MD, Ryan DH, Apovian CM, Ard JD, Comuzzie AG, Donato KA, et al. 2013 AHA/ACC/TOS guideline for the management of overweight and obesity in

- adults: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines and The Obesity Society. Journal of the American college of cardiology. 2014;63(25 Part B):2985-3023.
- 21. Hoelscher DM, Kirk S, Ritchie L, Cunningham-Sabo L, Committee AP. Position of the Academy of Nutrition and Dietetics: interventions for the prevention and treatment of pediatric overweight and obesity. Journal of the Academy of Nutrition and Dietetics. 2013;113(10):1375-94.
- 22. Makris A, Foster GD. Dietary approaches to the treatment of obesity. Psychiatric Clinics. 2011;34(4):813-27.
- 23. Turner-McGrievy G, Wirth MD, Hill KL, Dear ER, Hébert JR. Examining commonalities and differences in food groups, nutrients, and diet quality among popular diets. Clinical nutrition ESPEN. 2021;41:377-85.
- 24. Sanghvi A, Redman LM, Martin CK, Ravussin E, Hall KD. Validation of an inexpensive and accurate mathematical method to measure long-term changes in free-living energy intake. The American journal of clinical nutrition. 2015;102(2):353-8.
- 25. Dansinger ML, Gleason JA, Griffith JL, Selker HP, Schaefer EJ. Comparison of the Atkins, Ornish, Weight Watchers, and Zone diets for weight loss and heart disease risk reduction: a randomized trial. Jama. 2005;293(1):43-53.
- 26. Chao AM, Quigley KM, Wadden TA. Dietary interventions for obesity: clinical and mechanistic findings. The Journal of Clinical Investigation. 2021;131(1).
- 27. Keys A, Menotti A, Karvonen MJ, Aravanis C, Blackburn H, Buzina R, et al. THE DIET AND 15-YEAR DEATH RATE IN THE SEVEN COUNTRIES STUDY. American Journal of Epidemiology. 2017;185(11).

- 28. Willett WC, Sacks F, Trichopoulou A, Drescher G, Ferro-Luzzi A, Helsing E, et al. Mediterranean diet pyramid: a cultural model for healthy eating. The American journal of clinical nutrition. 1995;61(6):1402S-6S.
- 29. Cheung PC, Ip PL, Lam S, Bibby H. A study on body weight perception and weight control behaviours among adolescents in Hong Kong. Hong Kong medical journal. 2007;13(1):16.
- 30. Malinauskas BM, Raedeke TD, Aeby VG, Smith JL, Dallas MB. Dieting practices, weight perceptions, and body composition: a comparison of normal weight, overweight, and obese college females. Nutrition Journal. 2006;5(1):1-8.
- 31. Redon J, Olsen MH, Cooper RS, Zurriaga O, Martinez-Beneito MA, Laurent S, et al. Stroke mortality and trends from 1990 to 2006 in 39 countries from Europe and Central Asia: implications for control of high blood pressure. European heart journal. 2011;32(11):1424-31.
- 32. Organization WH. The Asia-Pacific perspective: redefining obesity and its treatment. 2000.
- 33. Fryar CD, Carroll MD, Ogden CL. Prevalence of overweight, obesity, and severe obesity among children and adolescents aged 2–19 years: United States, 1963–1965 through 2015–2016. 2018.
- 34. Co-operation OfE, Development. Obesity update. Secretary-General of the Organisation for Economic Co-operation and Development. 2014:1-8.
- 35. Yoshiike N, Miyoshi M. Epidemiological aspects of overweight and obesity in Japan--international comparisons. Nihon Rinsho Japanese Journal of Clinical Medicine. 2013;71(2):207-16.
- 36. Czernichow S, Renuy A, Rives-Lange C, Carette C, Airagnes G, Wiernik E, et al. Evolution of the prevalence of obesity in the adult population in France, 2013–2016:

- the Constances study. Scientific reports. 2021;11(1):14152.
- 37. Hadaye RS, Manapurath RM. Gadapani BP. Obesity prevalence and determinants among young adults, with special focus on normal-weight obesity; a cross-sectional study in Mumbai. Indian journal of community medicine: official Indian publication of Association of Preventive & Social Medicine. 2020;45(3):358.
- 38. Hee K, In K, Hyeon J, Soon Y. Korean Academy of Family Medicine. Korean J Fam Med. 2007;2092:6715.
- 39. Jia G, Shu X-O, Liu Y, Li H-L, Cai H, Gao J, et al. Association of adult weight gain with major health outcomes among middle-aged Chinese persons with low body weight in early adulthood. JAMA network open. 2019;2(12):e1917371-e.
- 40. Ferreira APdS, Szwarcwald CL, Damacena GN. Prevalence of obesity and associated factors in the Brazilian population: a study of data from the 2013 National Health Survey. Revista Brasileira de Epidemiologia. 2019;22.
- 41. Meza R, Barrientos-Gutierrez T, Rojas-Martinez R, Reynoso-Noverón N, Palacio-Mejia LS, Lazcano-Ponce E, et al. Burden of type 2 diabetes in Mexico: past, current and future prevalence and incidence rates. Preventive medicine. 2015;81:445-50.
- 42. Moore AR, Jesmin SS, Shen Y, Amey F, Okulicz-Kozaryn A. Correlates of intentional weight loss among American adults. Journal of Human Behavior in the Social Environment. 2020;30(6):730-42.
- 43. Imran SM, Shao GN, Kim H. https://www.sciencedirect.com/science/article/abs/pii/S0926337315003 46X. 2016.
- 44. Tran E, Dale HF, Jensen C, Lied GA. Effects of plant-based diets on weight status: a systematic review. Diabetes, Metabolic Syndrome and Obesity. 2020:3433-48.

- 45. Turner-McGrievy GM, Davidson CR, Wingard EE, Wilcox S, Frongillo EA. Comparative effectiveness of plant-based diets for weight loss: a randomized controlled trial of five different diets. Nutrition. 2015;31(2):350-8.
- 46. Varady KA, Bhutani S, Klempel MC, Kroeger CM, Trepanowski JF, Haus JM, et al. Alternate day fasting for weight loss in normal weight and overweight subjects: a randomized controlled trial. Nutrition journal. 2013;12(1):1-8.
- 47. Welton S, Minty R, O'Driscoll T, Willms H, Poirier D, Madden S, et al. Intermittent fasting and weight loss: Systematic review. Canadian Family Physician. 2020;66(2):117-25.