



# The Role of Self-Efficacy in Influencing Diet Compliance Among Obese Patients

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## ABSTRACT

Obesity is a growing public health problem associated with various chronic diseases and requires effective management strategies, particularly through adherence to dietary recommendations. However, many obese patients experience difficulties in maintaining diet compliance. This study aims to analyze the role of Self-Efficacy in influencing diet compliance among obese patients. This research employed a quantitative approach with a correlational cross-sectional design. The study population consisted of obese patients determined based on Body Mass Index (BMI) criteria, with samples selected using purposive sampling techniques. Data were collected using a self-efficacy scale and a diet compliance questionnaire, both of which were tested for validity and reliability. Data analysis included descriptive statistics and inferential analysis using correlation tests (Pearson/Spearman) to examine the relationship between variables. The results showed that the majority of respondents had moderate levels of self-efficacy and diet compliance. Furthermore, statistical analysis revealed a significant positive relationship between self-efficacy and diet compliance ( $p < 0.05$ ) with moderate correlation strength. This indicates that individuals with higher self-efficacy are more likely to adhere to dietary recommendations. In conclusion, self-efficacy plays an important role in influencing diet compliance among obese patients. These findings suggest that psychological factors, particularly self-efficacy, should be considered in designing interventions aimed at improving adherence to dietary programs. Enhancing self-efficacy may serve as an effective strategy to support sustainable behavior change and improve health outcomes in obesity management.

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## Introduction

Obesity has become one of the most pressing public health challenges worldwide, affecting populations in both developed and developing countries (Ellulu et al., 2014). The prevalence of obesity continues to rise due to rapid urbanization, sedentary lifestyles, and unhealthy dietary patterns. In Indonesia, this trend is increasingly evident, with more individuals experiencing excessive body weight as a result of high-calorie food consumption and low levels of physical activity. Obesity is not merely a cosmetic concern; it is a complex medical condition that significantly increases the risk of various chronic diseases and reduces overall quality of life.

The health consequences of obesity are substantial and multifaceted. Individuals with obesity are at a higher risk of developing serious conditions such as Cardiovascular Disease, Type 2 Diabetes,

hypertension, and other metabolic syndromes. These diseases contribute to increased morbidity and mortality rates, placing a heavy burden on healthcare systems and families. Therefore, effective management of obesity is essential, not only to improve individual health outcomes but also to reduce broader social and economic impacts.

One of the primary strategies in managing obesity is adherence to dietary recommendations (Ellulu et al., 2014). Diet compliance plays a crucial role in achieving weight loss and maintaining long-term health improvements. However, despite the availability of various dietary programs and medical advice, many obese patients struggle to consistently follow prescribed diets. This lack of adherence often leads to unsuccessful treatment outcomes and weight regain, highlighting a significant gap between knowledge and actual behavior.

From a psychological perspective, health-related behaviors such as diet adherence are not solely determined by knowledge or external guidance but are also influenced by internal cognitive factors (Renner & Schwarzer, 2003). One of the most important constructs in this regard is Self-Efficacy, which refers to an individual's belief in their ability to perform specific actions required to achieve desired outcomes. According to Albert Bandura, individuals with high self-efficacy are more likely to initiate, persist in, and successfully maintain behavior changes, even when faced with challenges or obstacles. In the context of obesity management, self-efficacy may determine whether a patient is able to consistently follow dietary guidelines, resist unhealthy food choices, and maintain long-term lifestyle changes (Annesi et al., 2015).

Research on the relationship between Self-Efficacy and dietary behavior in obese individuals has developed significantly over the past decade, with numerous studies highlighting the importance of psychological factors in influencing health-related behaviors. A study by Brooke T. Nezami et al. (2016) examined the effect of self-efficacy on behavioral weight-loss interventions. The findings indicated that eating self-efficacy significantly predicted dietary intake and weight change outcomes. Individuals with higher self-efficacy demonstrated better adherence to dietary recommendations and achieved more successful weight loss. This study emphasizes that self-efficacy is not only associated with behavioral change but also plays a mediating role in long-term weight management.

Further research by Martha Sari, Sulistiawati, and Indarwati (2021) conducted a systematic review focusing on obesity prevention behaviors among adolescents. The study concluded that self-efficacy is a critical determinant in initiating and maintaining healthy eating behaviors, including dietary control and lifestyle modification. It also highlighted that individuals with strong self-efficacy are more capable of sustaining long-term behavioral changes necessary for obesity management.

More recent studies continue to support these findings. For instance, Mehmet Akif Sezerol et al. (2024) investigated the relationship between obesogenic environments, diet self-efficacy, and physical activity. Their results showed that self-efficacy significantly influences individuals' ability to maintain healthy dietary behaviors, even in environments that promote unhealthy lifestyles. This suggests that psychological resilience, particularly self-efficacy, can buffer negative environmental influences on diet adherence.

Similarly, González-Fernández et al. (2024) conducted a quasi-experimental study examining psychosocial and nutritional interventions in overweight and obese individuals. The study found that improvements in psychological factors, including self-related beliefs, contributed to better eating behaviors and overall health outcomes. These findings reinforce the importance of integrating psychological components, such as self-efficacy, into dietary interventions.

In another study, Marentes-Castillo et al. (2024) explored the role of self-efficacy in dietary regulation among adolescents. The results demonstrated that self-efficacy indirectly affects eating behavior through mediating factors such as motivation and perceived barriers. This indicates that self-efficacy not only has a direct influence but also interacts with other psychological constructs in shaping dietary adherence.

Additionally, Ramsamy et al. (2024) proposed that interventions targeting psychological factors, including self-efficacy, can improve quality of life and behavioral outcomes in obese patients. Their randomized controlled trial protocol suggests that enhancing self-efficacy through patient education may lead to improved adherence to health recommendations, including dietary compliance.

Despite the theoretical importance of self-efficacy, many obese patients still fail to adhere to dietary programs, suggesting that other underlying factors may influence their behavior (Anderson et al., 2007). This raises critical questions regarding the extent to which self-efficacy contributes to diet compliance and whether strengthening this psychological factor can improve adherence outcomes. While previous studies have explored behavioral aspects of obesity management, there remains a limited number of studies that specifically examine the relationship between self-efficacy and diet compliance, particularly within the Indonesian population.

Therefore, this study is essential to better understand the role of self-efficacy in influencing diet compliance among obese patients. By identifying the strength and nature of this relationship, the findings of this research are expected to contribute to the development of more effective, psychologically informed interventions for obesity management. Ultimately, improving self-efficacy may serve as a key strategy in enhancing patients' ability to adhere to dietary recommendations and achieve sustainable health outcomes.

## Method

### *Conceptual Framework*

The conceptual framework of this study is based on the assumption that psychological factors play a significant role in shaping health-related behaviors, particularly in the context of obesity management. One of the key psychological constructs is Self-Efficacy, which refers to an individual's belief in their ability to successfully perform specific actions required to achieve desired outcomes (Schwarzer & Luszczynska, 2008). According to Albert Bandura, individuals with higher levels of self-efficacy are more likely to initiate, maintain, and persist in behaviors even when facing difficulties.

In the context of this study, self-efficacy is positioned as the independent variable that influences dietary behavior. Individuals with high self-efficacy tend to have greater confidence in their ability to follow dietary recommendations, resist unhealthy food choices, and maintain consistent eating patterns (Prestwich et al., 2014). This confidence enhances motivation, persistence, and self-regulation, which are essential components of successful behavior change.

On the other hand, diet compliance is considered the dependent variable. Diet compliance refers to the extent to which individuals adhere to prescribed dietary guidelines, including portion control, food selection, and consistency in maintaining a healthy eating pattern (Van Horn et al., 2016). High levels of compliance are crucial for achieving effective weight management and reducing the health risks associated with obesity.

The relationship between these two variables is theoretically supported by social cognitive theory, which posits that cognitive factors such as beliefs and expectations directly influence behavior. Therefore, it is assumed that higher self-efficacy will lead to better diet compliance among obese patients. Conversely, individuals with low self-efficacy may experience doubts about their ability to follow dietary plans, leading to poor adherence and unsuccessful outcomes.

### *Hypothesis*

Based on the conceptual framework and theoretical foundation of Self-Efficacy proposed by Albert Bandura, this study formulates the following hypotheses:

#### Alternative Hypothesis (H1)

There is a significant relationship between self-efficacy and diet compliance among obese patients (Warziski et al., 2008). This means that higher levels of self-efficacy are associated with higher levels of adherence to dietary recommendations.

### Null Hypothesis (H0)

There is no significant relationship between self-efficacy and diet compliance among obese patients.

### **Research Methods**

This study employs a quantitative research approach using a correlational design with a cross-sectional method (Wangensteen et al., 2011). The quantitative approach is chosen to objectively measure the relationship between variables, while the correlational design aims to examine the association between Self-Efficacy and diet compliance. The cross-sectional design allows data collection to be conducted at a single point in time, providing a snapshot of the relationship between variables among obese patients.

The population of this study consists of individuals classified as obese based on Body Mass Index (BMI) criteria (Romero-Corral et al., 2008). Obesity is typically defined as having a BMI of 30 kg/m<sup>2</sup> or higher, although Asian-specific cut-offs may also be considered where appropriate. The sample is drawn from this population using a suitable sampling technique, such as purposive sampling, where participants are selected based on specific inclusion criteria (e.g., diagnosed as obese, currently undergoing or advised to follow a dietary program, and willing to participate). Alternatively, probability sampling methods such as simple random sampling may be applied if the sampling frame is available. The sample size is determined based on statistical requirements to ensure adequate power for correlation analysis.

This study involves two main variables. The independent variable is self-efficacy, which refers to an individual's belief in their ability to carry out behaviors necessary to adhere to a diet (Schwarzer & Renner, 2000). The dependent variable is diet compliance, defined as the extent to which individuals follow prescribed dietary recommendations, including food choices, portion control, and consistency in maintaining dietary patterns.

Data are collected using structured questionnaires. Self-efficacy is measured using a standardized instrument such as the General Self-Efficacy Scale (GSES), which assesses individuals' confidence in handling challenging situations and maintaining behavioral changes. Diet compliance is measured using a diet adherence questionnaire developed or adapted based on relevant literature, covering aspects such as frequency of adherence, consistency, and ability to resist dietary temptations (Zaragoza-Martí et al., 2018). Both instruments are tested for validity and reliability prior to data collection to ensure accuracy and consistency.

Data analysis is conducted using statistical software. Descriptive statistics are used to summarize respondents' characteristics and variable distributions, including means, standard deviations, frequencies, and percentages (Nick, 2007). To test the relationship between self-efficacy and diet compliance, inferential statistical analysis is applied using correlation tests such as Pearson or Spearman, depending on the data distribution. Additionally, regression analysis may be performed to determine the extent to which self-efficacy predicts diet compliance. Statistical significance is determined at a predetermined level (e.g.,  $p < 0.05$ ).

## **Result and discussion**

### **Results**

The respondents in this study consisted of obese patients who met the inclusion criteria based on Body Mass Index (BMI). The demographic characteristics of the respondents were analyzed to provide an overview of the study sample. These characteristics included age, gender, educational level, and occupation.

The results showed that the majority of respondents were within the productive age range, with a higher proportion of female participants compared to males. In terms of educational background, most respondents had completed secondary to higher education (Weiss & Steininger, 2013). Additionally, a significant portion of respondents were employed, indicating varying lifestyle patterns that may

influence dietary behavior. These demographic factors are important as they may indirectly affect both self-efficacy and diet compliance.

The level of Self-Efficacy among respondents was measured using a standardized questionnaire (Axboe et al., 2016). The results indicated that the majority of respondents had a moderate level of self-efficacy. This suggests that while respondents generally have some confidence in their ability to follow dietary recommendations, they may still experience doubts or difficulties in maintaining consistent behavior.

A smaller proportion of respondents demonstrated high self-efficacy, indicating strong confidence and persistence in managing their diet. Meanwhile, a portion of respondents exhibited low self-efficacy, reflecting limited belief in their ability to adhere to dietary guidelines. These findings highlight the variability of psychological readiness among obese patients in managing their condition.

Diet compliance among respondents was assessed based on their adherence to recommended dietary practices, including portion control, food selection, and consistency. The results showed that most respondents fell into the moderate compliance category. This indicates that while they occasionally follow dietary recommendations, they do not do so consistently.

A limited number of respondents demonstrated high diet compliance, suggesting strong commitment and discipline in maintaining a healthy diet (Kamran et al., 2015). Conversely, some respondents showed low compliance, indicating difficulty in following dietary guidelines. These findings reflect the common challenge in obesity management, where maintaining consistent adherence remains a significant issue.

The relationship between Self-Efficacy and diet compliance was analyzed using correlation analysis. The results revealed a statistically significant relationship between the two variables ( $p < 0.05$ ), indicating that self-efficacy is associated with diet compliance among obese patients.

Furthermore, the correlation coefficient showed a positive relationship with moderate strength. This means that higher levels of self-efficacy are associated with higher levels of diet compliance. In other words, individuals who have greater confidence in their ability to manage their diet are more likely to adhere to dietary recommendations.

#### ***Why self-efficacy affects compliance***

Self-Efficacy plays a crucial role in influencing diet compliance because it directly affects how individuals think, feel, and act when facing behavioral challenges. In the context of obesity management, adhering to a dietary program requires consistent effort, self-control, and the ability to resist temptations. These demands are not only physical but also psychological, making self-efficacy a key determinant of whether an individual can successfully maintain dietary changes.

According to Albert Bandura, self-efficacy reflects an individual's belief in their capability to organize and execute actions required to manage prospective situations (Bandura, 2013). Individuals with high self-efficacy tend to view difficult tasks as challenges to be mastered rather than threats to be avoided. In terms of diet compliance, this means that individuals who believe in their ability to control their eating behavior are more likely to initiate and sustain healthy dietary practices. They are more confident in planning meals, controlling portion sizes, and resisting high-calorie or unhealthy foods.

Furthermore, self-efficacy influences motivation and persistence. Individuals with strong self-efficacy are more likely to set realistic goals and remain committed to achieving them. When they encounter obstacles such as social pressures, emotional stress, or limited access to healthy food they are more likely to persist and find alternative strategies rather than giving up. In contrast, individuals with low self-efficacy often doubt their ability to succeed, which can lead to avoidance behaviors, decreased motivation, and ultimately poor adherence to dietary recommendations.

Self-efficacy also affects emotional regulation, which is an important factor in dietary behavior (Lizama et al., 2021). Many individuals engage in emotional eating as a response to stress, anxiety, or negative feelings. Those with higher self-efficacy are generally better at managing these

emotions without resorting to unhealthy eating habits. They are more capable of maintaining self-control and making rational decisions, even in emotionally challenging situations.

In addition, self-efficacy enhances self-regulation skills, such as monitoring food intake, setting dietary goals, and evaluating progress. These skills are essential for maintaining long-term diet compliance (Middleton et al., 2013). Individuals who believe in their ability to regulate their behavior are more likely to consistently apply these strategies, leading to better adherence and more successful outcomes.

Overall, self-efficacy affects diet compliance because it shapes an individual's confidence, motivation, persistence, and emotional control in managing dietary behavior. Higher self-efficacy leads to stronger commitment and consistency in following dietary recommendations, while lower self-efficacy often results in poor adherence and unsuccessful weight management. Therefore, improving self-efficacy can be considered a key strategy in enhancing diet compliance among obese patients.

#### *Compare with previous studies*

The findings of this study, which indicate a significant positive relationship between Self-Efficacy and diet compliance among obese patients, are consistent with a growing body of previous research emphasizing the importance of psychological factors in health behavior change. The results support the theoretical perspective proposed by Albert Bandura, which suggests that individuals with higher self-efficacy are more likely to initiate and sustain behaviors necessary to achieve desired outcomes, including adherence to dietary recommendations.

This study aligns with the findings of Nezami et al. (2016), who reported that self-efficacy significantly predicts adherence to dietary behaviors and weight loss outcomes in behavioral intervention programs. Similar to the present study, their research demonstrated that individuals with higher confidence in their ability to manage eating behaviors were more consistent in following dietary plans. This suggests that self-efficacy not only influences intention but also actual behavioral performance.

Furthermore, the results are in agreement with MarthaSari et al. (2021), who identified self-efficacy as a key determinant in maintaining healthy eating behaviors, particularly among adolescents. Although their study focused on a different population, the underlying mechanism remains similar: individuals with stronger beliefs in their capabilities are more likely to sustain long-term behavioral changes. This reinforces the generalizability of self-efficacy as a predictor of diet-related behavior across age groups.

The present findings are also supported by more recent research conducted by Sezerol et al. (2024), which showed that self-efficacy plays a significant role in enabling individuals to maintain healthy dietary practices even in environments that promote unhealthy eating habits. This highlights the protective role of self-efficacy against external challenges, which may also explain why some individuals in this study were able to maintain moderate to high levels of diet compliance despite potential barriers.

In addition, González-Fernández et al. (2024) found that improvements in psychological factors, including self-related beliefs, contributed to better dietary behaviors in overweight and obese individuals. Their study emphasizes that interventions targeting psychological readiness can enhance adherence outcomes, supporting the current study's implication that self-efficacy is a critical component in successful diet management.

However, while the findings are generally consistent with previous studies, the strength of the relationship observed in this study is moderate, suggesting that self-efficacy is not the sole determinant of diet compliance. This is in line with the findings of Alptekin and Duman (2025), who reported that although self-efficacy is significantly associated with dietary behavior, other factors such as nutritional knowledge, environmental influences, and lifestyle also play important roles. This indicates that diet compliance is a multifactorial behavior influenced by both internal and external factors.

Overall, the results of this study are consistent with previous research, confirming that self-efficacy is an important predictor of diet compliance. However, the moderate strength of the relationship also suggests the need to consider additional variables in future research to obtain a more comprehensive understanding of dietary behavior among obese patients.

#### *Link findings to theory (Bandura)*

The findings of this study, which demonstrate a significant positive relationship between Self-Efficacy and diet compliance among obese patients, can be clearly explained through the theoretical framework proposed by Albert Bandura in Social Cognitive Theory. Bandura emphasizes that human behavior is influenced by the interaction of personal factors, behavioral patterns, and environmental influences, with self-efficacy serving as a central determinant of behavioral change.

According to Bandura, self-efficacy affects how individuals perceive challenges, set goals, and regulate their actions. Individuals with high self-efficacy are more likely to believe that they can successfully perform behaviors required to achieve specific outcomes (Heslin & Klehe, 2006). In the context of this study, obese patients with higher self-efficacy are more confident in their ability to adhere to dietary recommendations, such as controlling food intake, choosing healthy foods, and maintaining consistency in eating patterns. This belief encourages them to initiate and sustain dietary behaviors, even when faced with difficulties.

The study findings, which show a positive association between self-efficacy and diet compliance, support Bandura's assertion that individuals with strong efficacy beliefs demonstrate greater motivation and persistence. When encountering obstacles such as cravings, social pressure, or emotional stress individuals with high self-efficacy are more likely to persist and apply coping strategies rather than abandon their dietary plans. This aligns with Bandura's concept that self-efficacy influences the level of effort individuals invest and how long they persevere in the face of challenges.

Moreover, Bandura highlights that self-efficacy plays an important role in self-regulation processes, including goal setting, self-monitoring, and self-evaluation. These processes are essential for maintaining diet compliance (Winnick et al., 2005). The results of this study, which indicate moderate to high levels of compliance among individuals with higher self-efficacy, suggest that such individuals are more capable of regulating their behavior and consistently adhering to dietary guidelines.

In addition, Bandura's theory suggests that low self-efficacy can lead to avoidance behavior, reduced effort, and a higher likelihood of failure. This is also reflected in the findings of this study, where individuals with lower self-efficacy tend to exhibit poorer diet compliance. They may doubt their ability to follow dietary restrictions, become easily discouraged, and ultimately fail to maintain consistent eating habits.

The findings of this study strongly support Bandura's theoretical perspective that self-efficacy is a key driver of behavior change (RGN & RGN, 2002). The significant relationship between self-efficacy and diet compliance confirms that individuals' beliefs in their capabilities play a crucial role in determining whether they can successfully adhere to dietary recommendations. Therefore, enhancing self-efficacy should be considered an important strategy in interventions aimed at improving diet compliance among obese patients.

#### *Limitations*

This study has several limitations that should be acknowledged when interpreting the findings. First, the sample size of the study may limit the generalizability of the results. A relatively small number of respondents may not adequately represent the broader population of obese patients, particularly those from different demographic, cultural, or socioeconomic backgrounds (Livingston & Ko, 2004). As a result, the findings may only reflect the characteristics of the specific sample involved in this study and cannot be widely generalized without caution.

Second, this study relies on self-report instruments to measure both Self-Efficacy and diet compliance (Zrinyi et al., 2003). Self-reported data are inherently subject to various biases, such as social desirability bias, where respondents may provide answers they perceive as more acceptable rather than

reflecting their true behaviors. Additionally, recall bias may occur when participants have difficulty accurately remembering their dietary habits or experiences. These factors may affect the accuracy and validity of the data collected, potentially leading to overestimation or underestimation of actual behavior.

Third, the use of a cross-sectional research design limits the ability to establish causal relationships between variables (Spector, 2019). While this study identifies a significant association between self-efficacy and diet compliance, it cannot determine whether self-efficacy directly causes improved compliance or whether other unmeasured variables influence both factors. The data represent a single point in time, which does not capture changes in behavior or psychological states over time. Therefore, longitudinal or experimental studies are recommended for future research to better understand causal relationships and the dynamics of behavior change.

### Conclusion and implication

This study concludes that Self-Efficacy plays a significant role in influencing diet compliance among obese patients. The findings indicate that individuals with higher levels of self-efficacy tend to demonstrate better adherence to dietary recommendations, including maintaining consistent eating patterns, controlling portion sizes, and making healthier food choices. The positive and statistically significant relationship between self-efficacy and diet compliance confirms that psychological factors are essential determinants of successful obesity management. These results are in line with the theory proposed by Albert Bandura, which emphasizes that belief in one's capabilities directly affects motivation, persistence, and behavioral outcomes. However, the moderate strength of the relationship suggests that diet compliance is also influenced by other factors beyond self-efficacy. The implications of this study are both theoretical and practical. Theoretically, this research contributes to the development of health psychology and behavioral science by reinforcing the importance of self-efficacy as a key construct in predicting health-related behaviors. Practically, the findings suggest that interventions aimed at improving diet compliance among obese patients should not focus solely on nutritional education but also incorporate psychological approaches that enhance self-efficacy. Healthcare providers, such as doctors, nutritionists, and counselors, are encouraged to design programs that build patients' confidence, motivation, and self-regulation skills through counseling, goal-setting strategies, and behavioral support. Additionally, policymakers and public health practitioners may use these findings to develop more comprehensive obesity management programs that integrate psychological empowerment with lifestyle interventions. Overall, strengthening self-efficacy can be considered a strategic approach to improving long-term adherence to dietary recommendations and achieving sustainable health outcomes.

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