

ABSTRACT

The present research was designed to investigate the motives that may affect a person's decision-making processes when confronted with the health risks of being overweight and/or obese, as well as the impact these motives may have on their intention for and engagement in self-care overweight/obesity-reducing behaviors, as a function of gender. This research comprised three studies. Study 1 involved the development of the *Motives for Overweight and Obesity Scale (MOOS)* as a valid and reliable instrument that could tap the motives/reasons underlying the likelihood of being overweight and obese.. Study 2 evaluated, compared, and identified which of three health belief/attitudinal models (protection motivation theory, ordered protection motivation theory, theory of planned behavior) best explain the decision-making processes associated with both the intention for and engagement in self-care overweight/obesity-reducing behaviors. Multi-model comparisons indicated that the Theory of Planned Behavior offered the best representation of and provides a more potent theoretical framework than either the Protection Motivation model and Ordered Protection Motivation model in explaining the decision-making processes underlying both the intention for and engagement in self-care overweight/obesity-reducing behaviors. Study 3 employed the Theory of Planned Behavior attitudinal model to assess gender differences (and similarities) in the decision-making processes underlying the intention for as well as the engagement in obesity-reducing behaviours. The finding of gender differences in the adoption of overweight/obesity-reducing behaviors suggests differential decision-making processes for males and females. The implications of these findings with regard to the role that psychological motives play as key predictors of the decision of whether or not to engage in self-care overweight/obesity-related behaviors are discussed.