

# The Reliability and Validity of the Turkish Body Mass Anxiety Scale: A Methodological Study

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## ABSTRACT

**Objective:** This research aims to translate the Body Mass Anxiety Scale (BMAS) into Turkish and evaluate its reliability and validity.

**Methods:** Data from 647 adult volunteers in Türkiye were gathered online for this methodological study. Two forms, the demographic information form (7 items) and the Body Mass Anxiety Scale (20 items), were used in the study. A reliability analysis was conducted, along with confirmatory factor analysis, to assess the scale's construct validity. The research was completed with the stages: The Body Mass Anxiety Scale is translated into Turkish and then back into English, a team of experts tests its content validity, and psychometric analysis (item-total correlation, validity coefficient, and factor analysis) is performed.

**Results:** Factor analyses revealed that the scale has a two-factor structure: weight gain and loss anxiety. The scale was deemed highly reliable with a Cronbach's alpha internal consistency coefficient of 0.92.

**Conclusion:** This study demonstrates the validity and reliability of the Turkish version of the Body Mass Anxiety Scale (BMAS), a novel instrument with a two-factor structure to assess body mass anxiety.

**Keywords:** Body mass anxiety, validity, reliability, Turkish adaptation

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## Introduction

Nutrition, which is a physiological requirement, has gone beyond meeting the metabolic needs of many people today. Diets have become important to frequently discussed topics worldwide (Anderson, 2023). Eating habits are complicated and impacted by both environmental and biological variables. Social pressure regarding physical appearance is acknowledged by etiological models, which include environmental elements, as a contributing factor to the development of eating disorders (Gorwood et al., 2016). It was discovered that society's ideal body weight standards were linked to two distinct motivational orientations for body weight: the desire to attain a thin figure and the fear of gaining weight. These incentives may cause people to restrict their food intake and adopt unhealthy eating patterns, which can have an impact on their body weight (Styk et al., 2023).

The stigma associated with being overweight or underweight has expanded widely and has negative social and psychological effects. Because of this stigmatization, social pressure exists to meet conventional beauty standards (Major et al., 2014). Today, individuals are frequently confronted with implicit and explicit messages surrounding idealized versions of body shape and appearance. For women, these messages present unattainable ideals of beauty, often reflecting a tall, flawless complexion and a relatively thin appearance. For men, these unrealistic body ideals tend to portray an ultra-muscular physique with deficient body fat. Body dissatisfaction and excessive worries about weight might result from internalizing these ideals of physical attractiveness, which can cause people to have a negative body image (perception, thoughts, and feelings about one's body) (Vuong et al., 2021). According to Crocq (2015), anxiety is an unpleasant emotional state that is typified by worry, fear, stress, and suffering (Crocq, 2015). One of the most researched psychological problems in the literature on body image disorders is body dissatisfaction, which is defined as the difference between one's idealized and actual body (Stice & Shaw, 2002). Overweight anxiety is linked to body dissatisfaction and plays a role in the emergence of eating disorders (Smith et al., 2020). The sociocultural model suggests that finding one's appearance inadequate due to physical appearance comparison leads to disordered eating behaviors (Jiotsa et al., 2021). Sociocultural models suggest that internalizing the thin ideal and feeling pressured to conform contribute to body dissatisfaction. This dissatisfaction, in turn, fosters maladaptive behaviors, such as dietary restrictions and strict dieting, which can lead to eating pathology (Stice & Shaw, 2002).

While research has traditionally concentrated on one aspect of weight-related anxiety—the fear of gaining weight—recently, attention has shifted to another dimension, known as weight loss anxiety, which involves the fear of being perceived as too thin (Gruszka et al., 2022). This type of anxiety occurs much less frequently. Despite the lower attention given to stigmatization due to being very thin, dislike of a thin figure and fear of weight loss should not be overlooked (Tantleff-Dunn et al., 2009). Negative social perceptions of underweight people ought to be regarded as just as upsetting and hurtful. Psychosocial problems reported by underweight women are comparable to those reported by overweight women (Lox et al., 1998). Men's body image is similarly impacted by stigmatization associated with low body weight. For example, much like overweight women, slim males also feel anxious and unsatisfied with their appearance. Thin young males are dissatisfied with their bodies (Liyanaage et al., 2021).

The two dimensions of body mass anxiety—weight gain anxiety and weight loss anxiety—exhibit distinct characteristics and interactions that are influenced by various psychological, social, and cultural factors. Weight gain and the overvaluation of weight and shape are central to the psychopathology of bulimia nervosa, indicating that weight loss anxiety can drive unhealthy weight control behaviors (Styk et al., 2023). The psychological impact of weight loss can be significant; individuals may experience increased anxiety and depression if they fail to achieve their weight loss goals, which can perpetuate a cycle of unhealthy behaviors and emotional distress (Jackson et al., 2014). The interaction between weight gain and weight loss anxiety is particularly evident in how these anxieties can influence each other. For example, individuals with high weight gain anxiety may engage in extreme dieting or exercise regimens to prevent weight gain, leading to weight loss anxiety when they perceive their efforts as insufficient. This interplay can create a feedback loop where anxiety about weight gain drives behaviors that increase anxiety about weight loss, further complicating an individual's relationship with their body and eating habits (Lewandowska et al., 2023).

The term "Body Mass Anxiety" (BMA) refers to the psychological distress associated with concerns about one's body weight and composition. It encompasses two primary dimensions: anxiety related to weight gain and anxiety related to weight loss. These dimensions reflect the individual's fears and concerns about their body mass, which can significantly impact their mental health and behaviors. Understanding BMA requires distinguishing it from related concepts such as body perception, body dissatisfaction, and body schema (Yiu et al., 2017). Body perception involves how individuals perceive their bodies, which societal

standards and personal experiences can influence. It is a broader concept that includes weight, shape, size, and overall appearance.

In contrast, body dissatisfaction specifically refers to negative evaluations of one's body, often leading to a desire for change. Body Mass Anxiety, while related to these concepts, is more focused on the emotional responses—fear and anxiety—triggered by thoughts of gaining or losing weight. For instance, individuals with high BMA may experience intense fear of gaining weight, which can lead to disordered eating behaviors, while those with weight loss anxiety may feel pressured to conform to societal ideals of thinness, resulting in unhealthy dieting practices (Narulita et al., 2018; Yu & Jung, 2018). The interaction between BMA and body dissatisfaction is particularly noteworthy. Research indicates that body dissatisfaction can exacerbate body mass anxiety, creating a vicious cycle where negative body image leads to increased anxiety about weight, which in turn reinforces body dissatisfaction (Grammer et al., 2018; Staiano et al., 2016). This relationship is evident in populations vulnerable to eating disorders, where individuals often exhibit both high levels of body dissatisfaction and significant body mass anxiety (Levinson et al., 2017). Cultural and social contexts also play a crucial role in shaping body mass anxiety. Different cultures have varying ideals regarding body weight and shape, which can influence how individuals experience BMA. For example, in cultures that valorize thinness, individuals may be more prone to weight loss anxiety. In contrast, those in cultures that embrace larger body sizes may experience less pressure regarding weight gain (Zhou et al., 2022).

Furthermore, social factors such as peer influence and media representation can exacerbate body dissatisfaction and body mass anxiety, particularly among adolescents (Lloyd et al., 2020). Consequently, common psychosocial risk factors across eating disorder diagnoses include concerns about body shape and weight, along with dietary restraint. Anorexia Nervosa involves an extreme desire for weight loss, often accompanied by a distorted body image and pathological anxiety about gaining weight (Conceição et al., 2023).

Body Mass Anxiety significantly impacts individuals' social lives, work environments, and educational experiences. This anxiety manifests as a psychological response to concerns about body weight and composition, leading to various social and emotional consequences. Understanding the implications of BMA requires examining how it affects interpersonal relationships, professional life, and academic performance (Çakmak et al., 2024). In social contexts,

individuals experiencing high levels of BMA may withdraw from social interactions due to fears of judgment or negative evaluation based on their body image. This withdrawal can lead to social isolation, which further exacerbates feelings of anxiety and depression. For instance, individuals with body image concerns often report lower self-esteem and increased anxiety in social situations, which can hinder their ability to form and maintain relationships (Griffiths et al., 2016; Yeşilyurt & Kendirkiran, 2024). Research indicates that individuals with body image issues may avoid social gatherings or activities that involve body exposure, such as swimming or exercising in public, leading to a diminished quality of life and increased feelings of loneliness (Yeşilyurt & Kendirkiran, 2024). Furthermore, the stigma associated with body weight can lead to discrimination and adverse treatment in social settings, reinforcing the cycle of anxiety and isolation (Haddad et al., 2021).

Both anxiety related to being overweight and anxiety related to weight loss can lead to pathological behaviors in pursuit of a specific figure. The "Body Mass Anxiety Scale (BMAS-20)" is a two-dimensional measure that was created by Styk et al. to diagnose anxiety related to body weight (Styk et al., 2023). The scale is intended as a screening tool to identify individuals who may require psychological support at an early stage, aiming to prevent the onset of eating disorders. The absence of a valid and reliable scale to measure body weight-related anxiety in the Turkish literature highlights the importance of this study in filling a gap in the national literature. This study aims to adapt the Body Mass Anxiety Scale into Turkish and examine the validity and reliability of the scale. The research questions are:

- Is the Turkish version of BMAS-Tr a valid measurement tool?
- Is the Turkish version of BMAS-Tr a reliable measurement tool?

## Methods

This methodological study was conducted between 25/10/2023 and 25/01/2024. A survey link was created via Google Surveys, and data were collected online throughout Türkiye through social media and WhatsApp by snowball sampling. After explaining to the participants about voluntary participation and using the data obtained for scientific purposes, informed consent forms were obtained from them (Data were collected after the individuals filled in the "I agree to participate in the study" section). No specific method was adopted to determine the sample. Before data collection, permission was obtained from both the authors who developed the scale and the relevant ethics committee. At every stage of the investigation, the Declaration of

Helsinki was followed. Participants' informed consent papers were acquired, and it was explained to patients that they would participate voluntarily and that the data obtained would be used for scientific purposes.

**Participants:** The study was completed with 647 participants aged between 18-60. During data collection, individuals who agreed to participate, had no diagnosed psychiatric disorders, and used smartphones were included. Given that the scale consists of 20 items, 200 data points would be sufficient (Tavşanlı, 2014). The study's sample size is 32,35 times the total number of items on the scale.

**Stages of the Research:** The study was finished in three stages: (1) translating the Body Mass Anxiety Scale into Turkish and then back into English; (2) having an expert group test the content validity; and (3) doing psychometric analysis (item-total correlation, validity coefficient, and factor analysis).

**Translation Process and Content Validity:** Two natural English speakers who were bilingual and bicultural and knowledgeable about the grammatical and cultural nuances of the language translated the scale into Turkish. Each translator completed this step separately. After combining the translations into a single format, the researchers expressed their thoughts and assessments. Ultimately, two translators unfamiliar with the original scale translated it into English.

To combine the translation outcomes, the two translators shared their thoughts. A single translation was produced by synthesizing the materials while accounting for the translators' translations. Until both versions were finished, the translators did not talk about doing any more translations. Finally, the translators debated the discrepancies until they agreed on a version that was shorter, more accurate in syntax and phrasing, more likely to be understood by the intended audience, and closer to the original.

**Content Validity:** After the translation process was finished, the scale was shown to the expert panel, which was made up of ten academic dietitians. Experts contacted via email evaluated the scale items for cultural appropriateness and comprehensibility. Based on professional judgments, Davis' approach was applied to the content validity. The experts evaluated the items of the scale as non-compliant (1), needing to be appropriately revised (2), appropriate but needing slight change (3), and very appropriate (4) according to Davis' method, where quadruple grading was used. The total of the first two ratings was divided by the number of experts, and the content validity index (CVI) was obtained after this evaluation. CVI is considered sufficient in terms of the content validity of the item if the CVI is more

significant than 0.90.

**Pilot Application:** The scale was applied to 44 who were asked to evaluate the items regarding clarity, fluency, and other issues that attracted their attention at this stage.

**Data Collection Tools:** Two forms, the demographic introduction form and Body Mass Anxiety Scale, were used in the study. The English-Turkish translation of the scale items was determined. In the first stage of the scale, Exploratory Factor Analysis was conducted with 647 participants.

**Demographic introduction form:** The researchers used the literature to prepare the sociodemographic information questionnaire. The questionnaire consists of 5 questions.

**Body Mass Anxiety Scale:** The Body Mass Anxiety Scale, developed by Styk et al. (2023), serves as a screening tool to identify individuals who may need psychological support at an early stage to help prevent the development of eating disorders. The scale consists of 20 items, each scored on a 7-point scale from 1 (Does not worry me at all) to 7 (Worries me a lot).

There are two subscales:

- Fear of Gaining Weight: Items 2, 3, 5, 6, 10, 13, 14, 15, 16, and 17.
- Fear of Weight Loss: Items 1, 4, 7, 8, 9, 11, 12, 18, 19, and 20.

The degree of body mass anxiety rises in proportion to the scale's score (Styk et al., 2023).

### Ethical Considerations of the Study

Ethics committee approval was received for this study from the ethics committee of Erzurum Technical University (Date: October 19, 2023. Number: 11/2). This study is faithful to the Declaration of Helsinki.

**Evaluation of the Data:** The data were analyzed using SPSS for Windows 22 and AMOS 25 package software. Numbers, percentages, minimum and maximum values, mean and standard deviations as well as the Davis method, sample adequacy, and suitability of the data set for factor analysis, KMO, and Bartlett's tests, explanatory factor analysis, confirmatory factor analysis, Cronbach's  $\alpha$  coefficient, item-total correlation, were used in the analysis of the data as mentioned above in the content validity. A "p" value less than 0.05 was accepted as statistically significant.

**Limitations:** The fact that this study was collected online is a limitation of the study.

## Results

The validity and reliability of the Turkish version of the BMAS were evaluated using data obtained from 647 adults; it was determined that 74.3% of the individuals were female, 72.6% were single, 72.8% did not smoke, 88.7% did not drink alcohol, 38.5% ate three meals a day and their average age was  $26.48 \pm 8.76$  (Table 1).

Characteristics		n	%
Gender	Female	481	74.3
	Male	166	25.7
Marital Status	Married	177	27.4
	Single	470	72.6
Smoking	Yes	176	27.2
	No	471	72.8
Number of meals	Two meals a day	189	29.2
	Three meals a day	249	38.5
	Four meals a day	106	16.4
	Five meals a day	84	13.0
	Six meals a day	19	2.9
	$\bar{X} \pm SD$ (Min-Max)		
Age (Year)	$26.48 \pm 8.76$ (18-60)		

Factors, items, factor loadings, and explained variance for the Body Mass Anxiety Scale are presented in Table 2. Looking at Table 2, it can be seen that the Body Mass Anxiety Scale exhibits a two-sub-dimension structure, which is similar to the original structure. Factor loads of all items are above 0.30, and the total variance explained is 64.985%. Therefore, no items were removed from the scale at this stage, and a two-sub-dimensional structure was accepted. The scales in the study were then subjected to confirmatory factor analysis and structural equation modeling to obtain more precise findings following exploratory factor analysis.

Table 3 presents the item averages, item-total correlations, and Cronbach's  $\alpha$  coefficients if each Body Mass Anxiety Scale item is deleted. The overall Cronbach's  $\alpha$  coefficient for the scale is 0.92, indicating high internal consistency. All items show positive item-total correlations, and the removal of any item does not lead to a significant increase in the Cronbach's  $\alpha$  coefficient. For this reason, no items were removed from the scale at this stage (Table 3).

A confirmatory factor analysis was conducted following the exploratory factor analysis to validate the scale structure. Chi-squared fit indices for the scale were significant ( $\chi^2/df = 4.879$ ). The following additional fit indices were discovered: RMSEA=.077, AGFI=.85, IFI=.942, and CFI=.942 (Table 4).

Items	Sub-Dimension	Faktor Load
BMAS-Tr 1	Fear of Weight Loss	0.653
BMAS-Tr 2	Fear of Gaining Weight	0.535
BMAS-Tr 3	Fear of Gaining Weight	0.707
BMAS-Tr 4	Fear of Weight Loss	0.782
BMAS-Tr 5	Fear of Gaining Weight	0.780
BMAS-Tr 6	Fear of Gaining Weight	0.687
BMAS-Tr 7	Fear of Weight Loss	0.823
BMAS-Tr 8	Fear of Weight Loss	0.788
BMAS-Tr 9	Fear of Weight Loss	0.808
BMAS-Tr 10	Fear of Gaining Weight	0.405
BMAS-Tr 11	Fear of Weight Loss	0.762
BMAS-Tr 12	Fear of Weight Loss	0.845
BMAS-Tr 13	Fear of Gaining Weight	0.491
BMAS-Tr 14	Fear of Gaining Weight	0.707
BMAS-Tr 15	Fear of Gaining Weight	0.782
BMAS-Tr 16	Fear of Gaining Weight	0.768
BMAS-Tr 17	Fear of Gaining Weight	0.753
BMAS-Tr 18	Fear of Weight Loss	0.808
BMAS-Tr 19	Fear of Weight Loss	0.822
BMAS-Tr 20	Fear of Weight Loss	0.805
<b>Explained variance (%)</b>		<b>%64.985</b>

Exploratory Factor Analysis (EFA) and Confirmatory Factor Analysis (CFA) were applied to determine the construct validity of the Body Mass Anxiety Scale. Two subject-matter experts, two scale development experts, and two Turkish-English linguists reviewed the scale items for language considerations. The scale items were translated from English to Turkish. Exploratory Factor Analysis was performed on 647 people in the scale's initial stage. The EFA results indicated two sub-dimensions as in the original scale: weight gain anxiety (items 2. 3. 5. 6. 10. 13. 14. 15. 16. and 17) and body weight loss anxiety (items 1. 4. 7. 8. 9. 11. 12. 18. 19. and 20). In this study, the KMO value for the scale was found to be 0.943. and Bartlett's Sphericity Test yielded a value of  $\chi^2 = 10994.469$ .  $df = 190$ ,  $p < .05$  (Figure 1).

The Cronbach Alpha internal consistency and split-half reliability coefficients were computed for the scale's reliability analysis. The value of Cronbach's alpha was 0.92. Likewise, the split-half dependability coefficients for the first and second parts were determined to be 0.841 and 0.863, respectively. It was discovered that the Guttman Split-Half Coefficient value was 0.929. For the reliability analysis of the scale, the Cronbach Alpha internal consistency coefficient and split-half reliability coefficient were calculated. Cronbach's alpha value was found to be 0.92.

**Table 3.**  
**Total Item Correlations and Values of Cronbach's Alpha of Turkish Version of Body Mass Anxiety Scale**

Items	Mean	SD	Average of scale if item is deleted	Adjusted item-total score correlation	When the item deleted coefficient Cronbach's Alpha
1	3.57	2.21	43.76	0.532	0.919
2	2.04	1.64	45.30	0.421	0.921
3	1.78	1.47	45.56	0.431	0.921
4	3.00	2.11	44.34	0.68	0.916
5	1.90	1.57	45.44	0.397	0.921
6	1.81	1.55	45.53	0.425	0.921
7	2.68	2.07	44.66	0.717	0.915
8	2.37	2.02	44.97	0.698	0.915
9	2.70	2.04	44.64	0.731	0.914
10	1.80	1.47	45.54	0.601	0.918
11	3.11	2.11	44.23	0.655	0.916
12	2.97	2.17	44.37	0.726	0.914
13	2.31	1.79	45.03	0.479	0.920
14	1.76	1.53	45.58	0.503	0.92
15	1.84	1.60	45.50	0.444	0.921
16	1.74	1.55	45.59	0.516	0.919
17	1.60	1.38	45.74	0.506	0.92
18	2.87	2.15	44.47	0.687	0.915
19	2.69	2.13	44.64	0.74	0.914
20	2.79	2.19	44.55	0.686	0.915
<b>Cronbach's Alpha</b>					<b>0.922</b>

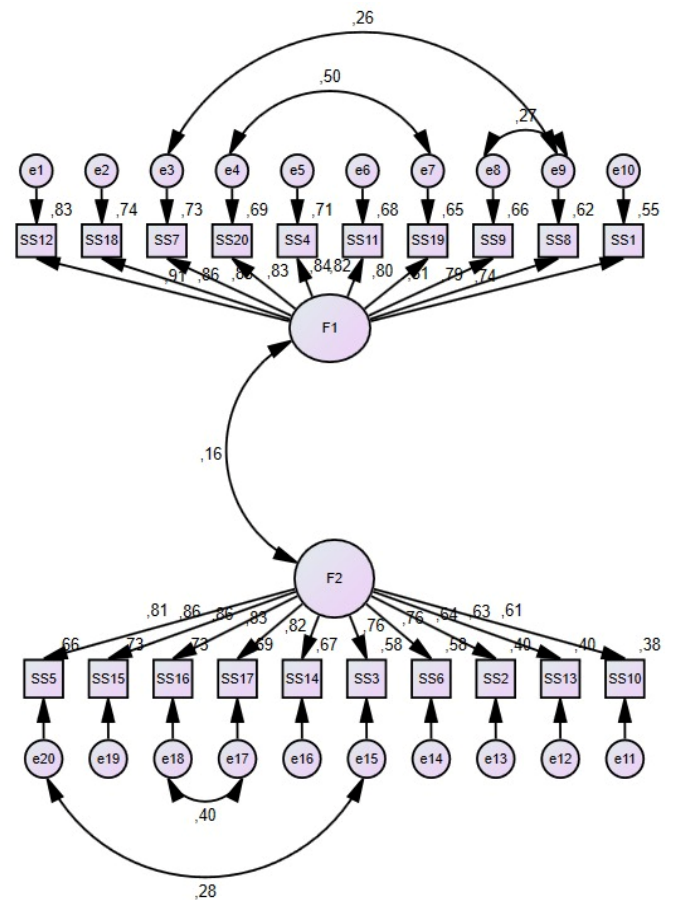
Similarly, the split-half reliability coefficients were determined to be 0.841 for the first part and 0.863 for the second part, with the Guttman Split-Half Coefficient value calculated at 0.929.

**Table 4.**  
**Fit Index Values. Normal and Acceptable Values for Body Mass Anxiety Scale**

Index	Normal values	Acceptable Values	Determined Values
X <sup>2</sup> /SD	<2	<5	4.87
GFI	>0.95	>0.90	0.94
AGFI	<0.89	>0.80	0.85
CFI	>0.95	>0.90	0.942
RMSEA	<0.05	<0.08	0.077
SRMR	<0.05	<0.08	0.065

### Discussion

This study was conducted to adapt the Body Mass Anxiety Scale into Turkish to examine the validity and reliability of the scale.



**Figure 1.** Body mass anxiety scale CFA results

This research aimed to validate and assess the reliability of the Body Mass Anxiety Scale, creating a foundation for future studies on attitudes within Turkish society. It is a frequently used technique to translate the scales created for specific target groups into a different language and adapt them to a new culture. It is recommended in the literature that two or more independent people know the source language of the scale and the cultural and linguistic characteristics of the target language well. Then, a translation method is applied by an expert who does not know the original version of the scale, and it is finalized according to the expert's opinions (Bölükbaş & Göl, 2021). The content validity of the scales included in the expert panel is performed using the Davis method. The Content Validity Index (CVI) score is determined by comparing the scores obtained using this method. The calculated content validity index is expected to be >0.80 in a panel of 10 experts (Esin, 2014). The Body Mass Anxiety Scale was e-mailed to 6 experts who had experience in scale development or adaptation studies working in the field of dietitians in this study. It was determined that one item had a score of 0.8, one had a score of 0.9, and the remaining 20 had a complete score (1.0) due to the evaluation. No items were excluded from the scale since all items meet the requirement of >0.80

specified in the literature. Factor analysis is one of the most widely used methods for demonstrating construct validity (Esin, 2014; Karakoç & Dönmez, 2014). Factor analysis uses two methods: explanatory factor analysis and confirmatory factor analysis (Esin, 2014; Kılıç & Koyuncu, 2017). In factor analysis, a higher explained variance indicates a better measurement of the relevant behavior or dimension (Özdamar, 2016). Factor loads are recommended to be 0.30 and above (Yilmaz, et al., 2017.). As a result of the factor analysis conducted in this research. It was determined that the scale has a two-factor structure. It was determined that the factor loads of the items at the same time. These results were interpreted as the scale showing desirable characteristics in explanatory factor analysis. Confirmatory factor analysis (CFA) is another construct validity analysis that examines whether the data obtained are consistent with the theoretical structure. The results of the fit index obtained from the analysis show the model's suitability to the theory. When the fit index results are examined, the chi-square value is expected to be two or less when divided by the degrees of freedom. GFI, AGFI, and CFI values are between 0 and 1. These index results are considered normal if they have a value above 0.95. AGFI value is interpreted as an acceptable fit between 0.80 and 0.89 (Çapık, 2014; Tavşancıl, 2014). If RMSEA has a value less than 0.05, it corresponds to normal; if it has a value less than 0.08, it corresponds to an acceptable fit (Çapık, 2014; Esin, 2014).  $\chi^2$  /SD value was determined to be within the ranges evaluated as usual as 4.87. GFI as 0.94, AGFI as 0.85, CFI as 0.942, RMSEA as 0.077, and SRMR as 0.065 when we consider the fit indices of the Body Mass Anxiety Scale (Figure 1). The path diagram and associated t-values obtained from confirmatory factor analysis were also examined. If the t-values obtained are above 1.96, it is considered significant at the 0.05 level (Çapık, 2014). It was found that all values were more significant than 1.96 when the path diagrams and t-values of the scale were examined. It was concluded that there is a statistically significant relationship between the items and factors of the Body Mass Anxiety Scale at the 0.05 level. It was concluded that the Body Mass Anxiety Scale provided the necessary construct validity when the analyses were examined. Reliability is a feature required for the standardization of measurement tools. A scale is considered useless. and its scientific value is low if unreliable (Esin, 2014). Internal validity analysis was performed to ensure the reliability of the Body Mass Anxiety Scale.

The reliability of a measurement refers to the extent to which a score is accurate, consistent, and can be repeated (Kyriazos & Stalikas, 2018). Internal consistency is a key criterion for evaluating the reliability of a scale and its sub-

dimensions. The parameters used to evaluate internal consistency include the item-total score correlation coefficient, split-half reliability. Kuder-Richardson coefficient, and Cronbach's  $\alpha$  value. Among these. Cronbach's  $\alpha$  is the most commonly used (Bonett & Wright, 2015; Heale & Twycross, 2015). Cronbach's  $\alpha$  coefficient is considered unreliable if it is between 0.00 and 0.40, low reliable if it is between 0.40 and 0.60, highly reliable if it is between 0.60 and 0.80, and highly reliable if it is between 0.80 and 1.00 (Bonett & Wright, 2015; Tabachnick et al., 2013). The original study reported a Cronbach's  $\alpha$  value of 0.92. In this study, the Cronbach alpha value for the total scale was 0.96, indicating that the scale is highly reliable. The item-total score correlation was examined as another method of evaluating internal consistency. With this method. It is decided whether to make a change when evaluating the suitability of each item in the scale. It is emphasized that they should be 0.30 and above, even though the correlation coefficients are different in the literature (Çapık, 2014; Esin, 2014). The item-total score correlation ranged from 0.66 to 0.92 in the original study, while in this study, the item-total score correlation values of the scale were between 0.493-0.847. The items were retained on the scale as their values exceeded the 0.30 threshold specified in the literature.

### Conclusion and Recommendations

This study successfully adapted the Body Mass Anxiety Scale into Turkish and demonstrated its validity and reliability, supporting its applicability in Turkish society. The scale has been effective in measuring weight gain and weight loss anxiety. Future research can investigate the effect of body mass anxiety on different demographic groups. This study contributes to the development of effective strategies to reduce body mass anxiety by providing a valid and reliable scale in Turkish for future studies to determine the factors that may be associated with body mass anxiety.

**Ethics Committee Approval:** Ethics committee approval was received for this study from the ethics committee of Erzurum Technical University (Date: October 19, 2023. Number: 11/2).

**Informed Consent:** Informed consent was obtained from all subjects involved in the study.

**Peer-review:** Externally peer-reviewed.

**Author Contributions:** Concept - IU; Design- IU, AC; Supervision- IU; Resources- IU, AC; Data Collection and/or Processing- AC; Analysis and/or Interpretation- IU; Literature Search- IU, AC; Writing Manuscript- IU, AC; Critical Review- IU.

**Conflict of Interest:** The authors have no conflicts of interest to declare.

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