

## Effects of Body Self-Image on Sexuality: A Study among College Students

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### ABSTRACT

The present study aims to examine the relationship between body self-image and various aspects of sexuality among college students. Several researches have indicated that this topic seems like an increasingly relevant issue, especially among the youth. This study, thus, aims to examine the relation between body self-image and sexuality. 124 participants completed measures assessing for the predictor and outcome variables. The participants were handed out questionnaires in-person. These questionnaires contained demographic details, Body Self-Image Questionnaire-Short Form (BSIQ-SF; Rowe, 2015) and The Sexuality Scale (Snell & Papini, 1989). It took roughly about 15-20 minutes to fill the questionnaire. The researcher used Jamovi 2.3.24 to examine the correlations between each measure. The results indicate that body self-image indeed had an influence on aspects of sexuality of an individual, namely, sexual-esteem, sexual-depression, and sexual-preoccupation. The researcher finally talks about the implications and suggestions for future research on the same topic.

**Keywords:** *Body self-image, Sexual esteem, Sexual depression, Sexual Preoccupation, Sexuality*

Youth is the population which is in the transition period from dependence to independence. This category is rather fluid than other terms like adolescence, the onset of which is determined by biological factors. College going students are at the peak of their youth, because they are preparing themselves for their future, and, in this process are learning skills essential for being self-reliant. College going individuals usually lie between the ages of 18 to 25.

All over the world, words like adolescent, teenager, youngster, youth, and young person are used interchangeably. Although, there exists a difference. Youth can be seen as the time in one's life when one is young, transitioning from childhood to adulthood. Youth not only talks about the bodily changes that occur, but also incorporates the various changes in attitudes, mind sets, social maturity and emotions an individual develops and demonstrates. Youth is a socially constructed term.

Since youth is a social belief, it reflects the various meanings the different cultures, societies and countries imply. Researchers say that youth has more to do with social processes, and

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Received: July 23, 2023; Revision Received: August 22, 2023; Accepted: August 24, 2023

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less to do with the age-based definitions. This is the time where one creates self-concepts. These are influenced and impacted by peers, family, gender, lifestyle and culture that one is exposed to.

According to the World Youth Report, 2020, 1.2 billion people, accounting for roughly 16% of the worldwide population, are the youth.

More than half of India's population is under the age of 25 and nearly 65% of the Indian population is under 35. This implies that India is one of the youngest countries with a great potential to be a driving force for the entire world.

Ever since COVID hit, schools and other educational institutes took a major hit as they were closed down and the classes were shifted to online mode. Although steps like this were essential for education to continue, a lot of the children could not afford internet. Students living in remote areas who were left without network were deprived of education for a long time.

The youth plays a crucial role in development and progress of a country, youngsters are required in all fields, farming, teaching, politics, etc. The young population is the biggest asset of a country and they need to grow for a nation, and the entire world to prosper.

A better quality of life for the youth assures success not only for the current generation, but also for the future generations. Thus, a country develops further and overcomes the existing hurdles with the support of the youth.

For a nation to grow and evolve, the youth needs to overcome the problems faced by them during this time. These problems include but are not limited to the biological, social, cultural, mental and interpersonal changes that individuals face. These changes are usually unique for everyone as each person has a different set of resources, perception, and understanding of situations and events.

Over 30% of the youth in India is unemployed and most of these individuals are uneducated and untrained. With reduced job opportunities in the organized sector, it is extremely tough to hold a job for the youth, leading to a loss of job security. Thus, the youth does not want to grow and make a change, but only views the hiring company as an income creator.

More than 300 million people among youth were going through depression, according to a 2017 report. Many more might be facing the same, but do not realise it because of lack of knowledge or resources. No major steps have been taken to create a healthy and breathable working environment for the working population. This further makes the targeted population worse off, and even unhappier. Adding to this, the people are not appreciated, making them feel miserable.

College graduates seek internships in order to enhance their resume, explore the field, earn some money, etc. Although, most of the times, these interns are unpaid. This is mainly because the intern sector is not well developed or properly regulated. Employers tend to exploit this situation and give most of the burden to these interns. Most of the times, it leads to a horrible experience and thus, the individuals lose interest.

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Most multinational companies provide job security and appropriate rewards to the employees, which further increases their sense of satisfaction at the workplace. However, this is extremely tough to find.

Youth is the resource of our country and their empowerment is the empowerment of a nation. The current generations have their hope in the youth. They are productive and active people who are can take large undertakings. Although, their strong and stubborn nature leads to several problems among the present-day youth. These issues and challenges are usually psychological and are developed during their stages of development. We need to recognize, identify and find out remedies to such problems of the youth. Psychology and Psychoanalysis have contributed a lot to the youth related problems and solutions. Youth psychology is a branch of psychology that develops very fast. It allows the youth of the world to benefit from the psychological innovations of psyche of the youth.

Types of problems among the youth include cyberbullying, self-esteem and body-image issues, stress, bullying, depression, cyber addiction, drinking and smoking, teen pregnancy, underage sex, defiant behaviour, peer pressure, and competition.

Sexual behaviours take various forms, from attraction to action. It is said that the only constant in the human sexuality is the variability itself. Interest of the human species in sex can be seen as inherently essential as the survival of species is contingent on it. Even though sexual desire varies and changes over an individual's lifespan, it generally serves as a means for intimacy, bonding, pleasure, healing and also human growth.

There can be various reasons for people to engage in sexual activities, such as feeling alive, feeling attractive, desirable, for achieving a sense of closeness, or to please the partner in a relationship.

Sex doesn't have an objective meaning. Everyone has a different interpretation and preference when it comes to sexual desires and sexual behaviours. Some of the common ones include masturbation, oral, vaginal, and anal sex, kissing, using sex toys, watching porn together, or sexting.

One's sexual behaviour and proclivities are motivated by both- biological and social factors. The sex drive is not only limited to procreation, it also helps release sexual tension, build intimacy and fulfils a need for connection. Society, or culture, one's family, exposure to media, peer interactions, and environment- all play a crucial role in influencing an individual's sexual behaviour.

Sex can be an extremely challenging theme to discuss among couples- their bodies, interests, preferences, etc. change and evolve over time and not discussing them may cause a problem at some point in life. Thus, proper communication is essential.

Sex does not only describe the sexual intercourse, rather, it is the accumulation of all acts that arouse an individual. These also include kissing, fingering, caressing, masturbation and oral sex.

Sex and consent are two concepts that go hand in hand. Consent is agreeing to do something, in this context, it means saying "yes" to having sex with the other person, or engaging in any sort of sexual activity.

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It is extremely important for everyone involved in the sexual actual activity to content at all times, they should never be made to do anything they are not comfortable in doing at any point. Just because someone has consented to one thing, does not mean that they would not have a problem doing something else. It is essential for the consenting partners to know that is absolutely okay to say “no” or stop at any point when they start feeling like they do not want to continue.

Sexual violence is a label that is used to describe any sort of unwanted sexual act. This includes but is not limited to rape, sexual assault, sexual abuse, sexual harassment, and female genital mutilation.

One should never feel pressurised to have sex with anyone if they do not want to. Just as taking consent is important, giving consent is equally critical to the formation of a sexual relationship. The individuals always have the right to withdraw or withhold their consent.

Sexuality is an essential part of the human life. It is a positive way to express oneself. Sexuality includes various things, not only sex, such as having children, intimacy, pleasure, along with taboos and values relating to sexual orientation. There are many different ways in which people explore sexuality, it depends on the level of comfort established with the partner, the values the individual holds, and their preferences. For some, engaging in sex before marriage is not a problem, although some might insist on abstaining from sex before their wedding.

Sexuality is a broad term, which does not mean who you have sexual intercourse with, rather, it talks about your sexual thoughts, feelings, and behaviours towards people.

Sexuality is the amalgamation of one’s sexual behaviours, likes and dislikes, attractions, preferences, and kinks. Sexual orientation is a part of sexuality, and while these terms may be used interchangeably, sexuality is more than just who one is attracted to. Sexuality of an individual is what one enjoys and how one enjoys it, it relates to both- partners and choice of activities. It is holistic in nature, meaning that the things in sexuality should be considered as a whole and not pieces of the entire picture. The different fragments are interconnected.

It might take some time for one to explore their sexuality and take decisions about what they like or dislike. Sexuality of a person can be communicated through physical and emotional desires, attitudes, behaviours, and relationships. These might be effected by culture, friends, or even religion. Sexuality is a rather fluid term, implying that it can change and develop each day. And most importantly, it is unique to every individual. There are numerous ways to explore one’s sexuality without actively engaging in sexual activities with another individual, like using masturbation as a technique.

Sexual orientation describes how one feels about people of other genders, in a sexual way. It talks about who one is likely to pursue a sexual relationship with. Some people are attracted to the same gender as theirs, and might identify as lesbian, gay, or queer, while others might be straight, i.e., only attracted to people from the opposite gender. Some might identify as bisexual, meaning they like people belonging to more than one gender, some are asexual, which implies that they are not sexually engaged by anybody.

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Sexual activity is not entirely a representative of sexual orientation of an individual. People having sexual relations with someone of the same gender may not identify as members of LGBTQ+.

Finding one's sexual orientation is a challenging process, especially when the world we live in revolves around the assumption that humans are inherently heterosexual.

The youth is one of the most crucial sections of the population, hence it is of utmost importance to strengthen their physical, sexual, cognitive, and emotional growth. Sexuality develops and evolves via one's interactions with others and through various relationships. The sexuality process begins at conception and goes on throughout the person's lifespan. This is seen as the most critical period of one's developmental process as it involves a number of biological, social, and physical changes.

One of the most prominent and dramatic switch that occurs during this phase of sexual development is that of puberty where the young people begin experiencing physical as well as biological changes in their bodies. The females might have wider hips, their breasts might begin to grow, and their menstrual cycles may start. Males may undergo growth of genitals, development of facial hair, and might experience development of Adam's apple. Both the sexes may go through puberty at different ages, with females generally starting before males. The countless bodily changes can even challenge the identity of a person. Taking into consideration the innumerable transitions the body goes through during the adolescence, one might start questioning their identity and sense of self. The people at this age become increasingly concerned with their appearances, these include their body type, the shape of their nose, the width of their hips, and the amount of muscle they have, etc. this can lead to an increased level of stress and might even lead to them feeling embarrassed about their bodies. Research shows that young females tend to view their bodily changes as rather negative in comparison to men. Also, not everyone has the same reaction to puberty. For one person it might be a challenging process, while for another, it might be an exciting one. It might be a smoother transition for some.

Sexual intercourse, or coitus, is any sexual contact among individuals which involves penetration. It is usually seen as insertion of a man's penis into a woman's vagina. While other forms of physical intimacy such as making out or intercourse with multiple partners fall under the broad definition of sex, the conventional definition of sex does not fully justify the various sexual acts people engage in.

Sexual self-esteem is the extent to which an individual has a positive attitude and confidence in his/her own ability to experience own sexuality in an enjoyable way. This influences almost all the sexual decisions of a person. Studies show that lower sexual esteem is positively correlated with sexual dissatisfaction. Sexual esteem is feeling able to be involved in sexual practices with expected results. This concept varies with age, among genders, and across cultures.

Sexual esteem has a significant association with general self-esteem. A negative influence on sexual esteem can be seen if one has gone through childhood sexual abuse, sexual victimization, physical disabilities, as well as health issues.

It is when one engages in non-specific internal reinforcement toward oneself because of one's capacity to relate sexually to another person.

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Sexual preoccupation is an extreme concentration on sexual urges, behaviours, or fantasies which can be tough to control, these might even cause distress and lead to disorientation of daily activities. This can also be viewed as compulsive sexual behaviour, and acting on these compulsions could possibly lead to feelings of guilt and shame, development of mental health disorders, destruction of meaningful relations with others, engaging in sexual activity or searching pornography at the workplace, or even being arrested for sexual offences.

Sexual preoccupation is the likeliness of an individual to be obsessed with, absorbed in and engrossed in sexual behaviours and conceptions that one virtually excludes from their thoughts. One's previous learning experiences in the field of human sexuality can be seen as the basis of this obsession.

Sexual depression is a person's disposition to take part in internal punishment about one's ability to relate sexually to another person. This is self-perceptive in nature, and not necessarily true. It mainly portrays people's views on their past history of sexual experiences. Research shows that one in every 10 youth are perpetrators, and 9% of all youth (14-21 years) have confessed to convincing someone to do something sexual in nature when they did not want to. One out of every 3 youth who disclosed to this was a female.

The most common age of initiation, or losing virginity came out to be 16 years, according to various studies.

It has been observed that media plays a huge role in sexual behaviour. Youth who actively watch pornographic material have a tendency of exhibiting sexually violent behaviour. Trends also suggest that increased exposure to violence and sexual content can be directly related to sexual violence.

The youth must be involved in discussions about safe and healthy sex, along with the risks of unhealthy sex. Unhealthy sex is when the individual(s) involved are not ready to have sex, or are unsure about the sexual activity. They must also be told what rape is- it is not only physical exertion of power to have sex with the other person, but also mental pressure on someone to say "yes" for having sex.

Body image is a person's belief, attitude, and perception of their own body. It relates to the person's view of their appearance, how one feels about their height, body, shape, and weight, and how they sense and experience their own body.

Body image can be divided into two- positive and negative body image. Positive body image is concerned with satisfaction and acceptance of the body, while negative body image covers dissatisfaction and longing for a different body type. The negative body image can lead to eating disorders, body dysmorphic disorders, among other things.

A person having a positive body image feels comfortable in their body and has a healthy relation with how their body feels and looks. A person with positive body image accepts and appreciates own body, appreciates beauty, takes care of one's own body in a healthy way, and is independent of outside influences or societal messages. Reports also show that having a positive view of one's own body is related to a good mental and physical health. Other than that body positive people seem to have a higher self-esteem, and a lower rate of depression and unhealthy dieting. It is also noted that health education plays a major role in building body confidence as well as body positivity.

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An individual having a negative body image has feelings of dissatisfaction with their bodily appearance. This person tends to compare themselves with others and feels inadequate, the person measures and weighs their body excessively, one might even feel ashamed of their appearance. These people feel awkward and uncomfortable in their body, and see some parts of their body as disoriented or “not ideal”. Research shows that having a negative body image can even lead to the development of certain mental health conditions, especially depression and eating disorders.

Body Dysmorphic Disorder is the most common eating disorder among individuals with a negative body image. This disorder is where one views all or part of their body in a negative light, like not having the “right nose size”, etc.

Negative body image is not an isolated concept, perhaps maybe the least isolated concept of all. Culture, friends, and family- all are responsible for this. Interactions with others and remarks from others about the body helps form this view. People convey both- positive and negative messages about the body.

That is not all, media, family members, peers, and even acquaintances can lead to formation of a body image in an individual. All these sources might encourage an individual to believe that there exists an ideal body image. This can start from a very young age, and the image formed is an extremely unnatural, and often unachievable one.

The fashion industry as well as the beauty industry set an unrealistic standard and extremely unhealthy examples while advertising. These organisations promote a specific body type that is seen as the “desirable” one. Apart from this, discrimination basis of size, gender, race, sexual orientation, age, etc. also play a part in creation of a body image.

Being exposed to micro-aggressions at work or at school as well as in the society can lead to one feeling that they are not good enough, or that they lack in some way or the other.

Moreover, long term and terminal illnesses can also have an impact. Skin conditions, mastectomy, or some amputation of sorts may cause individuals to think about how they look and how they might appear to others. All these factors have an impact on one’s mental and physical health and their overall well-being.

It is clear that anyone can go through feeling negatively about their body appearance, no matter what their gender, age, or race. As per various studies conducted, 35- 81% of girls are dissatisfied with their bodies, while 16-55% of the boys feel this way. This means that body image is somewhat gendered, and is more frequent in girls, as compared to boys. This does not mean that it is not common among the individuals belonging to the latter group. According to a review conducted in 2019, body dissatisfaction seems to persist throughout a person’s lifespan.

With a greater sense of awareness, new interventions are in the process of development. A recent review conducted in 2022 states that online programs for eating disorder prevention can help reduce the chances of bodily dissatisfaction.

It is very challenging to escape the “ideal” body image that is promoted and looked up to in today’s media- be it TV shows, movies, internet, social media or the magazines. However much anyone tries not to be affected by it, the message is more or less likely to come through.

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It can also occur when one interacts with friends and teachers, or when they observe adults in their lives.

The only issue here is that the “perfect” body described by people, does not exist at all, especially the one described in the media. Thus, photos are usually edited and photo shopped to make the model look slimmer or to enhance their features. Thus, chasing this kind of a body only leads to disappointment and low self-esteem, having an impact on all aspects of life.

While the statistics show that poor body image is mostly linked to females, males face it too. Boys feel the need to have six-pack abs, and have a proper height. A research revealed that boys who are underweight have a greater tendency to suffer from depression than girls who are overweight.

Girls, on the other hand, usually suffer from eating disorders. Some of the most common eating disorders including anorexia nervosa, bulimia nervosa, and binge eating disorder. All of these have an adverse impact of an individual’s health in the long term and might even lead to chronic illnesses if not treated soon after identification.

Having a positive body image and optimum self-esteem are essential for a child’s health and well-being. In today’s society, children and youth are exposed to countless images and examples where they are shown the role models to be thin and muscular, be elegant and sophisticated. This sets a standard of beauty which is then circulated. Television, magazines, movies, the internet, and social media are full of these images.

Seeing such images again and again acts as a sort of reinforcement and is associated with a poor body image, and one starts wondering if their body is not healthy enough. These feelings might even affect a child’s self-esteem in a negative way, leading to a negative influence on the child’s well-being and mental health.

Unfortunately, poor body image as well as negative self-esteem are prevalent among the youth. In fact, they are on the rise and these feelings don’t only occur during childhood or adolescence, they last throughout an individual’s lifespan. Parents can support their children and help bring a sense of healthy body image.

According to various reports, at least 30% of the children aged 10 to 14 are on strict diets. These diets are not for balancing the vitamins, minerals and nutrients going into the body, but rather just to control the weight of people to fit into the “ideal” body image and figure.

Having a poor body image and a low self-esteem is directly relational to numerous physical as well as mental health illnesses such as depression, eating disorders, unhealthy and compulsive dieting, substance abuse, and even self-harm. If someone does not like their body, or parts of their body, it is extremely hard for them to feel confident about themselves. The opposite of this also holds true. If one does not value oneself, it will be extremely tough for them to observe and highlight positive things about themselves, let alone be respectful of their body.

Body image and self-esteem are directly related to each other and a person’s thoughts, feelings and actions. If a young individual does not like their body or a part of their body, it is extremely difficult for them to feel good about themselves, or have a positive body image. On



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the flip side, if one does not hold value to oneself, it will be challenging to notice the good things about themselves and give respect to their body.

Body image affects almost every person at some point in their lives. Each day, people get a lot of remarks about how they should look and how they should think about their own bodies. For some, it might be something they can deal with, but for others, it could easily mean the onset of some mental health condition or another.

The most common here would be eating disorders. As mentioned earlier, these disorders are not just about food, they are pathways to cope with difficult problems or restore a sense of control over themselves. These are complex and sophisticated illnesses which affect a person's self-esteem, sense of identity, and sense of worth.

Adolescents go through the process of identifying and understanding themselves and the world around them. They also try to create an identity for themselves while knowing the changes that their bodies undergo. Several factors affect an individual's perception of their body, the familial environment, television, movies, advertisements, along with the existing fashion trends.

Presently, the social media platforms play a crucial role with the youth seeking external validation through "likes" and "comments" for their photos.

Some experiences which might lead to an individual developing a negative body image can include teasing and negative remarks from family members about their body, being bullied at school for their body shape or size, having a body that deviates from the "ideal" body described in the media, having a perfectionist attitude, having low self-esteem or self-confidence. Peer group dynamics and peer pressure to look perfect and "fit in" plays a major role here as well.

Youth at this stage with a negative body image can become extremely moody and might even end up avoiding social situations as they start assuming that they are not fit enough to appear in public. Such thoughts about their body image can adversely affect their daily lives and lead to anxiety, depression, eating disorders and other mental health conditions.

Some signs of negative body self-image include looking at the mirror to point out "imperfections", avoiding social situations because they do not think they look good, being obsessed with counting calories, taking up crash diets, always looking for external validation, talking negatively about oneself, discussing seriously seeking cosmetic changes, being obsessed with working out and going to the gym.

At times, young adults model adults' behaviours. In case the parents are constantly conscious of their diet, and look like perfectionists, their children might want to copy this behaviour. Thus, parents must be careful about how they communicate about physical body and looks, directly and indirectly.

Some of the ways that parents can assist their children to create a positive body image are avoiding comparison with others, especially about how they look. Refraining from name calling with siblings, cousins and family friends is as important as telling the other members in the family to stop commenting on body image. Appreciating the individual for their qualities rather than how they look.

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Parents should talk to their children regarding the bodily changes that occur during adolescence to reassure them that they can have open conversations about their concerns during this stage.

Body self-image is an amalgamation of feelings and thoughts one has about their own body, their appeal and sexual attractiveness. It ranges between positive and negative.

It is how one feels about oneself, the shape of one's body and how one feels physically in her/his body. It is a person's physical appearance and how one perceives it. Body image is a rather broad term which contains positive as well as negative perceptions, attitudes and behaviours one holds about oneself.

Overall appearance evaluation is the extent of beliefs and appraisals one holds about oneself. This can be seen as satisfaction or dissatisfaction with one's appearance. This is the measure of one's physical looks.

Health fitness influence is the effect of health on an individual's fitness levels. This basically describes how one feels that s/he is healthy based on the amount of activity they do.

Investment in ideals refers to the goals and objectives one sets for oneself, achievement of which would lead to the person feeling more positive about their body.

Health fitness evaluation is how you evaluate your overall fitness level. This can objectively be done by calculating the BMI, weight, skinfold measurements, and anthropometric assessments. However, this objective evaluation is not indicative of one's perceived judgement of their fitness level.

Attention to grooming emphasizes the amount of time one spends on oneself to look "presentable". It also signifies the number of tasks an individual undertakes on a daily basis, such as paying close attention to hygiene, personal cleanliness, groomed nails, etc.

Height dissatisfaction, in simple terms refers to the negative perceptions one holds regarding their height. For instance, one might think s/he is too short, or too tall for their liking.

Fatness evaluation can be described as the extent to which a person perceives himself/herself to be fat. The individual can perceive oneself to be extremely thin or even obese.

Negative affect refers to the tendency of one to experience negative emotions. An individual with high negative affectivity is highly likely to experience negative mood states, regardless of the circumstances.

Social dependence can be defined as a state wherein a person or a group of people assume that they would be taken care of by someone else since they believe that they are not capable of caring for themselves.

Each individual has a mental picture of how they look, this is an individual's self-image. One might not always like the way s/he looks all the time, but is used to her/his appearance and accepts it. We as individuals are bound to our bodies, we create a mental image of ourselves and our bodies and our brain seems to resort to this mental image created for a rather accurate

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feel and movement of the body and different parts of it. A distorted image of the body can lead to experiences which are highly unusual.

Various research studies have concluded that body image, develops as a result of socialization. Even though distorted perceptions may occur during childhood, the compounded results become increasingly evident during later adolescence or during youth. It is observed that body image concern is equally prevalent among both the sexes, however, it can be manifested differently.

These days, the society views an ideal woman as someone who does not have any wrinkles, is slim, attractive and young. These views are endorsed by the social media, the movies, commercials, etc. Item songs in Bollywood showing the “flawless” body of a woman create a physical benchmark for others. These can even lead to development of certain disorders such as body dysmorphic disorder, anorexia, or bulimia. Moreover, women start having a lower sense of self-esteem when they start competing with these unrealistic standards.

On the other hand, the supreme masculine form for men is one wherein they seem powerful, macho and handsome. Similar to women, the media leaves no stone unturned while trying to showcase the “perfect” body of men- be it shirtless photos on magazine covers or the slim, ideally built man in advertisements and films. Although, the concern for men is not being underweight, but rather skinny and underbuilt.

Research shows that women having poor body image derive less satisfaction from sex due to unsettling feelings about their bodies, and these women are less likely to initiate sex. Women who have a poor body image might also have a poor sex drive as it impacts the way they feel about themselves, which in turn impacts their ability to interact with their sexual partner.

While sexuality and body self-image might seem to be vast and entirely different concepts, there seems to be a relationship between the two themes, where the existence of both is interrelated. Body self-image, or how one views oneself, determines how comfortable the individual is in her/his body. This comfort determines how confident or diffident they are of themselves while having sex, or how occupied they are with sex throughout.

The purpose of this study was to understand the relation between various aspects of sexuality, namely, sexual esteem, sexual preoccupation, and sexual depression; and body self-image among college students. The sample size included both males and females aged between 18 and 25. The objectives of this study were to assess the relation between sexual esteem and body self-image among college students, to assess the relation between sexual preoccupation and body self-image among college students to assess the relation between sexual depression and body self-image among college students, and to assess the difference in sexuality and body self-image among male and female college going students.

### **RATIONALE FOR CURRENT STUDY**

As explained in already existing researches, some authors propound that individuals who have a rather high body self-image have a greater tendency to engage in relationship enhancing behaviours, like sexual intercourse. It has also been noted that this increases the frequency of sexual intercourse and sexual satisfaction, which are essential elements of a satisfactory relationship (Meltzer & McNulty, 2010; van den Brink et al., 2018). It has also been observed that individuals having a positive body image could indirectly be more likely to go through relationship satisfaction through body esteem as well as sexual satisfaction

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(Meltzer & McNulty, 2010; van den Brink et al., 2018). The present study is designed to study the relationship among body self-image and various aspects of sexuality, namely, sexual-esteem, sexual depression, and sexual-preoccupation. The objectives of this study were to assess the relation between sexual esteem and body self-image among college students, to assess the relation between sexual preoccupation and body self-image among college students, to assess the relation between sexual depression and body self-image among college students, and to assess the difference in sexuality and body self-image among male and female college going students.

Even though similar researches have been conducted in the past, no research has been carried out which measures the body self-image and the different aspects of sexuality of an individual.

In order to fill the research gaps in the existing literature, this study aims to incorporate previously published researches around the same topic, will analyse college students and be conducted on both males and females.

### **REVIEW OF LITERATURE**

Frederick et. al (2022) aimed at understanding the demographic predictors of body image satisfaction among 11,620 U.S. citizens, using Mechanical Turk. Measures mainly contained evaluation of appearance and overweight preoccupation. The researchers concluded that gay and bisexual men seemed to have higher body image concerns than heterosexual men, a greater body mass was negatively related to body image satisfaction among both the sexes. Black men and women reported a positive body image than White individuals.

Kennis et. al(2022) carried out research to study the daily sexual behavior, body image, and sexual esteem among transgender and cisgender individuals.. 47 transgender and 52 cisgender individuals made a note of their sexual behavior, sexual esteem, and body image on a daily basis over a period of time. The research made use of multilevel analyses to understand the links between the variables. The researchers found that intimacy predicted sexual esteem in transgender individuals, sexual openness forecasted sexual esteem and body image, intimacy predicted the sexual esteem, and sexual esteem prognosticates intimacy, masturbation, and sexual openness on a daily level. Although cisgender individuals scored higher on daily self-esteem and body image, the groups do not vary in sexual behavior on a daily basis. The authors also observed a relation between masturbation and body image as moderated by a cisgender individual, sexual esteem predicting sexual activity more positively among cisgender individuals.

Clancy et. al(2021) carried out a study where they tried to understand the associations between pornography use, risky sexual behavior, sexting behaviours, and sexual preoccupation among young Australian adults. The sample size was 654 individuals between the ages of 18 and 34 who completed an online self-report questionnaire about their involvement in sexting behaviours, use of pornography, risky sexual behaviours, and sexual preoccupation. Binary hierarchical logistic regressions were used for analyzing the data. It was found that individuals with greater sexual preoccupation were more likely to engage in pornography use as well as in risky sexual behavior. It was also seen that higher sexual preoccupation was linked to higher rates of sexting.

Wu & Zheng (2021) aimed at testing serial mediating pathways of sexual self-esteem and sexual communication dictating the relation between body image and sexual function. The

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findings revealed that dyadic sexual communication and sexual esteem played a major role in influencing the relationship between body image and sexual function, and the correlation between body image and lubrication, orgasm, arousal, pain and satisfaction. The researchers also found that sexual self-esteem and negative disclosure apprehension also had a mediating role to play in the connection between body image and sexual pain. The dyadic communication was also observed to play a crucial role in the association between body image and sexual function which is separate from the effect of sexual self-esteem.

Hovrath et. al(2020) conducted a study on 257 Norwegian women to understand the effect of body image satisfaction on orgasmic response during sex along with masturbation and satisfaction in sexual relations. The participants were required to answer an online survey and the relation between the variables was assessed using structural equation modeling and factor mixture modeling. Body image dissatisfaction was seen as a major factor influencing problems with orgasm during masturbation and partnered sex.

Howard et. al(2020) did research on body image self-consciousness and sexting among heterosexual and non-exclusively heterosexual individuals. Ordinal and binary logistic regression analyses were used and it was found that an increased body image consciousness during sexual relationships predicted consensual instances of sexting among men and women, a lower frequency of sharing sexts among heterosexual individuals, and a lower probability to send sexts to flirt. It was also seen that body image self-consciousness wasn't predictive of sending sexts generally, or sending them for one to feel sexy. The researchers also emphasized the fact that individuals affected by body image anxieties could be prone to technology-mediated abuse.

Khamseh & Nodargahfard (2020) carried out a study with the aim of finding out the sexual self-esteem, attitude toward body image and well-being among married women. The sample size consisted of 80 married women between the ages of 20 to 30. The data was gathered using Zeanah and Schwarz sexual self-esteem questionnaire, Ryff psychological well-being questionnaire, and the Fisher body image questionnaire. The data was analysed using MANOVA. It was concluded that people after cosmetic surgery had a higher sexual self-esteem, were more satisfied with their own body, and also experienced a higher sense of well-being.

Paslakis et. al(2020) conducted a systematic review to find the associations between pornography exposure, body image and the sexual body image. The authors found 26 studies which met the inclusion criteria. The frequency of pornography exposure was seen to be negatively correlated with one's perceived body image and sexual body image of both-heterosexual men and women.

Simsek et. al(2020) conducted a research on 64 patients with chronic Urticaria with the aim to understand their body image and sexual self-confidence. The data was obtained using introductory demographic form, Multidimensional Body-self Relationship Scale and Sexual Self-Confidence Scale. Shapiro-Wilk test and Mann-Whitney U-test were used along with Spearman correlation. The authors observed that patients with chronic urticarial having bodily changes seemed to have a negative sexual self-confidence sexual courage and self-disclosure.

Brewster et. al(2019) did research using a pan theoretical approach of dehumanization in order to examine body image issues and eating disorders among transgender women. The

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sample size was 205 transgender women. The results showed that dehumanization was directly linked to internalization and eating disorders, which had an indirect link to body surveillance, eating disorders, and body dissatisfaction.

Das & Raman (2019) did research to understand body image and the role it plays in sexual health. Through literature reviews and discussions, the authors found that things such as beliefs, art, culture, attitudes, technological advances, and geography played a crucial role in context of body image and sexual health and functioning. They also highlighted that studies about body image relating to sexual health in the Indian context are mainly limited to BMI, eating disorders, weight, and body dysmorphic disorders instead of sexual functioning.

Dominguez et. al (2019) did research with the purpose of understanding differences between heterosexual, bisexual and lesbian women with regards to body image and sexual dissatisfaction. The sample size was 354 women who completed an online survey which measured sexual and bodily dissatisfaction. The authors found that there were no significant differences based on sexual orientation, although, body concerns were seen to have a lesser influence on sexual dissatisfaction among lesbian women as compared to bisexual and heterosexual counterparts. The standards of beauty remained constant among all the participants.

Kogure et. al(2019) did research on body and its relation with anxiety, sexual functioning, and depression among women with polycystic ovary syndrome. For this purpose, a cross-sectional study of 94 women was conducted. The female Sexual Function Index, Body Shape Questionnaire, Figure Rating Scale, Hospital Anxiety and Depression measurement scales along with anthropometric indices were utilized. The satisfaction or dissatisfaction was a predictor of FSFI total score, depression, and anxiety. Desired and ideal-gender BMI were risk factors for sexual dysfunction and overweight and obesity were factors for the degree of satisfaction or dissatisfaction.

Komarnicky et. al(2019) carried out a study with the objective of understanding the associations of genital self-image with other domains of body image and sexual response. 6,228 individuals who were participants for this survey were given a survey which assessed their body image, genital self-image, sexual satisfaction, and sexual functioning. The researchers concluded that with an increased genital self-image among females, the sexual satisfaction also increased. While genital self-image did not significantly predict sexual satisfaction of men, it was seen as a mediating relation with concerns about body image.

Lammers & Stoker (2019) aimed at understanding if power affected sexual assertiveness and sexual esteem equally in men and women. This study was conducted over 4 regions, namely, Netherlands, Britain, South-east Asia, and The U.S., with a total sample size of 1985. The researchers found that differences seemed to fall with higher social equality, and power was observed to be majorly associated with higher sexual assertiveness and sexual esteem for both men and women.

Toussi & Shareh (2019) did a single group pretest-posttest quasi experiment to understand the changes in the indices of sexual self-esteem, sexual body image and body image concern. 40 participants were selected and administered the Body Image Concern Inventory, Body Exposure during Sexual Activities Questionnaire, and Sexual Self-Esteem Index for Women before and after rhinoplasty. The results indicated that cosmetic surgeries led to a fall in body

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image concern as well as a more positive sexual body image, although the psychological functions of the participants did not seem to change drastically by dimensions of rhinoplasty. Winder et. Al(2019) wrote a report on pharmacologic treatment of problematic sexual interests, sexual preoccupation and paraphilic disorders in adult males having committed sexual offence. Experts from Russia, Czech Republic, Canada, The U.S., and United Kingdom reviewed and compared their treatment perspectives which is documented in this this piece of writing. The researchers concluded that international collaboration would be extremely useful for creating and prescribing guidelines and pooling data from studies on the efficacy and use of biological and pharmacological treatments for those who have committed sexual offences.

Hannier et. al (2018) aimed at understanding the role of physical satisfaction in sexual esteem of women in their research, for which, they carried out two studies on adult women. The results from the first study showed that BMI had a negative to moderate relation to a woman's sexual self-esteem and physical satisfaction. The second study showed that there were no relations between BMI and sexual-esteem, although there was a correlation between sexual esteem and body image. The researchers also concluded that attractiveness or seduction traits were most often seen to be related to facial features, and hence a woman's relation to her body was somewhat central to her conceptualization of sexual self-esteem.

Lin & Lin (2018) tried to assess the relation between sexual satisfaction, self-esteem, and body image among college students of Southern Taiwan. The sample size for this study was 637 students, who were administered Personal Background Survey, Sexual Self-Satisfaction Inventory, Self-Esteem Scale, and Self Relations Questionnaire. T-test, Pearson Correlation, and step-wise multiple correlation were used to interpret the data obtained. The researchers found that self-esteem, gender and perception of body image were major determinants of sexual satisfaction; there was a positive correlation between view of body image and self-esteem, and that with sexual satisfaction; the perception of body image, level of sexual satisfaction and self-esteem were seen to fall between medium to high among the sample; lastly, appearance and body satisfaction along with sexual satisfaction were notably higher among males than among females, although, orientation of appearance among females was greater than males.

Reese et. al (2018) carried out a longitudinal study to know the sexual quality of life, psychosocial outcomes and body image distress in colorectal cancer. A total of 141 participants completed a mail-based survey which assessed the sexual quality of life, body image distress, and psychosocial outcomes, depressive symptoms, and health-related quality of life. Out of this sample, 88 individuals completed a 6-month follow-up surveys. It was seen that impairments in sexual quality of life and body image distress were common. Women and patients who had rectal cancer were seen to have a worse body image distress in comparison to men, or those with colon cancer. After the 6-month follow-up, the body image distress image predictors, worse impairment was linked with worse psychosocial outcomes over a period of time.

Sejourne et. al(2018) did a comparative study among women in premenopausal, perimenopause and postmenopausal stages to study satisfaction with sexual life, body image, self-esteem, and anxiodepressive symptoms. A total of 357 women were a part of this study. ANOVA was utilized to interpret the data and the researchers concluded that dissatisfaction with one's body image was remarkably higher in perimenopausal women, this improved in postmenopausal women as their body image scores were somewhat similar to the

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premenopausal counterparts. It was also seen that sexual dissatisfaction was high in peri- and post-menopausal samples.

Thomas et. al(2018) did research on the impact of sexual orientation on one's body image, self-esteem, urinary and sexual functions in their experience of prostate cancer. The subjects' quality of life, body image and self-esteem were measured using quantitative scales. The results showed that gay men with diagnosed prostate cancer showed higher levels of urinary functioning than straight men with the same condition. However, this was reversed when the men did not have prostate cancer.

Van de Grift et. al(2018) did a European multi-center study on body image and self-esteem in the disorders of sex development. The study was conducted by 14 European clinics on well-being and healthcare evaluation of adults diagnosed with DSD, where the total sample size was 1,040. These individuals were administered the Rosenberg Self-Esteem Scale and the Body Image Scale. Supplementary data was collected on openness, body embarrassment, treatments, anxiety, depression and sexual satisfaction. It was found that the overall body satisfaction was linked to BMI, use of hormone, sexual satisfaction, openness, anxiety, body embarrassment, and depression. The researchers concluded that DSD predicted specific issues related to self-esteem and body image.

Bronner et. al (2017) did research on sexual preoccupation behavior among people with Parkinson's disease. The researchers explained common types of sexual preoccupation behaviours in people with Parkinson's Disease, they also suggested various methods of assessing and diagnosing the sexual behaviours along with proposing possible treatments for those with Parkinson's disease.

Potki et. al(2017) did a systematic review on the biopsychosocial factors that influence sexual self-concept. A total of 37 articles were reviewed after doing extensive research on electronic databases such as PubMed, Web of Science, Scopus, Google Scholar, Iranmedex and Scientific Information Database. It was found that biological factors which influenced sexual self-concept were age, gender, marital status, race, sexually transmitted infections and disability; psychological factors could be sexual abuse in childhood, mental health history and impact of body image; finally, the social determinants include role of parents, media and peers.

Firoozi et. al(2016) did research to understand and establish a relationship between personality traits and sexual self-esteem. A total of 127 married women were chosen on whom the correlational study was performed. Statistical tools used for this purpose were NEO personality inventory dimensions, and Zeanah and Schwarz sexual self-esteem questionnaire. The data was interpreted using a stepwise regression model and Pearson correlation coefficient test. The researchers observed that there exists a correlation between women's personality characteristics and sexual self-esteem. They also suggested that focusing on personality traits could be important for identification of at-risk women or groups with low sexual self-esteem in familial and premarital counselling.

Wiederman & Hurst (2016) did research on physical attractiveness, sexual self- schema and body image among women. 199 young adult women were administered questionnaires and were measured, weighed and rated for their facial attractiveness. Multiple regression analysis was conducted to interpret the results. It was seen that sexual self-schema was not related to body size or shape, body dissatisfaction, history of teasing one about their weight, or the



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degree of investment in personal appearance. The sexual self-schema scores were remarkably related to experimenter-related facial attractiveness, degree of social avoidance due to worries regarding own appearance, or self-related facial and bodily attractiveness.

Benedict et. al(2015) carried out a study to be aware of body image and sexual function in women after having underwent treatment for anal and rectal cancer. For this purpose, 70 females completed European Organization for Research and Treatment of Cancer Core Quality of Life Questionnaire and Colorectal Cancer-specific Module, consisting of Body Image Subscale and Female Sexual Function Index. Multiple regression and Pearson's correlation were implemented. The women were mostly white, around 55 years old, and employed, and a majority of them reported at least 1 body image concern. Poor body image was seen to be inversely related to aspects of sexual function, excluding pain.

Melis et. al (2015) conducted a correlational research for sexual function in women with deep endometriosis in relation to quality of life, intensity of pain, anxiety, depression and body image. A sample 41 women with endometriosis and 40 women without endometriosis were chosen as the sample and sexual, psychological and pain evaluations were done. It was found that those with deep endometriosis had a major impact on sexuality and body image.

Shahhosseini et. al (2014) did a review study on the factors affecting sexual satisfaction in women. This narrative review consisted of data researched from MEDLINE database, Google Scholar and Science Direct, and a total of 30 articles were reviewed and extracted. It was found that demographic factors, pathophysiological factors, psychological factors and sociocultural factors had an effect on sexual satisfaction in women.

### **METHODOLOGY**

The main purpose of the study was to use correlation in order to examine the relationship between body self-image and sexuality among college students, between the age ranges of 18 to 25. By examining the correlation between body self-image and sexuality, the research tries to delve deeper into the various effects that body self-image can have on an individual's various aspects of sexuality.

#### ***Aim***

To investigate the relationship between sexuality and body self-image among college students.

#### ***Objectives***

- To assess the relation between sexual esteem and body self-image among college students
- To assess the relation between sexual preoccupation and body self-image among college students.
- To assess the relation between sexual depression and body self-image among college students.
- To assess the difference in sexuality and body self-image scores among male and female college going students.

#### ***Hypotheses***

- H1: There will be a positive relation between body self-image and sexual esteem.

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- H2: There will be a positive relation between body self-image and sexual preoccupation.
- H3: There will be a negative relation between body self-image and sexual depression.
- H4: Males will have a higher score on sexual-esteem, sexual depression, sexual-preoccupation and body self-image scales as compared to females.

### *Participants*

A total of 124 graduate and postgraduate students, both males and females (62 males, 62 females) between the ages of 18 and 25 took part in this study. Since this study also aimed at comparing sexuality and body self-image on the basis of sex, the sample was divided into two separate groups.

They were handed a 57-question survey, which approximately took 15-20 minutes to complete. The participants were also told that they could stop taking the survey at any point and that their responses would be kept anonymous.

The respondents were not given any kind of incentives, and each one of them was a voluntary participant.

### *Tools*

The respondents answered the following scales:

**The Sexuality Scale:** This is a 30-item scale developed by Snell & Papini. The scores range from +2 (agree) to -2 (disagree), with a few items having reverse scoring. Higher positive scores corresponded with greater agreement with the statements, while negative scores pointed towards a greater disagreement with the statements. The total score holds no significance in overall sexuality of the participant, this scale separately measures three different categories, namely, sexual-esteem, sexual-depression, and sexual preoccupation.

**Short Form Version of Body Self-Image Questionnaire:** It is a shorter version of Body Self-Image Questionnaire, which originally had 51 items. This Scale has 27 items, and was developed by David A. Rowe (2015), in order to measure one's body self-image. This scale has 9 subscales, and each item is scored on a likert scale from 1 (not true at all of myself) to 5 (completely true of myself). Each subscale score ranges from 3 to 15. Higher scores correspond to a more positive view of body self-image.

Once the survey was completed and the data was collected, Jamovi 2.3.24 was used to examine the correlations between each measure. By examining each dimension, the researcher was able to find the significant correlations and implications of each finding.

### *Procedure*

All participants voluntarily took part in the study and were presented with the ethics related information for the research. Once this was done, the participants were asked to respond to the questionnaire presented to them and were told that their responses were strictly for the purpose of research and would be kept confidential. After taking their demographic details, the participants responded to the Sexuality Scale and the Short Form Version of Body Self-Esteem Questionnaire. Once the data collection process was completed, the data was scored. Further, data analysis tools were used to interpret the data and confirm the hypotheses which were formed earlier.

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**Scoring:** The Sexuality Scale (SS) consists of three (3) subscales. The labels and items for each of these subscales are listed below:

### 1. Sexual Esteem

(Items 1, 4, 7, 10, 13, 16, 19, 22, 25, 28)

- 1. I am a good sexual partner.
- 4. I would rate my sexual skill quite highly.
- 7. I am better at sex than most other people. (R)
- 10. I sometimes have doubts about my sexual competence. (R)
- 13. I am not very confident in sexual encounters. (R)
- 16. I think of myself as a very good sexual partner.
- 19. I would rate myself low as a sexual partner. (R)
- 22. I am confident about myself as a sexual partner.
- 25. I am not very confident about my sexual skill. (R)
- 28. I sometimes doubt my sexual competence. (R)

### 1. Sexual Depression

(Items 2, 5, 8, 17, 20, 23, 26, 29)

- 2. I am depressed about the sexual aspects of my life.
- 5. I feel good about my sexuality. (R)
- 8. I am disappointed about the quality of my sex life.
- 11. Thinking about sex makes me happy. (Filler item)
- 14. I derive pleasure and enjoyment from sex. (Filler item )
- 17. I feel down about my sex life.
- 20. I feel unhappy about my sexual relationships
- 23. I feel pleased with my sex life. (R)
- 26. I feel sad when I think about my sexual experiences.
- 29. I am not discouraged about sex. (R)

### 2. Sexual Preoccupation

(Items 3, 6, 9, 12, 15, 18, 21, 24, 27, 30)

- 3. I think about sex all the time.
- 6. I think about sex more than anything else.
- 9. I don't daydream about sexual situations. (R)
- 12. I tend to be preoccupied with sex.
- 15. I'm constantly thinking about having sex.
- 18. I think about sex a great deal of the time.
- 21. I seldom think about sex. (R)
- 24. I hardly ever fantasize about having sex. (R)
- 27. I probably think about sex less often than most. (R)
- 30. I don't think about sex very often. (R)

### *Coding Instructions for Items*

After several items are reverse coded, the relevant items on each subscale are then coded so that A = (-2); B = (-1); C = 0; D = 1; and E = 2. Next, the items on each subscale are summed,

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so that higher scores correspond to: greater sexual esteem, sexual depression, and sexual preoccupation.

### Scoring for BSIQ- SF

Items are scored on 1-5 point scale, with a=1, b=2, c=3, d=4, and e=5. The first item should be reverse-scored.

## RESULTS

Pearson's correlation was used as the means for data analysis with the purpose of understanding the associations between body self-image and different aspects of sexuality (Table 4). Correlations are used to test the relationship between the given variables, and are relevant for the given study since all data was collected at the same time.

The first hypothesis predicted that there would exist a positive relation between body self-image and sexual-esteem. When looking at the correlation between these two variables (see Table 4), it is seen that there exists an extremely high significant relationship of 0.851 ( $p < .01$ ,  $n=124$ ). Hence, this hypothesis was supported, which implies that a higher body self-image led to a higher sexual esteem among college students.

Hypothesis 2 predicted a positive correlation between body self-image and sexual preoccupation. When looking at the correlations between body self-image and this aspect of sexuality (see Table 4), there was a high correlation of .699 ( $p < .01$ ,  $n=124$ ). This hypothesis was supported, which shows that the sexual preoccupation of the sample increases with an increase in body self-image.

Hypothesis 3 predicted a negative correlation between body self-image and sexual depression. When assessing the relationship between the two variables (Table 4), there is an extremely negative correlation of -0.858 ( $p < .01$ ,  $n=124$ ). This hypothesis was supported, which means the higher the body self-image, the lower the sexual depression among the sample population.

The last hypothesis predicted that males will have a higher overall score in both the scales as compared to females. Independent samples t-test is used to test the null hypothesis that two groups have the same mean. A low p-value suggests that the null hypothesis is not true, and therefore the group means are different. When examining the difference between the means of body self-image, sexual-esteem, sexual- depression, and sexual preoccupation (see Table 3 and Table 2), the p values for each of the variables were 0.190, 0.667, 0.449, and 0.303 ( $df=122$ ). This means that for Body self-image, there exists a huge disparity among the genders. Mean for males is 77.2 while that for females is 80.5, which is in favour of women. For sexual esteem, both genders are more-or-less at par with a mean score of 5.42 for males and 5.92 for females, which is in favour of women. There exists a moderately-high level of disparity among both the genders when it comes to sexual-depression, with males having a mean score of -3.05 and females having a score of -3.85, in favour of men. Lastly, high level of disparity exists between males and females with the mean 3.44 for mean and 2.60 for women, in favour of men.

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**Table 1: Descriptives (Means and Standard Deviations)**

	Gender	Age	BSIQ	S.E	S.D	S.P
Mean	Male	22-25	72.8	3.41	-1.29	1.88
		18-21	78.9	6.18	-3.71	4.02
	Female	22-25	82.1	6.55	-5.14	3.45
		18-21	79.5	5.58	-3.20	2.13
Standard deviation	Male	22-25	11.4	5.44	4.57	4.00
		18-21	12.6	6.13	6.24	4.74
	Female	22-25	14.3	7.04	6.30	4.43
		18-21	14.9	6.79	6.40	4.39

BSIQ=Body Self-Image Questionnaire (SF) SE= Sexual-Esteem SD= Sexual Depression SP= Sexual Preoccupation

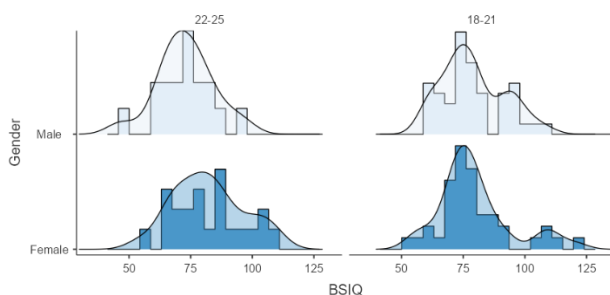
**Table 2: Descriptives (Means and Standard Deviations)**

	Gender	BSIQ	S.E	S.D	S.P
Mean	Male	77.2	5.42	-3.05	3.44
	Female	80.5	5.92	-3.89	2.60
Standard deviation	Male	12.5	6.04	5.90	4.62
	Female	14.7	6.84	6.38	4.41

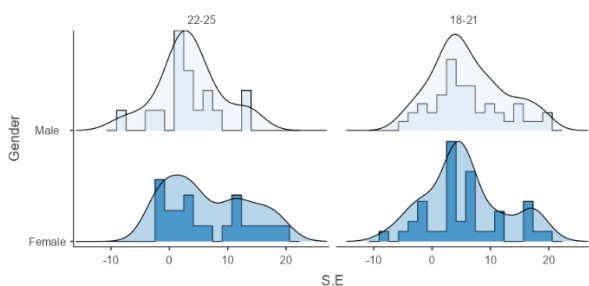
BSIQ=Body Self-Image Questionnaire(SF) SE= Sexual-Esteem SD= Sexual Depression SP= Sexual Preoccupation

### Plots for Descriptive Data

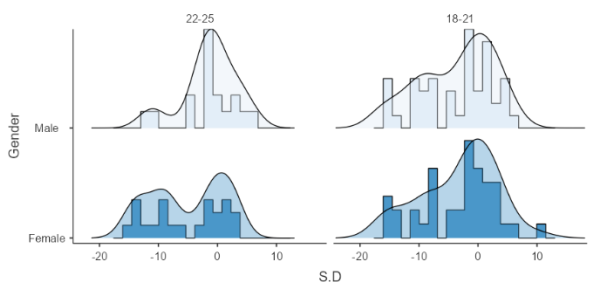
BSIQ (Body Self-Image Questionnaire- Short Form)



S.E (Sexual-Esteem)



S.D (Sexual-Depression)

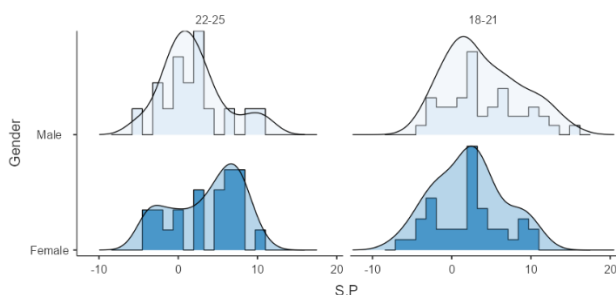


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**Table 3: Independent Samples T-Test on the basis of Gender**

		<b>Statistic</b>	<b>df</b>	<b>p</b>
BSIQ	Student's t	-1.319	122	0.190
S.E	Student's t	-0.432	122	0.667
S.D	Student's t	0.760	122	0.449
S.P	Student's t	1.034	122	0.303

### S.P (Sexual Preoccupation)



BSIQ=Body Self-Image Questionnaire (SF) SE= Sexual-Esteem SD= Sexual-Depression  
SP= Sexual-Preoccupation

**Table 4: Correlation Matrix**

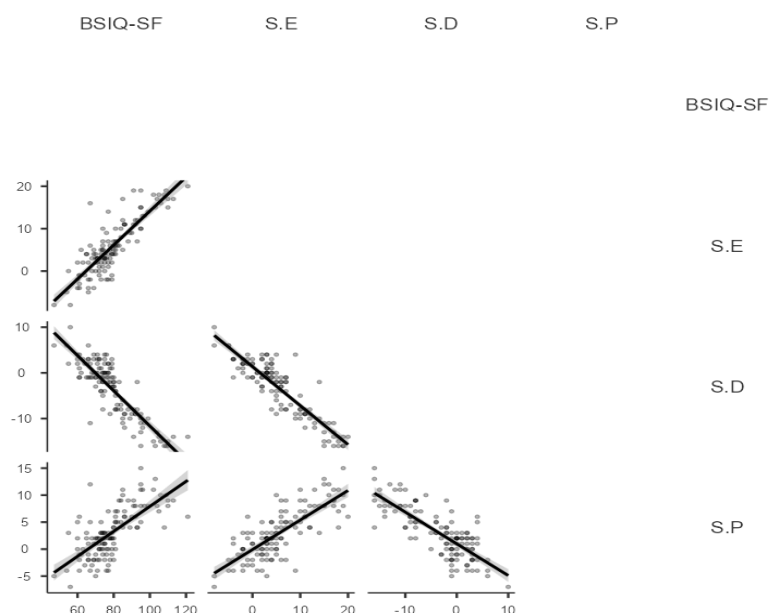
		<b>BSIQ-SF</b>	<b>S.E</b>	<b>S.D</b>	<b>S.P</b>
BSIQ-SF	Pearson's r	—			
	df	—			
	p-value	—			
S.E	Pearson's r	0.851***	—		
	df	122	—		
	p-value	< .001	—		
S.D	Pearson's r	-0.858***	-0.895***	—	
	df	122	122	—	
	p-value	< .001	< .001	—	
S.P	Pearson's r	0.699***	0.779***	-0.797***	—
	df	122	122	122	—
	p-value	< .001	< .001	< .001	—

Note. \* p < .05, \*\* p < .01, \*\*\* p < .001

BSIQ=Body Self-Image Questionnaire(SF) SE= Sexual-Esteem SD= Sexual Depression SP= Sexual Preoccupation

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### Plot for Correlation Matrix



### DISCUSSION AND CONCLUSION

A lot of previous researches have tried studying the impact of body image on sexual aspects of individuals. However, this research discovered how body self-image had the ability to influence one's sexuality, specifically the sexual-esteem, sexual-depression, and sexual-preoccupation aspects of an individual.

This study particularly took into account the effect one's body self-image had on sexuality among college going students. This study looked at individuals between the ages of 18 to 25. Results of the present research support the first hypothesis, that body self-image would be positively related to sexual-esteem. It was observed that a higher body self-image led to an increase in the level of sexual esteem. This is in line with the research carried out by Hannier, et. al (2022), who aimed at understanding women's sexual self-esteem in relation to the new concept of sexualized body perception. Various correlative analyses were carried out to define a relation to the sexualized body, and a series of hypotheses was used to evaluate the possible effect of sexualized body perception among different items in the questionnaire created by the researchers. It was observed that there was a major role of Sexualized Body Image in the age relation between BMI and sexual self-esteem for women. Another research was carried out by Gillen & Markey (2021), who did a review study where they aimed at linking body image to sexual well-being. It was found that in individuals, especially in women, a higher body satisfaction along with greater body appreciation seemed to report more positive sexual experiences. The authors, through this study, discussed findings available and also gave directions for future research and application of this work. They found that a higher body satisfaction along with a greater appreciation of the body seemed to be positively correlated to sexual experiences, especially among women.

The second hypothesis was also supported through the research, which stated that there would exist a negative correlation between body self-image and sexual depression. It was found that a higher body self-image corresponded to a lower sexual depression and vice-versa. Kemigisha et. Al (2018) carried out a cross-sectional study on body image, self-esteem and gender equitable norms among adolescents to see their sexual well-being. 1096

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adolescents between the ages 10-14 were chosen for this assessment from Sub-Saharan Africa. It was seen that girls scored higher as compared to boys in all sub-sections. They also noted that age and sexual activeness were negatively correlated with gender equitable norms. Archangelo, et. Al (2019) carried out a similar research which aimed at evaluating the impact of breast reconstruction on body image, sexual function, and depression after mastectomy. The research was conducted on 90 women between the ages of 18 to 65 years. These women were then administered questionnaires which consisted of Female Sexual Function Index, the Beck Depression Inventory, and Body Dysmorphic Disorder Examination. It was found that the patients who underwent breast reconstruction after mastectomy had better body image and sexual function along with lesser depressive symptoms. Kim & Kang (2015) did a study on body image, sexual quality of life, quality of life and depression among middle aged adults. 367 middle-aged adults were the participants of this study, data was collected using questionnaires, and it was analysed by the help of descriptive analysis, t test, one way analysis of variance, Pearson's correlation coefficients and multiple regression. The authors concluded that the studied characteristics showed evident differences in level of education, age, marriage duration, and frequency of sexual intercourse with spouse, degree of deep sleep, perception towards stressors, monthly income, and exercise. It was observed that there existed a positive relation between SQOL and body image, with a slightly negative correlation with depression.

Results supported the third hypothesis as well. This hypothesis stated that there would exist a positive relationship between body self-image and sexual preoccupation. It was seen that a higher body self-image predicted a higher level of sexual preoccupation. Winter et. Al (2020) aimed at acknowledging the role of body image in the sexual function in hook-up culture. 243 men and women who had hooked up in the previous month using mobile apps were taken as the sample. It was noted that a higher consciousness about the body image was linked with lower sexual functioning among women, and as for men, it was linked with erection difficulty but not ejaculation. Greater body appreciation was associated with greater sexual satisfaction between women. Clancy et. Al (2021) conducted a study to check whether sexual preoccupation predicted sending, receiving, and disseminating sexts, after limiting the use of pornography and risky sexual activities. Young adults from Australia, aged 18 to 34 were a part of this research who were asked to complete online self-report questionnaire like involvement in sexting behaviours, sexual preoccupation, risky sexual behaviours, and pornography use. The results indicated that individuals with a higher sexual preoccupation had a greater tendency to indulge in use of pornography and risky sexual activities. It was also concluded that sexual preoccupation didn't significantly lead to increased sext dissemination.

The last hypothesis, however, was not supported by the research. The fourth hypothesis stated that males would score higher in each dimension as compared to females. However, the results showed that females had a higher score when it came to body self-image and sexual-esteem. While males had a higher score when it came to sexual depression and sexual preoccupation.

### **BIAS**

In order to eliminate any sort of bias, the participants' names and personal questions were not asked, their identities remained anonymous. The scales had some questions which seemed repetitive, however, they were placed only to eliminate the bias.



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The data was collected physically, by handing out questionnaires to the participants after receiving their consent. This lowered the chances of the data being homogenous since it was not limited to friends, acquaintances and the like.

Although, some bias may have occurred in the form of social desirability, acquiescence or agreeableness on the part of the respondents.

### ***Implications***

Youth has a number of factors influencing their body image since early childhood. Schools can begin creation of body positive courses from a young age, instead of enforcing a specific “ideal” body type and for the development of an inclusive body standard.

Apart from that, integrating a comprehensive, coherent and educational sex education course in the schools, especially for adolescents can lead to healthy sexual practices among the youth.

Parental comments with regards to weight and appearances seem to have a huge impact on one’s body self-image. Hence, it seems important to also educate the parents to make them understand that their words can influence how the child views their body, and what it would mean for their future.

Media also plays a major role in glorifying a specific body-image in comparison to others. The movies always show the main hero to be someone with six-pack abs, and the heroine as a slim and fair woman with a curvy figure. This encourages the individuals to adopt unhealthy ways to build muscle or shed fat.

Sexuality is something that is actively talked about among the youth, and approximately 45% of the population belonging to this category is sexually active. The way individuals view their body seems to have a huge impact on their sexualities- how confident they are with their sexuality, how depressed they are with regards to sex or how preoccupied their mind is with sexual fantasies or thoughts about sex.

### ***Limitations and Suggestions for Future Research***

Sexuality and body self-image can be difficult themes to discuss, so the participants could have given socially desirable answers.

Another limitation of the research could be the use of correlation. While correlation is an extremely appropriate method to measure the sample collected at the same time, correlation does not prove the causation. So, even the significantly correlated variables cannot be shown as being directly caused by the other variable.

The sample size of the study was too small (n=124) to be generalized to the whole population. A larger sample is required to validate the findings of the research. This study focused on the sex of the individuals and did not take into consideration their gender identification. Future research could probably also make use of indirect measures in order to get more accurate results, which would not be affected by social desirability, acquiescence and agreeableness. Future studies may also explore and try to understand how the family dynamics and social interactions influence the individuals’ body self-image as well as their sexuality.

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### **Acknowledgement**

The author(s) appreciates all those who participated in the study and helped to facilitate the research process.

### **Conflict of Interest**

The author(s) declared no conflict of interest.

**How to cite this article:** Vohra, P. (2023). Effects of Body Self-Image on Sexuality: A Study among College Students. *International Journal of Indian Psychology*, 11(3), 2773-2800. DIP:18.01.264.20231103, DOI:10.25215/1103.264