Research Paper

Role of Body Image and Self-Esteem in Mental Health of Females

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ABSTRACT

The present study explores the delicate yet very strong relationship between body image, self-esteem, and mental health in adolescent and adult females. Body image concerns, self-esteem and mental health are prevalent issues across various age groups, but the experiences and challenges faced by adolescent and adult females differ significantly. Self-esteem might be understood as a matter of self-worth, which directly effects how an individual looks up to on himself/herself and how much value is given by an individual to himself/herself. Self-esteem emerges as a critical factor influencing how individuals perceive and evaluate themselves. Mental Health refers to the collective health of an individual specifically emotional, psychological and social well-being. Mental health outcomes vary for adult and adolescent females due to various different reasons. The present study seeks to analyse & investigate how adolescent and adult females Mental Health is affected by body image and self-esteem. 200 females were selected for the sample that were further categorised as 100 adolescent females ranging from 16 to 18 years & 100 adult females ranging from 26 to 28 years). For the above-mentioned purpose independent sample t-test and regression analysis were used. The findings of the study revealed that there were significant differences between adolescent and adult females on body image issues and mental health while on the variable of self-esteem the difference was not significant. Also, the result of regression analysis showed that self-esteem and overweight preoccupation, appearance orientation and health evaluation (sub variables of Body Image) were seen to be predicting mental health for adolescent and adult females.

Keywords: *body image issues, self-esteem, mental health, adolescent females, adult females*

Adolescence, often regarded as the transitional period between childhood and adulthood, is a critical juncture in human development. It is characterized by profound physical, cognitive, emotional, and social changes that shape one's identity and future (Sawyer et al., 2018). Adolescence is marked by an intricate web of developmental changes that influence and are influenced by mental health. These transformations span biological, cognitive, emotional, and socio-cultural dimensions, each playing a crucial role in shaping an adolescent's mental well-being. Adolescence spans from the beginning of puberty to the onset of adulthood (Malim, 1998). This phase is marked by

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several key developmental milestones, as noted by Beneath & Beyond (2012). Adolescent mental health is a nuanced and multifaceted domain, requiring a composite understanding of biological, psychological, social, and environmental factors. Recognizing the distinct challenges of this phase can lay the foundation for a healthier transition into adulthood.

The transition from adolescence to adulthood, often referred to as "emerging adulthood," is a pivotal phase in one's life, marked by numerous changes and challenges. This period, spanning the late teens to the late twenties, adulthood is interposed by numerous significant life events. From graduating, starting a first job, getting married, having children, to experiencing loss or maybe even a mid-life crisis, each phase brings its own set of emotional and psychological challenges. The journey of adulthood, encompassing multiple life stages and myriad responsibilities, offers its own set of unique challenges and rewards. During the process of transitioning from childhood to adolescents and then into adults, there are lot of complexities. These complexities range from career choices, relationships, financial responsibilities, to perhaps raising a family or dealing with the physical changes associated with aging.

Body Image
Body image is a multifaceted, subjective, and ever-changing notion that includes an individual's ideas, emotions, and impressions about their physical appearance (Gorgan, 2021).

A person's thoughts and feelings about their body combine to create their body image. An individual may see their body differently based on happy or bad experiences, leading to the formation of either a positive or negative body image. They may also feel both positive and negative emotions toward their body at different periods.

Body image is an intricate construct which refers to general appearance or to body-shape issues. Overall appearance satisfaction or general body-shape issues, particularly a focus on slimness, are more pronounced among females. It is possible to assess body image in perceptual, evaluative, or emotional terms. The primary emphasis is on how women and girls perceive their weight and body type, how they create a body image of their physique that is inferior to the perfect ideal in society, and how the body dissatisfaction that results from this disparity may be lessened or even avoided. In addition to the agony, body dissatisfaction is a severe issue because it is linked to obesity and eating disorders (Smolak, 2006).

Positive body image: A person is described as having a positive body image when he/she is able to respect, appreciate and accept their body. Wertheim et.al. (2009) stated that in order to promote healthy psychological and physical growth(specially in girls), one must have a favorable body image. On the other hand, having a negative body image has many detrimental effects.

Negative body image: It means that an individual is generally unhappy with how they look. People who are unhappy with their physique are more likely to be dissatisfied with their bodies. Body dissatisfaction has been shown to have a predictive relationship with the onset of depressive moods, further highlighting its impact on adolescent mental health (Holsen, et al 2001).

The media is one of the biggest factors influencing body image in modern culture. Images of 'perfect' bodies are continuously shown in magazines, TV programs, films, and, more lately, social media platforms. These pictures often feature very strong males and skinny ladies, which distorts viewers' expectations. Extensive research has shown that exposure to these idealized pictures is linked to body dissatisfaction, particularly in young women (Fardouly et al., 2015).

Self-esteem

The term "self-esteem" describes one's perception of oneself as well as their ideas about their strengths and weaknesses. Thoughts, relationships, and experiences—including those pertaining to culture, religion, and social standing—all influence one's sense of self-worth. Maslow's renowned hierarchy of needs, proposed in 1943, identifies self-esteem as a critical requirement for personal fulfilment. The notion of self-esteem received extensive attention in the 1960s, notably after Rosenberg's (1965) pioneering study of teenagers. Rosenberg's work, which included the creation of the first self-esteem questionnaire, helped to popularize the concept of self-esteem. It can be categorised as high or low on the basis of degree of satisfaction with oneself.

High self-esteem: It refers to the feelings of being positive about oneself, believing that one is good and worthy, and when one has faith in his abilities and achievements. Orth & Robins (2022) stated that high self-esteem is beneficial for mental health as well as for physical health. They further stated that the advantages of high self-esteem are stable across gender and age.

Low self-esteem: It refers to when an individual feels inadequate and gives less worth to his skills and talents and feels incompetent. People with diminished self-esteem might constantly seek external validation, fearing negative evaluation. Such individuals are at a heightened risk of developing dysmorphic emotions, substance abuse, irresponsible sexual behavior, aggression, eating disorders etc (Leary, 1990). According to Beck's cognitive theory, individuals with low self-esteem possess a biased cognitive triad: a negative view of oneself, their world, and the future (Beck, 1970). That is why promoting a positive self-esteem is essential for overall mental well-being. Supportive environments, where achievements are recognized and individuality is celebrated, can also foster healthy self-esteem. The connection between self-esteem and mental health is intricate, multifaceted, and reciprocally influential, (Sági, A. 2016).

Mental Health

The term mental health encompasses a very broad spectrum in the field of health, as it not only encounters a single issue but it is multifaceted. As Mental health does not only mean lack of mental disorders rather presence of few symptoms which include mental, physical and social well-being. The WHO's (2003) definition of health places special emphasis on the positive aspect of mental health. The concept of mental health include perceived self-efficacy, subjective well-being, competence, autonomy, intergenerational dependency and the understanding that one can develop to the fullest extent possible on emotional and intellectual level as well. Mental health issues affect the whole society, not only a single section, as Mental Health is a global phenomenon.

As per Sartorius (2002), Mental health does not happen to exist alone, but in a strong and direct connection with overall health. It is an integral and essential part of overall health, which There are three main ways to describe mental health: either it is the absence of illness,

or it is the condition in which the organism is able to carry out all of its activities, or it is the state of equilibrium both within the individual and between the individual and their physical and social surroundings. According to the Mental Health Foundation (MHF, 2008), mental health is characterized by how people feel and think about themselves and their lives, and it influences how people manage and adapt throughout difficult phases.

Rowling et al. (2002) described mental health as the state in which people and communities are able to interact with one another and their surroundings in a way that supports and preserves their subjective well-being, as well as the best possible development of their cognitive, affective, and relational skills and the accomplishment of their own goals in a way that is just and moral.

Galderisi et al, (2015) provided a refined view of mental health. They defined mental health as the ability to control and express emotions, empathy for others and also including essential cognitive and social abilities. Mental health also includes the ability to perform individual's overall responsibilities, the capacity to meet and overcome difficult life events, and adaptation & flexibility to life situations.

Objectives
- To compare the body image issues, self-esteem & mental health of adolescent and adult females.
- To explore the predictors of mental health of adolescent and adult females.

Hypothesis
- Adolescent females would differ significantly from adult females on body image issues.
- Adolescent females would differ significantly from adult females on self-esteem.
- Adolescent females would differ significantly from adult females on mental health.
- Body image issues and self-esteem would emerge as significant predictors of mental health among adolescent and adult females.

METHODOLOGY

Sample
The present study was conducted on a sample of 200 females. Out of these 200 females, 50% (n=100) were adolescent females having age range from 16 to 18 years and rest were adult females having age range from 26 to 28 years. Participants who gave their consent and who can read/ understand English were included in the research while participants lying outside the specific age criteria were not considered.

Tools
- *For Body Image:* Multidimensional Body-Self Relations Questionnaire by T.F. Cash, (2000) is used, as the scale provides a very comprehensive measurement of body image, encompassing various dimensions.
- *For Self-Esteem:* Self Esteem Scale by Rosenberg, (1965) is used as it measures overall self-worth of an individual.
- *For Mental Health:* General Health Questionnaire by David Goldberg and Paul Williams (1970) as it measures distress at the very start, was used to assess the mental health of females.

RESULT & DISCUSSION

The first objective of the study was to compare the body image issues, self-esteem & mental health of adolescent and adult females. In accordance with the first objectives, the data was analysed accordingly using t-test.

Table 1 showing mean, SD and t-value of adolescent and adult females on variables of Body Image, Mental Health & Self-Esteem.

Variables	Age Group	Mean	SD	t-value
AE	Adolescents	25.02	3.432	3.390**
	Adults	26.56	2.976	
AO	Adolescents	40.64	4.751	5.199**
	Adults	44.54	5.806	
FE	Adolescents	11.11	1.717	1.818
	Adults	10.68	1.626	
FO	Adolescents	43.16	4.892	4.642**
	Adults	46.45	5.127	
HE	Adolescents	19.76	2.575	2.388*
	Adults	20.68	2.867	
HO	Adolescents	25.8	2.909	2.863**
	Adults	27.06	3.302	
IO	Adolescents	15.86	2.265	0.546
	Adults	16.06	2.881	
BAS	Adolescents	33.95	3.986	4.440**
	Adults	30.5	6.67	
OP	Adolescents	12.85	2.022	3.679**
	Adults	14.24	3.191	
SCW	Adolescents	6.14	1.589	3.138**
	Adults	6.88	1.742	
GHQ	Adolescents	23.16	6.81	4.563**
	Adults	27.30	6.00	
SES	Adolescents	21.39	3.309	0.335
	Adults	21.34	3.022	

The first sub dimension of variable of Body Image is Appearance Evaluation that refers to the feelings of being physically attractive or not. On this dimension of Body Image adolescent females had Mean of 25.02 and S.D of 3.432 while adult females had Mean of 26.56 and S.D of 2.976. It indicated that adolescent females scored lower on the dimension of appearance evaluation than adult females. The t-value of (t= 3.390**) depicted that adolescent females differ significantly from adult females on the dimension of appearance evaluation. It can be said that adolescent females are less satisfied with their appearance than adult females.

The second sub dimension of variable of Body Image is Appearance Orientation it refers to extent of investment put by an individual in appearance related behaviors. On this dimension of Body Image, adolescent females had Mean of 40.64 and S.D of 4.751 while adult females had Mean of 44.54 and S.D of 5.806. It indicated that adult females scored better on the dimension of appearance orientation than adolescent females. The t-value of (t=5.199**)

depicted that adolescent females differ significantly from adult females on the dimension of appearance orientation. It means both the groups are concerned in different manners regarding their appearance. It can be said that adult females are more interested in putting efforts to look good than adolescent females who are concerned more about looks.

The third sub dimension of variable of Body Image is Fitness Evaluation, it refers to the feelings of being physically fit or not. On this dimension of body image adolescent females had Mean of 11.11 and S.D of 1.717 while adult females had Mean of 10.68 and S.D of 1.626. It indicated that adolescent females scored slightly higher on the dimension of Fitness Evaluation than adult females. The t-value of (t=1.818) depicted no significant differences on the dimension of fitness evaluation. The results revealed that both the age groups have more or less similar inclination for physical fitness.

The fourth sub-dimension of variable of Body Image is Fitness Orientation which refers to effort one puts in being fit and athletically competent. On this dimension of Body Image, adolescent females had Mean of 43.16 and S.D of 4.892 while adult females had Mean of 46.45 and S.D of 5.127. It indicated that adolescent females scored little lower on the dimension of Fitness Orientation than adult females. The t-value of (t=4.642**) depicted that adolescent females differed significantly from adult females on the dimension of fitness orientation. It indicates that adult females are putting more efforts for staying physically fit and are more concerned about fitness orientation than adolescent females. Similar findings were seen in research by Kilpela et. al. (2015) which indicated that adult women have distinct and complicated challenges than adolescent girls; they shift the attention from the previous issue (desire for slim ideal) to other ones (like becoming fitter).

The fifth sub-dimension of variable of Body Image is Health Evaluation which refers to feeling of physical health and freedom from illnesses. On this dimension of Body Image adolescent females had Mean of 19.76 and S.D 2.575 while adult females had Mean of 20.68 and S.D of 2.867. It indicated that adolescent females scored little lower on the dimension of health evaluation than adult females. The t-value (t=2.388*) depicted that adolescent female differed significantly from adult females on the dimension health evaluation. The results indicated that adolescent females are less thoughtful about health evaluation than their adult counter parts.

The sixth sub-dimension of variable of Body Image is Health Orientation which refers to the extent of investment one puts in leading a physically healthy lifestyle. On this dimension of body image; adolescent females had Mean of 25.80 and S.D 2.909 while adult females had Mean of 27.06 and S.D of 3.302. It indicated that adolescent females scored lower on the dimension of health orientation than adult females. The t-value of (t=2.863**) depicted that adolescent females differ significantly from adult females on the dimension of health orientation. It can be inferred from the results that female adolescents are less concerned regarding healthy lifestyle and are less health conscious whereas adult females are more considerate about their health.

The seventh sub-dimension of variable of Body Image is Illness Orientation which refers to reactivity of becoming ill. On this dimension of Body Image, adolescent females had Mean of 15.86 and S.D of 2.265 while adult females had Mean of 16.06 and S.D of 2.881. It indicated that adolescent females scored lower on the dimension of illness orientation than adult females. The t-value of (t=.546) depicted no significant difference between adolescent females and adult females on this dimension. It means both the age groups are more or less

equally concerned about illness. It can be said that the notion of illness is of equal concern for both the groups. Thus, it can be stated that fear of illness is not age specific.

The eighth sub dimension of variable of Body Image is Body Areas Satisfaction which refers to feeling of satisfaction about physical appearance regarding specific body areas. On this dimension of Body Image, adolescent females had Mean of 33.95 and S.D of 3.986 while adult females had Mean of 30.50 and S.D of 6.670. It indicated that adolescent females scored higher on the dimension of Body Areas Satisfaction than adult females. The t-value of (t=4.440**) depicted that adolescent females differ significantly from adult females on the dimension of Body Areas Satisfaction. The results revealed that adolescent females are more satisfied with physical appearance regarding specific body areas while adult females are less satisfied with the appearance of several areas.

The ninth sub dimension of variable of Body Image is Overweight Preoccupation which refers to concerns about fat anxiety, weight vigilance and dieting. On this dimension of Body Image; adolescent females had Mean of 12.85 and S.D of 2.022 while adult females had Mean of 14.24 and S.D of 3.191. It indicated that adult females scored high on the dimension of overweight preoccupation than adolescent females. The t-value (t=3.679**) depicted that adult females differ significantly from adolescent females on the dimension of overweight preoccupation, which states that adult females are more occupied with weight issues and indulge in weight management activities like dieting and eating restrain than adolescent females.

The tenth sub-dimension of variable of Body Image is Self-Classified Weight which refers to the perception and labels given to body weight i.e. from underweight to overweight. On this dimension of Body Image, adolescent females had Mean of 6.14 and S.D of 1.589 while adult females had Mean of 6.88 and S.D of 1.172. It indicated that adolescent females scored slightly low on the dimension of self-Classified Weight than adult females. The t-value (t=3.138**) depicted that adolescent females differ significantly from adult females on the dimension of self-classified weight, the scores depict that adolescent females are less concerned about weight labelling than adult females.

In sum, it can be clearly seen that adult and adolescent females differed significantly from each other on eight sub dimensions of body image issues, with adult females scoring significantly higher on seven dimensions while adolescent females scored significantly higher on one dimension and on two dimensions they did not differ significantly. Thus, on above basis the hypothesis stating "*Adolescent females would differ significantly from adult females on body image issues*" got accepted. In the longitudinal research conducted by Gillen & Lefkowitz (2012) regarding body image issues over the years, the findings stated that body satisfaction increases through the twenties getting stabilized towards the thirties.

On the variable of Self-Esteem adolescent females had Mean of 21.39 and S.D of 3.309 while adult females had Mean of 21.34 and S.D of 3.022. it indicated that adolescent females scored almost equal to adult females. The t-value (t= .335) shows that adolescent females did not differ significantly from adult females, which infers that both the age groups are equally concerned about their self-esteem. Adolescent females and adult females both are satisfied with their self-esteem. Hence the hypothesis stating "*Adolescent females would differ significantly from adult females on self-esteem*" got rejected. The results are in line with Trzesniewski, et. al. (2003)'s study about self-esteem, which stated that Self-esteem stability was low in childhood, growing in adolescence and early adulthood, and then fell

throughout midlife and old age, highlighting that self-esteem was in increasing direction during adolescence and adulthood.

On the variable of Mental Health adolescent females had Mean of 6.14 and S.D of 1.589 while adult females had Mean of 6.88 and S.D of 1.172. It indicated that adolescent females scored lower than adult females, which means adult females are poorer on mental health issues as GHQ scoring interprets that higher the score poorer the mental health. The t-value (t= 4.563**) shows that adolescent females differed significantly from adult females, which infers that adolescent females have better mental health. Thus, on above mentioned basis the hypothesis stating "*Adolescent females would differ significantly from adult females on mental health*" got accepted. Similar findings came from study conducted by Furnham & Cheng (2019), they conducted longitudinal research using GHQ from ages 16 to 30 which stated that there was a significant decrease of scores over the period of 14 years. Mental health being better during adolescence and later on decreasing with age.

Regression analysis:

The next objective of the study was to examine the role of body image issues & self-esteem predicting the mental health of adolescent and adult females. To fulfil the objective, the data was analysed using regression analysis (stepwise linear regression).

Table 2 represents summary of stepwise regression analysis of adult females.

Predictors	R	R Square	R square change	Beta	F
SES	.383	0.147	0.147	.382	16.888
OP	.456	0.208	0.061	.332	12.720
AO	.510	0.260	0.053	-.245	11.269

The first predictor variable for the mental health of adult females is Self-Esteem with multiple R of .383 and R Square equal to 0.147. It revealed that Self-Esteem causes 14.7 % of variance in mental health of adult females. The regression coefficient of (ß= .382) revealed that Self-Esteem contributes positively to mental health of adult females. It indicates that higher the self-Esteem better would be the mental health and lower the Self-Esteem poorer will be the mental health. Anto and Jayan (2016) investigated the influence of emotion regulation and self-esteem on the mental health of youth. They found out that there exist significant differences in mental health of high, moderate and low self- esteem groups, and self-esteem emerged as predictor of mental health.

The next predictor variable for the mental health of adult females is Overweight Preocupation with multiple R of .456 and R Square equal to 0.208. It revealed that Overweight Preocupation explains 6.1% of variance in mental health of adult females. Together with Self-esteem it explains 20% variance in mental health. The regression coefficient of (ß= .332) revealed that Overweight Preocupation contributes positively to mental health of adult females. It states that more an individual is concerned about body weight ideals, better would be mental health. Mintem et.al., (2015) conducted research on bodyweight and body image difficulties in adults, and the findings suggested that those with a higher BMI were more likely to express body dissatisfaction. It can be said that physical dissatisfaction is a predictor of overall mental well-being.

The next predictor variable for the mental health of adult females is Appearance Orientation with multiple R of .510 and R Square equal to 0.260. It revealed that Appearance

Orientation explains 5.3% of variance in mental health of adult females. The regression coefficient of (ß= -.245) revealed that Appearance Orientation contributes negatively in mental health of adult females. It means less satisfied the individuals are about appearance, poorer would be mental health and more satisfied the individuals are about appearance better would be the mental health. In other words, the lesser satisfied ones engage extensively in appearance grooming behaviors which in turn negatively affects their mental health. Davis et.al. (2001) also stated in their study about appearance orientation, that neurotic and narcissistic traits were positively related to appearance orientation, which means if one is very much bothered about appearance, that individual will certainly have mental health issues as they will always be thoughtful about their appearance.

Table 3 represents summary of stepwise regression analysis of adolescent females.

Predictors	R	R Square	R square change	Beta	F
HE	.284	0.0281	0.081	-.284	8.589

As far as adolescent females are concerned the regression has been applied. The results revealed that the predictor variable for the mental health of adolescent females is Health Evaluation (which refers to physical health and freedom from illness) with multiple R of .284 and R Square equal to 0.081. It revealed that Health Evaluation explains 8.1% of variance in mental health of adolescent females. The regression coefficient of (ß= -.284) revealed that Health Evaluation contributes negatively to mental health of adolescent females. It means individuals who are less satisfied with their health will have poor mental health and vice-versa. Doan et. al. (2022) discovered that physical workouts, long-term health issues, and physical shockwaves, all have a critical implication on physical health. Any improvement or downfall in physical health then powerfully affects mental health accordingly.

In sum, it can be said that Self-Esteem has emerged as a significant predictor of mental health followed by Overweight Preocupation and lastly by Appearance Orientation in adult females. It means that the females who are satisfied with their self, are concerned about body weight and are thoughtful about their appearance in a balanced manner would have better mental health. For adolescent females, health evaluation has emerged as sole predictor of mental health. So, it can be concluded that self-worth and ideal body weight significantly affect the mental health of females irrespective of their age, which means that females who have body-image issues will have lower mental health.

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Conflict of Interest
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