



Gender Differences in Body Image among Adolescents

KEYWORDS

Body image, Adolescents, Gender differences

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ABSTRACT *The present study aims to assess gender differences in body image perceptions among adolescent males and females in Goa. The MBSRQ was administered to a sample of 100 adolescents (50 males and 50 females) to measure the body image construct. The data obtained was analyzed using the 't' test to determine whether significant differences exist between male and female adolescents on the various sub-scales of body image. Results revealed that female adolescents have shown greater body dissatisfaction compared to their male counterparts.*

Introduction:

The word adolescence comes from the Latin word *adolescere*, which means "to grow into adulthood" (Lerner and Steinberg, 2009). The transition between childhood and adulthood is often described as a time of turbulence and stress for young people. In the popular media, adolescents are frequently depicted stereotypically as tormented souls, subject to hormonal storms, who rebel against their parents, engage in dangerous risk taking behavior, and fall in and out of love. However, most research suggests that this "storm and stress" view of adolescence is exaggerated (Conger and Galambos, 1997). Nevertheless, adolescence is a dynamic stage in life characterized by many fundamental changes—biological, psychological, and social. It is noteworthy that, although every adolescent goes through these fundamental changes, the interpretation and impact of these changes are very much dependent on the context in which the adolescent develops (Steinberg, 2011).

Adolescents' body image (i.e., feelings and thoughts about their body and appearance) is central to their health and wellbeing. Body image has been described as a multi-dimensional construct that describes internal, subjective representations of physical and bodily appearance (Cash and Pruzinsky, 1990). Because of rapid physical changes, adolescents, in search for their identity, become focused on physical appearance and any deviation from the 'ideal figure' can result in social withdrawal and poor psychological functioning (Story et al., 1998). Culturally bound and consensually validated definitions of what is desirable and attractive play an important role in the body image formation. Because of the high value the Western society places upon appearance, self-worth is enhanced for those who are judged attractive and is challenged for those who are deemed unattractive (Story, 2001). Attractiveness is related to self-acceptance for both men and women, but attractiveness and body attitudes are a more salient component of self-concept for woman than for men (WHO, 1998). By adolescence, especially girls are more concerned with their looks than boys, and they also perceive themselves to be less attractive than boys do (Sujold, et al., 2005).

Beauty and physical attractiveness have always been highly valued human attributes, assumed to be connected with happiness, intelligence, and success (Rennels, 2012). Most of today's post-industrial societies share this mindset, and

the ongoing obsession with physical appearance might be more intense than ever. The "appearance culture" (Jones, Vigfusdottir, and Lee, 2004), the ceaseless flow of messages regarding how we should and should not look, exerts constant pressure. Adolescents, who are at a stage in life in which their bodies, minds, and social lives are changing dramatically, are particularly vulnerable to the messages conveyed by appearance culture (Wertheim and Paxton, 2011). While young children may experience body image concerns (Smolak, 2011), these concerns become increasingly common in adolescence (Levine and Smolak, 2002; Lunde, Frisén and Hwang, 2007). Previous research has shown that as many as 70% of adolescent girls and 50% of adolescent boys are dissatisfied with their bodies and want to change the way they look (McCabe and Ricciardelli, 2001; Wertheim and Paxton, 2012).

The prevalence of adolescent experience of negative body image is indeed worrying. To be unable to reconcile with one's body, to condemn it or to hate it, oppresses people in their everyday lives (Ghaderi and Parling, 2009). A negative body image is not only connected to low self-esteem (O'Dea, 2012) and decreased overall well-being (Meland, Haugland, and Breidablik, 2007), it is also related to serious long-term psychological consequences, such as depression and eating disorders (Stice et al., 2000; Westerberg-Jacobson, Edlund, and Ghaderi, 2010). Given the significance of body image for adolescents' health and well-being, it is of utmost importance that the phenomenon be thoroughly investigated and well understood. Dissatisfaction with one's body is more prevalent among females than males—although, importantly, it manifests itself in both genders (Neumark Sztainer, Goeden, and Story, 2004). This demonstrates that concerns about body satisfaction should not be limited to one gender.

Body Image:

Earlier, body image was defined as "the picture of our own body which we form in our mind", that is to say, 'the way in which the body appears to ourselves'. This definition was later criticized for being too simple, and researchers have argued that the body image construct is more multifaceted than can be distinguished in this early definition (Pruzinsky and Cash, 2002). Today, one common way of thinking about body image is to divide it into two components: one perceptual, which refers to estimation of

one's size and appearance, and another attitudinal, which relates to feelings and attitudes toward one's body (Gardner, 2011). Both of these components are included in Grogan's (1999) definition, referring to body image as "a person's perceptions, thoughts, and feelings about his or her body". A person's body image may be positive or negative, or anywhere in between. Body image may change depending on contextual cues and over the course of life, though it seems to be fairly stable during adolescent and adult life (Tiggemann, 2004; Wertheim and Paxton, 2012). Body image concerns may be manifested in many ways, ranging from a mild preference for other body characteristics, to pathological body image disturbances such as eating disorders or muscle dysmorphia (a pathological preoccupation with muscularity; Pope et al., 2005). In addition, body image concerns can be about the appearance of the total body (e.g., shape, muscularity, weight, or size) or, alternatively, about specific characteristics or parts of the body (e.g., facial characteristics, hair, body parts, fitness, and strength; Wertheim and Paxton, 2012).

Body image is a person's inner conception of his or her own physical appearance. This conception may or may not correlate with objective reality. Each person holds an image of the physically perfect person in mind and evaluates his or her appearance against this ideal. A person who is pleased with his or her body shape and appearance is said to have a positive self-image.

The psychological construct of body image includes cognitive and emotional aspects as well as sensory input. For instance, we modify our ideas of our own bodies according to our emotional state as well as the reactions of others in the environment. Much of the research on body image has been conducted on adolescents as this developmental period is not only one of great physical change but also the time that teens begin to subject themselves to (often painful) scrutiny. The changes of puberty and resulting sexual maturation often make adolescents feel self-conscious and awkward about their bodies. Adolescent girls appear to be particularly vulnerable to developing a negative body image. They tend to ignore other abilities and focus on appearance as evidence of worthiness – with consequent lowered self-esteem and increased risk for psychiatric disorders, including eating disorders (Child study centre, 2002).

Much has been written about body image over the past decades – almost all of it suggesting that both men and women are growing increasingly dissatisfied with their physical selves. The 1997 *Psychology Today* Body Image Survey of 4,000 men and women asked participants about weight and attitudes towards their physiques and specific body parts. Fifty-six percent of women revealed that they were dissatisfied with their overall appearance, and an astounding 89% of women wanted to lose weight. Fifty-four percent of girls aged 13-19 were dissatisfied, and 41% of boys in the same age bracket reported overall dissatisfaction. These figures were much higher than those reported in previous surveys conducted by the same magazine in 1972 and 1985. Why are more people becoming dissatisfied with their appearance? The answer is certainly complex and influenced by a number of factors, including the growing disparity between our actual body weights and those of models, actors and celebrities depicted in advertising and the media. In view of this, the present study is taking up with following objective:

Objective:

To determine if gender differences exist on the different dimensions of body image

Hypothesis:

There will be significant differences between male and female adolescents on each of the ten sub-scales of body image.

Variables of the Study:

The ten dimensions/sub-scales of the Multidimensional Body-Self Relations Questionnaire (MBSRQ)

- **Appearance Evaluation:** Feelings of physical attractiveness or unattractiveness; satisfaction or dissatisfaction with one's looks.
- **Appearance Orientation:** Extent of investment in one's appearance.
- **Fitness Evaluation:** Feelings of being physically fit or unfit.
- **Fitness Orientation:** Extent of investment of being physically fit or athletically competent.
- **Health Evaluation:** Feelings of physical health and/or the freedom from physical illness.
- **Health Orientation:** Extent of investment in a physically healthy lifestyle.
- **Illness Orientation:** Extent of reactivity to being or becoming ill.
- **Self-Classified Weight:** Reflects how one perceives and labels one's weight, i.e. assesses self-appraisals of weight from 'very underweight' to 'very overweight'.
- **Body Areas Satisfaction Scale:** Taps satisfaction with discrete aspects of one's appearance.
- **Overweight Preoccupation:** Assesses a feeling of being fat, weight vigilance, dieting and eating restraint.

Participants:

A total of 100 adolescents were selected for the study on the basis of convenient sampling technique. The sample comprised of equal number of males and females. The participants were in the age range of 12 to 18 years and were selected from various middle schools, higher secondary schools and colleges in Goa.

Tools for Data Collection:

The Multidimensional body-Self Relations Questionnaire (MBSRQ) by Thomas F. Cash was used to measure body image perceptions of adolescents. This questionnaire is a 69-item self-report inventory for the assessment of self-attitudinal aspects of the body-image construct. The MBSRQ measures satisfaction and orientation with body appearance, fitness and health. In addition to its seven factor subscales (Appearance Evaluation, Appearance Orientation, Fitness Evaluation, Fitness Orientation, Health Evaluation, Health Orientation and Illness Orientation), the MBSRQ has three special multi-item subscales (1) The Body Areas Satisfaction Scale (BASS) (2)The Overweight Preoccupation Scale, and (3) The self-classified Weight Scale. The MBSRQ is intended for use with adults & adolescents. The MBSRQ has been used extensively & successively in body-image research. All subscales possess acceptable internal consistency & stability. The test-retest reliability ranges between 0.70 to 0.91.

- A general proforma was used to collect demographical information.

Statistical Techniques:

- The raw scores were converted into standard scores. Further, the 't' test was applied to ascertain the significant difference between the groups.

Results and Discussion

Table 1: Means, SDs and t-values for Body Image (Dimension Wise) Scores of Male and Female Adolescents

| Sl. No | Dimensions of Body Image | Male (N=50) | | Female (N=50) | | t-value |
|--------|-------------------------------|-------------|-------|---------------|-------|---------|
| | | Mean | SD | Mean | SD | |
| 1 | Appearance Evaluation | 54.52 | 09.17 | 49.24 | 10.87 | .76 |
| 2 | Appearance Orientation | 52.42 | 09.34 | 47.58 | 10.16 | 2.50* |
| 3 | Fitness Evaluation | 50.76 | 08.31 | 45.48 | 09.57 | 5.10*** |
| 4 | Fitness Orientation | 55.25 | 07.92 | 44.75 | 09.12 | 6.15*** |
| 5 | Health Orientation | 53.87 | 08.92 | 46.13 | 09.59 | 4.19*** |
| 6 | Health Evaluation | 52.33 | 08.63 | 47.67 | 10.79 | 2.38* |
| 7 | Illness Orientation | 52.47 | 08.93 | 47.53 | 10.47 | 2.54* |
| 8 | Self-Classified Weight | 49.62 | 09.00 | 50.38 | 10.99 | .38 |
| 9 | Body Areas Satisfaction Scale | 52.97 | 08.37 | 47.03 | 10.68 | 3.93** |
| 10 | Over Weight Preoccupation | 50.57 | 10.59 | 49.43 | 09.44 | .57 |

*P<0.05; Significant **P<0.01; Highly Significant
***P<0.001; Very Highly Significant

Table 1 presents the t-test of male and female adolescents on each of the ten dimensions of the MBSRQ. A close inspection of the table reveals that male and female adolescents differ significantly from each other on most of the dimensions of body image. More specifically, gender difference in body image is significant for Appearance Orientation ($t=2.50$; $P<0.05$), Health Evaluation ($t=2.38$; $P<0.05$) and Illness Orientation ($t=2.54$; $P<0.05$), it was found to be highly significant on the Body Areas Satisfaction Scale ($t=3.93$; $P<0.01$), whereas it was found to be very highly significant on the dimensions of Fitness Evaluation ($t=5.10$; $P<0.001$), Fitness Orientation ($t=6.15$; $P<0.001$) and Health Orientation ($t=4.19$; $P<0.001$). However, they do not differ significantly on the dimensions of Appearance Evaluation ($t=0.76$; $P>0.05$), Self-classified Weight ($t=0.38$; $P>0.05$) and Overweight Preoccupation ($t=0.57$; $P>0.05$). In other words, female adolescents show greater body image dissatisfaction in the dimensions of body image, that is, in Appearance Orientation, Fitness Evaluation, Fitness Orientation, Health Evaluation, Health Orientation, Illness Orientation and Body Areas Satisfaction, as compared to their male counterparts. Females showing high body dissatisfaction may be due to the fact that society places a high value on appearance, and adolescents, in particular, females, often have an intensified interest and awareness in their bodies and display preoccupation with one's image. According to Dixit and associates (2010), the desire to become thin is higher in adolescent girls, even in those who already perceived their body image as thin. A recent study also found that women attempted to lose weight more often than men (Wharton, Adams, and Rampl, 2008).

Conclusions:

- Female adolescents have shown significantly high body dissatisfaction than adolescent males in the dimensions of Appearance Orientation, Fitness Evaluation, Fitness Orientation, Health Evaluation, Health Orientation, Illness Orientation and Body Areas Satisfaction.
- Male and female adolescents did not differ significantly in the dimensions, such as, Appearance Evaluation,

Self-classified Weight and Overweight Preoccupation.

Limitations:

There are some limitations in this study. Subjects chosen to participate were not randomized. Another limitation resulted from the size of the sample. With a lower sample size, statistical results may not be found for key relationships. Therefore the data gathered in this study may not be generalizable to the whole population of adolescent males and females in Goa.

Scope and Significance:

The present study attempts to explore gender differences in body image among adolescents. Body image is an important area as it has far reaching implications and is relevant to overall psychological functioning. The findings of this study will provide an in-depth understanding of how male and female adolescents perceive their physical appearance and accordingly appropriate interventions strategies can be designed to help youth. Besides, the absence of any significant research in this area in the state of Goa has justified the significance of the study.

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